National Census of Victim Service Providers

A study by the U.S. Bureau of Justice Statistics to better understand the range of services available for and provided to different types of crime victims.

NCVSP

NATIONAL CENSUS OF VICTIM SERVICE PROVIDERS

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes this information collection. This request for information is in accordance with the clearance requirement of the Paperwork Reduction Act of 1980, as amended (44 U.S.C. 3507). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

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National Census of Victim Service Providers

Survey Instructions

Survey Purpose and Sponsors

The National Census of Victim Service Providers (NCVSP) is designed to fill existing gaps in knowledge and information on the variety of organizations and programs that provide services to victims of crime, the types of victims served and services provided, and staffing and resources available for the provision of services.

This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics and Office for Victims of Crime.

Important Definitions

1) **CRIME** - An act which if done by a competent adult or juvenile would be a criminal offense.
2) **ABUSE** - Includes physical, sexual, emotional, psychological, or economic actions or threats to control another.
2) **VICTIM** - Any person who comes to the attention of your organization because of concerns over past, on-going, or potential future crimes and other abuse(s). This includes victims/survivors who are directly harmed or threated by such crimes and abuse(s), but also their…
   a) Family or household members,
   b) Legal representatives, or
   c) Surviving family members, if deceased
3) **SERVICE** - Efforts that…
   a) Assist victims with their safety and security;
   b) Assist victims to understand and participate in the criminal justice or other legal process;
   c) Assist victims in recovering from victimization and stabilizing their lives; or
   d) Respond to other needs of victims

General Instructions
(Including who should complete this survey)

Your organization is receiving this survey because it has been identified as providing at least some services or assistance to victims of crime. If your organization or a program within your organization does not provide services to victims of crime or abuse, you will be able to report this near the beginning of this survey.

- **This survey is best completed by someone with knowledge about the available services for victims of crime or abuse, victim service funding, and staffing for victim services within your organization.** Some organizations have specific programs or staff dedicated to working with victims of crime or abuse. In these instances, the survey is best completed by someone with direct knowledge of these programs or activities.
- This survey will ask for information about your organization's operations over the past year:
  - The services your organization provided to victims
  - The types of crimes for which victims sought services
  - The number of staff providing victim services
  - Your organization's victim services budget

Burden Statement

On average, it will take 20 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This study is voluntary, you may discontinue participation at any time and decline to answer any questions.

Send comments regarding any aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

S1 **Before you begin, please complete the following pieces of information for your organization.**

Address:

Address:

City, State, ZIP:

Main business phone number:

Agency email address:

Agency web site:

S1a **Please provide information about the individual who is completing this survey.**

Title:

Name:

Telephone Number:

Email:

S2 **Has your organization or any programs or staff within your organization provided services to victims of crime or abuse in the past six months?** *By 'service to victims of crime or abuse' we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, medical response, etc.*

☐ Yes → **Go to A1,** *Page 4*
☐ No → **Proceed to S2a**

S2a **Thank you. We received your organization's name from a list of entities that served victims of crime or abuse at some point in time. To help us update our records, please indicate which of the following options apply** *(check all that apply):*

☐ Our organization has never provided services to victims of crime or abuse
☐ Our organization functions primarily as a granting or funding agency and not as a direct provider of services
☐ Our organization has provided services to victims of crime or abuse, but not in the past 6 months
→ ☐ Does your organization plan to provide services to victims of crime or abuse in the future?
→ ☐ Yes
→ ☐ No
☐ Our organization contracts out all of our victim services and/or partners with an outside agency or agencies to provide services to victims of crime or abuse
☐ Our organization solely provides referrals for services to victims of crime and abuse
→ ☐ Do you maintain an active victim service referral program?
→ ☐ Yes → **We would still like for you to participate, please proceed to A1**
→ ☐ No → **Proceed to S2b**
☐ Our organization might serve victims of crime or abuse as part of our program, but there is no consistent way to identify whether persons are victims
☐ Other *(please provide brief description):*

S2b **Which of the following best describes your organization?** *Select one response.*

a. **Tribal government or other tribal organization or entity** ☐
b. **Campus organization or other educational institution** *(public or private)* ☐
c. **Hospital, medical, or emergency facility** *(public or private)* ☐
d. **Government agency** ☐
e. **Nonprofit or faith-based entity** *(501c3 status)* ☐
f. **For profit entity** ☐
g. **Informal entity** *(e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network)* ☐

Thank you!

You do not need to complete the rest of this survey.

Please see mailing instructions on page 11.

SECTION A

A1 **Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?**

☐ The primary function of the organization is to provide services or programming for victims of crime.
→ **Skip to A2**

☐ Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency or prosecutors' office)
→ **Proceed to A1a**

→ **A1a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?**
☐ Yes ☐ No

A2 **Which of the following best describes your organization?** *Select one response.*

a. Tribal government or other tribal organization or entity	☐→ **Go to Section B** [Tribal], *page 4*
b. Campus organization or other educational institution *(public or private)*	☐→ **Go to Section C** [Campus], *page 4*
c. Hospital, medical, or emergency facility *(public or private)*	☐→ **Go to Section G** [Services for Victims], *page 5*
d. Government agency	☐→ **Go to Section D** [Government], *page 5*
e. Nonprofit or faith-based entity *(501c3 status)*	☐→ **Go to Section E** [Nonprofit or faith based], *page 5*
f. For profit entity	☐→ **Go to Section F** [For profit], *page 5*
g. Informal entity *(e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network)*	☐→ **Go to Section G** [Services for Victims], *page 5*

SECTION B
Tribal Agencies and Organizations Only

B1 **Which designation best describes your tribal agency or organization?** *Select one response.*

☐ Law enforcement
☐ Prosecutor
☐ Court
☐ Juvenile justice
☐ Offender custody and supervision
☐ Advocacy program
☐ Coalition
☐ Other justice-based agency *(please specify)*

☐ Other agency that is NOT justice-based *(e.g., human services, health, education, etc.) (please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS]***, page 5***

SECTION C
Campus Organizations Only

C1 **Which designation best describes your campus organization?** *Select one response.*

☐ Law enforcement/campus security
☐ Campus disciplinary body or student conduct body
☐ Physical or mental health service program
☐ Victim services or advocacy group
☐ Other campus-based program *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS]*, page 5*

SECTION D
Government Agencies Only

D1 **Which designation best describes your government agency?** *Select one response.*

- ☐ Law enforcement
- ☐ Prosecution
- ☐ Courts
- ☐ Juvenile justice
- ☐ Social services or child/adult protective services
- ☐ Offender custody and supervision
- ☐ Multi-agency *(e.g., task forces, response teams, etc.)*
- ☐ Other government agency *(please specify)*

D2 **In what service area/jurisdiction does your agency operate in terms of victims served or services delivered?** *Select one response.*

- ☐ Nationwide
- ☐ Statewide
- ☐ Regional/Multi-county/Multi-city
- ☐ County wide only
- ☐ City wide only
- ☐ Specific neighborhood only
- ☐ Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], *page 5*

SECTION E
Non-Profit or Faith-Based Organizations Only

E1 **Which designation best describes your non-profit organization?** *Select one response.*

- ☐ Coalition *(e.g., State Domestic Violence or Sexual Assault Coalition)*
- ☐ A single entity *(may or may not have multiple physical locations)*
- ☐ Other *(please specify)*

E2 **In what service area/jurisdiction does your non-profit organization operate?** *Select one response.*

- ☐ Nationwide
- ☐ Statewide
- ☐ Regional/Multi-county/Multi-city
- ☐ County wide only
- ☐ City wide only
- ☐ Specific neighborhood only
- ☐ Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], *page 5*

SECTION F
For-Profit Organizations Only

F1 **What designation best describes your for-profit organization?** *Select one response.*

- ☐ Private legal office/law firm
- ☐ Private counseling service or other mental health care provider
- ☐ Funeral home
- ☐ Other commercial or professional entity *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], *page 5*

SECTION G
Services for Victims

G1 **Does your organization operate/report data on a calendar year or fiscal year?**

- ☐ Calendar year → **skip to G2**
- ☐ Fiscal year → **proceed to G1.1**
- ☐ Both → **proceed to G1.1**

→ **G1.1.** What is the date of the beginning of the fiscal year at your organization?

MM / DD

For the remainder of the survey, unless indicated otherwise, provide your answers based on the most recent 12 months of data – calendar year or fiscal year, depending on how your organization operates as answered in Question G1.

The next set of questions concerns services your organization provided to victims of crime or abuse during past calendar/fiscal year.

Did your organization provide any of the following services to victims within the past calendar/fiscal year? *We recognize that victim service organizations provide a wide array of services to victims. For the purposes of this survey, we are asking about general categories of services your organization provided to victims, which may not capture your victim service offerings in detail. Do your best to place the services your organization provided within the general categories.*

Information and referral services

G2 Did your organization provide (…)	Yes	No
a. **Justice related information and referrals?** *(e.g., information about the justice system and the victim's role; notification of events and proceedings; justice referrals; etc.)*	☐	☐
b. **Service or victimization information and referrals?** *(e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)*	☐	☐

Financial and material assistance services

G3 Did your organization provide (…)	Yes	No
a. **Monetary assistance?** *(e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)*	☐	☐
b. **Shelter or housing assistance** *(emergency or transitional)*	☐	☐
c. **Other material assistance** *(e.g., food, clothing, utility, public assistance, employment assistance)*	☐	☐

Emotional support and safety

G4 Did your organization provide (…)	Yes	No
a. **Mental health services?** *(e.g., individual or group counseling; support groups; other therapy; social programming for children; etc.)*	☐	☐
b. **Crisis Counseling?**	☐	☐
c. **Safety services?** *(Safety planning; witness protection; address confidentiality; self-defense; etc.) (Does NOT include protective orders)*	☐	☐

Medical and health assistance

G5 Did your organization provide (…)	Yes	No
a. **Emergency medical care or accompaniment?**	☐	☐
b. **Medical forensic exam or accompaniment?**	☐	☐
c. **STD/HIV testing?**	☐	☐

Legal and victims' rights assistance

G6 Did your organization provide (…)	Yes	No
a. **Criminal/juvenile/military/tribal justice related assistance?** *(e.g., representation; advocacy; accompaniment; assistance in exercising victims' rights; etc.)*	☐	☐
b. **Civil justice related assistance?** *(e.g., protective or restraining order; assistance with family law matters; assistance with landlord/tenant matters; etc.)*	☐	☐
c. **Immigration assistance?** *(e.g., assistance seeking special visas; continued presence applications; other immigration relief; etc.)*	☐	☐

Other services

G7 Did your organization provide (…)	Yes	No
a. **Case management?**	☐	☐
b. **Supervised child visitation?**	☐	☐
c. **On-scene coordinated response?**	☐	☐
d. **Education classes for survivors regarding victimization dynamics?**	☐	☐
e. **Culturally and/or ethnically specific services?** *Specify:* _____	☐	☐

G8 **Did your organization operate a hotline/helpline or crisis line at any time during the past calendar/fiscal year?**

☐ Yes → **proceed to G9**
☐ No → **skip to G10**

G9 **How many hotline/helpline or crisis line calls did your organization receive from victims in the past calendar/fiscal year?** *Estimates are acceptable.*

☐ Check box if estimate

G10 **Excluding hotline/helpline or crisis line calls, how many unique victims received direct services from your organization during the past calendar/fiscal year?** *Estimates are acceptable. (Exclude victims who only received information through the mail.)*

☐ Check box if estimate

G11 **Please report whether your organization provided services for victims of the following types of crime or abuse during the past calendar/fiscal year.** *(Include any crime types for which your organization provided services regardless of whether it was the presenting crime type or a secondary crime type.)*

Crime types for which your organization provided services:	Yes	No
a. **Adults molested as children**	☐	☐
b. **Child sexual abuse/sexual assault**	☐	☐
c. **Rape/sexual assault** *(Other than sexual victimizations against children)*	☐	☐
d. **Stalking**	☐	☐
e. **Child witness of violence**	☐	☐
f. **Child physical abuse or neglect**	☐	☐
g. **Elder physical abuse**	☐	☐
h. **Domestic violence/dating violence**	☐	☐
i. **Assault** *(Other than domestic/dating violence or child/elder abuse)*	☐	☐
j. **Robbery**	☐	☐
k. **Human trafficking** *(Labor)*	☐	☐
l. **Human trafficking** *(Sex)*	☐	☐
m. **Survivors of homicide victims**	☐	☐
n. **Victim witness intimidation**	☐	☐
o. **DUI/DWI crashes**	☐	☐
p. **Identity theft**	☐	☐
q. **Financial fraud and exploitation** *(Other than identity theft)*	☐	☐
r. **Motor vehicle theft**	☐	☐
s. **Burglary**	☐	☐
t. **Other property crimes**	☐	☐
u. **Hate crimes**	☐	☐
v. **Child marriage or forced marriage**	☐	☐
w. **Honor related violence** *(physical violence/threats/retaliation in the name of family honor, female genital mutilation)*	☐	☐
x. **Other violent crimes** *Specify:*	☐	☐
y. **Other** *Specify:*	☐	☐

G12 **Is your organization's mission to serve victims who have experienced specific types of crime or abuse?** *(e.g., domestic violence, trafficking, rape or sexual assault, or some other specific type of crime or trauma)*

☐ Yes → **proceed to G12.1**
☐ No → **skip to G13**

→ **G12.1.** Indicate the specific type(s) of crime or abuse: (These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.)

Check all that apply

- ☐ Rape or sexual assault/sexual abuse
- ☐ Domestic violence/dating violence
- ☐ Physical abuse/neglect
- ☐ Financial exploitation/identity theft/fraud
- ☐ Community violence/gang violence
- ☐ Survivors of homicide
- ☐ Human trafficking (sex)
- ☐ Human trafficking (labor)
- ☐ Terrorism/mass violence
- ☐ Hate Crimes
- ☐ Other *Specify:*

G13 **Is your organization's mission to provide services to *specific groups* of victims?**

☐ Yes → **proceed to G13.1**
☐ No → **skip to H1**

→ **G13.1.** If specific group(s) please specify.

(These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.)

Check all that apply

- ☐ Child victims
- ☐ Adolescent/teen victims
- ☐ Elder victims
- ☐ Female victims
- ☐ Male victims
- ☐ Victims of color
- ☐ Indigenous victims, including tribal
- ☐ Immigrant/refugee/limited English proficiency victims
- ☐ LGBTQ victims
- ☐ Victims with disabilities
- ☐ Deaf or hard-of-hearing victims
- ☐ Incarcerated victims
- ☐ Other *Specify:*

SECTION H
Staffing

The following questions concern staff dedicated to working with victims of crime or abuse during the past calendar/fiscal year. Provide your answer based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

H1 **Does your organization use volunteers to provide direct services to victims?**

☐ Yes
☐ No

Current Staff

H2 **How many paid staff dedicated to working with victims currently work at your organization full-time (35 hours or more/week)?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

H3 **How many paid staff dedicated to working with victims currently work at your organization part-time (less than 35 hours/week)?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

Staff at the beginning of the most recent calendar/fiscal year

H4 **How many paid full-time staff dedicated to working with victims worked at your organization at the beginning of the past calendar/fiscal year?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

H5 **How many paid part-time staff dedicated to working with victims worked at your organization at the beginning of the past calendar/fiscal year?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

New staff since the beginning of the most recent calendar/fiscal year

H6 **How many paid full-time staff dedicated to working with victims did your organization hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

H7 **How many paid part-time staff dedicated to working with victims did your organization hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

SECTION I
Funding

I1 **How much total funding did your organization receive for victim-related programming and services (including direct services, prevention, outreach, training, and education efforts) during the past calendar/fiscal year?** *Please include all sources of funding received for victim-related programming or services.* ***Estimates are acceptable.***

☐ Check box if estimate

I2 **Did your organization receive funding for victim-related programming and services from each of the following sources during the past calendar/fiscal year?** *If yes, enter the dollar amount. The total amount across all sources should equal the amount provided in item I1.* ***Estimates are acceptable.***

☐ ***Check box if information on amount of funding by source is not available***

a. Victims of Crime Act (VOCA) funding
☐ Yes ☐ No
→ $ ☐ Check box if estimate

b. Other U.S. Office for Victims of Crime (OVC) funding
☐ Yes ☐ No
→ $ ☐ Check box if estimate

c. Services, Training, Officers, and Prosecutors (STOP) grant
☐ Yes ☐ No
→ $ ☐ Check box if estimate

d. Sexual Assault Services Program (SASP) funding
☐ Yes ☐ No
→ $ ☐ Check box if estimate

e. Other Office on Violence Against Women (OVW) funding, including all other grants funded under the Violence Against Women Act (VAWA)
☐ Yes ☐ No
→ $ ☐ Check box if estimate

f. Family Violence Prevention Services Act (FVPSA) funding
☐ Yes ☐ No
→ $ ☐ Check box if estimate

g. Other federal funding *(please specify)*
☐ Yes ☐ No
→ $ ☐ Check box if estimate

h. State government funding *(NOT state disbursement of federal grant)*
☐ Yes ☐ No
→ $ ☐ Check box if estimate

i. Local government funding
☐ Yes ☐ No
→ $ ☐ Check box if estimate

j. Tribal government funding
☐ Yes ☐ No
→ $ ☐ Check box if estimate

k. Other funding sources *(e.g., foundations, corporate funding, individual donations, insurance reimbursements, etc.)*
☐ Yes ☐ No
→ $ ☐ Check box if estimate

I3 **Did your organization receive any federal funding for victim programming or services within the *past 5 years*?** *(This could include funding from VOCA grants; OVC grants; a STOP, SASP, or other VAWA grant; or some other funding coming from a federal agency.)*

☐ Yes
☐ No

SECTION J
Record Keeping

J1 **Does your organization use an electronic records system to maintain case files?**

- ☐ Yes
- ☐ No → **Skip to Section K**

J2 **Does your organization's electronic records system track individual cases?**

- ☐ Yes
- ☐ No

SECTION K
Current Issues of Concern to Victim Service Providers

K1 **How concerned are you about your organization's ability to retain staff?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ A little concerned
- ☐ Not concerned at all

K2 **How concerned are you about the amount of victim service funding that your organization received in the past year?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ A little concerned
- ☐ Not concerned at all

K3 **How concerned are you about the predictability of future funding for your organization?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ A little concerned
- ☐ Not concerned at all

K4 **How concerned are you about the burden of grant reporting?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ A little concerned
- ☐ Not concerned at all

K5 **How concerned are you about your organization's ability to access technology?**

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ A little concerned
- ☐ Not concerned at all

Thank you for participating in the NCVSP!
The survey has now ended.

DIRECTORY PERMISSION

We would like to ensure that national victim referral lines have up-to-date information about victim service providers. May we share your organization's name, mailing address, phone number, website, and the crime types for which victims are eligible to receive services?

Share organizational contact information?

☐ Yes ☐ No

Updated Information, if different than listed on page 3:

a. Organizational name

b. Mailing address

c. Phone number

d. Website

Victims of which type of crime or abuse should be referred to your organization in the directory.
Victims of: *(Check all that apply)*

a. Adults molested as children	☐	**l. Human trafficking** *(Sex)*	☐
b. Child sexual abuse/sexual assault	☐	**m. Survivors of homicide victims**	☐
c. Rape/sexual assault *(Other than sexual victimizations against children)*	☐	**n. Victim witness intimidation**	☐
d. Stalking	☐	**o. DUI/DWI crashes**	☐
e. Child witness of violence	☐	**p. Identity theft**	☐
f. Child physical abuse or neglect	☐	**q. Financial fraud and exploitation** *(Other than identity theft)*	☐
g. Elder physical abuse	☐	**r. Motor vehicle theft**	☐
h. Domestic violence/dating violence	☐	**s. Burglary**	☐
i. Assault *(Other than domestic/dating violence or child/elder abuse)*	☐	**t. Other property crimes**	☐
j. Robbery	☐	**u. Hate crimes**	☐
k. Human trafficking *(Labor)*	☐	**v. Child marriage or forced marriage**	☐

Mailing Instructions

Please place the completed questionnaire into the postage-paid return envelope.
If the envelope has been misplaced, please mail the questionnaire to:

National Census of Victim Service Providers
NORC at the University of Chicago
55 E. Monroe, 19th Floor
Chicago, IL 60603

If you have any questions, please call NORC toll free at
1-877-504-1086 or email NCVSP@norc.org