# VICTIMS NEEDS ASSESSMENT

# COMMUNITY STAKEHOLDERS & SERVICE PROVIDERS

**Start of Block: Greetings and Instructions**

Q1.1 Thank you for better helping us understand the needs of victims/survivors of crime in Pennsylvania. Your answers to the following questions will help shape the future of Victims' Services in communities throughout the Commonwealth. Your participation is completely voluntary. You can stop taking the survey at any time by simply closing your browser. However, your input is very important to us, and we encourage you to follow through to the end. All responses you provide will remain anonymous. Please select "Next" to continue.

**End of Block: Greetings and Instructions**

**Start of Block: Identification of role**

Q2.1 Please indicate your role in providing services to individuals who are victims/survivors of crime.

○ I work/volunteer for a Victim Services Provider - Government affiliated.  (1)

○ I work/volunteer for a Victim Services Provider - Nonprofit.  (2)

○ I work for a social service organization not affiliated with a victim service provider.  (6)

○ I work/volunteer for a private, nonprofit organization or program not affiliated with a victim service provider (e.g., religious, cultural, social, community service, etc.) that comes into contact with victims of crime.  (7)

○ I work for a criminal/juvenile justice agency.  (3)

○ I work for another government agency (e.g., Housing, Aging, Human Services, MHMR, CYS, Homeland Security, Health, DCED/HUD, Welfare, School District, etc).  (4)

○ I work for a hospital/medical service provider.  (8)

○ I work for a legislative office.  (9)
_____

○ Other (please specify)  (5) _____

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*Display This Question:*

*If Please indicate your role in providing services to individuals who are victims/survivors of crime.  = I work for another government agency (e.g., Housing, Aging, Human Services, MHMR, CYS, Homeland Security, Health, DCED/HUD, Welfare, School District, etc).*

Q2.2 What government agency employs you?

☐      Housing  (1)

☐      Human Services  (2)

☐      MHMR  (3)

☐      CYS  (4)

☐      Homeland Security  (5)

☐      Health  (6)

☐      DCED/HUD  (7)

☐      Welfare  (8)

☐      School District  (9)

☐      Prefer not to answer  (10)

☐      Other  (11) _____

**End of Block: Identification of role**

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**Start of Block: Work with victims**

Q3.1 Does your role include working directly with victims/survivors of crime?

○ Yes  (1)

○ No  (2)

○ Occasionally  (4)

○ Not sure  (3)

**End of Block: Work with victims**

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**Start of Block: Contact with Victims**

Q4.1 How often do you come into contact with victims/survivors of crime?

○ Daily  (1)

○ A few times per week  (2)

○ Weekly  (3)

○ A few times per month  (4)

○ Monthly  (5)

○ A few times per year  (6)

○ None that I am aware of  (7)

○ No direct contact  (8)

**End of Block: Contact with Victims**

**Start of Block: Service Needs**

Q5.1 Please indicate the extent to which you feel the following victim services are needed in the community(ies) where you work.

| | Not needed (1) | Currently available, meets the need (4) | Currently available but *does not* meet need (2) | Not available but needed (3) |
|---|---|---|---|---|
| Counseling, Therapy, or Mental Health Services (1) | ○ | ○ | ○ | ○ |
| Peer Support Groups (2) | ○ | ○ | ○ | ○ |
| Substance Abuse support/treatment (3) | ○ | ○ | ○ | ○ |
| Medical/Healthcare services (4) | ○ | ○ | ○ | ○ |
| Medical exam for sexual assault (6) | ○ | ○ | ○ | ○ |
| Accompaniment to Medical Services (8) | ○ | ○ | ○ | ○ |
| Child Advocacy Center services (including forensic interviews for child victims) (9) | ○ | ○ | ○ | ○ |
| Court Accompaniment and/or assistance in court system procedures (7) | ○ | ○ | ○ | ○ |
| Notifications about the status of court hearings and/or the location of the criminal defendant (5) | ○ | ○ | ○ | ○ |
| Victim/Witness Protection (43) | ○ | ○ | ○ | ○ |
| Legal assistance/representation (12) | ○ | ○ | ○ | ○ |

| | | | | |
|---|---|---|---|---|
| Legal immigration services related to a crime (11) | ○ | ○ | ○ | ○ |
| Basic needs (i.e., clothing, food, shelter) (16) | ○ | ○ | ○ | ○ |
| Disability Assistance (e.g., assistive technology, signing, etc.) (59) | ○ | ○ | ○ | ○ |
| Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.) (15) | ○ | ○ | ○ | ○ |
| Emergency Shelter and/or Emergency Short-term Housing (14) | ○ | ○ | ○ | ○ |
| Long-term Housing (13) | ○ | ○ | ○ | ○ |
| Relocation Services (44) | ○ | ○ | ○ | ○ |
| In-home personal care (e.g. day care for children; medical care for elder or disabled adult) (45) | ○ | ○ | ○ | ○ |
| Emergency Financial Assistance (46) | ○ | ○ | ○ | ○ |
| Employment Assistance (17) | ○ | ○ | ○ | ○ |

| | | | | |
|---|---|---|---|---|
| Assistance completing Victims Compensation Application for reimbursement/payment of crime-related expenses (26) | ○ | ○ | ○ | ○ |
| Accommodations for victims/survivors with disabilities (e.g., assistive technology, signing, etc.) (25) | ○ | ○ | ○ | ○ |
| Language/interpretation services (27) | ○ | ○ | ○ | ○ |
| Safety/security planning (28) | ○ | ○ | ○ | ○ |
| Crisis response at the crime scene (30) | ○ | ○ | ○ | ○ |
| Crisis Hotline (31) | ○ | ○ | ○ | ○ |
| Continuing Crisis Intervention (32) | ○ | ○ | ○ | ○ |
| Coordination of victim services (41) | ○ | ○ | ○ | ○ |
| Financial assistance for funeral/burial services (40) | ○ | ○ | ○ | ○ |
| Faith-based/spiritual help (39) | ○ | ○ | ○ | ○ |
| Other (please specify) (42) | ○ | ○ | ○ | ○ |

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*Display This Question:*

*If Please indicate the extent to which you feel the following victim services are needed in the comm...*
*[ Currently available but does not meet need] (Count) > 0*

*Or Please indicate the extent to which you feel the following victim services are needed in the*
*comm... [ Not available but needed] (Count) > 0*

Q5.2 You indicated the following victim services are currently available but do not meet the need or are not available at all in the community(ies) where you work. Please rank the need for

additional services from greatest to least in the area(s) your organization serves (select and drag to position placing the service with the greatest need at the top).

*Please indicate the extent to which you feel the following victim services are needed in the comm... = Counseling, Therapy, or Mental Health Services [ Currently available, meets the need ]*

_____ Counseling, Therapy, or Mental Health Services
(1)
_____ Peer Support Groups                                             (43)
_____ Substance Abuse support/treatment                               (44)
_____ Medical/Healthcare services                          (45)
_____ Medical exam for sexual assault                          (46)
_____ Accompaniment to Medical Services                                (47)
_____ Child Advocacy Center services (including forensic interviews for child victims) (48)
_____ Court Accompaniment and/or assistance in court system procedures (49)
_____ Notifications about the status of court hearings and/or the location of the criminal
defendant            (50)
_____ Victim/Witness Protection                          (51)
_____ Legal assistance/representation                                (53)
_____ Legal immigration services related to a crime
(54)
_____ Basic needs (i.e., clothing, food, shelter) (55)
_____ Accommodations for victims/survivors with disabilities (e.g., assistive technology,
signing, etc.) (74)
_____ Transportation (e.g. to receive services; to attend court hearings, medical appointments,
etc.)    (56)
_____ Emergency Shelter and/or Emergency Short-term Housing (57)
_____ Long-term Housing                          (58)
_____ Relocation Services                          (59)
_____ In-home personal care (e.g. day care for children; medical care for elder or disabled
adult)         (60)
_____ Emergency Financial Assistance                                (61)
_____ Employment Assistance                          (62)
_____ Assistance completing Victims Compensation Application for reimbursement/payment
of crime-related expenses (63)
_____ Accommodations for victims/survivors with disabilities (64)
_____ Language/interpretation services                                (65)
_____ Safety/security planning                          (66)
_____ Crisis response at the crime scene                          (67)
_____ Crisis Hotline                          (68)
_____ Continuing Crisis Intervention                          (69)
_____ Coordination of victim services                                (70)
_____ Financial assistance for funeral/burial services
(71)
_____ Faith-based/spiritual help                          (72)
_____ Other: [PIPED TEXT] (73)

**End of Block: Service Needs**

**Start of Block: Services offered**

Q6.1 Please indicate which of the following victim services your organization provides. Check all that apply.

☐ (1) Counseling, Therapy, or Mental Health Services

☐ Peer Support Groups (43)

☐ Substance Abuse support/treatment (44)

☐ Medical/Healthcare services (45)

☐ Medical exam for sexual assault (46)

☐ Accompaniment to Medical Services (47)

☐ Child Advocacy Center services (including forensic interviews for child victims) (48)

☐ Court Accompaniment and/or assistance in court system procedures (49)

☐ Notifications about the status of court hearings and/or the location of the criminal defendant (50)

☐ Victim/Witness Protection (51)

☐ Legal assistance/representation (53)

☐ Legal immigration services related to a crime (54)

☐ Basic needs (i.e., clothing, food, shelter) (55)

☐ Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.) (56)

☐ Emergency Shelter and/or Emergency Short-term Housing (57)

☐ Long-term Housing (58)

☐ Relocation Services (59)

☐     In-home personal care (e.g. day care for children; medical care for elder or disabled adult)     (60)

☐     Emergency Financial Assistance     (61)

☐     Employment Assistance     (62)

☐     Assistance completing Victims Compensation Application for reimbursement/payment of crime-related expenses (63)

☐     Accommodations for victims/survivors with disabilities (e.g., assistive technology, signing, etc.)  (64)

☐     Language/interpretation services     (65)

☐     Safety/security planning     (66)

☐     Crisis response at the crime scene     (67)

☐     Crisis Hotline     (68)

☐     Continuing Crisis Intervention     (69)

☐     Coordination of victim services     (70)

☐     Financial assistance for funeral/burial services     (71)

☐     Faith-based/spiritual help  (72)

☐     None of these  (74)

☐     Other (please specify)  (73)

_____

**End of Block: Services offered**

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**Start of Block: Awareness of Victim/Survivor Services**

Q7.1 You indicated that your organization does not provide the following services in the community(ies) where you work. Please indicate if the following services are provided as

assistance to victims of crime through organizations other than your own in the area(s) your organization serves.

|  | Yes (1) | No (2) | Unsure (3) | Not applicable to area(s) (4) |
|---|---|---|---|---|
| *Please indicate which of the following victim services your organization provides. Check all that... !=  Counseling, Therapy, or Mental Health Services* <br><br> Counseling, Therapy, or Mental Health Services <br><br> (1) | ○ | ○ | ○ | ○ |
| Peer Support Groups <br><br> (2) | ○ | ○ | ○ | ○ |
| Substance Abuse support/treatment <br><br> (3) | ○ | ○ | ○ | ○ |
| Medical/Healthcare services <br><br> (4) | ○ | ○ | ○ | ○ |
| Medical exam for sexual assault <br><br> (5) | ○ | ○ | ○ | ○ |
| Accompaniment to Medical Services <br><br> (6) | ○ | ○ | ○ | ○ |
| Child Advocacy Center services (including forensic interviews for child victims) <br> (7) | ○ | ○ | ○ | ○ |

| | | | | |
|---|---|---|---|---|
| Court Accompaniment and/or assistance in court system procedures (8) | ○ | ○ | ○ | ○ |
| Notifications about the status of court hearings and/or the location of the criminal defendant (9) | ○ | ○ | ○ | ○ |
| Victim/Witness Protection (10) | ○ | ○ | ○ | ○ |
| Legal assistance/representation (11) | ○ | ○ | ○ | ○ |
| Legal immigration services related to a crime (12) | ○ | ○ | ○ | ○ |
| Basic needs (i.e., clothing, food, shelter) (13) | ○ | ○ | ○ | ○ |
| Accommodations for victims/survivors with disabilities (e.g., assistive technology, signing, etc.) (14) | ○ | ○ | ○ | ○ |
| Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.) (15) | ○ | ○ | ○ | ○ |

| | | | | |
|---|---|---|---|---|
| Emergency Shelter and/or Emergency Short-term Housing (16) | ○ | ○ | ○ | ○ |
| Long-term Housing (17) | ○ | ○ | ○ | ○ |
| Relocation Services (18) | ○ | ○ | ○ | ○ |
| In-home personal care (e.g. day care for children; medical care for elder or disabled adult) (19) | ○ | ○ | ○ | ○ |
| Emergency Financial Assistance (20) | ○ | ○ | ○ | ○ |
| Employment Assistance (21) | ○ | ○ | ○ | ○ |
| Assistance completing Victims Compensation Application for reimbursement/payment of crime-related expenses (22) | ○ | ○ | ○ | ○ |
| Accommodations for victims/survivors with disabilities (e.g., assistive technology, signing, etc.) (23) | ○ | ○ | ○ | ○ |

Language/interpretation services

(24)          ○          ○          ○          ○

Safety/security planning

(25)          ○          ○          ○          ○

Crisis response at the crime scene

(26)          ○          ○          ○          ○

Crisis Hotline

(27)          ○          ○          ○          ○

Continuing Crisis Intervention

(28)          ○          ○          ○          ○

Coordination of victim services

(29)          ○          ○          ○          ○

Financial assistance for funeral/burial services

(30)          ○          ○          ○          ○

Faith-based/spiritual help

(31)          ○          ○          ○          ○

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Q7.2 Among the services you are aware/knowledgeable of in the community(ies) where you work, please indicate how you learned about them. Select all that apply.

☐ Partnership with victim service provider  (1)

☐ Social Media/Internet  (2)

☐ Billboards/Fliers/Brochures  (3)

☐ Directory  (4)

☐ Knowledge through active participation in community  (5)

☐ Attended a workshop/presentation  (6)

☐ Referred from victim service provider  (8)

☐ Other (please specify)  (7)

_____

**End of Block: Awareness of Victim/Survivor Services**

**Start of Block: Service level by crime type**

Q8.1 The following sections address unserved and underserved victim populations as well as barriers to service.  Click "Next" to continue.

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Q8.2 The following series of questions focuses on unserved/underserved victim/survivor populations based on the type of victimization they have experienced as well as other demographic factors.

Please indicate the adequacy of the current crime victim services available in the community(ies) where you work for the following types of victimizations.

| | Unserved (1) | Underserved (2) | Adequately served (4) | Not applicable to my area(s) (5) |
|---|---|---|---|---|
| Arson (6) | ○ | ○ | ○ | ○ |
| Burglary (37) | ○ | ○ | ○ | ○ |
| Child Physical Abuse (38) | ○ | ○ | ○ | ○ |
| Child Sexual Abuse/Assault (39) | ○ | ○ | ○ | ○ |
| Domestic Abuse/Domestic Violence (40) | ○ | ○ | ○ | ○ |
| Harassment/Bullying (41) | ○ | ○ | ○ | ○ |
| Homicide/Murder (42) | ○ | ○ | ○ | ○ |
| Human Trafficking (Sex/Labor) (43) | ○ | ○ | ○ | ○ |
| Identity Theft/Financial Abuse/Scam (44) | ○ | ○ | ○ | ○ |
| Injury by DUI (Driving Under the Influence) Offender (45) | ○ | ○ | ○ | ○ |
| Kidnapping (46) | ○ | ○ | ○ | ○ |
| Larceny/theft (47) | ○ | ○ | ○ | ○ |
| Physical Assault (48) | ○ | ○ | ○ | ○ |

|  |  |  |  |  |
|---|---|---|---|---|
| Physical Assault or Domestic Violence Against an Older Adult/Senior (36) | ○ | ○ | ○ | ○ |
| Rape/sexual assault (49) | ○ | ○ | ○ | ○ |
| Robbery (50) | ○ | ○ | ○ | ○ |
| Stalking (51) | ○ | ○ | ○ | ○ |
| Other (please specify) (52) | ○ | ○ | ○ | ○ |

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Q8.3 You indicated that the following victim/survivor populations are underserved in the community(ies) where you work based on their type of victimization. Please rank these populations from most underserved to least underserved in the area(s) your organization serves (select and drag to position placing the most-underserved at the top).

*The following series of questions focuses on unserved/underserved victim/survivor populations bas... = [ Unserved ]*

*Or The following series of questions focuses on unserved/underserved victim/survivor populations bas... = [ Underserved ]*

_____ Arson (1)
_____ Burglary (2)
_____ Child Physical Abuse (3)
_____ Child Sexual Abuse/Assault (4)
_____ Domestic Abuse/Domestic Violence (5)
_____ Harassment/Bullying (6)
_____ Homicide/Murder (7)
_____ Human Trafficking (Sex/Labor) (8)
_____ Identity Theft/Financial Abuse/Scam (9)
_____ Injured by DUI (Driving Under the Influence) Offender (10)
_____ Kidnapping (11)
_____ Larceny/theft (12)
_____ Physical Assault (13)
_____ Physical Assault or Domestic Violence Against an Older Adult/Senior (14)
_____ Rape/sexual assault (15)
_____ Robbery (16)
_____ Stalking (17)
_____ Other: [PIPED TEXT] (18)

**End of Block: Service level by crime type**

**Start of Block: Service level by demographics**

Q9.1 Please indicate the adequacy of current crime victim services available in the community(ies) where you work for the following demographic populations.

| | Unserved (1) | Underserved (2) | Adequately Served (4) | Not applicable to my area(s) (5) |
|---|---|---|---|---|
| Children (age 12 and younger) (1) | ○ | ○ | ○ | ○ |
| Adolescents (age 13-17) (2) | ○ | ○ | ○ | ○ |
| Young Adults (age 18-25) (3) | ○ | ○ | ○ | ○ |
| Adults (age 26-64) (4) | ○ | ○ | ○ | ○ |
| Elderly/Seniors (age 65+) (5) | ○ | ○ | ○ | ○ |
| American Indian or Alaska Native (12) | ○ | ○ | ○ | ○ |
| Asian (13) | ○ | ○ | ○ | ○ |
| Black or African American (14) | ○ | ○ | ○ | ○ |
| Hispanic or Latino (15) | ○ | ○ | ○ | ○ |
| Middle-Eastern (38) | ○ | ○ | ○ | ○ |
| Native Hawaiian or other Pacific Islander (16) | ○ | ○ | ○ | ○ |
| White (17) | ○ | ○ | ○ | ○ |
| LGBTQ (20) | ○ | ○ | ○ | ○ |
| Men (8) | ○ | ○ | ○ | ○ |

| | | | | |
|---|---|---|---|---|
| Women (19) | ○ | ○ | ○ | ○ |
| College Students (32) | ○ | ○ | ○ | ○ |
| Families of homicide victims (34) | ○ | ○ | ○ | ○ |
| Homeless (30) | ○ | ○ | ○ | ○ |
| Immigrant/Refugee (29) | ○ | ○ | ○ | ○ |
| Incarcerated (31) | ○ | ○ | ○ | ○ |
| Individuals with intellectual/emotional disabilities (24) | ○ | ○ | ○ | ○ |
| Individuals with physical disabilities (25) | ○ | ○ | ○ | ○ |
| Non-native speakers (e.g., limited English proficiency) (36) | ○ | ○ | ○ | ○ |
| Veterans (33) | ○ | ○ | ○ | ○ |
| Other (please specify) (37) | ○ | ○ | ○ | ○ |

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*Display This Question:*

*If Please indicate the adequacy of current crime victim services available in the community(ies) whe... [ Unserved] (Count) > 1*

*Or Please indicate the adequacy of current crime victim services available in the community(ies) whe... [ Underserved] (Count) > 1*

*Or If*

*Please indicate the adequacy of current crime victim services available in the community(ies) whe... [ Underserved] (Count) > 0*

*And Please indicate the adequacy of current crime victim services available in the community(ies) whe... [ Unserved] (Count) > 0*

Q9.2 You indicated that the following demographic populations are underserved in the in the community(ies) where you work. Please rank these populations from most underserved to least

underserved in the area(s) your organization serves (select and drag to position placing the most-underserved at the top).

*Please indicate the adequacy of current crime victim services available in the community(ies) whe... = Adolescents (age 13-17) [ Unserved ]*

*Or Please indicate the adequacy of current crime victim services available in the community(ies) whe... = Adolescents (age 13-17) [ Underserved ]*

_____ Adolescents (age 13-17) (2)
_____ Adults (age 26-64) (38)
_____ American Indian or Alaska Native (39)
_____ Asian (40)
_____ Black or African American (41)
_____ Children (age 12 and younger) (42)
_____ College Students (43)
_____ Elderly/Seniors (age 65+) (44)
_____ Families of homicide victims (45)
_____ Hispanic or Latino (46)
_____ Homeless (47)
_____ Immigrant/Refugee (48)
_____ Incarcerated (49)
_____ Individuals with intellectual/emotional disabilities (50)
_____ Individuals with physical disabilities (51)
_____ LGBTQ (52)
_____ Men (53)
_____ Middle-Eastern (54)
_____ Native Hawaiian or other Pacific Islander (55)
_____ Non-native speakers (e.g., limited English proficiency) (56)
_____ Veterans (57)
_____ White (58)
_____ Women (59)
_____ Young Adults (age 18-25) (60)
_____ Other: [PIPED TEXT] (61)

**End of Block: Service level by demographics**

**Start of Block: Barriers to Services**

Q10.1 In the following section, you will be asked to identify and prioritize the barriers you perceive that prevent or restrict victims/survivors from accessing the services available to victims of crime in their community.

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Q10.2 Please indicate the extent to which you believe each of the following barriers prevents or restricts access to victim services in the in the community(ies) where you work.

| | Not at all a barrier (1) | Somewhat of a barrier (2) | A Moderate barrier (3) | A Substantial Barrier (4) | A Critical Barrier (5) |
|---|---|---|---|---|---|
| Work schedule conflict (1) | ○ | ○ | ○ | ○ | ○ |
| Service(s) not accessible due to disability (2) | ○ | ○ | ○ | ○ | ○ |
| Victim changed mind (3) | ○ | ○ | ○ | ○ | ○ |
| Competing needs of household (4) | ○ | ○ | ○ | ○ | ○ |
| No childcare available (5) | ○ | ○ | ○ | ○ | ○ |
| Language barrier (6) | ○ | ○ | ○ | ○ | ○ |
| Cultural barrier (7) | ○ | ○ | ○ | ○ | ○ |
| Religious barrier (8) | ○ | ○ | ○ | ○ | ○ |
| Inconvenient service hours (9) | ○ | ○ | ○ | ○ | ○ |
| Ashamed/Embarrassed about victimization (10) | ○ | ○ | ○ | ○ | ○ |
| Caretaker was/is offender (11) | ○ | ○ | ○ | ○ | ○ |
| Fear of losing housing (12) | ○ | ○ | ○ | ○ | ○ |
| Fear of deportation (13) | ○ | ○ | ○ | ○ | ○ |

| Protecting the offender from the justice system (14) | ○ | ○ | ○ | ○ | ○ |
| Service is not accessible at location (15) | ○ | ○ | ○ | ○ | ○ |
| Still coping with issues involving crime (16) | ○ | ○ | ○ | ○ | ○ |
| Substance abuse addictions (17) | ○ | ○ | ○ | ○ | ○ |
| Victim was a child/too young (18) | ○ | ○ | ○ | ○ | ○ |
| Other (please specify) (19) | ○ | ○ | ○ | ○ | ○ |

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Q10.3 You indicated that the following barriers are most critical in preventing or restricting victims from receiving victim services. Please rank these barriers from most to least critical in the in the community(ies) where you work. (select and drag to position placing the most-critical at the top).

*Please indicate the extent to which you believe each of the following barriers prevents or restri... = Work schedule conflict [ A Substantial Barrier ]*

*Or Please indicate the extent to which you believe each of the following barriers prevents or restri... = Work schedule conflict [ A Critical Barrier ]*

_____ Work schedule conflict (1)
_____ Service(s) not accessible due to disability
(40)
_____ Victim changed mind (41)
_____ Competing needs of household (42)
_____ No childcare available (43)
_____ Language barrier (44)
_____ Cultural barrier (45)
_____ Religious barrier (46)
_____ Inconvenient service hours (47)
_____ Ashamed/Embarrassed about victimization
(48)
_____ Caretaker was/is offender (49)
_____ Fear of losing housing (50)
_____ Fear of deportation (51)
_____ Protecting the offender from the justice system (52)
_____ Service is not accessible at location (53)
_____ Still coping with issues involving crime
(54)
_____ Substance abuse addictions (55)
_____ Victim was a child/too young (56)
_____ Other: [PIPED TEXT] (57)

Page Break

Q10.4 Please use the space below to list additional barriers to receiving victim services in the community(ies) where you work.

_____

_____

_____

_____

_____

**End of Block: Barriers to Services**

**Start of Block: Training Needs**

Q11.1 In the following section, you will be asked to identify training and infrastructure/support needs that could help improve services to victims of crime throughout the area(s) your organization serves.

Page Break

Q11.2 Please indicate the extent to which each type training is needed for your organization to improve services to victims of crime.

| | Not needed at all (1) | Somewhat needed (2) | Moderately needed (3) | Highly needed (4) |
|---|---|---|---|---|
| Advanced Victim Advocate training (2) | ○ | ○ | ○ | ○ |
| Basic Advocacy (3) | ○ | ○ | ○ | ○ |
| Comprehensive information about victims' services and other programs available locally and statewide (4) | ○ | ○ | ○ | ○ |
| Confidentiality, HIPPA, and ethics (5) | ○ | ○ | ○ | ○ |
| Executive Director training (6) | ○ | ○ | ○ | ○ |
| Foundational Academy training (7) | ○ | ○ | ○ | ○ |
| Hotline training (8) | ○ | ○ | ○ | ○ |
| Mandated Reporter Requirements (9) | ○ | ○ | ○ | ○ |
| Navigating the PA Criminal Justice System (10) | ○ | ○ | ○ | ○ |
| Pennsylvania Laws (Victims' Rights, DV, SA, etc.) (11) | ○ | ○ | ○ | ○ |

| Sensitivity and Cultural Competency (12) | ○ | ○ | ○ | ○ |
| Support Group knowledge and information (13) | ○ | ○ | ○ | ○ |
| Therapeutic Counseling training (14) | ○ | ○ | ○ | ○ |
| Trauma Informed/Sensitive Services and Support (15) | ○ | ○ | ○ | ○ |
| Topic-specific Training (e.g., human trafficking, stalking, dating violence, etc.) (16) | ○ | ○ | ○ | ○ |
| Other (please specify) (17) | ○ | ○ | ○ | ○ |

------------------------------------------------------------

Page Break ———————————————————————————

Q11.3 You indicated the following types of training were most needed by your organization to improve services to victims of crime. Please rank these training needs based on your organization from greatest to least need for your organization (select and drag to position placing the most-needed at the top).

*Please indicate the extent to which each type training is needed for your organization to improve... = [ Highly needed ]*

_____ Advanced Victim Advocate training (1)
_____ Basic Advocacy (14)
_____ Comprehensive information about victims' services and other programs available locally and statewide (15)
_____ Confidentiality, HIPPA, and ethics (16)
_____ Executive Director training (17)
_____ Foundational Academy training (18)
_____ Hotline training (19)
_____ Mandated Reporter Requirements (20)
_____ Navigating the PA Criminal Justice System (21)
_____ Pennsylvania Laws (Victims' Rights, DV, SA, etc.) (22)
_____ Sensitivity and Cultural Competency (23)
_____ Support Group knowledge and information (24)
_____ Therapeutic Counseling training (25)
_____ Trauma Informed/Sensitive Services and Support (26)
_____ Topic-specific Training (e.g., human trafficking, stalking, dating violence, etc.) (27)
_____ Other: [PIPED TEXT] (28)

Page Break

Q11.4 Training delivery is most effective when it is accessible to those who need it and it maximizes learning through sharing of knowledge. Please rank the following approaches to training delivery from most effective to least effective based on your preference and ability to participate (select and drag to position placing the most-effective at the top).

_____ Local (1)
_____ In-person training (2)
_____ Mentoring (3)
_____ Peer-to-Peer training (4)
_____ Webinars (5)
_____ Online Self-paced training (6)
_____ Regional training (7)
_____ Statewide Conferences (8)

**End of Block: Training Needs**

**Start of Block: Infrastructure Needs**

Q12.1 Please indicate the extent to which each of the following infrastructure/support items is needed within your organization to help improve the quality and accessibility of service(s) provided to victims/survivors of crime in the area(s) your organization serves.

| | Not applicable (5) | Not needed at all (1) | Somewhat needed (2) | Moderately needed (3) | Highly needed (4) |
|---|---|---|---|---|---|
| Increased pay/benefits for staff (1) | ○ | ○ | ○ | ○ | ○ |
| Furniture - waiting room/office (2) | ○ | ○ | ○ | ○ | ○ |
| Data collection software (3) | ○ | ○ | ○ | ○ | ○ |
| Remote training access (4) | ○ | ○ | ○ | ○ | ○ |
| Technical assistance/visits (5) | ○ | ○ | ○ | ○ | ○ |
| Access to telemedicine (6) | ○ | ○ | ○ | ○ | ○ |
| Statewide comprehensive victim service hotline (7) | ○ | ○ | ○ | ○ | ○ |
| Specialized software for online appointment scheduling (8) | ○ | ○ | ○ | ○ | ○ |
| Website design/redesign (9) | ○ | ○ | ○ | ○ | ○ |
| IT support (10) | ○ | ○ | ○ | ○ | ○ |
| Technology to assist with language barriers (build-in translators for online communication) (11) | ○ | ○ | ○ | ○ | ○ |
| Teleconferencing/virtual meeting equipment (12) | ○ | ○ | ○ | ○ | ○ |

| | | | | | |
|---|---|---|---|---|---|
| Regional cross-training initiatives (13) | ○ | ○ | ○ | ○ | ○ |
| Computer equipment (14) | ○ | ○ | ○ | ○ | ○ |
| Shelter maintenance/repair (15) | ○ | ○ | ○ | ○ | ○ |
| Office maintenance/repair (16) | ○ | ○ | ○ | ○ | ○ |
| Security systems (17) | ○ | ○ | ○ | ○ | ○ |
| Other (please specify) (18) | ○ | ○ | ○ | ○ | ○ |

Page Break

Q12.2 You indicated the following infrastructure items are most needed within your organization. Please rank these items  from the greatest need to the least (select and drag to position placing the most-needed at the top).

*Please indicate the extent to which each of the following infrastructure/support items is needed... = Increased pay/benefits for staff [ Highly needed ]*

_____ Increased pay/benefits for staff (1)
_____ Furniture - waiting room/office (17)
_____ Data collection software (18)
_____ Remote training access (19)
_____ Technical assistance/visits (20)
_____ Access to telemedicine (21)
_____ Statewide comprehensive victim service hotline (22)
_____ Specialized software for online appointment scheduling (23)
_____ Website design/redesign (24)
_____ IT support (25)
_____ Technology to assist with language barriers (build-in translators for online communication) (26)
_____ Teleconferencing/virtual meeting equipment (27)
_____ Regional cross-training initiatives (28)
_____ Computer equipment (29)
_____ Shelter maintenance/repair (30)
_____ Office maintenance/repair (31)
_____ Security systems (32)
_____ Other: [PIPED TEXT] (33)

**End of Block: Infrastructure Needs**

**Start of Block: Demographics**

Q13.1 Please indicate where you live.

▼ Adams County (1) ... Outside of the US (71)

Q13.2 Please indicate the counties or counties where your organization operates within Pennsylvania. Select all that apply.

Note: If using a PC, to select more than one item, hold "Ctrl" (control) when selecting items. If using a Mac, to select more than one item, hold "⌘" (command) when selecting items.

- [ ] The entire state of Pennsylvania  (1)
- [ ] Adams County  (72)
- [ ] Allegheny County  (2)
- [ ] Armstrong County  (3)
- [ ] Beaver County  (4)
- [ ] Bedford County  (5)
- [ ] Berks County  (6)
- [ ] Blair County  (7)
- [ ] Bradford County  (8)
- [ ] Bucks County  (9)
- [ ] Butler County  (10)
- [ ] Cambria County  (11)
- [ ] Cameron County  (12)
- [ ] Carbon County  (13)
- [ ] Centre County  (14)
- [ ] Chester County  (15)
- [ ] Clarion County  (16)
- [ ] Clearfield County  (17)
- [ ] Clinton County  (18)
- [ ] Columbia County  (19)
- [ ] Crawford County  (20)

- [ ] Cumberland County  (21)

- [ ] Dauphin County  (22)

- [ ] Delaware County  (23)

- [ ] Elk County  (24)

- [ ] Erie County  (25)

- [ ] Fayette County  (26)

- [ ] Forest County  (27)

- [ ] Franklin County  (28)

- [ ] Fulton County  (29)

- [ ] Greene County  (30)

- [ ] Huntingdon County  (31)

- [ ] Indiana County  (32)

- [ ] Jefferson County  (33)

- [ ] Juniata County  (34)

- [ ] Lackawanna County  (35)

- [ ] Lancaster County  (36)

- [ ] Lawrence County  (37)

- [ ] Lebanon County  (38)

- [ ] Lehigh County  (39)

- [ ] Luzerne County  (40)

- [ ] Lycoming County  (41)

- [ ] McKean County  (42)

- ☐ Mercer County  (43)

- ☐ Mifflin County  (44)

- ☐ Monroe County  (45)

- ☐ Montgomery County  (46)

- ☐ Montour County  (47)

- ☐ Northampton County  (48)

- ☐ Northumberland County  (49)

- ☐ Perry County  (50)

- ☐ Philadelphia County  (51)

- ☐ Pike County  (52)

- ☐ Potter County  (53)

- ☐ Schuylkill County  (54)

- ☐ Snyder County  (55)

- ☐ Somerset County  (56)

- ☐ Sullivan County  (57)

- ☐ Susquehanna County  (58)

- ☐ Tioga County  (59)

- ☐ Union County  (60)

- ☐ Venango County  (61)

- ☐ Warren County  (62)

- ☐ Washington County  (63)

- ☐ Wayne County  (64)

☐    Westmoreland County  (65)

☐    Wyoming County  (66)

☐    York County  (67)

☐    Outside of Pennsylvania  (68)

☐    Outside of the US  (69)

☐    Do not know  (70)

---

Q13.3 Please indicate to the primary county in which you work each day. Select all that apply.

Note: If using a PC, to select more than one item, hold "Ctrl" (control) when selecting items. If using a Mac, to select more than one item, hold "⌘" (command) when selecting items.

- [ ] Adams County  (72)
- [ ] Allegheny County  (2)
- [ ] Armstrong County  (3)
- [ ] Beaver County  (4)
- [ ] Bedford County  (5)
- [ ] Berks County  (6)
- [ ] Blair County  (7)
- [ ] Bradford County  (8)
- [ ] Bucks County  (9)
- [ ] Butler County  (10)
- [ ] Cambria County  (11)
- [ ] Cameron County  (12)
- [ ] Carbon County  (13)
- [ ] Centre County  (14)
- [ ] Chester County  (15)
- [ ] Clarion County  (16)
- [ ] Clearfield County  (17)
- [ ] Clinton County  (18)
- [ ] Columbia County  (19)
- [ ] Crawford County  (20)
- [ ] Cumberland County  (21)

☐ Dauphin County  (22)

☐ Delaware County  (23)

☐ Elk County  (24)

☐ Erie County  (25)

☐ Fayette County  (26)

☐ Forest County  (27)

☐ Franklin County  (28)

☐ Fulton County  (29)

☐ Greene County  (30)

☐ Huntingdon County  (31)

☐ Indiana County  (32)

☐ Jefferson County  (33)

☐ Juniata County  (34)

☐ Lackawanna County  (35)

☐ Lancaster County  (36)

☐ Lawrence County  (37)

☐ Lebanon County  (38)

☐ Lehigh County  (39)

☐ Luzerne County  (40)

☐ Lycoming County  (41)

☐ McKean County  (42)

☐ Mercer County  (43)

- [ ] Mifflin County  (44)

- [ ] Monroe County  (45)

- [ ] Montgomery County  (46)

- [ ] Montour County  (47)

- [ ] Northampton County  (48)

- [ ] Northumberland County  (49)

- [ ] Perry County  (50)

- [ ] Philadelphia County  (51)

- [ ] Pike County  (52)

- [ ] Potter County  (53)

- [ ] Schuylkill County  (54)

- [ ] Snyder County  (55)

- [ ] Somerset County  (56)

- [ ] Sullivan County  (57)

- [ ] Susquehanna County  (58)

- [ ] Tioga County  (59)

- [ ] Union County  (60)

- [ ] Venango County  (61)

- [ ] Warren County  (62)

- [ ] Washington County  (63)

- [ ] Wayne County  (64)

- [ ] Westmoreland County  (65)

☐    Wyoming County  (66)

☐    York County  (67)

☐    Outside of Pennsylvania  (68)

☐    Outside of the US  (69)

---

Q13.4 How many years have you been working with victims/survivors of crime?

▼ Less than 1 year (1) ... 20+ (21)

---

Q13.5 What is your age?

○ 0-12  (1)

○ 13-17  (2)

○ 18-24  (3)

○ 25-59  (4)

○ 60 and older  (5)

○ Not reported  (6)

---

Q13.6 Please select all sources of funding your organization has received in the past three years. Select all that apply. If your organization has not received funding in the past three years, select "Next" to continue.

☐     Pass-through funding from government entity  (1)

☐     Pass-through funding from coalition  (2)

☐     PCCD/OVS Grant  (3)

☐     Direct grant from federal agency  (4)

☐     Local/Community funding  (5)

☐     Private funding  (6)

☐     State funding  (7)

☐     Other (please specify)  (8)

_____

--------------------------------------------------------------------------------

*Carry Forward Selected Choices - Entered Text from "Please select all sources of funding your organization has received in the past three years. Select all that apply. If your organization has not received funding in the past three years, select "Next" to continue."*

X→

Q13.7 You indicated that your organization receives funding from the following sources. Please indicate the percentage of your budget received from each source.

| | Percentage (1) |
|---|---|
| Pass-through funding from government entity (x1) | |
| Pass-through funding from coalition (x2) | |
| PCCD/OVS Grant (x3) | |
| Direct grant from federal agency (x4) | |
| Local/Community funding (x5) | |
| Private funding (x6) | |
| State funding (x7) | |
| Other (please specify) (x8) | |

Q13.8 Approximately how many people work for your organization?

_____

Q13.9 What is the estimated yearly budget for the portion of your organization (division, unit, etc.) that provides services to victims of crime?

_____

Q13.10 May we contact you in the future should additional information be needed?

○ Yes  (1)

○ No  (2)

Page Break

Q13.11 Please provide your contact information in the spaces provided below.

○ First Name  (1) _____

○ Last Name  (2) _____

○ Name of Organization  (3) _____

○ Contact number  (4) _____

○ Contact email address  (5) _____

**End of Block: Demographics**

**Start of Block: Open-ended**

Q14.1 Please describe three things Pennsylvania should do to enhance services for victims/survivors of crime in the area(s) your organization serves.

_____

_____

_____

_____

_____

------------------------------------------------------------------------------------------

Page Break  ——————————————————————————————

Q14.2 Please use the space provided below to offer any additional comments, concerns, questions, and/or feedback.

_____

_____

_____

_____

_____

**End of Block: Open-ended**

**Start of Block: Referral**

Q15.1 Thank you for participating in our victims' services needs assessment. Your input is critical to our efforts to better serve victims of crime and improve our service delivery. Please use the link below to share this questionnaire with other individuals in your organization as well as individuals in partner or similar organizations who can add to your perspective.

https://iup.co1.qualtrics.com/jfe/form/SV_0fxxuGMHtbPjnSZ
 Additionally, if you know someone who has been impacted by crime and could provide valuable input on victims' services, please share this questionnaire through the following link or refer them to our website where they can access the survey:

https://iup.co1.qualtrics.com/jfe/form/SV_4VdmpQ6VqpIPn9j
 The results of this needs assessment by county will be posted on the PA Crime Victims website once the responses are tabulated. Please check back with us in March 2018. The Victim Services Needs Assessment Final Report, along with findings and recommendations, will be available in June 2018 and will also be posted on the PA Crime Victims' website:

www.pacrimevictims.com
 For additional assistance, or to find out more about services available to victims of crime, please visit the Office of Victims' Services website at:

http://www.pccd.pa.gov/Victim-Services

Please select "Next" to
 submit your responses.

**End of Block: Referral**