

VICTIMS NEEDS ASSESSMENT

VICTIMS OF CRIME

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: Victimization

Have you or someone in your household ever been directly impacted by a crime?

- Yes
- No

End of Block: Victimization

Start of Block: Up-front Demographics

In which Pennsylvania county do you currently reside?

▼ Adams County ... Prefer not to answer

Which of the following best describes where you live?

▼ Rural ... Other

End of Block: Up-front Demographics

Start of Block: Back-end Demographics Victim

What is your age?

- 0-12
 - 13-17
 - 18-24
 - 25-59
 - 60 and older
 - Prefer not to answer
-

With which gender do you most identify?

- Male
 - Female
 - Prefer not to answer
 - Other (please specify) _____
-

Which of the following best describes your sexual orientation?

- Heterosexual
 - Lesbian/Gay
 - Bisexual
 - Queer/Questioning
 - Prefer not to answer
 - Other (please specify) _____
-

Which of the following best describes your employment status?

- Employed full time
 - Employed part time
 - Unemployed trying to find employment
 - Unemployed not trying to find employment
 - Unemployed - disabled
 - Retired
 - Prefer not to answer
-

Please indicate your highest level of education completed.

- Elementary school
 - High school Diploma/G.E.D.
 - Some college
 - Associates degree
 - Trade/Technical School certification
 - Bachelor's degree
 - Master's degree
 - Doctoral/Professional degree
 - Prefer not to answer
-

Do you have any children under 18 living with you?

- Yes
- No

Skip To: QID53 If Do you have any children under 18 living with you? = No

How many children under the age of 18 live with you?

What is your relationship status?

- Married
 - In a relationship/living with significant other
 - In a relationship/not living with significant other
 - Divorced/Separated/Widowed
 - Single/Not in a relationship
 - Do not know
 - Prefer not to answer
 - Other (please specify) _____
-

What is the status of your citizenship?

- Born in the United States of America
 - Naturalized Citizen of the United States of America
 - I have a Visa
 - I am working toward becoming a citizen
 - I am undocumented
 - Do not know
 - Prefer not to answer
 - Other (please specify) _____
-

Are you a U.S. veteran?

- Yes
 - No
 - Prefer not to answer
-

Do you have any medical or health-related disabilities including physical, mental, or emotional conditions that interfere with daily living activities?

- Yes
- No
- Prefer not to answer

Skip To: QID47 If Do you have any medical or health-related disabilities including physical, mental, or emotional c... = No

Skip To: QID47 If Do you have any medical or health-related disabilities including physical, mental, or emotional c... = Prefer not to answer

Please indicate the type(s) of disability that you are dealing with. Select all that apply.

- Emotional
 - Intellectual
 - Physical
 - Prefer not to answer
 - Other (please specify)
-

With which race(s)/ethnicity(ies) do you most identify? Check all that apply.

- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
 - Do not know
 - Prefer not to answer
 - Other (please specify) _____
-

What is your religious affiliation?

- Christian
 - Jewish
 - Muslim
 - Buddhist
 - Hindu
 - No religious affiliation
 - Prefer not to answer
 - Other (please specify) _____
-

What language(s) do you speak fluently? Check all that apply.

- English
 - Spanish
 - German
 - Pennsylvania German/Dutch
 - Chinese (including Mandarin)
 - Italian
 - French
 - Russian
 - Vietnamese
 - Korean
 - Polish
 - Arabic
 - Hindi
 - Other (please specify)
-

End of Block: Back-end Demographics Victim

Start of Block: Awareness of Compensation

To the best of your knowledge, are victims/survivors of crime in Pennsylvania eligible for financial assistance/reimbursement from the state?

- Yes
 - No
 - Do not know
 - Prefer not to answer
-

Have you or someone in your household applied for financial assistance/reimbursement from the state's Victims' Compensation Fund?

- Yes
 - No
 - Do not know
 - Prefer not to answer
-

Did you or someone in your household receive help filling out a Victim's Compensation Application?

- Yes
 - No
 - Do not know
 - Prefer not to answer
-

Was the Victims' Compensation Application approved?

- Yes
- No
- Do not know
- Prefer not to answer

End of Block: Awareness of Compensation

Start of Block: Open-ended 1

What is the single most important thing that Pennsylvania could be doing to improve services to victims/survivors of crime?

End of Block: Open-ended 1

Start of Block: Closing

Thank you for participating in our victims' services needs assessment through your responses. If you know someone else 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>

End of Block: Closing

Start of Block: Victimization Type



Please check all crime(s) that have impacted you or someone in your household. Select all that apply. If you prefer not to answer, click "Next."

- Physical Assault
 - Homicide/Murder
 - Harassment/Bullying
 - Burglary
 - Kidnapping
 - Arson
 - Rape/sexual assault
 - Robbery
 - Larceny/theft
 - Child Sexual Abuse/Assault
 - Child Physical Abuse
 - Domestic Abuse/Domestic Violence
 - Injured by DUI (Driving Under the Influence) Offender
 - Assault or Domestic Violence Against an Older Adult/Senior
 - Human Trafficking (Sex/Labor)
 - Identity Theft/Financial Abuse/Scam
 - Stalking
 - Other (please specify)
-

End of Block: Victimization Type

Start of Block: Impact Option 1



Among all crime(s) that have directly impacted you or someone in your household, please rank them from most impact to least impact on you and/or your household (select and drag to position of impact, with most significant impact at the top).

Note: You must move the items to confirm the correct order before clicking "Next" to continue.

- _____ Physical Assault
- _____ Homicide/Murder
- _____ Harassment/Bullying
- _____ Child Sexual Abuse/Assault
- _____ Child Physical Abuse
- _____ Domestic Abuse/Domestic Violence
- _____ Injured by DUI (Driving Under the Influence) Offender
- _____ Assault or Domestic Violence Against an Older Adult/Senior Abuse
- _____ Human Trafficking (Sex/Labor)
- _____ Identity Theft/Financial Abuse/Scam
- _____ Burglary
- _____ Kidnapping
- _____ Arson
- _____ Rape/sexual assault
- _____ Robbery
- _____ Larceny/theft
- _____ Stalking
- _____ Other: [\\${QID2/ChoiceTextEntryValue/50}](#)

End of Block: Impact Option 1

Start of Block: Who?

You indicated that you or someone in your household was most impacted by [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#). Please tell us who is the primary victim/survivor of [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#).

- Me
- Someone in my household

End of Block: Who?

Start of Block: Contact Police

You indicated that [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#) impacted you or someone in your household the most. Please indicate if you or someone in your household reported the [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#) to police/law enforcement.

- Yes
- No
- I do not know
- Someone outside my household contacted police/law enforcement
- Prefer not to answer

End of Block: Contact Police

Start of Block: Why Not Contact Police?



You indicated that [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#) impacted you or someone in your household the most and was not reported to police/law enforcement by you or a member of

your household. Please tell us the extent to which the following reasons impacted why you or someone in your household did not report the crime(s) to police/law enforcement.

Appendix III-5: Victim Questionnaire

	Not a reason	Somewhat of a reason	A moderate reason	A substantial reason	A critical reason
Did not think the police could/would do anything to help me	<input type="radio"/>				
Ashamed/embarrassed about victimization	<input type="radio"/>				
Concerned about what others would think (e.g., family, friend, community members)	<input type="radio"/>				
Caretaker was/is offender	<input type="radio"/>				
Victim was a child/was too young	<input type="radio"/>				
Religious beliefs	<input type="radio"/>				
Did not want the offender to get in trouble	<input type="radio"/>				
Afraid kids would be taken away	<input type="radio"/>				
Afraid of being arrested for criminal involvement	<input type="radio"/>				
Worried about being blamed	<input type="radio"/>				
Afraid of deportation	<input type="radio"/>				
Afraid of not being believed	<input type="radio"/>				

Afraid of retaliation	<input type="radio"/>				
Was not sure if it was a crime	<input type="radio"/>				
Did not want to get involved	<input type="radio"/>				
Did not know how to report	<input type="radio"/>				
Do not trust the police	<input type="radio"/>				
Do not trust government	<input type="radio"/>				
Reported to someone else (e.g., credit card company, clergy, physician)	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

End of Block: Why Not Contact Police?

Start of Block: Services screener



You indicated that you or someone in your household was most impacted by a crime of [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#). Please indicate if you or someone in your household received/used the following services from any organization in your community as a result of the [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#). Select all that apply. If you or

someone in your household have not received any of the following services, click "Next" to continue.

- Counseling, Therapy, or Mental Health Services
- Peer Support Groups (Someone to talk to about what happened)
- Drug and Alcohol Addiction Support/Treatment
- Medical/Healthcare Services
- Medical exam for sexual assault
- Accompaniment to medical services
- Child Advocacy Center services (including forensic interview for child victim)
- Court accompaniment and/or assistance in court system procedures
- Notices about the status of court hearings and/or location of the criminal defendant
- Victim/Witness Protection
- Financial assistance/advice
- Information/free resources about services available
- Legal assistance/representation
- Legal Immigration services related to the crime
- Basic needs (i.e., clothing, food, shelter)
- Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.)
- Emergency Shelter and/or Short-term Housing
- Long-term Housing
- Relocation Services (money or assistance to move to a different home)

- In-home Personal Care (i.e. day care for children, medical care for elder or disabled adult victims)
- Emergency Financial Assistance
- Employment assistance
- Assistance filling out compensation forms for reimbursement/payment of crime-related expenses
- Financial assistance for funeral/burial services
- Language/Interpretation services
- Safety/Security Planning
- Disability Assistance (e.g. assistive technology, signing, etc.)
- Crisis response at the crime scene
- Crisis Hotline
- Continuing Crisis Assistance
- Someone to help coordinate victim services
- Faith-based/spiritual help
- Other _____

End of Block: Services screener

Start of Block: Received - rate

Carry Forward Selected Choices - Entered Text from "You indicated that you or someone in your household was most impacted by a crime of \${q://QID94/ChoiceGroup/ChoiceWithLowestValue}. Please indicate if you or someone in your household received/used the following services from any organization in your community as a result of the \${q://QID94/ChoiceGroup/ChoiceWithLowestValue}. Select all that apply. If you or someone in your household have not received any of the following services, click "Next" to continue. "



Please rate the quality (i.e., accessibility, acceptability, adequacy) of the services you indicated that you or someone in your household received/used for

[\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#). Five stars indicates excellent quality and zero stars indicates poor quality.

Counseling, Therapy, or Mental Health Services	★	★	★	★	★
Peer Support Groups (Someone to talk to about what happened)	★	★	★	★	★
Drug and Alcohol Addiction Support/Treatment	★	★	★	★	★
Medical/Healthcare Services	★	★	★	★	★
Medical exam for sexual assault	★	★	★	★	★
Accompaniment to medical services	★	★	★	★	★
Child Advocacy Center services (including forensic interview for child victim)	★	★	★	★	★
Court accompaniment and/or assistance in court system procedures	★	★	★	★	★
Notices about the status of court hearings and/or location of the criminal defendant	★	★	★	★	★
Victim/Witness Protection	★	★	★	★	★
Financial assistance/advice	★	★	★	★	★
Information/free resources about services available	★	★	★	★	★
Legal assistance/representation	★	★	★	★	★
Legal Immigration services related to the crime	★	★	★	★	★
Basic needs (i.e., clothing, food, shelter)	★	★	★	★	★

Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.)	★	★	★	★	★
Emergency Shelter and/or Short-term Housing	★	★	★	★	★
Long-term Housing	★	★	★	★	★
Relocation Services (money or assistance to move to a different home)	★	★	★	★	★
In-home Personal Care (i.e. day care for children, medical care for elder or disabled adult victims)	★	★	★	★	★
Emergency Financial Assistance	★	★	★	★	★
Employment assistance	★	★	★	★	★
Assistance filling out compensation forms for reimbursement/payment of crime-related expenses	★	★	★	★	★
Financial assistance for funeral/burial services	★	★	★	★	★
Language/Interpretation services	★	★	★	★	★
Safety/Security Planning	★	★	★	★	★
Disability Assistance (e.g. assistive technology, signing, etc.)	★	★	★	★	★
Crisis response at the crime scene	★	★	★	★	★
Crisis Hotline	★	★	★	★	★
Continuing Crisis Assistance	★	★	★	★	★
Someone to help coordinate victim services	★	★	★	★	★

Faith-based/spiritual help	★	★	★	★	★
Other	★	★	★	★	★

End of Block: Received - rate

Start of Block: Referral of services



How did you or someone in your household find out about the service(s) that were received/used as a result of the [\\${QID94/ChoiceGroup/ChoiceWithLowestValue}](#)? Select all that apply.

- Police/Detective/Law Enforcement
- Friend
- Family
- Victim advocate/Victim service agency/Not-for profit org
- Counselor/Mental health services/Psychiatrist
- Medical Services (doctor, nurse, hospital, clinic, dentist)
- Clergy (Priest, Pastor, Rabbi, Imam, or other religious official)
- Attorney
- Hotline/1-800#
- Teacher or professor
- Significant other
- Coroner
- Funeral Director
- Flyer/Brochure
- Social Media
- Internet Search
- Co-worker(s)
- Bank
- Credit Card Company
- Human resources from place of employment

Prefer not to answer

Other (please specify)

End of Block: Referral of services

Start of Block: Need, Sought, Not Received

Carry Forward All Choices - Displayed & Hidden from "You indicated that you or someone in your household was most impacted by a crime of $\{q://QID94/ChoiceGroup/ChoiceWithLowestValue\}$. Please indicate if you or someone in your household received/used the following services from any organization in your community as a result of the $\{q://QID94/ChoiceGroup/ChoiceWithLowestValue\}$. Select all that apply. If you or someone in your household have not received any of the following services, click "Next" to continue. "



Based on your previous response, the following list identifies the services that you or someone in your household did not receive/use as a result of the $\{QID94/ChoiceGroup/ChoiceWithLowestValue\}$. Please indicate if you or someone in your

household needed and/or sought these services as a result of the
\${QID94/ChoiceGroup/ChoiceWithLowestValue}. Select both if they apply.

	Needed	Sought
Counseling, Therapy, or Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support Groups (Someone to talk to about what happened)	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Addiction Support/Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Healthcare Services	<input type="checkbox"/>	<input type="checkbox"/>
Medical exam for sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
Accompaniment to medical services	<input type="checkbox"/>	<input type="checkbox"/>
Child Advocacy Center services (including forensic interview for child victim)	<input type="checkbox"/>	<input type="checkbox"/>
Court accompaniment and/or assistance in court system procedures	<input type="checkbox"/>	<input type="checkbox"/>
Notices about the status of court hearings and/or location of the criminal defendant	<input type="checkbox"/>	<input type="checkbox"/>
Victim/Witness Protection	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance/advice	<input type="checkbox"/>	<input type="checkbox"/>
Information/free resources about services available	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance/representation	<input type="checkbox"/>	<input type="checkbox"/>

Legal Immigration services related to the crime	<input type="checkbox"/>	<input type="checkbox"/>
Basic needs (i.e., clothing, food, shelter)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter and/or Short-term Housing	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Housing	<input type="checkbox"/>	<input type="checkbox"/>
Relocation Services (money or assistance to move to a different home)	<input type="checkbox"/>	<input type="checkbox"/>
In-home Personal Care (i.e. day care for children, medical care for elder or disabled adult victims)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Employment assistance	<input type="checkbox"/>	<input type="checkbox"/>
Assistance filling out compensation forms for reimbursement/payment of crime-related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance for funeral/burial services	<input type="checkbox"/>	<input type="checkbox"/>
Language/Interpretation services	<input type="checkbox"/>	<input type="checkbox"/>

Safety/Security Planning	<input type="checkbox"/>	<input type="checkbox"/>
Disability Assistance (e.g. assistive technology, signing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Crisis response at the crime scene	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Hotline	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Crisis Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Someone to help coordinate victim services	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based/spiritual help	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Need, Sought, Not Received

Start of Block: Barriers to receiving



Please indicate the extent to which the following barriers prevented you or someone in your household from seeking/receiving the service(s) you or someone in your household needed as a result of the `QID94/ChoiceGroup/ChoiceWithLowestValue`.

	Not at all a barrier	Somewhat of a barrier	A moderate barrier	A substantial barrier	A critical barrier
Service(s) not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unaware of service(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service(s) not in an accessible location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No response from service(s) provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service(s) not available/accessible due to disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competing needs of household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No childcare available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inconvenient service hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought crime occurred too far in the past to seek/receive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Money	<input type="radio"/>				
Did not consider myself a victim	<input type="radio"/>				
Did not know that I was eligible for services	<input type="radio"/>				
Ashamed/Embarrassed about victimization	<input type="radio"/>				
Afraid of not being believed	<input type="radio"/>				
Concerned about what others would think (e.g., family, friend(s), community member(s)).	<input type="radio"/>				
Caretaker was/is offender	<input type="radio"/>				
Was a child/was too young	<input type="radio"/>				
Made contact with someone, but help was not given/not believed	<input type="radio"/>				
I thought I was OK/thought I could deal with it on my own	<input type="radio"/>				
Afraid of losing housing	<input type="radio"/>				
Did not know services were free	<input type="radio"/>				
Afraid of deportation	<input type="radio"/>				

Protecting the offender from the justice system	<input type="radio"/>				
Afraid of retaliation	<input type="radio"/>				
Did not trust government	<input type="radio"/>				
Did not trust the police	<input type="radio"/>				
Did not trust courts	<input type="radio"/>				
Religious beliefs	<input type="radio"/>				
Concerned services would not be sensitive to my cultural beliefs	<input type="radio"/>				
Afraid of losing privacy	<input type="radio"/>				
Service is not accessible	<input type="radio"/>				
Time commitment/other household responsibilities were more important	<input type="radio"/>				
Worried about being blamed	<input type="radio"/>				
Still dealing with issues involving crime	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

End of Block: Barriers to receiving

Start of Block: Back-end Demographics Household member

In which Pennsylvania county does the victim/survivor currently reside?

▼ Adams County ... Prefer not to answer

Which of the following best describes where the victim/survivor lives?

▼ Rural ... Other

What is the age of the victim/survivor?

- 0-12
 - 13-17
 - 18-24
 - 25-59
 - 60 and older
 - Prefer not to answer
-

With which gender does the victim/survivor most identify?

- Male
- Female
- Prefer not to answer
- Other (please specify) _____

Which of the following best describes the sexual orientation of the victim/survivor?

- Heterosexual
 - Lesbian/Gay
 - Bisexual
 - Queer/Questioning
 - Prefer not to answer
 - Other (please specify) _____
-

Which of the following best describes the employment status of the victim/survivor?

- Employed full time
 - Employed part time
 - Unemployed trying to find employment
 - Unemployed not trying to find employment
 - Unemployed - disabled
 - Retired
 - Prefer not to answer
-

Please indicate the highest level of education completed by the victim/survivor.

- Elementary school
 - High school Diploma/G.E.D.
 - Some college
 - Associates degree
 - Trade/Technical School certification
 - Bachelor's degree
 - Master's degree
 - Doctoral/Professional degree
 - Prefer not to answer
-

Do any children under 18 live with the victim/survivor?

- Yes
- No

Skip To: Q144 If Do any children under 18 live with the victim/survivor? = No

How many children under the age of 18 live with the victim/survivor?

What is the relationship status of the victim/survivor?

- Married
 - In a relationship/living with significant other
 - In a relationship/not living with significant other
 - Divorced/Separated/Widowed
 - Single/Not in a relationship
 - Do not know
 - Prefer not to answer
 - Other (please specify) _____
-

What is the citizen status of the victim/survivor?

- Born in the United States of America
 - Naturalized Citizen of the United States of America
 - Has a Visa
 - Is working toward becoming a citizen
 - Is undocumented
 - Do not know
 - Prefer not to answer
 - Other (please specify) _____
-

Is the victim/survivor a U.S. veteran?

- Yes
 - No
 - Prefer not to answer
-

Does the victim/survivor have any medical or health-related disabilities including physical, mental, or emotional conditions that interfere with daily living activities?

- Yes
- No
- Prefer not to answer

Skip To: Q149 If Does the victim/survivor have any medical or health-related disabilities including physical, ment... = No

Skip To: Q149 If Does the victim/survivor have any medical or health-related disabilities including physical, ment... = Prefer not to answer

Please indicate the type(s) of disability that the victim/survivor are dealing with. Select all that apply.

- Emotional
 - Intellectual
 - Physical
 - Prefer not to answer
 - Other (please specify)
-

With which race(s)/ethnicity(ies) does the victim/survivor most identify? Check all that apply.

- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
 - Do not know
 - Prefer not to answer
 - Other (please specify) _____
-

What is the religious affiliation of the victim/survivor?

- Christian
 - Jewish
 - Muslim
 - Buddhist
 - Hindu
 - No religious affiliation
 - Prefer not to answer
 - Other (please specify) _____
-

What language(s) does the victim/survivor speak fluently? Check all that apply.

- English
- Spanish
- German
- Pennsylvania German/Dutch
- Chinese (including Mandarin)
- Italian
- French
- Russian
- Vietnamese
- Korean
- Polish
- Arabic
- Hindi
- Other (please specify) _____

End of Block: Back-end Demographics Household member

Start of Block: Open-ended 2

As someone who has been directly impacted by crime, please use the space below to tell us what you need.

End of Block: Open-ended 2

Start of Block: Who 2?

You indicated that you or someone in your household was impacted by [\\${QID2/ChoiceGroup/SelectedChoices}](#). Please tell us who is the primary victim/survivor of [\\${QID2/ChoiceGroup/SelectedChoices}](#).

- Me
- Someone in my household

End of Block: Who 2?

Start of Block: Contact Police 2

Please indicate if you or someone in your household reported the [\\${QID2/ChoiceGroup/SelectedChoices}](#) to police/law enforcement.

- Yes
- No
- I do not know
- Someone outside my household contacted police/law enforcement
- Prefer not to answer

End of Block: Contact Police 2

Start of Block: Why not contact police 2?



You indicated that [\\${QID2/ChoiceGroup/SelectedChoices}](#) was not reported to police/law enforcement by you or someone in your household. Please tell us the extent to which the

following reasons impacted why you or someone in your household did not report the `#{QID2/ChoiceGroup/SelectedChoices}` to police/law enforcement.

Appendix III-5: Victim Questionnaire

	Not a reason	Somewhat of a reason	A moderate reason	A substantial reason	A critical reason
Did not think the police could/would do anything to help	<input type="radio"/>				
Ashamed/embarrassed about victimization	<input type="radio"/>				
Concerned about what others would think (e.g., family, friend, community members)	<input type="radio"/>				
Caretaker was/is offender	<input type="radio"/>				
Victim was a child/was too young	<input type="radio"/>				
Religious beliefs	<input type="radio"/>				
Did not want the offender to get in trouble	<input type="radio"/>				
Afraid kids would be taken away	<input type="radio"/>				
Afraid of being arrested for criminal involvement	<input type="radio"/>				
Worried about being blamed	<input type="radio"/>				
Afraid of deportation	<input type="radio"/>				
Afraid of not being believed	<input type="radio"/>				

Afraid of retaliation	<input type="radio"/>				
Was not sure if it was a crime	<input type="radio"/>				
Did not want to get involved	<input type="radio"/>				
Did not know how to report	<input type="radio"/>				
Did not trust the police	<input type="radio"/>				
Did not trust government	<input type="radio"/>				
Reported to someone else (e.g., credit card company, clergy, physician)	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

End of Block: Why not contact police 2?

Start of Block: Services screener 2



You indicated that you or someone in your household was impacted by a crime of [\\${QID2/ChoiceGroup/SelectedChoices}](#). Please indicate if you or someone in your household received/used the following services from any organization in your community as a result of the

#{QID2/ChoiceGroup/SelectedChoices}. Select all that apply. If you or someone in your household have not received any of the following services, click "Next" to continue.

- Counseling, Therapy, or Mental Health Services
- Peer Support Groups (Someone to talk to about what happened)
- Drug and Alcohol Addiction Support/Treatment
- Medical/Healthcare Services
- Medical exam for sexual assault
- Accompaniment to medical services
- Child Advocacy Center services (including forensic interview for child victim)
- Court accompaniment and/or assistance in court system procedures
- Notices about the status of court hearings and/or location of the criminal defendant
- Victim/Witness Protection
- Financial assistance/advice
- Information/free resources about services available
- Legal assistance/representation
- Legal Immigration services related to the crime
- Basic needs (i.e., clothing, food, shelter)
- Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.)
- Emergency Shelter and/or Short-term Housing
- Long-term Housing
- Relocation Services (money or assistance to move to a different home)

- In-home Personal Care (i.e. day care for children, medical care for elder or disabled adult victims)
- Emergency Financial Assistance
- Employment assistance
- Assistance filling out compensation forms for reimbursement/payment of crime-related expenses
- Financial assistance for funeral/burial services
- Language/Interpretation services
- Safety/Security Planning
- Disability Assistance (e.g. assistive technology, signing, etc.)
- Crisis response at the crime scene
- Crisis Hotline
- Continuing Crisis Assistance
- Someone to help coordinate victim services
- Faith-based/spiritual help
- Other _____

End of Block: Services screener 2

Start of Block: Received - rate 2

Carry Forward Selected Choices - Entered Text from "You indicated that you or someone in your household was impacted by a crime of \${q://QID2/ChoiceGroup/SelectedChoices}. Please indicate if you or someone in your household received/used the following services from any organization in your community as a result of the \${q://QID2/ChoiceGroup/SelectedChoices}. Select all that apply. If you or someone in your household have not received any of the following services, click "Next" to continue. "



Please rate the quality (i.e., accessibility, acceptability, adequacy) of the services you indicated that you or someone in your household received/used for

[\\${QID2/ChoiceGroup/SelectedChoices}](#). Five stars indicates excellent quality and zero stars indicates poor quality.

Counseling, Therapy, or Mental Health Services	★	★	★	★	★
Peer Support Groups (Someone to talk to about what happened)	★	★	★	★	★
Drug and Alcohol Addiction Support/Treatment	★	★	★	★	★
Medical/Healthcare Services	★	★	★	★	★
Medical exam for sexual assault	★	★	★	★	★
Accompaniment to medical services	★	★	★	★	★
Child Advocacy Center services (including forensic interview for child victim)	★	★	★	★	★
Court accompaniment and/or assistance in court system procedures	★	★	★	★	★
Notices about the status of court hearings and/or location of the criminal defendant	★	★	★	★	★
Victim/Witness Protection	★	★	★	★	★
Financial assistance/advice	★	★	★	★	★
Information/free resources about services available	★	★	★	★	★
Legal assistance/representation	★	★	★	★	★
Legal Immigration services related to the crime	★	★	★	★	★
Basic needs (i.e., clothing, food, shelter)	★	★	★	★	★
Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.)	★	★	★	★	★
Emergency Shelter and/or Short-term Housing	★	★	★	★	★

Long-term Housing	★	★	★	★	★
Relocation Services (money or assistance to move to a different home)	★	★	★	★	★
In-home Personal Care (i.e. day care for children, medical care for elder or disabled adult victims)	★	★	★	★	★
Emergency Financial Assistance	★	★	★	★	★
Employment assistance	★	★	★	★	★
Assistance filling out compensation forms for reimbursement/payment of crime-related expenses	★	★	★	★	★
Financial assistance for funeral/burial services	★	★	★	★	★
Language/Interpretation services	★	★	★	★	★
Safety/Security Planning	★	★	★	★	★
Disability Assistance (e.g. assistive technology, signing, etc.)	★	★	★	★	★
Crisis response at the crime scene	★	★	★	★	★
Crisis Hotline	★	★	★	★	★
Continuing Crisis Assistance	★	★	★	★	★
Someone to help coordinate victim services	★	★	★	★	★
Faith-based/spiritual help	★	★	★	★	★
Other	★	★	★	★	★

End of Block: Received - rate 2

Start of Block: Referral of services 2



How did you or someone in your household find out about the service(s) that were received/used as a result of the [\\${QID2/ChoiceGroup/SelectedChoices}](#)? Select all that apply.

- Police/Detective/Law Enforcement
- Friend
- Family
- Victim advocate/Victim service agency/Not-for profit org
- Counselor/Mental health services/Psychiatrist
- Medical Services (doctor, nurse, hospital, clinic, dentist)
- Clergy (Priest, Pastor, Rabbi, Imam, or other religious official)
- Attorney
- Hotline/1-800#
- Teacher or professor
- Significant other
- Coroner
- Funeral Director
- Flyer/Brochure
- Social Media
- Internet Search
- Co-worker(s)
- Bank
- Credit Card Company
- Human resources from place of employment

Prefer not to answer

Other (please specify) _____

End of Block: Referral of services 2

Start of Block: Need, Sought, Not Received 2

Carry Forward Unselected Choices from "You indicated that you or someone in your household was impacted by a crime of \${q://QID2/ChoiceGroup/SelectedChoices}. Please indicate if you or someone in your household received/used the following services from any organization in your community as a result of the \${q://QID2/ChoiceGroup/SelectedChoices}. Select all that apply. If you or someone in your household have not received any of the following services, click "Next" to continue. "



Based on your previous response, the following list identifies the services that you or someone in your household did not receive/use as a result of the [\\${QID2/ChoiceGroup/SelectedChoices}](#). Please indicate if you or someone in your household

needed and/or sought these services as a result of the
\${QID2/ChoiceGroup/SelectedChoices}. Select both if they apply.

	Needed	Sought
Counseling, Therapy, or Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support Groups (Someone to talk to about what happened)	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Addiction Support/Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Healthcare Services	<input type="checkbox"/>	<input type="checkbox"/>
Medical exam for sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
Accompaniment to medical services	<input type="checkbox"/>	<input type="checkbox"/>
Child Advocacy Center services (including forensic interview for child victim)	<input type="checkbox"/>	<input type="checkbox"/>
Court accompaniment and/or assistance in court system procedures	<input type="checkbox"/>	<input type="checkbox"/>
Notices about the status of court hearings and/or location of the criminal defendant	<input type="checkbox"/>	<input type="checkbox"/>
Victim/Witness Protection	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance/advice	<input type="checkbox"/>	<input type="checkbox"/>
Information/free resources about services available	<input type="checkbox"/>	<input type="checkbox"/>

Legal assistance/representation	<input type="checkbox"/>	<input type="checkbox"/>
Legal Immigration services related to the crime	<input type="checkbox"/>	<input type="checkbox"/>
Basic needs (i.e., clothing, food, shelter)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (e.g. to receive services; to attend court hearings, medical appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter and/or Short-term Housing	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Housing	<input type="checkbox"/>	<input type="checkbox"/>
Relocation Services (money or assistance to move to a different home)	<input type="checkbox"/>	<input type="checkbox"/>
In-home Personal Care (i.e. day care for children, medical care for elder or disabled adult victims)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Employment assistance	<input type="checkbox"/>	<input type="checkbox"/>
Assistance filling out compensation forms for reimbursement/payment of crime-related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance for funeral/burial services	<input type="checkbox"/>	<input type="checkbox"/>

Language/Interpretation services	<input type="checkbox"/>	<input type="checkbox"/>
Safety/Security Planning	<input type="checkbox"/>	<input type="checkbox"/>
Disability Assistance (e.g. assistive technology, signing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Crisis response at the crime scene	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Hotline	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Crisis Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Someone to help coordinate victim services	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based/spiritual help	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Need, Sought, Not Received 2

Start of Block: Barriers to receiving 2



Please indicate the extent to which the following barriers prevented you or someone in your household from seeking/receiving the service(s) you or someone in your household needed as a result of the `QID2/ChoiceGroup/SelectedChoices`.

	Not at all a barrier	Somewhat of a barrier	A moderate barrier	A substantial barrier	A critical barrier
Service(s) not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unaware of service(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service(s) not in an accessible location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No response from service(s) provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service(s) not available/accessible due to disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competing needs of household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No childcare available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inconvenient service hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought crime occurred too far in the past to seek/receive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Money	<input type="radio"/>				
Did not consider myself a victim	<input type="radio"/>				
Did not know that I was eligible for services	<input type="radio"/>				
Ashamed/Embarrassed about victimization	<input type="radio"/>				
Afraid of not being believed	<input type="radio"/>				
Concerned about what others would think (e.g., family, friend(s), community member(s)).	<input type="radio"/>				
Caretaker was/is offender	<input type="radio"/>				
Was a child/was too young	<input type="radio"/>				
Made contact with someone, but help was not given/not believed	<input type="radio"/>				
I thought I was OK/thought I could deal with it on my own	<input type="radio"/>				
Afraid of losing housing	<input type="radio"/>				
Did not know services were free	<input type="radio"/>				
Afraid of deportation	<input type="radio"/>				

Protecting the offender from the justice system	<input type="radio"/>				
Afraid of retaliation	<input type="radio"/>				
Did not trust government	<input type="radio"/>				
Did not trust the police	<input type="radio"/>				
Did not trust courts	<input type="radio"/>				
Religious beliefs	<input type="radio"/>				
Concerned services would not be sensitive to my cultural beliefs	<input type="radio"/>				
Afraid of losing privacy	<input type="radio"/>				
Service is not accessible	<input type="radio"/>				
Time commitment/other household responsibilities were more important	<input type="radio"/>				
Worried about being blamed	<input type="radio"/>				
Still dealing with issues involving crime	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

End of Block: Barriers to receiving 2

