

## SURVEY OF VICTIMS OF CRIME

Thank you for taking the time to complete this survey. These questions have been put together to gain a better understanding of the needs of victims of crime throughout New York State. Your survey responses will help inform the development of a network of civil legal services to better meet the needs of victims of crime. We are interested in your victimization experience, whether or not the crime was reported to the police. The survey is voluntary, and there are no right or wrong answers to the questions. Your answers are confidential and anonymous.

***By completing this survey, you could be entered into a lottery for a chance to win a \$150 gift card!***

***If you have already filled out this survey, please do not fill it out again. Thank you!***

**We would like to begin by asking some questions about your experience as a crime victim. This includes crimes that were not reported to the police.**

1. Have you been the victim of a crime in the past... ***Check all that apply.***

- |  |  |
|--|--|
| <input type="checkbox"/> 2 years or less | <input type="checkbox"/> > 5 years; please specify: _____ years                  |
| <input type="checkbox"/> 3-5 years       | <input type="checkbox"/> I have never been the victim of a crime (end of survey) |

2. Which of the following types of crime/s were you a victim of in the past? ***Check all that apply.***

- |  |  |
|--|--|
| <input type="checkbox"/> Assault (not sexual assault)          | <input type="checkbox"/> Partner/dating violence   |
| <input type="checkbox"/> Arson                                 | <input type="checkbox"/> Rape                      |
| <input type="checkbox"/> Burglary                              | <input type="checkbox"/> Robbery                   |
| <input type="checkbox"/> Driving under the influence (DUI)/DWI | <input type="checkbox"/> Sexual abuse              |
| <input type="checkbox"/> Elder abuse                           | <input type="checkbox"/> Sexual assault (not rape) |
| <input type="checkbox"/> Fraud/financial crime                 | <input type="checkbox"/> Stalking                  |
| <input type="checkbox"/> Hate crime                            | <input type="checkbox"/> Terrorism                 |
| <input type="checkbox"/> Human trafficking                     | <input type="checkbox"/> Theft/larceny             |
| <input type="checkbox"/> Identity theft                        | <input type="checkbox"/> Vandalism/graffiti        |
| <input type="checkbox"/> Kidnapping                            | <input type="checkbox"/> Other vehicular crime     |
| <input type="checkbox"/> Other, specify: _____                 |  |

3. Which crime impacted you the most? ***Check only one.***

- |  |  |
|--|--|
| <input type="checkbox"/> Assault (not sexual assault)          | <input type="checkbox"/> Partner/dating violence   |
| <input type="checkbox"/> Arson                                 | <input type="checkbox"/> Rape                      |
| <input type="checkbox"/> Burglary                              | <input type="checkbox"/> Robbery                   |
| <input type="checkbox"/> Driving under the influence (DUI)/DWI | <input type="checkbox"/> Sexual abuse              |
| <input type="checkbox"/> Elder abuse                           | <input type="checkbox"/> Sexual assault (not rape) |
| <input type="checkbox"/> Fraud/financial crime                 | <input type="checkbox"/> Stalking                  |
| <input type="checkbox"/> Hate crime                            | <input type="checkbox"/> Terrorism                 |
| <input type="checkbox"/> Human trafficking                     | <input type="checkbox"/> Theft/larceny             |
| <input type="checkbox"/> Identity theft                        | <input type="checkbox"/> Vandalism/graffiti        |
| <input type="checkbox"/> Kidnapping                            | <input type="checkbox"/> Other vehicular crime     |
| <input type="checkbox"/> Other, specify: _____                 |  |

**For the following questions, please think about your experience as a victim of *only* the crime that you selected above as the crime that impacted you the most.**

4. Did you or anyone else contact the police?

☐ Yes

☐ No

☐ Other, specify: \_\_\_\_\_

5. Was the case prosecuted?

☐ Yes

☐ No

☐ Other, specify: \_\_\_\_\_

6. Did you seek medical attention related to your victimization from a... **Check all that apply.**

☐ Hospital

☐ Health clinic/urgent care center

☐ Doctor's office

☐ Other, specify: \_\_\_\_\_

☐ No, I did not seek medical attention, but I needed it

☐ Does not apply

7. Did you seek counseling/supportive services (i.e. therapy) related to your victimization?

☐ Yes

☐ No

8. Who, if anyone, informed you of your rights as a crime victim? **Check all that apply.**

☐ The police

☐ The prosecutor/district attorney

☐ The court

☐ A victim advocate from the police, prosecutor's office, or other criminal justice agency

☐ A community-based organization

☐ A faith-based/religious organization

☐ Other referred me, specify: \_\_\_\_\_

☐ A government-based agency/department (e.g. local department of social services)

☐ A medical provider (hospital, clinic, doctor's office etc.)

☐ A counselor/therapist

☐ A friend or family member

☐ No one informed me of my rights as a crime victim

☐ I didn't tell anyone I was a crime victim, so I was not informed of my rights as a crime victim

9. Who, if anyone, referred you to civil legal (non-criminal) services (such as help filling out legal forms, legal advice, housing assistance)? **Check all that apply.**

☐ The police

☐ The prosecutor/district attorney

☐ The court

☐ A victim advocate from the police, prosecutor's office, or other criminal justice agency

☐ A community-based organization

☐ A faith-based/religious organization

☐ Other referred me, specify: \_\_\_\_\_

☐ A government-based agency/department (e.g. local department of social services)

☐ A medical provider (hospital, clinic, doctor's office etc.)

☐ A counselor/therapist

☐ A friend or family member

☐ No one referred me to civil legal services

☐ I didn't tell anyone I was a crime victim, so no one referred me to legal services

**The next questions are about any problems you may have had because of the crime and how you dealt with these problems.**

10. Did being a victim of this crime cause you to have problems with any of the following issues? **Check all that apply.**

- a) Money/Finances: ☐ bankruptcy ☐ debt/collections ☐ utilities ☐ tax issues  
☐ other, specify: \_\_\_\_\_
- b) Education: ☐ disability rights ☐ discipline/expulsion ☐ discrimination ☐ enrollment  
☐ other, specify: \_\_\_\_\_
- c) Employment: ☐ disability rights ☐ discrimination ☐ wages ☐ workers' compensation  
☐ wrongful termination ☐ other, specify: \_\_\_\_\_
- d) Family: ☐ child support ☐ custody/visitation/paternity ☐ divorce  
☐ partner/dating violence ☐ other, specify: \_\_\_\_\_
- e) Government Benefits: ☐ disability ☐ food stamps ☐ unemployment ☐ cash assistance  
☐ other, specify: \_\_\_\_\_
- f) Health Insurance: ☐ Medicaid ☐ Medicare ☐ private insurance  
☐ other, specify: \_\_\_\_\_
- g) Housing: ☐ disability rights ☐ discrimination ☐ foreclosure/loan ☐ landlord/tenant  
☐ public housing ☐ loss of home ☐ other, specify: \_\_\_\_\_
- h) Immigration: ☐ citizenship ☐ deportation ☐ work permit ☐ visa  
☐ other, specify: \_\_\_\_\_
- i) Other, Specify: \_\_\_\_\_

11. Did you seek help from any person or organization to deal with these problems?

- ☐ Yes  
☐ No (skip to Q.17)

12. Did you seek help in the past... **Check all that apply.**

- ☐ 2 years or less  
☐ 3-5 years  
☐ > 5 years; please specify: \_\_\_\_\_ years

13. Who did you seek help from? **Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> A friend or family member   | <input type="checkbox"/> A medical provider (hospital, clinic, doctor's office etc.) |
| <input type="checkbox"/> A faith-based/religious organization or official                                | <input type="checkbox"/> A counselor/therapist                                       |
| <input type="checkbox"/> A community-based service organization  | <input type="checkbox"/> Legal Aid organization                                      |
| <input type="checkbox"/> Domestic violence program or family justice center                              | <input type="checkbox"/> Private lawyer  |
| <input type="checkbox"/> Hotline   | <input type="checkbox"/> Other, specify: _____                                       |
| <input type="checkbox"/> A government-based agency/department (e.g. local department of social services) |  |

14. What kind of civil legal (non-criminal) help did you need? **Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Knowing whether I have a legal problem   | <input type="checkbox"/> Understanding/navigating the legal system/process      |
| <input type="checkbox"/> Knowing what services are available      | <input type="checkbox"/> Knowing if my case has merit/the likelihood of winning |
| <input type="checkbox"/> Filling out legal forms/filing documents | <input type="checkbox"/> I did not need any legal help                          |
| <input type="checkbox"/> Finding a lawyer                         | <input type="checkbox"/> Other, specify: _____                                  |

15. What kind of help was received? **Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Accompaniment to legal proceedings           | <input type="checkbox"/> Medical help             |
| <input type="checkbox"/> Accompaniment to medical appointments        | <input type="checkbox"/> Counseling/therapy       |
| <input type="checkbox"/> Legal representation                         | <input type="checkbox"/> Monetary/financial help  |
| <input type="checkbox"/> Help with preparing forms/legal documents    | <input type="checkbox"/> Help with housing        |
| <input type="checkbox"/> Legal advice                                 | <input type="checkbox"/> Help with transportation |
| <input type="checkbox"/> Self-help and "know your rights" information | <input type="checkbox"/> Other, specify: _____    |

16. Was the help you received useful?

- ☐ Yes, please explain: \_\_\_\_\_
- ☐ No, please explain: \_\_\_\_\_
- ☐ Some, but not all of the help was useful, please explain: \_\_\_\_\_

**Skip to Q. 18**

17. If you did not seek help, why not? **Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> I didn't think anything could be done                              | <input type="checkbox"/> I was afraid my immigration status would be reported if I sought help          |
| <input type="checkbox"/> I didn't need help at the time/wanted to wait and see              | <input type="checkbox"/> I felt too ashamed, embarrassed, depressed, and/or traumatized to ask for help |
| <input type="checkbox"/> I didn't know who could help/what services were available          | <input type="checkbox"/> I felt I could deal with it on my own  |
| <input type="checkbox"/> I didn't know how to access services                               | <input type="checkbox"/> The crime was not reported to the police                                       |
| <input type="checkbox"/> There are no services in my area                                   | <input type="checkbox"/> I didn't want the hassle   |
| <input type="checkbox"/> Agencies/offices were not open after work hours                    | <input type="checkbox"/> I was worried about cost   |
| <input type="checkbox"/> I didn't have childcare during services hours                      | <input type="checkbox"/> I didn't have the time   |
| <input type="checkbox"/> I didn't have transportation to access services                    | <input type="checkbox"/> It was not a big issue/not a big problem                                       |
| <input type="checkbox"/> There was/is a language barrier with service providers             | <input type="checkbox"/> I felt that I would be discriminated against because of my:                    |
| <input type="checkbox"/> There was/is a cultural barrier with service providers             | <input type="checkbox"/> Race <input type="checkbox"/> Gender   |
| <input type="checkbox"/> The services were not appropriate for my victimization experience  | <input type="checkbox"/> Ethnicity <input type="checkbox"/> Disability                                  |
| <input type="checkbox"/> I was afraid the perpetrator would find out if I sought help       | <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Mental illness                     |
| <input type="checkbox"/> I was afraid the perpetrator would get in trouble if I sought help | <input type="checkbox"/> Other, specify: _____  |

18. Do you know how to find free civil legal (non-criminal) help (not including a public defender)?

- ☐ Yes
- ☐ No

**The next few questions ask about your use of technology as a way to access civil legal services.**

19. Do you have access to the Internet?

- ☐ Yes  
☐ No (skip to Q. 21)

20. If yes, where do you access the Internet? **Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Home/work desktop or laptop computer | <input type="checkbox"/> Community center        |
| <input type="checkbox"/> Mobile device or tablet              | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Public library                       | <input type="checkbox"/> Other, specify: _____   |

21. Would you consider using an online tool to help you identify what your civil legal (non-criminal) needs (if any) are and where to go for help?

- ☐ Yes (skip to Q. 23)  
☐ No  
☐ Maybe

22. If no or maybe, please select why. **Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Not comfortable using the Internet/don't know how                        | <input type="checkbox"/> Lack of English/language access issues |
| <input type="checkbox"/> Security/privacy concerns  | <input type="checkbox"/> No interest                            |
| <input type="checkbox"/> No access to the Internet without additional costs (e.g. transportation) | <input type="checkbox"/> No time                                |
| <input type="checkbox"/> Physically unable  | <input type="checkbox"/> Other, specify: _____                  |

23. If you had a legal problem, would you be willing to... **Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Access online self-help information (such as brochures, pamphlets and frequently asked questions by people in a similar situation as me on a website) | <input type="checkbox"/> Use a live chatting service online   |
| <input type="checkbox"/> Use an online directory of services available in my area to search for relevant legal services nearby   | <input type="checkbox"/> Use an email based inquiry service   |
| <input type="checkbox"/> Talk to an attorney over the phone (instead of in person)   | <input type="checkbox"/> Use an online program that would help me prepare legal or court forms I need |
| <input type="checkbox"/> Use a virtual help program to speak to an attorney via video conferencing   | <input type="checkbox"/> None of the above  |

24. Please select which format you would prefer to access information and resources... **Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Hardcopy                 | <input type="checkbox"/> Online from a tablet/iPad |
| <input type="checkbox"/> Phone (cell or landline) | <input type="checkbox"/> Online from a computer    |

25. Did you use any online resources to find out your available [legal] options as a victim of crime?

- ☐ Yes  
☐ No (skip to Q. 27)

26. If yes, select which you utilized. **Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> NYS Office of Victims Services website                | <input type="checkbox"/> I searched for available legal help in my area                      |
| <input type="checkbox"/> LawHelp NY  | <input type="checkbox"/> I visited a specific legal service provider website, specify: _____ |
| <input type="checkbox"/> National Center for Victims of Crime website          | <input type="checkbox"/> Other online resources, specify: _____                              |
| <input type="checkbox"/> Connect Directory                                     | <input type="checkbox"/> I do not recall   |
| <input type="checkbox"/> Office for Victims of Crime website (federal website) |  |

**Finally, we would like to ask you some questions about your background.**

27. What is your age?

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> 18 to 21 | <input type="checkbox"/> 55 to 64    |
| <input type="checkbox"/> 22 to 34 | <input type="checkbox"/> 65 to 74    |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 75 and Over |
| <input type="checkbox"/> 45 to 54 |                                      |

28. What is your gender?

- |  |   |
|--|---|
| <input type="checkbox"/> Male                  | <input type="checkbox"/> Transgender male   |
| <input type="checkbox"/> Female                | <input type="checkbox"/> Transgender female |
| <input type="checkbox"/> Other, specify: _____ |   |

29. How would you describe your sexual orientation?

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Bisexual              |
| <input type="checkbox"/> Gay/Lesbian           | <input type="checkbox"/> Other, specify: _____ |

30. Are you an individual with a disability?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

31. Which of the following best describes your race? **Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Multiracial                            |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Other, specify: _____                  |
| <input type="checkbox"/> Asian                         |   |

32. Are you of Hispanic or Latino origin?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

33. What is your current citizenship status?

- |  |  |
|--|--|
| <input type="checkbox"/> U.S. citizen by birth or naturalization | <input type="checkbox"/> Non-resident          |
| <input type="checkbox"/> Permanent resident                      | <input type="checkbox"/> Other, specify: _____ |

34. What is the highest level of education you have completed?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than high school graduate | <input type="checkbox"/> Associate's degree           |
| <input type="checkbox"/> High school graduate or GED    | <input type="checkbox"/> Bachelor's degree            |
| <input type="checkbox"/> Some college but no degree     | <input type="checkbox"/> Graduate/professional degree |

35. How many people are currently living in your household, including yourself? \_\_\_\_\_

36. What is your total annual household income before taxes?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$12,000 | <input type="checkbox"/> \$50,000-\$74,999   |
| <input type="checkbox"/> \$12,000-24,999    | <input type="checkbox"/> \$75,000-\$99,999   |
| <input type="checkbox"/> \$25,000-\$49,999  | <input type="checkbox"/> More than \$100,000 |

37. What is your home zip code? \_\_\_\_\_

38. Did anyone assist you in filling out this survey?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Thank you for taking part in this survey. We greatly appreciate your time.**

Please provide your contact information below if you would like to be entered into a lottery for a chance to win a \$150 gift card:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**If you are interested...**

University at Albany researchers are planning to conduct brief follow-up telephone interviews and/or focus groups with victims of crime to gather more in-depth information of their civil legal (non-criminal) legal needs. If you would be willing to participate in a brief follow-up interview and/or focus group, please provide your contact information below. Your participation is voluntary.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Or contact us:**

Susan Ehrhard-Dietzel  
Email: [sdietzel@albany.edu](mailto:sdietzel@albany.edu)  
Phone: 518-591-8796  
Address: 135 Western Ave.  
Richardson Hall 315  
Albany, NY 12222

