



## SERVICE PROVIDER SURVEY

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 and the services available to them. Your survey responses will help inform the development of a network of civil legal services to better meet the needs of victims of crimes. Given that funding sources are limited, we want to determine how best to address the unmet needs of victims of crime, particularly civil legal needs. There are no right or wrong answers. Your answers are entirely confidential.

*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 organization.**

1. In what county is your organization located? \_\_\_\_\_

2. Please specify the catchment area served by your organization: **Select only one.**

- ☐ Statewide: New York
- ☐ Countywide, please specify: \_\_\_\_\_
- ☐ Multi-county, please specify: \_\_\_\_\_
- ☐ Citywide, please specify: \_\_\_\_\_
- ☐ Multi-city, please specify: \_\_\_\_\_
- ☐ Tribal, please specify: \_\_\_\_\_
- ☐ Other, please specify: \_\_\_\_\_

3. Which of the following best describes the agency for which you work?

- |   |  |
|---|--|
| <input type="checkbox"/> Police Department                  | <input type="checkbox"/> Health/medical services   |
| <input type="checkbox"/> Probation/Corrections              | <input type="checkbox"/> Government service        |
| <input type="checkbox"/> City, County or District Attorney  | <input type="checkbox"/> Legal services            |
| <input type="checkbox"/> Court personnel (judge, law clerk) | <input type="checkbox"/> Private lawyer            |
| <input type="checkbox"/> Educational institution            | <input type="checkbox"/> Private for-profit agency |
| <input type="checkbox"/> Faith-based                        | <input type="checkbox"/> Private non-profit agency |
| <input type="checkbox"/> Other, specify: _____              |  |

4. How long have you been in your current position?

- ☐ Less than a year
- ☐ 1-5 years
- ☐ More than 5 years

5. Please select the types of eligibility criteria your organization uses to deliver services: **Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Age   | <input type="checkbox"/> Income                |
| <input type="checkbox"/> Legal issue (e.g., protective orders, immigration, landlord/tenant) | <input type="checkbox"/> Type of victimization |
| <input type="checkbox"/> Service area  | <input type="checkbox"/> None                  |
| <input type="checkbox"/> Other, specify: _____   |  |

6. Please indicate the population your organization serves. **Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Men  | <input type="checkbox"/> LGBTQ                               |
| <input type="checkbox"/> Women  | <input type="checkbox"/> Immigrants                          |
| <input type="checkbox"/> Seniors  | <input type="checkbox"/> Children                            |
| <input type="checkbox"/> Disabled   | <input type="checkbox"/> All-inclusive/no primary population |
| <input type="checkbox"/> Ethnic/racial/cultural groups, please specify: _____ |  |
| <input type="checkbox"/> Other, specify: _____                                |  |

7. Does your organization screen clients for being the victim of a crime?

- ☐ Yes
- ☐ No (Skip to Q. 9)

8. Of all the clients your organization has served in the past two years, approximately what percent identified as a crime victim?

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> <25%   | <input type="checkbox"/> 51-75% |
| <input type="checkbox"/> 25-50% | <input type="checkbox"/> >75%   |

9. Does your organization inform victims of crime about their rights as a crime victim?

- ☐ Yes ☐ No
- ☐ Other, specify: \_\_\_\_\_

10. What types of crime victims does your agency serve? **Check all that apply.**

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

**The next questions are about the civil legal needs of crime victims in your area and the capacity to meet those needs.**

11. Please mark the most unaddressed or under addressed civil legal needs confronting the victim population in your catchment area. **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: \_\_\_\_\_

12. In your opinion, what are the most critical needs for civil legal services for your clients that are currently not being met? **Check all that apply.**

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

13. What do you perceive as the primary barriers as to why individuals are unable to receive civil legal assistance?

**Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> They don't know what services are available   | <input type="checkbox"/> They are afraid the perpetrator will get in trouble if they access services      |
| <input type="checkbox"/> Individuals/organizations do not know where to refer them/what services are available | <input type="checkbox"/> They are afraid their immigration status will be reported                        |
| <input type="checkbox"/> They don't know how to access service   | <input type="checkbox"/> They are too embarrassed, ashamed, depressed, and/or traumatized to ask for help |
| <input type="checkbox"/> There are no services in their area   | <input type="checkbox"/> They feel they can handle the situation on their own                             |
| <input type="checkbox"/> They lack transportation to access services   | <input type="checkbox"/> The crime/s are not reported to the police                                       |
| <input type="checkbox"/> Agencies/offices are not open after work hours  | <input type="checkbox"/> They don't want the hassle   |
| <input type="checkbox"/> They lack childcare during services hours   | <input type="checkbox"/> They are worried about cost  |
| <input type="checkbox"/> Language barriers   | <input type="checkbox"/> They don't have the time   |
| <input type="checkbox"/> Cultural barriers   | <input type="checkbox"/> They feel they will be discriminated against because of their:                   |
| <input type="checkbox"/> The services are not appropriate for their victimization experience                   | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Service providers are not trauma informed   | <input type="checkbox"/> Gender   |
| <input type="checkbox"/> They are afraid the perpetrator will find out if they access services                 | <input type="checkbox"/> Ethnicity  |
|  | <input type="checkbox"/> Disability   |
|  | <input type="checkbox"/> Sexual orientation   |
|  | <input type="checkbox"/> Mental illness   |
|  | <input type="checkbox"/> Other, specify: _____  |

14. Did your organization receive referrals for civil legal services in the past two years?

- ☐ Yes
- ☐ No (skip to Q. 16)
- ☐ Not applicable (skip to Q. 16)

15. If yes, please identify the referral source. **Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Civil legal services organization  | <input type="checkbox"/> Community-based organization   |
| <input type="checkbox"/> Law firm   | <input type="checkbox"/> Faith-based/religious organization or official                           |
| <input type="checkbox"/> Police department  | <input type="checkbox"/> Counselor/therapist  |
| <input type="checkbox"/> Prosecutor/district attorney   | <input type="checkbox"/> Government agency/department (e.g., local department of social services) |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Medical provider (e.g. hospital, clinic, doctor's office etc.)           |
| <input type="checkbox"/> Victim advocate from the police, prosecutor's office, or other criminal justice agency |   |
| <input type="checkbox"/> Other referred me, specify: _____  |   |

16. In the past two years, what types of referrals or requests for assistance have you received? **Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Accompaniment (to legal proceedings, medical appointments etc.)  | <input type="checkbox"/> Housing/shelter assistance                   |
| <input type="checkbox"/> Assistance in the preparation of forms/legal documents   | <input type="checkbox"/> Immigration assistance                       |
| <input type="checkbox"/> Civil legal advice   | <input type="checkbox"/> Mental health services                       |
| <input type="checkbox"/> Criminal justice system legal assistance/rights enforcement (e.g., filing a victim impact statement, restitution assistance, victim compensation assistance) | <input type="checkbox"/> Medical assistance                           |
| <input type="checkbox"/> Financial/monetary assistance  | <input type="checkbox"/> Protection/safety services                   |
| <input type="checkbox"/> Group/peer support   | <input type="checkbox"/> Self-help and "know your rights" information |
|   | <input type="checkbox"/> Transportation assistance                    |
|   | <input type="checkbox"/> Victim compensation claim assistance         |
|   | <input type="checkbox"/> Other, specify: _____                        |

17. In the past two years, was your organization unable to meet requests for civil legal services?

- ☐ Yes
- ☐ No (skip to Q. 21)
- ☐ Not applicable (skip to Q. 21)

18. If yes, what percentage did your organization have to turn away? \_\_\_\_\_

19. If yes, in what areas? **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: \_\_\_\_\_

20. If yes, why was your organization unable to meet the request? **Check all that apply.**

- ☐ The party making the request fell outside eligibility guidelines/population served by the agency
- ☐ The subject area fell outside organization's mission/expertise
- ☐ The matter did not involve a civil legal issue
- ☐ Other, specify: \_\_\_\_\_
- ☐ My agency did not have adequate resources to handle the matter
- ☐ There was no legal remedy to the matter
- ☐ We did not want to duplicate services
- ☐ We could not meet all of the victims' needs
- ☐ Language barriers prevented us from providing services

21. Do you know where to refer people who need civil legal assistance?

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

22. Do you refer clients to civil legal services?

- ☐ Yes  
☐ No (skip to Q. 24)

23. If yes, where do you refer them? \_\_\_\_\_ (skip to Q. 25)

24. If no, why not? \_\_\_\_\_

25. Has your agency taken a pro bono case in the last 2 years?

- ☐ Yes  
☐ No  
☐ Does not apply

**The next few questions are about the use of a technology as a means to provide civil legal services to victims.**

26. Do you believe the following online tools would be a helpful resource for crime victims? **Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> A "Victims' Services Screening Tool" that would help crime victims identify their civil legal needs and refer them to appropriate resources available in their area | <input type="checkbox"/> A live chat service online for victims to get help finding useful resources   |
| <input type="checkbox"/> Online self-help information (such as brochures, frequently asked questions, and self-advocacy information) available on a website such as LawHelpNY.org            | <input type="checkbox"/> A virtual help program for victims to speak to an attorney via video conferencing from offices of victims' advocates and service providers                      |
| <input type="checkbox"/> An online directory of legal and related social services available, searchable by location, to aid victims in their search for assistance                           | <input type="checkbox"/> An interactive online program designed to help victims prepare legal or court forms themselves  |
| <input type="checkbox"/> Other, specify: _____   | <input type="checkbox"/> An online program, available in English and Spanish, that would enable approved advocates to remotely e-file orders of protection for domestic violence victims |

27. Would you be likely to refer victims to the types of resources identified above?

- ☐ Yes (skip to Q. 29)  
☐ No  
☐ Maybe

28. If no or maybe, please indicate why. **Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Victims are unlikely to feel comfortable using the internet | <input type="checkbox"/> Security/Privacy concerns that victims face                                     |
| <input type="checkbox"/> Access to the internet is an obstacle for clients           | <input type="checkbox"/> Language access barriers  |
| <input type="checkbox"/> Access to computers is an obstacle for clients              | <input type="checkbox"/> Disability access issues  |
| <input type="checkbox"/> Other, specify: _____                                       | <input type="checkbox"/> It is more likely that we would use these services as advocates to help victims |

29. Finally, if your agency could obtain additional resources to enhance its ability to provide civil legal services to crime victims, what are the top three services for which these resources should be used?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

**As part of this needs assessment, University of New York at Albany researchers are planning to conduct brief follow-up telephone interviews and/or focus groups with victim service providers in order to gather more in-depth information of victim services and the needs of victims of crime in New York. If you would be willing to participate in a brief follow-up interview and/or focus group, please provide your contact information below:**

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

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

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

**Or contact us:**

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