



NNEDV

The National Network to End Domestic Violence's **20th Annual Domestic Violence Counts Survey**

NNEDV.org/DVCounts ★ #DVCounts

Save the Date: Wednesday, September 10, 2025
(from 8:00 a.m. EDT on 9/10/2025 to 7:59 a.m. EDT on 9/11/2025)

All survey materials are available at NNEDV.org/DVCounts2025.
The survey link will be live beginning at 8:00 a.m. EDT on Thursday, September 11, 2025.

Survey Packet and Instructions

The National Network to End Domestic Violence's 20th Annual Domestic Violence Counts (DV Counts) Survey is part of an initiative to better count the individuals served by local domestic violence programs in a single 24-hour survey period. Please try to answer the questions as accurately as possible.

Your program's individual results will **not** be reported separately. DV Counts is **not** a federally funded project, and this survey is **not** tied to your program's funding, federal or otherwise.

Informational Webinars for Local DV Programs

You do NOT need to attend the webinars nor watch a recording of them to participate in the DV Counts survey. They are informational overviews of the survey questions and the survey platform. We recommend each program attend a webinar or watch the recording.

We will hold two IDENTICAL webinars on **Tuesday, August 12, 2025** from **12:30-2:00 p.m. EDT** and **3:00-4:30 p.m. EDT**. The same content will be shared on both webinars; you do not need to attend both.

The link to watch the webinar recordings will be emailed to DVCountsInfo@Lists.NNEDV.org. To subscribe to this listserv, please email DVCounts@NNEDV.org.

Webinar Registration:

- ★ [This is the registration for webinar #1 at 12:30 PM EDT on Tuesday, August 12.](#)
- ★ [This is the registration for webinar #2 at 3:00 PM EDT on Tuesday, August 12.](#)

Meet with the DV Counts Team

If you have questions after attending/watching the webinar and reading the survey materials, we invite you to sign up to meet with the DV Counts Team. You can find an open time and schedule a 30-minute call using our Calendly: <https://calendly.com/aslye/connect-w-dv-counts>

Instructions for Participating Programs

What is the Domestic Violence Counts survey?

- ★ The National Network to End Domestic Violence (NNEDV) is working with state and territorial domestic violence coalitions to create a snapshot of domestic violence services provided across the U.S. in a 24-hour period. This is our 20th Annual Domestic Violence Counts Survey!
- ★ This snapshot count offers both a state- and territory-wide and national picture of the number of people seeking services, the number of unmet requests because of a lack of resources, and the overall scope of services that local programs provided.

Who should participate?

- ★ **For a local program to qualify for participation in the Domestic Violence Counts survey, one of its primary purposes must be the provision of domestic violence services.** The purpose of DV Counts is to gather an unduplicated count of people accessing non-profit domestic violence services. It is not intended to count the number of victims who may visit an emergency room, police department, government agency, or criminal justice agency on that day.

How will participating in DV Counts benefit my program?

- ★ NNEDV develops a national report and state and territory summaries of the survivors served, the services that programs provided, and the unmet requests for services, which will be provided to participating programs. Your organization can use this information in a number of different ways. Use the DV Counts Report to:
 - Pursue state and territorial legislative reforms;
 - Increase funding by showing your program's benefits and the impact of limited resources;
 - Create compelling grant reports or applications to funders and potential funders; and/or
 - Inform community outreach, training, and volunteer support.

What do I need to do BEFORE the survey day?

- ★ **Read** this survey packet (and other materials available at NNEDV.org/DVCounts2025) and contact DVCounts@NNEDV.org with questions.
- ★ **Identify** which staff member will be responsible for collecting the information during the 24-hour period and who will enter the information online.
- ★ **Discuss** how you will count the number of people served and the number of requests that your program was unable to meet.
- ★ **Ask** your colleagues for answers to questions to which you may not know the answer.

What do I need to do ON the survey day?

- ★ Throughout the survey day, keep track of the questions that you need to answer and tally the data that you will eventually enter online (for example, the number of people served and what types of services were provided).

What do we do if our agency has more than one site or location?

- ★ Please have all of the sites send the numbers to ONE contact person.
- ★ Total the numbers, and submit only ONE form for the entire agency.
- ★ For example, if there are only 23 domestic violence agencies in the state or territory and one of those agencies has four locations, there should only be 23 forms submitted online (not 26 if one agency submits four different forms for four different locations).

What do I need to do AFTER the survey day?

- ★ By **11:59 PM EDT on Friday, October 24, 2025**, enter your results online at NNEDV.org/DVCounts2025. You can enter your responses as early as 8:00 a.m. EDT on Thursday, September 11, 2025.
- ★ If you do not have access to the internet, you may fax your responses to 202-747-7626. If possible, please email us in advance of faxing to DVCounts@NNEDV.org to let us know you need to fax your responses. Please limit all faxes. **Please try to complete the survey online first.**
- ★ If you have any questions about how to complete the form or if you experience technical difficulties, please contact us at DVCounts@NNEDV.org.

Submission Instructions

We strongly prefer that you submit your data online, as this allows us to more quickly analyze the results. Please only fax your submission if you have no access to the internet. Please email DVCounts@NNEDV.org to let us know you need to fax your responses. If you experience any technical difficulties, please contact NNEDV at DVCounts@NNEDV.org.

You can best prepare yourself to enter your data online by following these three easy steps:

Step 1

Throughout the survey day, keep track of the questions that you need to answer and tally the data that you will eventually enter online as soon as you have provided the services. Compiling the data in the moment or at certain points throughout the 24-hour period will allow you to quickly enter the results online.

Please double-check your time zone's starting time (page 5) to ensure that your count starts at the right time for your state or territory. Find your time zone using [this link](#).

Step 2

At the end of the survey day, please complete the rest of the survey. **If your agency has several sites/locations, please combine your numbers and answers and only submit one form for the agency.** You will not be able to enter data into the website until the day AFTER the survey day. The online survey includes only the EXACT questions that appear on pages 6-16 of this packet.

Step 3

After the survey day, please go to NNEDV.org/DVCounts2025 and enter your data. The online form is identical to the questionnaire included in this packet. Simply enter your answers in the designated spots. If you have trouble viewing the webpage, please contact DVCounts@NNEDV.org. Responses are due by **11:59 PM EDT on Friday, October 24, 2025**.

That's it! Many previous participants reported that entering the information online took as little as 15 minutes.

If you are unable to access the internet, you can email us a photo or pdf of the filled-out survey at DVCounts@NNEDV.org, or fax the filled-out survey to us using the cover sheet on page 17.

Survey Information at a Glance

Survey Period:

Begins Wednesday, September 10, 2025

8:00 a.m. Eastern/Atlantic

7:00 a.m. Central

6:00 a.m. Mountain

5:00 a.m. Pacific

4:00 a.m. Alaska

2:00 a.m. Hawaii

1:00 a.m. American Samoa

10:00 p.m. Guam/Northern Mariana Islands

Ends Thursday, September 11, 2025

7:59 a.m. Eastern/Atlantic

6:59 a.m. Central

5:59 a.m. Mountain

4:59 a.m. Pacific

3:59 a.m. Alaska

1:59 a.m. Hawaii

12:59 a.m. American Samoa

9:59 p.m. Guam/Northern Mariana Islands

Filling out the survey: Fill out the survey online at NNEDV.org/DVCounts2025 (preferred method). The survey link will be live beginning at 8:00 a.m. EDT on Thursday, September 11, 2025.

If you do not have access to the internet, fax the survey form along with the fax cover sheet (page 17 of this packet) to 202-747-7626. **Please ONLY use the fax options if you absolutely do not have access to the electronic survey.** If possible, please email DVCounts@NNEDV.org to let us know you need to fax your responses before sending the fax.

If you have questions, contact NNEDV at DVCounts@NNEDV.org.

Responses are due by 11:59 PM EDT on Friday, October 24, 2025.

2025 Survey Form

This is the beginning of the actual survey.

Once completed, please enter your data online by following the link at NNEDV.org/DVCounts2025. The survey link will be live beginning at 8:00 a.m. EDT on Thursday, September 11, 2025.

If you do not have access to the internet, you can fax the survey to us along with the fax cover sheet on page 17 of this packet. Please email DVCounts@NNEDV.org to let us know you need to fax your responses.

The survey period is Wednesday, September 10, starting at 8:00 a.m. EDT through Thursday, September 11, at 7:59 a.m. EDT. See page 5 for the start and end times in all time zones.

If you are unclear about any of the questions asked or terms used, please refer to the Definitions of Terms and Frequently Asked Questions documents available at NNEDV.org/DVCounts2025. If neither of these documents answers your questions, email us at DVCounts@NNEDV.org.

Please complete as much of the survey as you possibly can, in order to make DV Counts data as comprehensive as possible. We recognize that many programs face constraints related to time, capacity, and safety that prevent them from fully answering every question. If you have questions or concerns about your program's ability to complete the survey, please contact DVCounts@NNEDV.org.

(* = required question)

Program Information:

1. ZIP Code (of administrative office): *

2. Program Name (will be kept confidential): *

The survey continues on the following page.

3. Please give us your first name (and last initial if someone at your agency has the same name) so we can contact you if we have any questions about the data you submitted: *

4. Please give us your email address so we can contact you if we have any questions about the data you submitted: *

5. Please check the category below which best describes your type of program: (Select only one.)

- ☐ Domestic violence program (DV program)
- ☐ Dual domestic and sexual violence program
- ☐ Dual domestic violence and homeless shelter
- ☐ Domestic violence and crime victims' services program
- ☐ DV program housed within a larger social service program
- ☐ DV program led by and for Native survivors
- ☐ DV program led by and for immigrant survivors
- ☐ DV program led by and for African American/Black survivors
- ☐ DV program led by and for Asian or Pacific Islander survivors
- ☐ DV program led by and for Latina/o/x survivors
- ☐ DV program led by and for Deaf survivors
- ☐ DV program led by and for older/elder survivors
- ☐ DV program led by and for survivors with disabilities
- ☐ DV program led by and for LGBTQ+ survivors
- ☐ DV program led by and for another community (please specify): _____
- ☐ Other (please specify): _____

The survey continues on the following page.

Services Provided on the Survey Day:
Totals for One Day Only (Not Monthly/Yearly Total)

6. Check the box if your organization provided the following services to children or adults during the 24-hour survey period. *

	EMERGENCY SHELTER	TRANSITIONAL HOUSING or OTHER HOUSING	HOTEL or MOTEL	N/A
Check if you provided services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please provide the number of people served in the following capacities during the 24-hour survey period. Please do NOT include individuals served through batterer intervention programs. Please do not enter any words, letters, symbols, or number ranges in the boxes below. The boxes are only able to accept whole numbers (numbers without decimal points). *

	IN EMERGENCY SHELTER	IN TRANSITIONAL HOUSING or OTHER HOUSING	IN HOTEL or MOTEL	IN NON-RESIDENTIAL SUPPORTIVE SERVICES	Total
Adults					
Children					
Total					

8. Which communication methods does your organization use for hotline contacts? (Select all that apply.) *

- ☐ Phone
- ☐ Text
- ☐ E-mail
- ☐ Chat
- ☐ Other (please specify): _____
- ☐ N/A

The survey continues on the following page.

9. Please provide the total number of hotline contacts received in the 24-hour survey period. (If your organization operates text, chat, email, and/or other hotlines, please include that data here as well. Note: A text/email/chat thread with one person counts as one contact.) *

10. Please provide the number of public training sessions your organization provided during the 24-hour period. These are educational sessions provided to the public (ex. for high school students, community partners) NOT services/training to staff members or survivors (ex. financial literacy workshop). This does NOT include radio/TV appearances on the day of the count. *(The number of trainings and number of individuals trained should include both in-person and virtual trainings provided during the survey period.) **

Public training sessions conducted by your program in the 24-hour survey period.	Individuals who attended a public training session conducted by your program in the 24-hour survey period.

11. Please share a “success story” which demonstrates the assistance and support your organization provided to a survivor on the survey day. For tips on sharing a compelling story, please see the “Tips on Telling a Compelling Story” one-pager available at [NNEDV.org/DVCounts2025](https://nnedv.org/DVCounts2025). You can also share information about your agency's innovative/successful initiatives. *(Please use fake names and anonymize the information, including using “several” children rather than the number, no personally identifying information, etc. Please use complete sentences so these quotes can be used in the published report.) 1,000 characters max*

The survey continues on the following page.

**Unmet Requests on the Survey Day:
Totals for One Day Only (Not Monthly/Yearly Total)**

12. Please provide the number of requested services that you were unable to meet on the survey day due to a lack of resources. This SHOULD include requests for services your program could not provide, even if you did provide a different service or made a referral to another agency. This SHOULD NOT include requests that are outside the scope of the domestic violence-related services that your program provides – in other words, do not include requests for services that you would not have provided regardless of the availability of resources. For additional guidance, please see the “Survey FAQs and Definitions of Terms” available at [NNEDV.org/DVCounts2025](https://nnedv.org/DVCounts2025). (Please do not enter any words, letters, symbols or number ranges in the boxes below. The boxes are only able to accept whole numbers (numbers without decimal points).) *

	EMERGENCY SHELTER	TRANSITIONAL HOUSING or OTHER HOUSING	HOTEL or MOTEL	NON- RESIDENTIAL SUPPORTIVE SERVICES	Total
Adults					
Children					
Total					

13. If you indicated in question #12 that you were unable to meet requests for non-residential supportive services, which specific requests were unmet? (Select all that apply.)

- ☐ Financial services
- ☐ Health- or health care-related services
- ☐ Legal services
- ☐ Services for children
- ☐ Services for marginalized survivors
- ☐ Other non-residential supportive services (please specify): _____
- ☐ N/A

The survey continues on the following page.

14. Please share a brief story about a request on the survey day you were unable to meet. This will help illustrate the demand and need for programs and services. For tips on sharing a compelling story, see the "Tips on Telling a Compelling Story" one-pager available at NNEDV.org/DVCounts2025. (Please use fake names and anonymize the information, including using "several" children rather than the number, no personally identifying information, etc. Please use complete sentences so these quotes can be used in the published report.) **1,000 characters max**

Services Provided on the Survey Day and throughout the Year

15. Tell us about the services that your program provided on the survey day and throughout the year (in-person and virtual services). The first two columns in the chart indicate whether you provided this service on the survey day and/or offered it throughout the year. The third column tracks whether the particular service has been reduced or eliminated due to staffing challenges or funding cuts.

*****NOTE: PLEASE AVOID THESE COMMON ERRORS*****

- ★ If you check off *service provided on the survey day* [column 1], please make sure to **also check off** *service offered throughout the past 12 months* [column 2]. When you complete the survey online, the system will automatically check these boxes for you. Please do **not** un-check them if they have been automatically checked.
- ★ If you entered the number of people who were served in emergency shelter, transitional or other housing, or hotel or motel on page 8 (question 7), please **be sure to indicate in columns 1 and 2**, below, that your agency provided those services. When you complete the survey online, the system will automatically check these boxes for you. Please do **not** un-check them if they have been automatically checked.

The survey continues on the following page.

Services Provided	Service provided on the survey day	Service offered throughout the past 12 months	Service reduced or eliminated due to staffing/funding in the past 12 months
Housing and Shelter Services			
Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Motel Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Address Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Housing/Landlord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional or Other Housing (run by DV program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for Marginalized Survivors			
Bilingual Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally Specific Services to Asian/Pacific Islander Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally Specific Services to Black/African American Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally Specific Services to Immigrant Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally Specific Services to Latino/Latina/Latinx Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally Specific Services to Native American Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Disability Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to LGBTQ+ Victims of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to Older/Elder Victims of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to Teen/Young Adult Victims of Dating Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to Trafficking Victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Translation/Interpretation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for Children			
Childcare/Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Exchange/Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Child Welfare/Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided	Service provided on the survey day	Service offered throughout the past 12 months	Service reduced or eliminated due to staffing/funding in the past 12 months
Support Related to School Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Services			
HIV/AIDS Information and/or Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onsite Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Health Care or Health Care Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy/Counseling for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy/Counseling for Children or Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Services			
Direct Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Literacy/Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Training/Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matched Savings Programs and/or Microloans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Public Benefits/TANF/Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services			
Alternatives to the Criminal Legal System (Transformative, Restorative Justice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Accompaniment or Legal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Representation by an Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services			
Media/Press Response or Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and/or Educational Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Related to Technology Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to Active Duty or Veteran Victims in U.S. Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The survey continues on the following page.

16. What is the starting base pay of a full-time front-line advocate at your organization? (For purposes of this question, we are defining a front-line advocate as an employee who works in direct services as an advocate, counselor, etc., where they provide advocacy/support directly to survivors. If you have more than one position fitting this description, please use the person whose starting base pay is the lowest.) **Check one and provide the hourly or annual salary rate of pay.**

- ☐ Hourly
- ☐ Salary

Rate of pay: _____ (ex. \$15/hour or \$40,000)

17. If your program's federal funding was reduced by 50% or more, how long could you sustain your services after the funding reduction? (Select only one.)

- ☐ Less than one month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months
- ☐ N/A; our program does not receive federal funding

18. If your program's federal funding was reduced by 50% or more, which of these would likely occur in the 12 months after the funding reduction? (Select all that apply.)

- ☐ Delayed services and/or longer wait times to access services
- ☐ Reduced, suspended, or eliminated services
- ☐ Staff layoffs or reductions in staff hours
- ☐ Complete program closure
- ☐ Other (please specify): _____
- ☐ N/A; our program does not receive federal funding

The survey continues on the following page.

19. Did your program or area experience a natural disaster in the past 12 months? If so, how has this impacted your services and/or the survivors you serve? (Please use complete sentences so these quotes can be used in the published report.) 1,000 characters max

20. How many survivors did you connect with social services/public benefits on the day of the count? (Services may include SNAP, TANF, WIC, Section 8/Public Housing, Social Security, Medicaid or your state equivalent, food bank, etc. Please do not enter any words, letters, symbols, or number ranges in the boxes below. The boxes are only able to accept whole numbers (numbers without decimal points).)

21. If you operate a shelter, how many days of an average month is your shelter at 100% capacity? (Select only one.)

- ☐ 0-6 days
- ☐ 7-13 days
- ☐ 14-20 days
- ☐ 21-26 days
- ☐ 27+ days
- ☐ N/A; our program does not operate a shelter

The survey continues on the following page.

22. Is there anything else you would like to share with NNEDV, Congress, the Administration, and/or those who read the DV Counts Report? *(This answer could include any additional challenges your program is facing, any additional positive developments and success stories, outlining innovative programs, and/or anything else not included in your previous answers.)* **1,000 characters max**



Thank you for completing our survey! Please go to
[NNEDV.org/DVCounts2025](https://nnedv.org/DVCounts2025) to submit this information.

The survey link will be live beginning at 8:00 a.m. EDT on Thursday, September 11, 2025.

Fax Cover Sheet

Have you tried entering your data online? It is a very user-friendly online survey! Access the web form by going to NNEDV.org/DVCounts2025. **We prefer that you please enter your data online** since this will allow us to compile the data quickly.

Please do NOT fax your data in if you have already entered it online unless NNEDV or your state or territorial coalition contact person specifically asks you to, which very rarely happens. Submitting your data twice may cause duplicates that we will need to identify and remove, causing a delay in processing the data.

Please use this cover sheet **ONLY if you do not have access to the internet** and you let us know **and we ask you to fax** your information. Please contact NNEDV before sending your fax: DVCounts@NNEDV.org or 202-543-5566 x134.

To: NNEDV DV Counts Team
Subject: DV Counts Fax Submission
Fax: 202-747-7626

From (please list contact person here): _____

Phone Number and Extension: _____

Sent from Fax Number: _____

You MUST complete the following information in order for us to enter your faxed-in data.

State or Territory: _____

ZIP Code (of administrative office): _____

Program Name (this will be kept confidential): _____