

Domestic Violence Counts National Census of Domestic Violence Services

2010 Survey Packet

*** Save the Date: Wednesday, September 15, 2010 ***

This Survey is part of an initiative to better count the individuals served by local domestic violence programs in a single day. Please try to answer the questions as accurately as possible. **Your program's individual results will not be reported separately, and this Survey is not tied to your program's funding.**

Informational Conference Calls for Local DV Programs:

Each call will cover the same information, last 30 minutes, and each will be held at 3pm Eastern Time (2pm CT, 1pm MT, Noon PT, 11am Alaska, 9am Hawaii) on

Wednesday, September 1st

Monday, September 13th

Tuesday, September 14th

To listen to a call, please register at:

www.nnedv.org/CensusCalls

After you register, the call-in information will be on the "Thank You" page. NNEDV will also email you the call-in information the day before the call.

Table of Contents

Please review the information provided in this packet before the Survey Day. If you have any questions about this initiative, please contact your state coalition or NNEDV's Safety Net Project at census@nnedv.org.

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Domestic Violence Counts

National Census of Domestic Violence Services

Submission Instructions

We strongly prefer that you submit your results online. This will allow us to more quickly analyze the results and provide you with a complete report. If you experience any technical difficulties, please contact the NNEDV Safety Net Project at census@nnedv.org.

You can enter your data online by following these 3 easy steps:

- Step 1.** Throughout the Survey Day, keep track of your count on the questionnaire provided. This will allow you to quickly enter the results online at the end of the Survey Day.
- Step 2.** At the end of the Survey Day, please complete the information about your program size and geographic location. These questions are non-identifying and non-invasive and will allow us to illustrate the range of programs participating and serving survivors across the county.
- Step 3.** After the survey day, please log on www.nnedv.org/census2010 and link to the form to enter your results. 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 census@nnedv.org. Responses are due by Wednesday September 30th.

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, we have included a cover sheet at the end of the Survey Packet that must be attached to the fax.

SURVEY INFORMATION AT A GLANCE

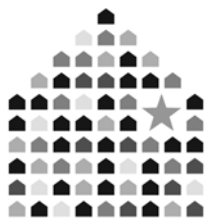
<u>Survey Period:</u>	Begin Wednesday, September 15, 2010	End Thursday, September 16, 2010
	8:00 a.m. Eastern	7:59 a.m. Eastern
	7:00 a.m. Central	6:59 a.m. Central
	6:00 a.m. Mountain	5:59 a.m. Mountain
	5:00 a.m. Pacific	4:59 a.m. Pacific
	4:00 a.m. Alaska	3:59 a.m. Alaska
	2:00 a.m. Hawaii	1:59 a.m. Hawaii

Residents of Hawaii, Arizona, Puerto Rico, and the Virgin Islands should verify these times since those areas do not observe daylight savings time.

Fill Out the Survey: Link to the Survey from www.nnedv.org/census2010
OR fax the attached Survey Form and cover sheet to (866) 384-9431.

If you have questions, contact your state coalition (find your coalition at www.nnedv.org)
OR the National Network to End Domestic Violence at census@nnedv.org or 202-543-5566.

Responses are Due by 5:00 p.m. on Thursday, September 30, 2010



NNEDV

Domestic Violence Counts

National Census of Domestic Violence Services

Instructions for Participating Programs

What is domestic violence counts?

- NNEDV is working with state coalitions and local domestic violence programs around the country to create a snapshot of services provided.
- This snapshot count of survivors who were served in a 24-hour period will help us get both a statewide and a national picture of how many people are seeking services, how many people we were unable to serve, and the overall scope of the services we're delivering.

Who is participating?

- Primary purpose domestic violence programs. The purpose of the Census is to gather an unduplicated count of people accessing nonprofit domestic violence advocacy 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. However, if a nonprofit domestic violence advocacy program employs an advocate who works out of one of these locations, those service numbers would be included.

What will my program get out of this initiative?

- After the Census, your program will be provided with a report summarizing state and national totals. Your organization can use this information in a number of different ways. For example, you can use the Survey Reports to help pursue legislative reforms; to create compelling grant reports or applications to funders and potential funders; to set priorities for improving existing services or creating new services for survivors; and to enhance community outreach, training, and volunteer support.
- This project is part of a larger initiative to collect information about the survivors we serve without collecting personally identifying information about individuals.

What do I need to do before the Survey Day?

- **Read** this survey packet and contact your state coalition or census@nnedv.org with questions
- **Identify** who 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.
- **Ask** your colleagues who have the information you need to answer the optional questions.

What do I need to do on the Survey Day?

- Throughout the Survey Day, keep track of your counts on the questionnaire provided in this packet.

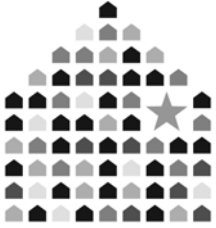
What do I need to do after the Survey Day?

- By September 30, enter your results online. You can enter your responses as early as Wednesday, September 16. (If you do not have access to the Internet, you can fax your responses.)
- If you have any questions about how to fill out the form or technical difficulties, please contact your state coalition or the NNEDV Safety Net Project at census@nnedv.org.

That's it! The results from your program will be added to others in your state, and a report will be compiled.

Thank you for your participation!

Please ensure that the person completing the survey has access to these Frequently Asked Questions.



NNEDV

Domestic Violence Counts

National Census of Domestic Violence Services

Frequently Asked Questions

Review these Frequently Asked Questions (FAQs) before completing the Survey Form. If you have additional questions, please contact your state coalition or NNEDV at census@nedv.org.

General Questions

Q. Can I start my 24-hour survey period anytime as long as it's 24 hours?

A. No. Because we want a count of the number of people served by all local programs in the same 24-hour period, we need your program to collect the information during **the 24-hour survey period between 8 a.m. ET on Wednesday, September 15 and 7:59 a.m. ET on Thursday, September 16.** This means that if you are in Central Standard Time, you will begin your 24-hour survey period at 7:00 a.m. on September 15. Refer to the first page of this Survey Packet to see when you should begin your 24-hour survey period.

Q. I'm not sure what time zone I'm in.

A. If you are uncertain about what time zone your program is located in, you can check <http://www.time.gov>. Simply click on your state and look for your location. If you do not have Internet access or are unable to determine your time zone, please contact your state coalition.

Q. My program only served a few people today—do I really need to fill this out?

A. We need to count every survivor served on this day. While it might seem like your numbers are small, your participation has a huge impact! It's really powerful to be able to say 100% of the programs in our state participated. Please fill out this Survey so we can include your program's services in our count of domestic violence services.

Q. My program is dual domestic violence and sexual violence program. Should I respond to this Survey?

A. Yes. Please count only the number of **domestic violence survivors and their families** you provided services to today. For questions regarding the number of volunteers, etc please refer only to the domestic violence program/portion of your agency. You should also identify your program type in question 4.

Q. My program is a dual homeless and domestic violence program. Should I respond to this Survey?

A. Yes. Please count the number of **domestic violence survivors and their families** you provided services to today. For questions regarding the number of volunteers, etc please refer only to the domestic violence program/portion of your agency. You should also identify your program type in question 4.

Q. My program is housed in a larger community service program (e.g., a YWCA). How should I count services?

A. Please count the number of **domestic violence survivors and their families** you provided services to today. For questions regarding the number of staff, amount of budget, etc, please refer only to the budget of the domestic violence-related services program within your agency, not the overall budget of the agency. You should also identify your program type in question 4.

Q. My program does not have a shelter. Should I respond to this Survey?

A. Yes. You can fill out the non-residential sections of the Survey. Please count the number of domestic violence survivors and their families you served today in any capacity.

Q. I've filled out my form. Now what do I do?

A. Log on to www.nnedv.org/census2010 and link to the Survey form to enter your results. The online Survey 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 census@nnedv.org.

Q. The webpage isn't working or I don't have Internet access. How do I submit my numbers?

A. If the link at www.nnedv.org/census2010 is not working, you can go directly to the Survey by entering <https://www.surveymonkey.com/s/8L927JH> into your web browser (e.g., Internet Explorer). If you are still unable to enter your data, please fax your survey to (866) 384-9431. Please use the fax cover sheet provided on page 15 of the Survey Packet.

Q. I want a copy of the Survey Form I submitted for our records. How do I do that?

A. After filling out the Survey online, you can print a copy of your answers by following the printing instructions at the end of the online form. (Simply print it as you would from any other website.)

Q. Should I fax a copy also, even if I fill out the Survey Form online?

A. No. We prefer that you just fill out the Survey Form online. If you do not have Internet access, please fax the Survey Form with the attached fax cover sheet.

Q. How do I know you've received our data?

A. If we haven't received your data, someone will contact you, reminding you to submit your data.

Q. If I receive a reminder call about sending in my data, can the person calling see my data?

A. No. That person will receive notification that you have not submitted your data but cannot see the content of any data you submit. There will be no public record of your count, and identifying information about your program will not be released.

Q. Will we get a report after the Survey?

A. After the Census, NNEDV will provide all state coalitions and any interested local program with a report detailing the state and national counts of domestic violence services provided and the number of people served in a single day. To request a copy of the final report, there is a link at the end of the online Survey, or you can go to www.nnedv.org/census.

Survey Section I: BASIC INFORMATION (Required)

Questions 1-4 ask for basic information about your program. These questions will be used to help us keep track of who has participated and to construct statewide totals. Publicly released data will only include state level totals and will not include any information about your program specifically.

Q. Will my funder or state coalition see the data from my program?

A. The data we collect will be aggregated for state and national totals.

Q. Do I need to provide any information that identifies survivors individually?

A. No. We only need aggregate counts of the number of people who used your domestic violence program services today. Please do not provide any details in any section which might compromise the confidentiality of any client in your program.

Q. Our domestic violence program has more than one location. If we are combining the number of people we serve from different locations, which ZIP code do we use?

A. Use the ZIP code of your administrative office (or the office where your Executive Director is located).

Survey Section II: SURVEY DAY COUNTS – INDIVIDUALS SERVED (Required)

Section A: *Questions 5-7 ask for the number of people served by your program on the Survey Day. These questions will be used to calculate the total number of people served by local programs in your state. In order to get the most accurate counts possible, please review the Definition of Terms included in this Survey Packet to ensure you are counting all appropriate individuals.*

Q. What is a transgender person?

A. Individuals are transgender if their experience of their sex or gender identity is different from the sex/gender they were assigned at birth.

Q. Our organization provides batterer intervention services. Should we count individuals served in these settings?

A. No. Please **do not** include any individual exclusively served in a batterer intervention program in your Survey Day counts.

Section B: *Questions 8-14 ask about the different types of services your program may provide. We understand these categories are very broad and may not capture the full range of services of your programs. These categories will still allow us to provide a measurement of the diversity of domestic violence program services, above and beyond emergency shelter.*

Q. We did a volunteer training today, does that count as a public education session?

A. Yes. Please count the number of volunteers who attended this training and include this as a training session.

Q. I am not sure how to classify someone. Who should I contact about my question?

A. Please refer to the Definition of Terms included in the Survey Packet for clarification, contact your state coalition, or email census@nnev.org.

Survey Section III: SURVEY DAY COUNTS – UNMET REQUESTS FOR SERVICE (Required)

Section C & D: *Questions 15-19 ask for the number of people unable to be served by your program in the 24-hour survey period. In addition to helping us determine the unmet needs of survivors, these questions also help us identify the areas where domestic violence programs may need more funding.*

Q. Should we consider all the people on our waiting list as having unmet requests for service or should we only count those individuals added to the list during the 24-hour period?

A. You should count ALL the people on your waiting list as having unmet requests for service.

Q. Who do we count as having unmet requests for service?

A. You SHOULD include individuals who requested a service you could not provide even if you did provide another service. (Ex: A survivor requested individual counseling. You don't currently have any appointment times open, but you were able to suggest that the survivor attend support group. Since the initial request was for individual counseling, the need was unmet).

You SHOULD NOT include individuals who had needs that were outside the scope of the domestic violence-related services your program provides. (Ex: For example, if someone is asking for help applying for Food Stamps but the individual has no domestic violence history or requires no domestic violence assistance, they should not be counted as having an "unmet request for service" since their request is outside the scope of your program's domestic violence-related services.).

Survey Section IV: PROGRAM INFORMATION (Optional but Important)

Sections E & F: *While this section is optional, we hope you will take the extra time to fill in questions 20-43. This information will allow us to illustrate the incredible amount of work done by your dedicated staff at your organization's current funding levels. This information will also allow us to describe the different types of organizations involved in providing support to domestic violence survivors.*

Q. Will the information we provide negatively impact our funding?

A. Nothing you say here will affect your funding in any negative way. The numbers you provide will be used to calculate national and state level totals. Information about your specific organization will not be used individually. Instead, we've been able to use the national and state totals to show the need for funding for domestic violence service providers.

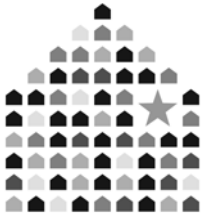
Q. What would be useful to know about our day?

A. Tell us if anything particularly good or bad that happened during the Survey Day. Anecdotes or stories that help illustrate what your day was like are particularly good. It would also be useful to know if anything out of the ordinary happened at your program. Please do not provide an hour-by-hour account of your day. Instead, let us know what you generally do or even just an anecdote of something that happened during the Survey Day. It would be helpful to have complete sentences.

Q. My domestic violence program had a crisis today, and we didn't serve anyone. What should I do?

A. We understand that circumstances beyond your control may result in your program having unusually low numbers. Please explain what happened in the comment box provided in question 43.

Please ensure that the person completing the survey has access to these definitions.



NNEDV

Domestic Violence Counts

National Census of Domestic Violence Services

Definition of Terms

Please review the following definitions to understand the terms used in this Survey. If you have additional questions regarding definitions, please consult the **Frequently Asked Questions** (FAQs) document included in this Survey Packet.

If you still have additional questions, please contact:

- Your State Coalition

OR

- National Network to End Domestic Violence at census@nnedv.org or 202-543-5566

24-Hour Survey Period

The one-day count begins at 8 a.m. ET on **Wednesday, September 15** and ends 24 hours later at 7:59 a.m. ET on **Thursday, September 16**. If you are in a different time zone, you will begin at a different time; please see the first page of this Survey Packet or the FAQs sheet to determine what time this period begins in your time zone.

ADA

ADA refers to the Americans with Disabilities Act.

Emergency Shelter

Emergency shelters are intended to provide a short-term living space for individuals in response to an immediate crisis. Included in this category are safe home nights as well as hotel nights.

Hotline Calls (also called “Crisis Calls”)

Hotline calls refer to calls made to a hotline number for any purpose, including, but not limited to, crisis intervention, requests for support by survivors, requests for support by friends or family of survivors, or requests for information. Additionally, please count crisis calls that come into your main office, even if the phone number the caller dials isn’t officially your hotline.

Primary Purpose Domestic Violence Program

A domestic violence advocacy program is considered a primary purpose program if the primary goal of its mission and its services are to provide services to victims of domestic violence. The purpose of the Census is to gather an unduplicated count of people accessing nonprofit domestic violence advocacy services. It is not intended to count the number of victims who may visit an emergency room, police department, or criminal justice agency on that day. However, if a nonprofit domestic violence advocacy program employs an advocate who works out of one of these locations, those service numbers would be included.

Training/Community Education

Training or community education refers to outreach efforts to specific groups or to the community in general that increase public awareness about domestic violence, improve response to survivors, enhance services, or mobilize action. These may include police training, community forums, presentations to students, or volunteer training.

Transgender Individual

Someone is transgender if their own experience of their sex or gender identity is different from the sex they were assigned at birth.

Transitional Housing

Transitional housing is temporary housing designed to house residents for a mid-length period of time, while helping them transition into permanent living arrangements. Many transitional housing options last up to 24 months.

Unmet requests for Service

This term refers to individuals whose primary needs could not be met by your program because of resource constraints (e.g., no space, time, staff, or money). In other words, this SHOULD include individuals who were turned away or who you referred to another agency due to your own program's resource constraints. Resource constraints include not having enough staff, no available beds, limited accessibility, etc.

When counting individuals whom you were unable to serve, you should NOT count individuals who make requests outside the scope of your program's domestic violence-related services. For example, if someone is asking for help applying for Food Stamps but the individual has no domestic violence history or requires no domestic violence assistance, they should not be counted as having an "unmet request for service" since their request is outside the scope of your program's domestic violence-related services.

Additionally, this count should NOT include individuals who have needs that are inappropriate for the services of your program. For example, someone with no history of experiencing domestic violence is requesting counseling for depression.

Once completed, please enter your data online by following the link at www.nnedv.org/census2010
(If you do not have access to the Internet, you can fax the survey to us, using the attached fax cover sheet.)
Please read the attached Frequently Asked Questions and Definition of Terms before the survey day.
The survey period is Wednesday morning September 15 through Thursday morning September 16.
*See the Time Zone page for your start and end times.

Domestic Violence Counts

National Census of Domestic Violence Services

Survey Form

Before beginning this Survey, please make sure you have a copy of the Definition of Terms and the Frequently Asked Questions in front of you.

I. BASIC INFORMATION (Required)

If you are unclear about any of the questions asked or terms used, please refer to the Definition of Terms or Frequently Asked Questions included in the Survey Packet. If neither of these documents answers your questions, e-mail us at census@nnedv.org.

1. State: _____ 2. ZIP Code: _____ (of Administrative Office)

3. Program Name: _____
(This will be kept confidential.)

4. Please check the category below that **best** describes your type of program: (Select only one please.)

- Culturally-Specific, Linguistically- Specific, or Tribal Program (your program is specifically intended to serve a traditionally underserved or marginalized community, including a culturally-specific community, linguistically-specific community, racial or ethnic minority, or tribal community)
Please Specify the community that you serve _____
- Domestic Violence
- Dual Domestic and Sexual Violence
- Dual Domestic Violence and Homeless Shelter
- Domestic and/or Sexual Violence and Crime Victims Services
- DV Program housed within a larger social service program
- Other: (please describe) _____

II. SURVEY DAY COUNTS (Required)

Please use these questions to tell the story of the survivors you work with everyday. Any stories or quotes you share may be used in the Census state and national reports and other NNEDV reports. Your quotes are **CRITICAL** to adding meaning and understanding to the numbers you've provided. Your program will never be identified by name, so please share information in an **anonymous** form (e.g., "our program" vs. "Washington DC Women's Center").

Please provide the following information about the individuals served by your program during the 24-hour survey period.

A. Please provide a count of the number of people served in the 24-hour survey period in the following capacities: **(Please do not include individuals served through batterer intervention programs.)**

5. Number of People Served in:
Emergency Shelter
Do not offer this service

6. Number of People Served in:
Transitional Housing
Do not offer this service

7. Number of People Served in:
Non-Residential Services
Do not offer this service

Women

Women

Women

Men

Men

Men

Transgender Adults

Transgender Adults

Transgender Adults

Children

Children

Children

8. Please check the appropriate boxes:

	Our agency offers this service	We provided this service DURING the 24-hour survey period
Individual Support or Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Group Support or Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter (including hotels or safe houses)	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>
Children's Support or Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Legal Representation by an Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Court/Legal Accompaniment/Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy to Teen victims of Dating Violence	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Public Benefits/TANF/Welfare	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Housing Office/Landlord	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Child Welfare/Protective Services	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Disability Issues	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Immigration	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy Related to Technology Use (Cyberstalking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy with the Military	<input type="checkbox"/>	<input type="checkbox"/>
Childcare/Daycare	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual Advocacy (services by someone who is bilingual)	<input type="checkbox"/>	<input type="checkbox"/>
Translation/Interpretation Services (a 3 rd party is needed to translate for the survivor or the advocate)	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Counseling and/or Support	<input type="checkbox"/>	<input type="checkbox"/>
Financial Skills/Budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services/Accompaniment	<input type="checkbox"/>	<input type="checkbox"/>
Job Training/Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Therapy/Counseling for Adults (by a licensed practitioner)	<input type="checkbox"/>	<input type="checkbox"/>
Therapy/Counseling for Children (by a licensed practitioner)	<input type="checkbox"/>	<input type="checkbox"/>
Rural Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Media/Press Response or Outreach	<input type="checkbox"/>	<input type="checkbox"/>

9. Optional: Other innovative domestic violence services you offer:

10. Please provide:

The **total number of people who volunteered** with your program during the 24-hour survey period.

11. Please provide:

The **total number of hotline** calls received by your program in the 24-hour survey period.

12. Please provide:

The **total number of trainings or public education sessions** conducted by your program in the 24-hour survey period.

13. Please provide:

The **total number of individuals in the community who attended any training or public education session** conducted by your program in the 24-hour survey period.

14. Optional: What were the training topics you covered? Who was your audience? (law enforcement, advocates, etc)

III. SURVEY DAY COUNTS (Required)

C. We know that in many communities, the demand for services far outweighs the supply. Often, programs are not able to provide all the services or primary requests because of lack of resources. Sometimes these individuals are referred somewhere else or must be turned away.

15. For a better understanding of your resources constraints, please check ALL the reasons that contributed to your program being unable to meet the requests of some survivors **during this 24-hour survey period**: (Check all that apply.)

- Not enough Staff
- No available Beds and/or no money for a hotel stay
- Not enough Funding for needed programs and services
- Not enough Specialized Services (e.g., drug and alcohol counselor)
- Limited Accessibility (e.g., not enough translators, bilingual staff, or ADA accessible bedrooms)
- Other: _____

D. Please tell us about the number of people requesting services that you were **unable to serve due to a lack of resources (as listed above)**.

This SHOULD include individuals who requested a service you could not provide even if you did provide another service. (Ex: A survivor requested individual counseling. You don't currently have any appointment times open, but you were able to suggest that the survivor attend support group. Since the initial request was for individual counseling, the survivor's request remained unmet).

This **SHOULD NOT include individuals who had needs that were outside the scope of the domestic violence-related** services your program provides. (Ex: Individuals you would not have served regardless of the availability of resources).

16. Unable to Serve:
Emergency Shelter

Women

Men

Transgender Adults

Children

17. Unable to Serve:
Transitional Housing

Women

Men

Transgender Adults

Children

18. Unable to Serve:
Non-Residential Services

Women

Men

Transgender Adults

Children

19. Which service was the most requested by those people you were unable to serve?
(Please select only ONE)

- Emergency Shelter
- Transitional Housing
- Legal Advocacy/Accompaniment
- Attorney/Legal Representation
- Counseling
- Other service

IV. SURVEY DAY QUESTIONS (Optional but Important)

E. In order to better understand your program, please answer some of the following questions about the size, structure, and services of your program. While these questions are not required, they will help us describe the broad range of programs that serve survivors of domestic violence.

20. For this question, please limit your answer to those survivors living in shelter.

On the survey day , did any of the survivors you serve:	If yes, please tell us how many shelter residents:
Celebrate a birthday?	
Give birth to a baby?	

21. For ALL survivors that you serve

On the survey day , did anyone	How many?
Start a new job?	
Get a protection order?	
Enroll in or attend a college class?	
Find permanent housing?	

22. **On the survey day**, did your area experience any **domestic violence related**: (Check all that apply.)

- Homicides/Attempted Homicides
- Suicides/Attempted Suicides
- Kidnapping/ Attempted Kidnappings
- Hostage Situations

23. If you had more funding, what additional services could you have provided today to assist a survivor?

24. Please share a description (1-2 sentences) of something particularly good or bad that happened during the 24-hour survey period. **Please do not provide an hour-by-hour account of your day.**

V. ANNUAL QUESTIONS (Optional but Important)

F. These questions ask about your experiences over the past year. Please do not limit your answers to the survey day:

25. Which benefits does your organization provide to staff? (Check all that apply.)

- Health insurance
- Life insurance
- Dental insurance
- Vision insurance
- Disability insurance
- Retirement plan
- Employee assistance plan
- Child care on site or subsidy
- Gym or wellness option
- Other _____

26. Has your program received less funding from traditional sources in the past twelve months than in previous years?

- Yes
- No
- Don't Know

27. If so, have you received fewer:

- Donations
- Government Grants
- Private Grants

28. Please provide:

The **total number of staff positions** that were laid off or not filled.

29. What types of positions?

--

30. Did your agency receive stimulus funds (funds from the American Recovery and Reinvestment Act?)

- Yes
- No
- Don't Know

31. If so, how many positions were you able to keep or create with stimulus funds?

--

32. If so, what type of services or jobs were you able to provide with stimulus funds?

33. Has your program experienced an increase in demand for services in the past year?

- Yes
- No
- Don't Know

34. If so, are survivors asking for a particular type of service more than others?

35. Have you seen a decrease in other community resources available to survivors? (i.e. mental health services)

- Yes
- No
- Don't Know

36. If so, which types of services closed and how has this affected your program?

37. Does your program offer Economic Empowerment programming? (Classes for survivors on economic/financial/employment issues)

- Yes
- No
- Don't Know

38. If so do you offer

- Financial literacy education
- Matched savings programs
- Job readiness/job training
- Micro loans
- Other

39. If you offer financial literacy education, what curriculum do you use?

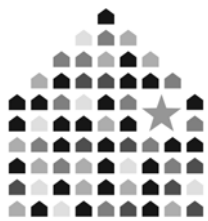
40. Is there a specific group of survivors (survivors under 21, non English speaking survivors, LGBTQ survivors, survivors with teenage sons, survivors with disabilities, etc.) that you have a harder time providing resources for? If so, what are the barriers?

41. Did your area experience a natural disaster in the past twelve months? How has that impacted the requests for service and the services you're able to provide?

42. How has your organization and staff creatively responded to limited resources?

43. Is there anything else you would like NNEDV or Congress to know?

Thank you for completing the Survey and for your participation in the 2010 National Census of Domestic Violence Services.



Domestic Violence Counts

National Census of Domestic Violence Services

Coversheet for Fax Submissions

NNEDV

If at all possible, **please enter your data online** since this will allow us to total the data quickly.
The web form is linked at www.nnedv.org/census2010

If you do not have access to the Internet or are having difficulty with the online form and need to fax your information, please attach this page to your Survey Form.

To: NNEDV Safety Net Team

Fax To: (866) 384-9431

From: _____ (Please List Contact Person Here)

Phone: _____

Fax: _____

Subject: Census Fax Submission

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

State: _____

Zip Code: _____ (of Administrative Office)

Program Name: _____
(This will be kept confidential.)