



18th Annual Domestic Violence Counts Survey

NNEDV.org/DVCounts ★ #DVCounts

Save the Date: Wednesday, September 6, 2023
(from 8 a.m. EDT on 9/6/2023 to 7:59 a.m. EDT on 9/7/2023)

All survey materials are available at [NNEDV.org/DVCounts2023](https://nnedv.org/DVCounts2023).

Survey Packet and Instructions

The Domestic Violence 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 and this survey is not tied to your program's funding.

Informational Webinar for Local DV Programs

You do NOT need to attend the webinar nor watch a recording of it to participate in the DV Counts survey. It is an informational overview of the survey questions and the survey platform. Since NNEDV has moved the survey to a new reporting platform, we recommend each program attend the webinar or watch the recording.

The webinar will be held on **Thursday, August 10, 2023 from 3:00-4:00 p.m. EDT**. 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:

https://nnedv.zoom.us/webinar/register/WN_03kQgmnPTnSdSv8rp8NWwg#/registration

DV Counts Office Hours

We will be offering an "office hour" session on **Monday, August 21, 2023 from 3:00-4:00 pm. EDT** for programs and coalitions to drop in and chat with the DV Counts team, ask questions, etc. These sessions are completely optional and not required for participation in the DV Counts survey. Information about the office hour will be posted at [NNEDV.org/DVCounts2023](https://nnedv.org/DVCounts2023) following the informational webinar.

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 18th Annual Domestic Violence Counts survey (“DV Counts”)!
- ★ 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 domestic violence services.** The purpose of DV Counts is to gather an unduplicated count of people accessing non-profit 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.

How will participating in DV Counts benefit my program?

- ★ NNEDV develops a national report and state and territory summaries of the survivors served and the services that programs provided, 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/DVCounts2023) 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 Saturday, October 7, 2023**, enter your results online at NNEDV.org/DVCounts2023. You can enter your responses as early as 8:00 AM EDT on Thursday, September 7, 2023.
- ★ If you do not have access to the internet, you may fax your responses to 202-747-7626. 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 the link below:

<https://www.timeanddate.com/worldclock/converter.html?iso=20230906T120000&p1=263>

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. Please DO NOT attempt to view or fill out the online survey before you are ready to finish your entry. The online survey includes only the EXACT questions that appear on pages 6-13 of this packet.

Step 3

After the survey day, please go to NNEDV.org/DVCounts2023 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 Saturday, October 7, 2023**.

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 14.

Survey Information at a Glance

Survey Period:

Begins Wednesday, September 6, 2023

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 7, 2023

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/DVCounts2023 (preferred method).

If you do not have access to the internet, fax the survey form along with the fax cover sheet (page 14 of this packet) to 202-747-7626. **Please ONLY use the fax options if you absolutely do not have access to the electronic survey.** Please email DVCounts@NNEDV.org to let us know you need to fax your responses before sending the fax.

If you have questions, contact your state or territorial coalition (find your coalition at NNEDV.org/Coalitions) or the National Network to End Domestic Violence at DVCounts@NNEDV.org or 202-543-5566 x134.

Responses are due by 11:59 PM EDT on Saturday, October 7, 2023.

2023 Survey Form

This is the beginning of the actual survey.

Once completed, please enter your data online by following the link at NNEDV.org/DVCounts2023. If you do not have access to the internet, you can fax the survey to us along with the fax cover sheet on page 14 of this packet. Please email DVCounts@NNEDV.org to let us know you need to fax your responses.

The survey period is Wednesday, September 6, starting at 8:00 a.m. EDT through Thursday, September 8, 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/DVCounts2023. If neither of these documents answers your questions, email us at DVCounts@NNEDV.org. (* = required question)

Program Information:

1. ZIP Code (of administrative office): *

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

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 check the category below which best describes your type of program (select only one): *

- ☐ Domestic violence program
- ☐ Dual domestic and sexual violence program
- ☐ Dual domestic violence and homeless shelter
- ☐ Domestic violence and crime victims' services program
- ☐ Domestic violence program housed within a larger social service program
- ☐ Program led by and for a traditionally underserved or marginalized community. If you select this category, please also select one of these sub-categories:
 - ☐ Domestic violence program (DV program) specific to mostly Native communities

- ☐ DV program specific to mostly immigrant communities
- ☐ DV program specific to mostly African-American/Black communities
- ☐ DV program specific to mostly Asian or Pacific Islander communities
- ☐ DV program specific to mostly Latina/o/x communities
- ☐ DV program specific to mostly Deaf survivors
- ☐ DV program specific to mostly Older/Elder survivors
- ☐ DV program specific to mostly survivors with disabilities
- ☐ DV program specific to mostly LGBTQ+ communities
- ☐ DV program specific to another community (*please specify*): _____

☐ Other (*please specify*): _____

Services Provided on the Survey Day:

Totals for One Day Only (Not Monthly/Yearly Total)

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"/>

5. 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					

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

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

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

8. 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 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.

9. 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/DVCounts2023](https://nnedv.org/DVCounts2023). 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 ***

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

10. 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. *(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					

11. 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/DVCounts2023](https://nnedv.org/DVCounts2023). (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

12. 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 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].
- ★ If you entered the number of people who were served in emergency shelter, transitional or other housing, or hotel or motel on page 7 (question 5), please **be sure to indicate in columns 1 and 2**, below, that your agency provided those services.

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
Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Motel Stay	<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"/>
Children’s Support or Advocacy	<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
Legal Representation by an Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Accompaniment or Legal Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy to Teen/Young Adult Victims of Dating Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy to Victims of Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy to Older/Elder Victims of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Public Benefits/TANF/Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Housing/Landlord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Child Welfare/Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Exchange/Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Disability Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy to LGBTQ+ Victims of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Health Care or Health Care Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy Related to Technology Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support/Advocacy to Active Duty or Veteran Victims in U.S. Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternatives to the Criminal Legal System (Transformative, Restorative Justice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare/Daycare	<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
Bilingual Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Translation/Interpretation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Direct Cash Assistance	<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"/>
Prevention and/or Educational Programs	<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 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"/>
Culturally Specific Services to Immigrant Survivors	<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"/>

13. How much has your organization been impacted by funding challenges in the past 12 months?
(This could include challenges like new or ongoing funding cuts, fundraising difficulties, needs that go unmet due to a lack of funds, etc.)

- ☐ Our organization has been impacted **to a great extent** by funding challenges in the past 12 months.
- ☐ Our organization has been impacted **somewhat** by funding challenges in the past 12 months.
- ☐ Our organization has been impacted **a little** by funding challenges in the past 12 months.
- ☐ N/A—our organization has not been impacted by funding challenges in the past 12 months.

If you answered that your organization has been impacted by funding challenges to a great extent, somewhat, or a little by funding challenges in the past 12 months, how have these funding challenges impacted service provision? (This answer could include additional details about challenges like new or ongoing funding cuts, fundraising difficulties, needs that go unmet due to a lack of funds, etc.) **1,000 characters max**

14. 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 challenges like addressing COVID-19, racial injustice, or other discrimination faced by the marginalized communities you serve, or other significant challenges. This answer could also include discussing positive developments and success stories and/or outlining innovative programs, etc.) **1,000 characters max**



Thank you for completing our survey! Please go to NNEDV.org/DVCounts2023 to submit this information.

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/DVCounts2023. **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*): _____