

SAMPLE VICTIM EXPERIENCE SURVEY (WITH SAMPLE LETTER)

Victim Experience Survey

Instructions:

Thank you for taking the time to complete this survey. Your response will enable us to improve services offered to victims. This is an anonymous survey. All survey answers will be held in the strictest confidence. The questions in the first section identify the initial agencies or organizations with which you had contact. The following sections ask about your satisfaction with the services you received from victim assistance programs, medical services, law enforcement agencies, and the prosecutor's office. If you did not receive services from one or more of these agencies, please check the appropriate box for that section and proceed to the next section. Once you have completed this survey, please place it in the enclosed stamped, pre-addressed envelope.

Section 1

1. Please check the box that applies to you:

- a. You were the victim of a sexual assault
- b. Someone you know was the victim of sexual assault. What is your relationship to the victim?

2. What month and year did the sexual assault occur? _____
3. What city/community did the sexual assault occur in? _____
4. What was the first agency (i.e. crisis hotline, hospital, police, clergy, etc.) you contacted for help after the sexual assault? _____
5. How soon after the sexual assault did you seek assistance? _____
6. Please provide the following demographic information:
- a. Date of Birth: ___/___/_____ b. Gender: _____ c: Ethnicity: _____
- _____

Section 2: Sexual Assault Center

1. Did you contact a sexual assault crisis line? Yes No
2. Did you receive services from a victim advocate? Yes No. If no, Please state the reasons and then proceed to the next section.
- _____
- _____
3. If yes, name of program: _____
4. Was the option of appropriate culturally specific resources and referrals offered to you?
- Yes No

5. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the advocate gave me.					
The advocate treated me with respect.					
The advocate provided emotional support to help me cope with the immediate crisis					
The advocate demonstrated a comprehensive knowledge about what I could expect from law enforcement and the criminal justice system.					
The advocate addressed my immediate concerns after the assault.					
The advocate communicated on my behalf with law enforcement and/or the prosecutor's office concerning my case.					
The advocate accompanied me during medical exams and interviews (if any).					
The advocate provided replacements for clothing taken as evidence during the medical exam					
The advocate arranged for transportation to and/or from the medical facility					
The advocate provided information/assisted in completing an application for Crime Victims' Compensation					
The advocate provided referrals to other agencies for additional services.					
I was satisfied with the services and referrals provided by the advocate.					

Section 3: Law Enforcement Agency

- Did you report the assault to the police? Yes No. If no, please check if any of the following reasons apply to you and then proceed to the next Section:
 - I told a friend or family member
 - I did not want the person arrested
 - I did not want the police or courts involved
 - My assailant was my husband, family member, or friend
 - I did not think the police would believe me, or I thought they would blame me for the assault

- I was afraid of what my assailant would do if I reported the assault
- I was too ashamed or embarrassed to report the assault
- Other reason: _____

2. Was the option of appropriate culturally specific resources and referrals offered to you?

- Yes No

3. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the police gave me.					
The police treated me with respect.					
The 911 operator displayed concern for my safety					
The officers responded in a timely manner					
The officer assigned to my case displayed sensitivity and professionalism					
The officer involved me in the decision making process related to my case					
The officer made accommodations for my needs and schedule during the investigation					
The officer referred me to community organizations that provide services to victims of crime					
The police notified me as soon as an arrest was made and the suspect was in custody					
The police addressed my concerns about my personal safety while the suspect was not in custody					
The police provided me with resources and referrals for victim assistance and follow up.					
I was satisfied with the services and referrals provided by the police.					

Section 4: Medical Services

1. Did you receive a medical evaluation from a medical facility or emergency room? Yes No. If no, Please state the reasons and then proceed to the next section.

2. If yes, name of program: _____
3. Was the option of appropriate culturally specific resources and referrals offered to you? Yes No
4. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the medical staff gave me.					
The medical staff treated me with respect.					
I was satisfied with the accommodations while waiting for the exam to begin					
The medical staff explained the exam procedures well					
The medical staff obtained my consent <i>prior</i> to beginning the exam procedures					
The medical staff addressed my questions about any injuries or possible physical effects of the assault					
The medical staff attempted to minimize my discomfort during the exam					
The medical staff provided prompt and uninterrupted attention after my arrival at the medical facility					
The medical staff informed me about sexually transmitted diseases, HIV/AIDS, and possible pregnancy					
The medical staff showed sensitivity to my needs as a victim of assault					
The medical facility provided an area for washing after the exam was completed					
I was informed that I would not be financial responsible for the exam and evidence collection					
I was satisfied with the services and referrals provided by the medical staff.					

Section 5: Prosecutor’s Office

1. Did you meet with a prosecutor from the District Attorney’s Office? Yes No. If no, Please state the reasons and then proceed to the next section.

2. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the prosecutor gave me.					
The prosecutor treated me with respect.					
The prosecutor talked with me about the case and the possible outcomes					
The prosecutor discussed the case with me prior to a decision not to prosecute					
The prosecutor showed sensitivity and professionalism during interviews					
The prosecutor involved me in discussions related to plea agreements					
The prosecutor attempted to provide me an opportunity to address the court at plea hearing					
The prosecutor prepared me to testify in court at trial					
The prosecutor’s office provided accommodations while I was waiting to testify at trial					
The prosecutor’s office assisted me in preparing a Victim Impact Statement for the sentencing hearing					
The prosecutor attempted to obtain restitution for my losses due to the assault and my participation in the investigation and prosecution					
The prosecutor’s office informed me of the custody status of my assailant after the sentence was imposed					
I was satisfied with the services and referrals provided by the prosecutor.					

Section 6:

Is there anything else you would like to share about the people or organizations that you worked with following your assault?

If you would like to talk more about your concerns or issues this survey may have raised for you, we can have an advocate follow up with you. Would you like an advocate to contact you?

Yes No

If YES, please complete the following contact information:

Name: _____

Phone Number where you can be reached: _____

Alternate number: _____

Is it safe to leave a message at the above number? Yes No

This completes our survey. Thank you so much for taking your time to provide your feedback! It will be used to further improve services provided to victims of sexual assault.

Thank you for your time and feedback!

Sample Letter for Inclusion with the Victim Experience Survey (VES)

On behalf of the (name of your community) Sexual Assault Response Team (SART), we would like to request your assistance in helping us improve our community's services for crime victims. Your participation in this survey will enable us to more effectively assist individuals in the future who have shared experiences similar to yours.

This survey is anonymous, so we do not need your name. All survey answers will be kept private and restricted to SART use only. The SART will compile the answers from all the received surveys without revealing any identities. A report will be made to analyze trends of sexual assault in our community to look for better ways to respond to the needs of victims. For questions that do not apply to your experience, please check the "Not applicable" box or enter N/A in the appropriate field. If you cannot or do not want to answer a specific question, simply move on to the next question.

This survey is for people who have worked with an agency on issues related to sexual assault (a sexual assault is defined as any act that has been committed against you or someone that you know that is sexual in nature). If you or someone you know has been victimized in a sexual nature, then we want to hear from you. It does not matter whether the incident was reported to law enforcement, treated medically, assisted by a sexual assault crisis center or other victim services program, or even told to a friend. We recognize that anyone can be a victim of sexual assault, male or female. Sexual assault can happen at any age and does not discriminate against race, religion, sexual orientation, and/or financial background.

We realize that some of the questions may cause you to recall difficult memories of your own case. If at any time the survey causes you to experience distress, please just return the form to us in the envelope provided and do not worry about completing the form. Also, you are encouraged to contact (name of advocate) at (telephone number) with any questions or concerns you may have about the survey.

Again, your responses, along with those of all the victims participating in the survey, will be used to provide a comprehensive picture of how well we are meeting the needs of the victims, and will help ensure that future victims are spared additional trauma. Your completed survey would be most useful if received by (insert due date).

On behalf of the SART, I want to thank you again for taking the time to complete this survey.

Sincerely,
(SART Representative)