



2005-2006 Victim Services Survey

Please make any corrections to the address label
and other contact information here:

Name of organization	
Contact person	
Postal Address	
City	
Province	Postal Code

Please complete and return by May 31, 2006. If you require assistance in completing this questionnaire or if you have any questions or comments regarding this survey, please call: 1-888-659-8157.

Purpose of the Victim Services Survey

The purpose of the Victim Services Survey is to collect data on the agencies that provided services to primary and secondary victims of crime during the previous 12 months of operation, as well as to provide a one-day "snapshot" of the clientele being served on a specific date. The survey also collects annual information from criminal injuries compensation/financial benefits programs for victims of crime. The Victim Services Survey is distributed across Canada to all system-based, police-based, court-based and community-based victim services, sexual assault centres and provincial/territorial financial benefits programs for victims of crime. While participation in this survey is voluntary, your co-operation is important to ensure that information collected in this survey is as accurate and comprehensive as possible. The information collected will be useful for service providers, non-government organizations and governments for developing programs, policies and services for victims of crime.

SECTION 1 – AGENCY PROFILE AS OF NOON ON APRIL 19, 2006

PLEASE READ THE ATTACHED GUIDEBOOK FOR INSTRUCTIONS AND DEFINITIONS WHILE COMPLETING THE QUESTIONNAIRE.

AGENCY

1. Please indicate which best describes your agency (if your victim service agency is part of a larger agency, please provide information for the victim service component only). **(Check only one response)**

REFER TO GUIDEBOOK FOR DEFINITIONS

- 01 Police-based (including police-based victim/witness assistance)
- 02 Court-based victim/witness assistance program
- 03 Community-based victim/witness assistance program (including CAVACs in Quebec)
- 04 Sexual assault/rape crisis centre or hospital-based sexual assault treatment centre
- 05 Other community based
- 06 System-based (Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick and Manitoba only)
- 07 Victim Crisis Assistance and Referral Service (Ontario only)
- 08 Criminal injuries compensation program → **Please go directly to Section 5 and only complete this section**
- 09 Other financial benefits program for victims of crime → **Please go directly to Section 5 and only complete this section**
- 10 Other (please specify)

2. Please indicate if your agency is a government or non-government organization.
See Guidebook for definitions

- 1 Government – direct service
- 2 Government – contract service
- 3 Non-government / community-based organization

3. Does your agency provide services to clients other than primary or secondary victims of crime?
Examples include: victims of non-criminal tragedies such as suicides, drownings or natural disasters.

- 1 Yes
- 2 No → **Go to Question 5**

4. Please indicate the estimated percentage of your annual clientele who were primary or secondary victims of crime.

%

AREA

5. Are you responding on behalf of several office locations? *See Guidebook for instructions*

- ¹ Yes → **Go to Questions 7A and 7B**
² No

6. A) Please indicate the area(s) your agency serves (**Check all that apply**)

- ¹ Urban/suburban
² Rural/village
³ Reserve

6. B) Is your agency located on a reserve?

- ¹ Yes
² No } **Go to Question 8**

7. A) Please list each of the office locations that you are responding for and indicate the area(s) served by each of the listed office locations (**Check all that apply**)

7. B) Is this office located on a reserve?

Office location/city/geographic area	Urban/ suburban	Rural/ village	Reserve	Yes	No
1) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
2) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
3) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
4) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
5) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
6) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
7) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
8) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
9) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
10) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
11) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
12) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
13) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
14) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>
15) _____	→ 1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	→ 1 <input type="radio"/>	2 <input type="radio"/>

POPULATIONS TARGETED FOR SERVICE

8. Is your agency mandated to serve specific types of primary or secondary victims? (e.g. adult victims of domestic violence, senior victims of elder abuse, child or youth victims of sexual abuse or sexual exploitation)

- ¹ Yes ² No, mandate includes primary or secondary victims of all types of crimes → **Go to Question 10**

9. Please indicate which population(s) your agency targets for service, as per your mandate. Include both primary and secondary victims.

Adult victims of...	Male	Female	Both sexes
1) All types of crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2) Child sexual abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3) Sexual assault	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4) Partner abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
5) Other domestic violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
6) Residential school abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
7) Violence (general)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
8) Workplace violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
9) Criminal harassment (Stalking)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
10) Political persecution/torture	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
11) Fraud/economic/property crime	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
12) Impaired driving offences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
13) Hate-motivated and bias crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
14) Non-criminal tragedies (suicides, drownings, natural disasters)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
15) Other (<i>please specify</i>)			
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Senior victims of...

	Male	Female	Both sexes
16) All types of crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
17) Partner abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
18) Elder abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
19) Other violent crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
20) Impaired driving offences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
21) Hate-motivated and bias crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
22) Fraud/economic/property crime	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
23) Non-criminal tragedies (suicides, drownings, natural disasters)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
24) Other (<i>please specify</i>)			
a)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Child or youth victims of...

	Male	Female	Both sexes
25) All types of crimes	<input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
26) Sexual abuse or sexual exploitation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
27) Physical abuse/neglect	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
28) Domestic violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
29) School-based violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
30) Violence (general)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
31) Impaired driving offences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
32) Hate-motivated and bias crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
33) Non-criminal tragedies (suicides, drownings, natural disasters)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
34) Other (<i>please specify</i>)			
a)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Families of...

	Male	Female	Both sexes
35) Victims of all types of crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
36) Homicide victims	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
37) Sexually abused children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
38) Physically abused children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
39) Victims of residential school abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
40) Missing, abducted and exploited children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
41) Victims of impaired driving	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
42) Victims of non-criminal tragedies (suicides, drownings, natural disasters)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
43) Other (<i>please specify</i>)			
a)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

PROGRAMS

10. Does your agency offer programs dedicated to specific populations, either for primary or secondary victims? (e.g. adult males or females, Aboriginal persons, visible minority persons, persons with mental or physical disabilities, etc.)

- 1 Yes 2 No → **Go to Question 12**

11. Please indicate which of the following populations, either as primary or secondary victims, receive service from your agency through dedicated programs. (**Check all that apply**)

- | | |
|---|---|
| 01 <input type="radio"/> Adults – females | 14 <input type="radio"/> Ethnocultural or visible minority group – South Asian (East Indian, Pakistani) |
| 02 <input type="radio"/> Adults – males | 15 <input type="radio"/> Ethnocultural or visible minority group – East Asian and Southeast Asian (Chinese, Japanese, Korean, Vietnamese) |
| 03 <input type="radio"/> Adults – both sexes | 16 <input type="radio"/> Ethnocultural or visible minority group – Latin American |
| 04 <input type="radio"/> Seniors – females | 17 <input type="radio"/> Other visible minority group |
| 05 <input type="radio"/> Seniors – males | 18 <input type="radio"/> Persons with physical disabilities |
| 06 <input type="radio"/> Seniors – both sexes | 19 <input type="radio"/> Persons with mental disabilities |
| 07 <input type="radio"/> Children/youth – females | 20 <input type="radio"/> Lesbian/bisexual women |
| 08 <input type="radio"/> Children/youth – males | 21 <input type="radio"/> Gay/bisexual men |
| 09 <input type="radio"/> Children/youth – both sexes | 22 <input type="radio"/> Other (<i>please specify</i>) |
| 10 <input type="radio"/> Francophones | a) _____ |
| 11 <input type="radio"/> Anglophones | b) _____ |
| 12 <input type="radio"/> Aboriginal persons | |
| 13 <input type="radio"/> Ethnocultural or visible minority group – Black (African, Jamaican, Haitian) | |

SERVICES

12. Please indicate if your agency offers any of the following services either through direct service, contracted service or referral to other agencies. See *Guidebook for definitions*. (**Check all that apply**)

	Direct service	Contracted service	Referral	Not applicable
Criminal justice related services				
1) Assistance with victim impact statements	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2) Case/trial updates	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3) Court orientation/information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4) Court accompaniment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5) Critical stress debriefing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6) Information on criminal justice system structure and process	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
7) Legal information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8) Prevention training (for victims)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
9) Restorative justice/mediation measures: orientation and information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
10) Restorative justice/mediation measures: accompaniment and support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
11) Risk assessment (conduct or coordinate)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
12) Victim/witness preparation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
13) Victim notification (e.g., hearings, offender relocation, offender release)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
14) Other criminal justice related service (<i>please specify</i>)				
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Continued

Other services	Direct service	Contracted service	Referral	Not applicable
15) Advocacy (e.g., criminal or civil justice)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
16) Basic needs provision (e.g., food, clothing)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
17) Child protection services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
18) Claims assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
19) Compensation - financial	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
20) Compensation - other (e.g. pay fees for professional counseling)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
21) Conflict resolution	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
22) Counseling - couple/family	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
23) Counseling - group	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
24) Counseling - individual	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
25) Crisis/distress line	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
26) Crisis counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
27) Crisis intervention/response	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
28) Emergency and disaster responses	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
29) Emotional support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
30) First aid/health/medical services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
31) General information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
32) Hospital accompaniment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
33) Housing assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
34) Liaise with other agencies on behalf of client	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
35) Lobbying activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
36) Psychological assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
37) Public education/prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
38) Safety planning - immediate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
39) Safety planning - long term	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
40) Self-help/peer support groups	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
41) Shelter/housing - longer term housing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
42) Shelter/housing - emergency	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
43) Training (of other agencies, justice personnel, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
44) Transportation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
45) Other (please specify)				
a)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

13. Is your agency involved in the delivery/coordination of restorative justice processes for criminal justice matters?

- 1 Yes 2 No

14. What is your agency's **main** method of service delivery to clients? (**Check only one response**)

- 1 Mail
 2 Telephone
 3 At scene of incident
 4 Face-to-face (other than at scene of incident)
 5 Other (please specify) _____

15. Do you provide service 24 hours per day, 7 days per week?

- 1 Yes 2 No

ACCESSIBILITY

16. Is your agency able to provide assistance to clients who only speak languages other than English or French?

- 1 Yes 2 No → **Go to Question 18**

17. What are the methods used to provide assistance to clients who only speak languages other than English or French? (**Check all that apply**)

- 1 Informal interpreter (e.g. family member, friend, caregiver, advocate of client, etc.)
 2 Paid interpreter
 3 Voluntary interpreter (i.e. a person who has no relationship with the clients and performs this specific service free of charge)
 4 Staff member(s)
 5 Other (please specify) _____

18. Does your agency have audio or visual materials available for clients in any of the following languages, or staff members or volunteers who can communicate verbally with clients in any of the following languages? (**Check all that apply**)

	Audio or visual materials	Staff members or volunteers		Audio or visual materials	Staff members or volunteers
1) English	1 <input type="radio"/>	2 <input type="radio"/>	18) Korean	1 <input type="radio"/>	2 <input type="radio"/>
2) French	1 <input type="radio"/>	2 <input type="radio"/>	19) Persian (farsi)	1 <input type="radio"/>	2 <input type="radio"/>
3) Cree	1 <input type="radio"/>	2 <input type="radio"/>	20) Polish	1 <input type="radio"/>	2 <input type="radio"/>
4) Inuktitut	1 <input type="radio"/>	2 <input type="radio"/>	21) Portuguese	1 <input type="radio"/>	2 <input type="radio"/>
5) Ojibway	1 <input type="radio"/>	2 <input type="radio"/>	22) Punjabi	1 <input type="radio"/>	2 <input type="radio"/>
6) Other Aboriginal language	1 <input type="radio"/>	2 <input type="radio"/>	23) Russian	1 <input type="radio"/>	2 <input type="radio"/>
7) Arabic	1 <input type="radio"/>	2 <input type="radio"/>	24) Somali	1 <input type="radio"/>	2 <input type="radio"/>
8) Chinese languages	1 <input type="radio"/>	2 <input type="radio"/>	25) Spanish	1 <input type="radio"/>	2 <input type="radio"/>
9) Croatian	1 <input type="radio"/>	2 <input type="radio"/>	26) Tagalog (Filipino)	1 <input type="radio"/>	2 <input type="radio"/>
10) Dutch	1 <input type="radio"/>	2 <input type="radio"/>	27) Tamil	1 <input type="radio"/>	2 <input type="radio"/>
11) German	1 <input type="radio"/>	2 <input type="radio"/>	28) Ukrainian	1 <input type="radio"/>	2 <input type="radio"/>
12) Greek	1 <input type="radio"/>	2 <input type="radio"/>	29) Urdu	1 <input type="radio"/>	2 <input type="radio"/>
13) Gujarati	1 <input type="radio"/>	2 <input type="radio"/>	30) Vietnamese	1 <input type="radio"/>	2 <input type="radio"/>
14) Hindi	1 <input type="radio"/>	2 <input type="radio"/>	31) Other language(s) (please specify)		
15) Hungarian	1 <input type="radio"/>	2 <input type="radio"/>	a) _____	1 <input type="radio"/>	2 <input type="radio"/>
16) Italian	1 <input type="radio"/>	2 <input type="radio"/>	b) _____	1 <input type="radio"/>	2 <input type="radio"/>
17) Japanese	1 <input type="radio"/>	2 <input type="radio"/>	c) _____	1 <input type="radio"/>	2 <input type="radio"/>

19. Can your agency accommodate clients with the following physical disabilities?
See questions 20, 21 and 22 for examples. (**Check all that apply**)

	Yes	No
a) Mobility impairment	1 <input type="radio"/>	2 <input type="radio"/>
b) Hearing impairment	1 <input type="radio"/>	2 <input type="radio"/>
c) Visual impairment	1 <input type="radio"/>	2 <input type="radio"/>
d) Other (please specify)	1 <input type="radio"/>	2 <input type="radio"/>

If you answered "no" to all, go to Question 23

20. Is at least one of your building entrances wheelchair accessible?
(e.g. access ramps, street-level entrances, automatic or easy-to-open doors, etc.)

1 Yes 2 No

21. Does your agency offer resources to people who are deaf or hearing impaired, such as:

	Yes	No
a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf)	1 <input type="radio"/>	2 <input type="radio"/>
b) Sign language communication or interpretation?	1 <input type="radio"/>	2 <input type="radio"/>
c) Other services?	1 <input type="radio"/>	2 <input type="radio"/>

22. Does your agency offer resources to people who are blind or visually impaired, such as:

	Yes	No
a) Braille reading materials?	1 <input type="radio"/>	2 <input type="radio"/>
b) Large print reading materials?	1 <input type="radio"/>	2 <input type="radio"/>
c) Other services?	1 <input type="radio"/>	2 <input type="radio"/>

23. Can your agency provide assistance to clients with mental challenges or mental health issues
(e.g. Fetal Alcohol Spectrum Disorder, Schizophrenia, Down's Syndrome, etc.)?

1 Yes 2 No → Go to Question 25

24. What methods are used to provide assistance to clients with mental challenges or mental health issues (e.g. Fetal Alcohol Spectrum Disorder, Schizophrenia, Down's Syndrome, etc.)?
(**Check all that apply**)

- 1 Trained staff members
- 2 Partnership with or assistance from other specialized or professional agencies
- 3 Informal assistance (e.g. family member, friend, caregiver, advocate of client)
- 4 Other (please specify)

25. Does your agency perform outreach work (e.g. initiate contact with communities to raise awareness, reach populations at risk of victimization or who may benefit from your services, establish networks with other services, etc.)?

1 Yes 2 No

EMPLOYEES AND VOLUNTEERS

26. Please indicate if your agency has minimum educational/training requirements for the recruitment/staffing of employees who work directly with primary or secondary victims. Please exclude administrative personnel. **(Check only one response)**

- 1) No minimum educational requirements 1
- 2) A high school diploma or its equivalent 2
- 3) A college, CEGEP, or a trade, technical or vocational school diploma or certificate 3
- 4) A university degree, diploma or certificate 4
- 5) Not applicable (agency is run completely by volunteers) 5 → Go to Question 29

27. Does your agency have any additional requirements for the recruitment/staffing of employees? These can include the completion of certified workshops, seminars or professional skills training directly related to the delivery of victim services.

- 1 Yes 2 No

28. Please indicate if your agency provides any of the following types of training for employees who work directly with primary or secondary victims. Please exclude administrative personnel. **(Check all that apply for each type of training)**

	Formal training	Informal training	No training provided
1) Professional skills training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2) Orientation training (new employees)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3) Awareness training (new or existing policies or practices)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4) Computer procedures, programming and software training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
5) Managerial/supervisory training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
6) Employee health and wellness training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
7) Other training (please specify)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

29. Please indicate if your agency has minimum educational/training requirements for the recruitment/staffing of volunteers who work directly with primary or secondary victims. Please exclude administrative personnel. **(Check only one response)**

- 1) No minimum educational requirements 1
- 2) A high school diploma or its equivalent 2
- 3) A college, CEGEP, or a trade, technical or vocational school diploma or certificate 3
- 4) A university degree, diploma or certificate 4
- 5) Not applicable (do not use volunteers) 5 → Go to Question 32

30. Does your agency have any additional requirements for the recruitment/staffing of volunteers? These can include the completion of certified workshops, seminars or professional skills training directly related to the delivery of victim services.

- 1 Yes 2 No

31. Please indicate if your agency provides any of the following types of training for volunteers. Please exclude administrative personnel. **(Check all that apply for each type of training)**

	Formal training	Informal training	No training provided
1) Professional skills training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2) Orientation training (new employees)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3) Awareness training (new or existing policies or practices)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4) Computer procedures, programming and software training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
5) Managerial/supervisory training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
6) Employee health and wellness training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
7) Other training (please specify) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

COMMUNITY PARTNERSHIPS

32. Does your agency currently serve on any boards or committees in relation to victims' issues and services?

1 Yes 2 No

33. Please indicate if your agency has working partnerships/relationships (outside your own agency) with the following types of agencies/programs or service providers. **(Check all that apply)**

	Yes	No
1) Policing services	1 <input type="radio"/>	2 <input type="radio"/>
2) Fire, health and emergency services	1 <input type="radio"/>	2 <input type="radio"/>
3) Social services	1 <input type="radio"/>	2 <input type="radio"/>
4) Educational services	1 <input type="radio"/>	2 <input type="radio"/>
5) Victim assistance agencies	1 <input type="radio"/>	2 <input type="radio"/>
6) Other government agencies/programs (including municipal, provincial, federal)	1 <input type="radio"/>	2 <input type="radio"/>
7) Transition homes/shelters	1 <input type="radio"/>	2 <input type="radio"/>
8) Other service providers/programs (please specify) _____	1 <input type="radio"/>	2 <input type="radio"/>

If you answered "no" to all, go to Question 35

34. Please indicate which factors have promoted the use of partnerships with other agencies/programs. **(Check all that apply)**

	Yes	No
1) Coordinating service	1 <input type="radio"/>	2 <input type="radio"/>
2) Streamlining procedures	1 <input type="radio"/>	2 <input type="radio"/>
3) Improving range and accessibility of services to victims	1 <input type="radio"/>	2 <input type="radio"/>
4) Sharing resources	1 <input type="radio"/>	2 <input type="radio"/>
5) Maximizing effective referrals	1 <input type="radio"/>	2 <input type="radio"/>

SECTION 2 – ANNUAL INFORMATION

The purpose of Section 2 is to obtain annual information on your agency. This information is to be provided for the 12-month period ending March 31, 2006 or your own most recent 12-month fiscal period. A space is provided for you to specify the 12-month reference period used.

Reference period: Please specify the 12-month period used in providing information for this section.

From:

DD	MM	YYYY

 To:

DD	MM	YYYY

CLIENTS

35. Please indicate the total number of persons assisted between April 1, 2005 and March 31, 2006 or your own most recent 12-month fiscal period. "Persons assisted" includes primary and secondary victims that were assisted either face-to-face or by telephone. Please see Guidebook for instructions on how to count clients. **(Enter 0 if there were none)**. If your agency does not keep track of annual counts of clients assisted, please leave the spaces under a) and b) blank and put a check beside c) "No annual counts of persons assisted available".

a) Please indicate the number of persons assisted by sex.

(If the number of persons assisted is available but not according to sex, indicate the total under "Sex unknown".)

Females	1	
Males	2	
Sex unknown	3	
Total	4	

b) Please indicate the number of persons assisted by age.

(If the number of persons assisted is available but not according to age, indicate the total under "Age unknown".)

Under 18	1	
18 years and older	2	
Age unknown	3	
Total	4	

(The totals for a) and b) should equal one another)

c) No annual counts of persons assisted available

VICTIM IMPACT STATEMENTS AND NOTIFICATIONS

36. Please indicate the number of victims who were offered information or advice on victim impact statements during the annual reporting period.

1

2 Don't know

3 Not applicable/do not provide this service

37. Does your agency provide a service to notify the primary or secondary victim of offender activity or status?

1 Yes 2 No → **Go to Question 39**

38. For agencies whose mandate is to notify the primary or secondary victim of offender activity or status, please indicate the following for the annual reporting period:

a) Number of victims registered to receive notification

1

2 Don't know

b) Number of notifications provided

1

2 Don't know

EMPLOYEES AND VOLUNTEERS

39. For the annual reporting period, please indicate the number of staff in the form of paid full-time equivalents, including those who work on a fee-for-service basis and contracted employees. For the purpose of this survey, full-time work is considered 40 hours per week. Please convert part-time employees to a full-time equivalent. For example, 4 part-time workers who each work 10 hours a week would be considered the equivalent of 1 full-time employee. *Please report the number to the nearest first decimal. See Guidebook for further instructions on how to calculate full-time equivalents.*

1 .

2 Not applicable (agency run completely by volunteers) → **Go to Question 41**

40. Please indicate the percentage of paid staff who received training or professional development during the annual reporting period. Please exclude administrative personnel. **(Enter 0 if there were none)** *See Guidebook for instructions on how to calculate percentages.*

1 %

2 Don't know

41. Please indicate the number of persons who volunteered with your agency during the annual reporting period (new and ongoing) and the number who left the agency during the annual reporting period. Include all volunteers such as those assisting clients, performing administrative duties, fundraising or serving as members of the agency's board of directors. **(Enter 0 if there were none)**

Number of persons who volunteered - **new**
[those who began sometime during the annual reporting period
(i.e. fiscal year 2005-2006)]

1

Number of persons who volunteered - **ongoing**
[those who volunteered during any part of the previous annual reporting
period (i.e. fiscal year 2004-2005) and continued to volunteer during part
or all of the current annual reporting period (i.e. fiscal year 2005-2006)]

2

Number of volunteers who left

3

Not applicable (do not have volunteers)

4 → **Go to Question 44**

42. Please indicate the number of hours volunteers worked during the annual reporting period by type of work performed. If you do not keep track of hours worked by volunteers, please provide your best estimate.

Direct service to clients	1	<input type="text"/>
On-call hours for direct service	2	<input type="text"/>
Other (including administrative duties, fundraising, board of directors, etc.)	3	<input type="text"/>
Unknown type of work	4	<input type="text"/>
Total	5	<input type="text"/>

Don't know/not available 6

43. Please indicate the percentage of volunteers who received training or professional development during the annual reporting period. Please exclude administrative personnel. **(Enter 0 if there were none)** See Guidebook for instructions on how to calculate percentages.

¹ %

² Don't know

PRIORITIZING CLIENTS

44. Does your agency use criteria for prioritizing clients for service delivery?

¹ Yes

² No → **Go to Question 46**

³ Not applicable → **Go to Question 46**

45. Please indicate which criteria are used? **(Check all that apply)**

⁰¹ Agency's mandate or protocol

⁰² Referral from police or Crown

⁰³ Self-referral by the victim or direct call from the victim

⁰⁴ Type of crime

⁰⁵ Severity of violence

⁰⁶ Level of trauma

⁰⁷ Frequency or history of violence or victimization/repeat victim

⁰⁸ Vulnerability of victim (e.g. victim is mentally or physically challenged or is a child or youth, etc.)

⁰⁹ Presence of children

¹⁰ Risk of repeated victimization

¹¹ Imminent court date

¹² Involvement of other service agencies

¹³ Other (please specify)

a) _____

b) _____

c) _____

IMPACTS ON SERVICE DELIVERY

46. Please indicate any events that have occurred over the last two years that have had a marked impact on the demand for service from your agency. Please put a check mark [✓] under each of the column headings to reflect the impact of the events (if any) on the demand for service. (If an event has had no impact on the demand for service from your agency, please put a check mark under the column heading “No impact”). (**Check all that apply**)

	IMPACTS ON DEMAND FOR SERVICE							Changes in profile of clientele
	No impact	Increases			Decreases			
		Caseload	Human Resources	Financial Resources	Caseload	Human Resources	Financial Resources	
a) Amendments to the <i>Criminal Code</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b) Changes to the <i>Corrections and Conditional Release Act</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c) Implementation of the <i>Youth Criminal Justice Act</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
d) Changes in funding	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e) Changes in provincial legislation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
f) Other changes in policies, procedures or mandates	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g) Changes in fine surcharges	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
h) Changes in existing programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i) Changes in partnerships with other programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
j) New prevention initiatives	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k) Traumatic or high profile event in the community	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

47. Please list (to a maximum of 3) any barriers or obstacles that your agency will experience in the delivery of services over the next year and the steps your agency will take or has taken to address each of these.

Barrier

Steps agency will take/has taken

1)

2)

3)

SECTION 3 – EXPENDITURES

The purpose of Questions 48 and 49 is to collect information on expenditures of your agency for the reference period (between April 1, 2005 and March 31, 2006 or during your own 12-month fiscal period if March 31, 2006 is not your fiscal year end). Such information will assist in estimating the cost of crime and victimization and in understanding expenditure structures for different types of agencies.

48. EXPENDITURES – Please report the total annual expenditures for your agency and the dollar amount of your total annual expenditures spent on the following (*You may provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].*)

1) Salary costs (all salaries and benefits, including casuals and fee-for-service costs)	01	\$
2) Overhead costs (rent, supplies, insurance, utilities, etc.)	02	\$
3) Capital expenditures (furniture, renovations, etc.)	03	\$
4) Staff and/or volunteer training (includes conferences)	04	\$
5) Direct client costs (e.g. food, supplies, transportation, etc.)	05	\$
6) Travel	06	\$
7) Volunteer incentives	07	\$
8) Fundraising expenses	08	\$
9) Promotional material/advertising	09	\$
10) Professional services	10	\$
11) Other costs (<i>please specify</i>)		
a)	11	\$
b)	12	\$
c)	13	\$
12) Total annual agency expenditures (sum of items 1 to 11c)	14	\$

49. Are the expenditure figures that were provided in question 48 based on:
(*Check only one*)

- 1 Audited financial data
 2 Estimated data
 3 Don't know

SECTION 4 – PROFILE OF PRIMARY AND SECONDARY CLIENTS FOR THE OPERATING HOURS OF APRIL 19, 2006

The purpose of this section is to obtain a one-day snapshot of the clientele served on a particular day in the year (i.e. April 19, 2006). Appreciating that some services designate certain days of the week for administrative work only or for service for clientele other than victims of crime, ***please choose the next working day when victims of crime are served by your agency.*** Please indicate this day below:

Alternate Profile Day: DD MM YYYY

50. Please indicate the total number of primary and secondary clients served during your hours of operation on April 19, 2006 (or alternate snapshot day).

1

51. Please classify the number of primary and secondary clients as reported in Question 50 according to their sex, age, and most serious victimization. Please count each client only once. See Guidebook for further instructions.

	MALES					FEMALES					Age and sex unknown
	Age groupings					Age groupings					
	0-11	12-17	18-64	65+	Age unknown	0-11	12-17	18-64	65+	Age unknown	
CRIMES AGAINST THE PERSON											
a) Homicide	01	02	03	04	05	06	07	08	09	10	11
b) Other offences causing death (including Impaired Driving causing death and excluding other traffic offences)	01	02	03	04	05	06	07	08	09	10	11
Sexual assault											
c) by spouse, ex-spouse, intimate partner	01	02	03	04	05	06	07	08	09	10	11
d) by other family member	01	02	03	04	05	06	07	08	09	10	11
e) by other relationship	01	02	03	04	05	06	07	08	09	10	11
Other Violent Offences											
f) by spouse, ex-spouse, intimate partner	01	02	03	04	05	06	07	08	09	10	11
g) by other family member	01	02	03	04	05	06	07	08	09	10	11
h) by other relationship	01	02	03	04	05	06	07	08	09	10	11
i) Criminal harassment (Stalking)	01	02	03	04	05	06	07	08	09	10	11
PROPERTY CRIMES											
j) Arson	01	02	03	04	05	06	07	08	09	10	11
k) Other property crime	01	02	03	04	05	06	07	08	09	10	11
TRAFFIC OFFENCES											
l) Impaired driving (other than causing death)	01	02	03	04	05	06	07	08	09	10	11
m) Other traffic offences	01	02	03	04	05	06	07	08	09	10	11
OTHER CRIMINAL CODE OFFENCES											
n) Other Criminal Code offences	01	02	03	04	05	06	07	08	09	10	11
OTHER INCIDENTS											
o) Non-criminal incidents	01	02	03	04	05	06	07	08	09	10	11
p) Traffic incident – undetermined if criminal	01	02	03	04	05	06	07	08	09	10	11
q) Other incident – undetermined if criminal	01	02	03	04	05	06	07	08	09	10	11
TOTAL											
r) Total	01	02	03	04	05	06	07	08	09	10	11

52. Please indicate the number of clients served during service hours on snapshot day whose incident had been: *(Enter 0 if there were none)*

Reported to the police	1	
Not reported to the police	2	
Don't know if reported to police	3	
Total	4	

53. Please indicate the source of referral to your agency for clients served on snapshot day. *(Enter 0 if there were none)*

Police	01	
Courts	02	
Corrections	03	
Hospital/public healthcare provider	04	
Other government agency	05	
Community agency	06	
Private practitioner	07	
Other non-government agency	08	
No referral from an agency: Referral by family, friend, other	09	
No referral from an agency: Client initiated contact	10	
Don't know	11	

Thank you for completing the questionnaire.
The following section (Section 5) applies only to Criminal Injuries Compensation Programs and other financial benefit programs for victims of crime.
Please proceed to the end of the questionnaire on page 19.

FOR INFORMATION ONLY

SECTION 5 – CRIMINAL INJURIES COMPENSATION PROGRAMS AND OTHER FINANCIAL BENEFIT PROGRAMS: ANNUAL INFORMATION

The purpose of this section is to collect annual information on activities of criminal injuries compensation programs and other financial benefit programs. This information is to be provided for the 12-month period ending March 31, 2006 or your own 12-month fiscal period. A space is provided for you to specify the 12-month reference period used.

Reference period: Please specify the 12-month period used in providing information for this section.

DD	MM	YYYY		DD	MM	YYYY	
From:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	To:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

54. Please indicate the number of applications by status for the annual reporting period.

a) New applications received	1	<input style="width: 90%; height: 20px;" type="text"/>
b) Applications brought forward from a previous year	2	<input style="width: 90%; height: 20px;" type="text"/>
c) Subtotal (Add a. and b. above)	3	<input style="width: 90%; height: 20px;" type="text"/>
d) Applications carried forward to the next year	4	<input style="width: 90%; height: 20px;" type="text"/>
e) Total applications adjudicated/concluded during the annual reporting period (Subtract d from c)	5	<input style="width: 90%; height: 20px;" type="text"/>

55. Please indicate the outcome of applications adjudicated/completed during the annual reporting period.

a) Allowed	1	<input style="width: 90%; height: 20px;" type="text"/>
b) Disallowed	2	<input style="width: 90%; height: 20px;" type="text"/>
c) Decision pending	3	<input style="width: 90%; height: 20px;" type="text"/>
d) Other (please specify)	4	<input style="width: 90%; height: 20px;" type="text"/>
e) TOTAL (Should equal the number in 54e)	5	<input style="width: 90%; height: 20px;" type="text"/>

56. For each type of award, please indicate the total dollar amount awarded. *(Enter 0 where the type of award is eligible according to your legislation, but no amount was awarded. If the type of award is not eligible according to your compensation legislation or benefits program, please put a check mark [✓] under the column heading "Not applicable").*

		Amount awarded	Not applicable
a) Pain and suffering	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
b) Loss of love and guidance	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
c) Medical/rehabilitation/dental/eyewear costs	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
d) Wage loss	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
e) Loss of support to dependants	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
f) Child maintenance	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
g) Funeral and burial costs	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
h) Counseling costs	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
i) Clothing costs	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
j) Transportation costs	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
k) Relocation costs	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
l) Counsel/legal assistance (other than legal aid)	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
m) Other (please specify)	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>
n) TOTAL	1	\$ <input style="width: 80%; height: 20px;" type="text"/>	2 <input type="radio"/>

57. The purpose of this question is to count the number of applications that were allowed during the annual reporting period according to the following characteristics of the applicant: sex, age grouping and type of crime. Please indicate the number of applications that were allowed according to the characteristics of the applicant. *(Enter 0 where the type of crime is eligible according to your legislation, but no applications were allowed. If the type of crime is not eligible according to your legislation or your financial benefits program, please put a check mark [✓] under the column heading "Not applicable".)*

	MALES					FEMALES					Age and sex unknown	Not applicable ✓
	Age groupings					Age groupings						
	0-11	12-17	18-64	65+	Age unknown	0-11	12-17	18-64	65+	Age unknown		
CRIMES AGAINST THE PERSON												
a) Homicide	01	02	03	04	05	06	07	08	09	10	11	12
b) Other offences causing death (including impaired driving causing death and excluding other traffic offences)	01	02	03	04	05	06	07	08	09	10	11	12
c) Aggravated sexual assault	01	02	03	04	05	06	07	08	09	10	11	12
d) Sexual assault with a weapon or causing bodily harm	01	02	03	04	05	06	07	08	09	10	11	12
e) Sexual assault	01	02	03	04	05	06	07	08	09	10	11	12
f) Other sexual offences	01	02	03	04	05	06	07	08	09	10	11	12
g) Aggravated assault	01	02	03	04	05	06	07	08	09	10	11	12
h) Assault with a weapon or causing bodily harm	01	02	03	04	05	06	07	08	09	10	11	12
i) Assault	01	02	03	04	05	06	07	08	09	10	11	12
j) Assault of peace or public officer	01	02	03	04	05	06	07	08	09	10	11	12
k) Abduction/Kidnapping	01	02	03	04	05	06	07	08	09	10	11	12
l) Criminal harassment (Stalking)	01	02	03	04	05	06	07	08	09	10	11	12
m) Uttering threats	01	02	03	04	05	06	07	08	09	10	11	12
n) Robbery	01	02	03	04	05	06	07	08	09	10	11	12
PROPERTY CRIMES												
o) Arson	01	02	03	04	05	06	07	08	09	10	11	12
p) Other property crimes	01	02	03	04	05	06	07	08	09	10	11	12
TRAFFIC OFFENCES												
q) Impaired driving (other than causing death)	01	02	03	04	05	06	07	08	09	10	11	12
r) Other traffic offences	01	02	03	04	05	06	07	08	09	10	11	12
OTHER CRIMINAL CODE OFFENCES												
s) Other Criminal Code offences	01	02	03	04	05	06	07	08	09	10	11	12
TOTAL												
t) TOTAL (the addition of all columns should equal the number in 55a)	01	02	03	04	05	06	07	08	09	10	11	12

CONSENT TO DISCLOSE SURVEY RESPONSES

Disclosure of survey responses to Justice Canada for research and statistical purposes

In order to gain a better understanding of the services available across Canada, Justice Canada's Policy Centre for Victim Issues would like to receive a copy of your organization's responses to this survey. Under the *Statistics Act*, the Chief Statistician can authorize the disclosure of your survey responses with your written consent. Justice Canada is required to keep the information confidential and use it only for statistical and research purposes. If you agree to the disclosure of your survey information to Justice Canada, please check the "Yes" box below and sign this consent form. If you do not agree, check the "No" box.

- 1 **Yes**, I authorize the disclosure of this organization's survey responses to Justice Canada for statistical and research purposes.
- 2 **No**, I do not authorize the disclosure of this organization's survey responses to Justice Canada for statistical and research purposes.

National Internet-based directory of victim services

Justice Canada's Policy Centre for Victim Issues is developing a national Internet-based directory of victim services in Canada which will be available to the public. Information from this survey will be used to either populate the directory or update existing information. The directory will include survey information such as: *Agency name, mailing address*, information from *Section 1* of the survey providing a *profile of services offered by your agency and the clients served*, as well as the contact information below.

If you agree to your organization's contact and profile information being included in the national internet-based directory of victim services, please complete the following section, check "Yes" and sign the consent form. If you do not agree, check "No".

Contact information to be included in the national Internet-based directory of victim services:

58. Telephone number ¹ Area Code -

59. Fax number ¹ Area Code - ² None

60. E-mail address ¹ ² None

61. Website ¹ ² None

- 1 **Yes**, I authorize the disclosure of the information described above to Justice Canada for the purpose of populating their national Internet-based directory of victim services.
- 2 **No**, I do not authorize the disclosure the information described above to Justice Canada for the purpose of populating their national Internet-based directory of victim services.

Name of Service Agency			
Name of Authorizing Officer <i>(Please Print)</i>		Title of Authorizing Officer <i>(Please Print)</i>	
Signature of Authorizing Officer		Date <i>(D-M-Y)</i>	Telephone number Area code
Questionnaire completed by <i>(block letters)</i>	Date <i>(D-M-Y)</i>	Telephone number Area code	For office use only

