**New Mexico Missing and Murdered Indigenous Women Task Force**

*Provider Survey Questions and Data Collection Fields*

This document serves to define, and outline, data collection points captured via survey for analysis in the Final Report produced by the New Mexico Missing & Murdered Indigenous Women Task Force (task force). Law enforcement agencies that wish to offer input to the task force must complete all fields to be considered. Additional information from agencies may be requested at the discretion of the task force.

Information gathered from the survey will be analyzed by the task force from a quantitative and qualitative lens and will be reflected in the final report. Completed survey forms will be stored internally with the New Mexico Indian Affairs Department (department) staff for a period of three years and may be subject to Inspection of Public Records Requests.

All fields are required unless stated otherwise.

Expected Outcomes: The scope of information to be gathered from surveying service providers includes:

* How organizations/agencies are being funded (tribal, state, federal grants etc.).
* Types of services provided and/or accessed by those impacted by MMIW.
* How many MMIW victims/survivors are being served.
* Cost/fee structure.
* Challenges to providing services to survivors/family members impacted by MMIW.
* Barriers related to poverty, jurisdiction, oppression and colonization.
* Best practices and prevention methods to serving survivors/family members impacted by MMIW and other types of violence.
* Recommendations to include in the final report.

A. General Program Information: The following questions will help the task force gather statistical data on the support services available to assist survivors and families impacted by the ongoing crisis of MMIW within the state. Additionally, organizations/agencies may opt-in to be included in a resource list to help connect survivors/families to services. The resource list will be included in the final report.

1. **Organization Program** **Name**
2. **Organization/Agency Type** – Please indicate the primary nature of the organization/agency from the options below.
	1. Tribally owned/operated agency
	2. Nonprofit – Direct Services – *Holds a current 501c3*
	3. Nonprofit – Indirect Services – *Holds a current 501c3*
	4. Grassroots Organization
	5. Other (please explain)
3. **Short Description of Organization or Mission** – Please provide a 1-2 sentence description or mission statement of your organization or program.

[Open ended]

1. **Availability of Organizational Information** – Please indicate if you would like your organization to be included in a resource list to connect Native victims/survivors and impacted family members to services. List will be attached to the final report produced by the task force.
	1. Yes, please include organizational information in the resource list
	2. No, organizational information is for internal use by the department only
2. **Please provide your name or the name of the primary contact for our agency if that person is not you just in case we need to follow up with additional requests for information** - This information will remain internal to the department and task force, and WILL NOT be displayed publicly.
3. **Please provide your Email address or the Email address of the primary contact for our agency if that person is not you.** This information will remain internal to the department and task force, and WILL NOT be displayed publicly.
4. **Please provide an organization or publicly facing Email (Optional)** – Please provide an email address that victims and users would be able to use to access services. Please only provide an email address if it is regularly checked and users can expect a response.
5. **Organization Website** – Please provide the organizational website address.
6. **Please provide an organization or publicly facing phone Number** – Please list a public phone number.
7. **Organization address (Internal Only)** – Address information will remain internal to the department project staff only and WILL NOT be displayed publicly. This address is for correspondence between the department and task force.
8. **Please provide an organization or publicly facing physical address (Public)** – Please list address that victims or individuals may see publicly. If address is confidential, please list the city and state only.
9. **Service Area** – Please select the most appropriate service area. \*If you serve multiple counties, states and/or tribes, name those service areas below in the additional information section.
	1. Local – City-wide resources only
	2. County – County-wide resources only
	3. Multicounty – Services are available across multiple states
	4. Statewide – Services are available throughout the state
	5. Multistate – Services are available across multiple states
	6. National – Services are available across the US, including tribal lands

Tribal Nations – Organizations will be asked to specify which tribes/villages they serve or are funded to serve.

1. **Please check all of the age groups that your organization serves (select all that apply)**
	1. Children – 12 and under
	2. Adolescents – 13-17 years old
	3. Adults – 18-60 years old
	4. Older Adults – 60+ years old
2. **Genders Served** - Please select all genders the organization may currently be serving or who you are be able to serve. Should certain programs with the organization have gender restrictions, please indicate that information in the “additional information” section at the end of this survey.
	1. Female – The crime victim identifies as female
	2. Male – The crime victims identifies as male
	3. Trans\* - The crime victim identifies as trans\*
	4. Gender Non-binary – The crime victim identifies as gender non-binary
3. **Languages spoken** – Please indicate any languages (besides English) that the organization is able to provide services in including through translation – this also includes American Sign Language.

MAY CONSIDER ADDING ALL LANGUAGES YOU WANT TO EVALUATE AND HAVING THEM CHECK ALL (List all Native languages in the state, English, Spanish, ASL, Other)

1. **Is the organization able to provide services to victim/survivors and family members impacted by MMIW?**
	1. Yes, the organization/agency has specialized services or outreach that is *specific* to this group.
	2. Yes, the organization is able to provide services to this group but does not have dedicated staff or programs focused on these areas.
	3. No
2. **How many victims/survivors or family members impacted by MMIW are served each month (estimate)?** – Please indicate an estimate from the options below.
* 1-5
* 6-10
* 11-15
* More than 15
1. **Fees** – Select the appropriate type of fee structure your organization.
	1. Free
	2. Sliding Scale based on \_\_\_\_\_
	3. Set Program/Session/Case fee
	4. Accepts Insurance, Medicaid
2. **Confidentiality Policy** – Does the organization have and maintain a policy to protect the identity and information of the victims they serve?
* Yes (1)
* No (2)
1. **Crime Types -** Please list the types of crime in which the organization/agency is able to assist. Only include crime types in which the organization is able to provide *specialized* programming or is funded to assist.
2. Bullying
3. Child Exposed to Violence
4. Child Physical Abuse or Neglect (Current or recent)
5. Child Physical Abuse (Historical)
6. Child Pornography
7. Child Sexual Abuse (Current or Recent)
8. Child Sexual Abuse (Historical) –
9. Cyber Crimes
10. Domestic Violence (Intimate Partner)
11. Domestic Violence (Non-Intimate Partner)
12. Drunk or Drugged
13. Elder Abuse or Neglect
14. Fraud/Identity Theft
15. Gang Violence
16. Hate Crime
17. Harassment
18. Homicide
19. Human Trafficking (Labor)
20. Human Trafficking (Sex)
21. Kidnapping
22. Property Crime (Robbery/Theft/Burglary/Arson)
23. Sexual Assault
24. Stalking
25. Violation of a Court (Protective) Order

1. **Services Provided** - Please list the types of services the organization/agency is able to provide. Only include services in which the organization/agency is funded to assist.
2. Batterer Education or Batterer Intervention
Children, Youth and Family
3. Counseling/Mental health/Emotional
4. Domestic Violence Response Services
5. Employment and Education
Financial Assistance
6. General Support Services
7. Hotline/Information and
8. Housing (Emergency/Short-Term)
9. Housing (Long-Term/Transitional)
10. Legal or Justice-system Assistance
11. Medical/Health
12. Safety Planning
13. Sexual Assault/Rape Crisis Response Services
14. Support Groups/Talking Circle
15. Traditional Healing Information and Referrals
16. Transportation Services (Local)
17. Transportation Services (Relocation)
18. Victim Rights Advocacy (Non-direct services)
19. MMIW Support Services
20. Legal advocates to appear/represent in court/tribal court
21. Crime victim reparations
22. Support for families of homicide victims
23. Other
24. **Tribal Affiliation** – Is the organization affiliated with any specific tribal population?
* Yes (1)
* No (2)
* Don’t Know
1. If yes to Question #25, please list tribe(s) your organization serves:
2. **Connection to Tribal Affiliation** – Please specify the connection between the organization and the tribe(s)? Select all that apply
* Operate under tribal programs
* Operate with MOU with tribe(s)
* Receives funding from a tribe(s)
* Not affiliated with any tribe (2)
* Don’t Know
1. **Affiliations/Membership in a DV or SA Tribal Coalition** – Is the organization affiliated with a DV or SA Tribal Coalition.
* Yes (1)
* No (2)
* Don’t Know
1. **Number (#) of AI/AN Victims Served** – Please indicate the approximate number of AI/AN victims served in the past 12 months.
	* Less than 50
	* 51-75
	* 76-100
	* More than 100
2. **Is the organization funded specifically to serve AI/AN victims?** *(yes/no)*
* Yes (1)
* No (2)
* Don’t Know
1. **Does the mission or vision statement include serving AI/AN populations?** *(yes/no)*
* Yes (1)
* No (2)
* Don’t Know
1. **Which of the following populations are able to access the organization’s services?**

[Check all that apply]

* 1. Everyone, including non-AI/AN populations
	2. Only tribal members enrolled in a federally recognized tribe
	3. Any Member or Descendant of a federally recognized tribe
	4. Any Family as long as one member is enrolled in a federally recognized tribe
	5. Victims must provide a Certificate of Degree of Indian Blood or Certificate of Degree of Alaska Native Blood (both abbreviated CDIB)

Open-ended Questionnaire: The following questions will help the task force to identify barriers and develop recommendations to address the on-going crisis of MMIW within the state. This is an opportunity for service providers to share their input to the task force. Please take as much space as you like for each question.

1. **Does your organization provide referrals? If so, list the referral services below:**

**[Open Ended Question]**

1. **What are the barriers to providing support services to survivors/families impacted by MMIW?**
	1. **Not having enough funding to increase capacity**
	2. **Lack of available resources for victims**
	3. **Lack of awareness in community of services provided**
	4. **Lack of Transportation**
	5. **Culture/language barriers**
	6. **Ability to have consistent communication (no phone, moving, etc.)**
	7. **Scheduling conflicts**
	8. **Stigma around MMIW**
	9. **No funding sources for MMIW Programs**
	10. **MMIW is not an issue that is taken seriously by workplace, leadership**
	11. **Lack of trust on confidentiality**
	12. **Other:**
2. **What are the gaps in services provided to survivors/families impacted by MMIW?**
3. **Shelters and temporary housing**
4. **Counseling services**
5. **Legal Advocates**
6. **Holistic healing support services**
7. **Spiritual support services**
8. **SANE Examination (Sexual Assault Nurse Examiner)**
9. **Mileage stipends**
10. **Telephone or web based health services**
11. **Other:**
12. **What types of efforts and/or partnerships currently exist to understand and address the MMIW crisis within your community?**
13. **MMIW Advocacy Group**
14. **MMIW Awareness Events**
15. **Formalized Missing Persons Alert Systems**
16. **Informal Missing Persons Alert Systems**
17. **Missing Persons Policies and Procedures**
18. **Community Policing Efforts**
19. **Community Led Search Groups**
20. **Informal Safe Houses**
21. **Self defense/Safety Trainings**
22. **Other:**
23. **What types of efforts and/or partnerships are needed to better understand and address the MMIW crisis within your community?**
24. **MMIW Advocacy Group**
25. **MMIW Awareness Events**
26. **Formalized Missing Persons Alert Systems**
27. **Informal Missing Persons Alert Systems**
28. **Missing Persons Policies and Procedures**
29. **Community Policing Efforts**
30. **Community Led Search Groups**
31. **Informal Safe Houses**
32. **Self defense/Safety Trainings**
33. **Other:**
34. **What are some best practices or prevention measures currently existing or needed to address the MMIW crisis?**
35. **More support for SV/DV services within leadership**
36. **Education around SV/DV**
37. **Trauma Informed Training for Service Providers**
38. **Education around Historical & Generational Trauma**
39. **Awareness of Sexual Trafficking**
40. **Cycles of Intergenerational Violence**
41. **Alcohol & Substance Abuse Services/Prevention**
42. **Men’s Groups: Healthy Masculinity, Boys Groups**
43. **Healthy Relationship & Sexual Health Education/Programs for Youth**
44. **Youth Based Prevention Programs**
45. **Employment & Educational Support**
46. **Other:**