



Office for Victims of Crime NEEDS ASSESSMENT SURVEY

Thank you for taking the time to complete this survey. The Office for Victims of Crime (OVC) is conducting a needs assessment of the victim services community to identify and assess your training/technical assistance (TTA) needs as a victim service provider. Your input is very important in developing and designing new training opportunities for those who work to benefit victims of crime, either directly or indirectly. Please read the instructions carefully and choose the answers that best represent your TTA needs.

This needs assessment survey is divided into three (3) major sections: Background Information, Current Training and Technical Assistance Needs, and Overall. The Current Training and Technical Assistance Needs section is broken down into seven (7) training categories/topics. As you work through each of these topics depending on your level of need you will be asked a few follow-up questions to help determine the extent of that particular need. At the completion of the needs assessment you will receive a summary of your responses and a list of available resources to print out for your own use. Additionally, you may return to the needs assessment at a later date to print out the summary of your responses and available resources, if you are unable to do so at the time you complete the survey

You have been asked to register for this tool; this is only to provide you with a username and password so that you may complete the needs assessment at your convenience. The needs assessment will assist OVC and other federal agencies in developing training and technical assistance that will address the needs of the victim service field. No identifying information will be collected through this tool.. Completing of this survey is completely voluntary and can be used for your own personal and organization use.

The estimated average time to complete this needs assessment is 0.45 hours (approximately 27 minutes). If you have questions or comments, please contact the Office for Victims of Crime Training and Technical Assistance Center, Needs Assessment and Evaluation Division, 10530 Rosehaven Street, Suite 400, Fairfax, VA 22030, or e-mail us at TTAC@ovcttac.org, or call 1-866-OVC-TTAC (1-866-682-8822); TTY: 1-866-682-8880.

Paperwork Reduction Act Notice

Your participation is completely voluntary. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, easily understood, and impose the least possible burden on you to provide us with information. The estimated average time to complete this form is 0.045 hours (approximately 27 minutes). If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Office for Victims of Crime Training and Technical Assistance Center, Needs Assessment and Evaluation Division, 10530 Rosehaven Street, Suite 400, Fairfax, VA 22030 or e-mail us at TTAC@ovcttac.org.



Office for Victims of Crime
NEEDS ASSESSMENT SURVEY

ORGANIZATIONAL AND INDIVIDUAL BACKGROUND INFORMATION

We would like to begin by asking you a few questions about you and the type of agency/organization you represent.

Please choose the organizational setting(s) that best describes your organization. **(Please check all that apply)**

- | | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Private, non-profit |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Public |
| <input type="checkbox"/> International | <input type="checkbox"/> State |
| <input type="checkbox"/> Local | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> National | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Private, for-profit | _____ |

Which best describes the size of the organization you represent? **(Please only check one)**

- | | |
|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Less than 10 staff members | <input type="checkbox"/> 41-50 staff members |
| <input type="checkbox"/> 10-20 staff members | <input type="checkbox"/> 50 or more staff members |
| <input type="checkbox"/> 21-40 staff members | |

Which best describes the type of organization you represent? **(Please only check one)**

- | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Community-based/ Grassroots | <input type="checkbox"/> Human social services (e.g., child and family services) |
| <input type="checkbox"/> Corrections/Detention | <input type="checkbox"/> Law enforcement (e.g., police, sheriff) |
| <input type="checkbox"/> Court services | <input type="checkbox"/> Legal services |
| <input type="radio"/> Judiciary | <input type="checkbox"/> Legislative/ Policymaker |
| <input type="radio"/> Other court personnel | <input type="checkbox"/> Other victim services |
| <input type="checkbox"/> Domestic violence/Sexual assault | <input type="checkbox"/> Parole and probation/aftercare |
| <input type="checkbox"/> Education | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Research |
| <input type="checkbox"/> Health services | <input type="checkbox"/> Technology |
| <input type="radio"/> Medical health | <input type="checkbox"/> Victim compensation/assistance |
| <input type="radio"/> Mental health | <input type="checkbox"/> Youth services, child advocacy |
| <input type="radio"/> Substance use/ abuse | <input type="checkbox"/> Other service provider (please specify): |
| <input type="checkbox"/> Housing/shelter | _____ |

Please indicate the state your organization is located: _____

Please choose the one that best describes the population you serve. **(Please only check one)**

- | | | |
|----------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Statewide | <input type="checkbox"/> Urban |
| <input type="checkbox"/> National | <input type="checkbox"/> Suburban | <input type="checkbox"/> Multi-state |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Tribal | |



Office for Victims of Crime
NEEDS ASSESSMENT SURVEY

If you serve more than one type of population, please indicate the secondary population that you serve. (Please only check one)

- | | | |
|----------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Statewide | <input type="checkbox"/> Urban |
| <input type="checkbox"/> National | <input type="checkbox"/> Suburban | <input type="checkbox"/> Multi-state |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Tribal | <input type="checkbox"/> Not applicable |

Is the population you primarily work with: **(Please only check one)**

- | | |
|---------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Both male and female |
| <input type="checkbox"/> Male | |

Is the population you primarily work with: **(Please check all that apply)**

- | | | |
|----------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Adults 60 and older | <input type="checkbox"/> Youth under 10 years of age | <input type="checkbox"/> Youth ages 16-18 years of age |
| <input type="checkbox"/> Adults 30-59 | <input type="checkbox"/> Youth ages 11-15 years of age | <input type="checkbox"/> All ages |
| <input type="checkbox"/> Adults 19-29 | | |

Please check the victim population(s)/area(s) that best describe the services your organization provides. **(Please check all that apply)**

- | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Abused or neglected children | <input type="checkbox"/> Mass violence |
| <input type="checkbox"/> Alcohol/drug related crimes | <input type="checkbox"/> Motor vehicle homicide |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Property crime |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Rape/Sexual assault |
| <input type="checkbox"/> Financial crime/identity theft | <input type="checkbox"/> School violence |
| <input type="checkbox"/> Gang violence | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Hate/bias crimes | <input type="checkbox"/> Survivors of homicide |
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Survivors of attempted homicide and/or assault |
| <input type="checkbox"/> Immigrant/refugees | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Internet crimes | <input type="checkbox"/> Victims with disabilities |
| <input type="checkbox"/> International/political crimes | |
| <input type="checkbox"/> Juvenile crime | |
| <input type="checkbox"/> Other (please specify): _____ | |

What is your primary role in this organization? **(Please only check one)**

- | | |
|-----------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Front line/Direct delivery staff | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Management/ Administrative staff | <input type="checkbox"/> Volunteer staff |
| <input type="checkbox"/> Other (please specify): _____ | |

How many years of experience do you have working in the victim services field? **(Please only check one)**

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 6 to 10 years |
| <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> More than 10 years |



Office for Victims of Crime
NEEDS ASSESSMENT SURVEY

What is your highest level of education? **(Please only check one)**

- Less than high school
- High school/GED
- AAS/Professional training or Certificate
- Some college
- Other (please specify): _____
- BA/BS
- MA/MS/MSW/MBA
- PhD/MD/JD or higher

DRAFT

CURRENT TRAINING AND TECHNICAL ASSISTANCE NEEDS



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

The following are categories of interest to the Victim Service field. For each of the following categories, please rate the extent to which your agency/organization needs assistance with that category. Depending on the extent of your needs in each category, you will move to the next category or answer a couple of follow up questions regarding the level and format of training/technical assistance your organization/agency needs.

CATEGORY 1: ORGANIZATIONAL/PROGRAM MANAGEMENT

Training/TA topics may focus on effectively managing staff and budgets, leadership and governance, and working collaboratively internally and externally.

Please rate the extent to which you think you/your organization needs assistance with Organizational/Program Management.				
Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.				
Organizational/Program Management Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Board development/Staff development				
Budget/Financial management				
Collaboration/Establishing partnerships				
Communications/Marketing				
Coordinated community response				
Developing policies and procedures				
Establishing 501c(3)				
Ethics/ethical standards				
Funding/grant writing				
Human resource development				
Legal/Legislative/Political issues				
Media relations				
Organizational culture and analysis				
Performance measurement				
Program evaluation				
Program expansion/replication				
Technology/Management information systems				
Service delivery methods				
Strategic planning (mission, goals, objectives)				
Sustainability				
Other (please specify): _____				

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please only check one)**



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

- | | | |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Basic (Beginners/
Foundation level) | <input type="checkbox"/> Intermediate
(Specialized TTA) | <input type="checkbox"/> Advanced
(Administrators,
leaders, managers,
directors) |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please check all that apply)**

- | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conference style | <input type="checkbox"/> Onsite consultation |
| <input type="checkbox"/> Seminar/workshop | <input type="checkbox"/> Phone consultation |
| <input type="checkbox"/> Training of Trainers | <input type="checkbox"/> Peer-to-peer learning |
| <input type="checkbox"/> Distance learning/web-based (this includes downloadable information as well as interactive learning) | <input type="checkbox"/> Resource materials (e.g., publications, brochures, resource guides, fact sheets) |

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation - follow-up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- | | |
|------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 1-hour workshop as part of a conference | <input type="checkbox"/> Two-day conference/workshop |
| <input type="checkbox"/> Half-day seminar/workshop | <input type="checkbox"/> 3-5 day conference/workshop |
| <input type="checkbox"/> One-day seminar/workshop | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Other (please specify): _____ | |

CATEGORY 2: PROGRAM DEVELOPMENT

Training/TA topics may focus on program development, management, staffing, funding, education and outreach.

Please rate the extent to which you think you/your organization needs assistance with Program Development.				
Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.				
Program Development Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Case management (i.e., documentation, intake, etc.)				
Client confidentiality				
Counseling (group and/or individual)				
Cultural/Spiritual competency				



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Curriculum development				
Information sharing/Shared case management				
Outreach and education				
Program policy issues				
Program standards/Promising practices				
Resource development/referrals				
Service coordination/Delivery				
Staff recruitment and retention				
Train the Trainers				
Other (please specify):				

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please only check one)**

- | | | |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Basic (Beginners/
Foundation level) | <input type="checkbox"/> Intermediate
(Specialized TTA) | <input type="checkbox"/> Advanced
(Administrators,
leaders, managers,
directors) |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please check all that apply)**

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conference style
<input type="checkbox"/> Seminar/workshop
<input type="checkbox"/> Training of Trainers
<input type="checkbox"/> Distance learning/web-based (this includes downloadable information as well as interactive learning) | <input type="checkbox"/> Onsite consultation
<input type="checkbox"/> Phone consultation
<input type="checkbox"/> Peer-to-peer learning
<input type="checkbox"/> Resource materials (e.g., publications, brochures, resource guides, fact sheets) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation - follow up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1-hour workshop as part of a conference
<input type="checkbox"/> Half-day seminar/workshop
<input type="checkbox"/> One-day seminar/workshop | <input type="checkbox"/> Two-day conference/workshop
<input type="checkbox"/> 3-5 day conference/workshop
<input type="checkbox"/> Consultation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
- Other (please specify): _____

CATEGORY 3: PROFESSIONAL DEVELOPMENT



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Training/TA topics may focus on staff training, certification, and ethics/confidentiality.

Please rate the extent to which you think you/your organization needs assistance with Professional Development.				
Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.				
Professional Development Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Certification/Licensing				
Compassion fatigue/Vicarious trauma/Burnout				
Continuing education				
Confidentiality/Privacy/HIPAA				
Cross-training				
Cultural competency				
Leadership				
Networking				
Staff/Volunteer training				
Team building				
Victims Rights				
Other (please specify): _____				

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please only check one)**

- Basic (Beginners/ Foundation level)
- Intermediate (Specialized TTA)
- Advanced (Administrators, leaders, managers, directors)

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please check all that apply)**

- Conference style
- Onsite consultation
- Seminar/workshop
- Phone consultation
- Training of Trainers
- Peer-to-peer learning
- Distance learning/web-based (this includes downloadable information as well as interactive learning)
- Resource materials (e.g., publications, brochures, resource guides, fact sheets)



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation -) follow up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- 1-hour workshop as part of a conference
- Half-day seminar/workshop
- One-day seminar/workshop
- Two-day conference/workshop
- 3-5 day conference/workshop
- Consultation
- Other (please specify): _____

CATEGORY 4: TECHNOLOGY/MANAGEMENT INFORMATION SYSTEMS (MIS)

Training/TA topics may focus on the use of technology for information sharing, data storage management, recordkeeping, and case management and reporting.

Please rate the extent to which you think you/your organization needs assistance with Technology/MIS.				
Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.				
Technology/MIS Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Accessibility and shared systems				
Case management				
Computer-based/Distance learning				
Database development/Data storage				
Information sharing/ Confidentiality/ Privacy issues (HIPAA)				
Web-based services				
Web site design and management				
Other (please specify): _____				

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please only check one)**

- Basic (Beginners/ Foundation level)
- Intermediate (Specialized TTA)
- Advanced (Administrators, leaders, managers, directors)



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please check all that apply)**

- | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conference style | <input type="checkbox"/> Onsite consultation |
| <input type="checkbox"/> Seminar/workshop | <input type="checkbox"/> Phone consultation |
| <input type="checkbox"/> Training of Trainers | <input type="checkbox"/> Peer-to-peer learning |
| <input type="checkbox"/> Distance learning/web-based (this includes downloadable information as well as interactive learning) | <input type="checkbox"/> Resource materials (e.g., publications, brochures, resource guides, fact sheets) |

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation - follow up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- | | |
|------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 1-hour workshop as part of a conference | <input type="checkbox"/> Two-day conference/workshop |
| <input type="checkbox"/> Half-day seminar/workshop | <input type="checkbox"/> 3-5 day conference/workshop |
| <input type="checkbox"/> One-day seminar/workshop | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Other (please specify): _____ | |

CATEGORY 5: PROGRAM MONITORING/EVALUATION

Training/TA topics may focus on data collection and reporting, performance measurement and needs assessments.

Please rate the extent to which you think you/your organization needs assistance with Program Monitoring/Evaluation.				
Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.				
Program Monitoring/Evaluation Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Confidentiality/Privacy/HIPAA				
Customer satisfaction/Feedback				
Data collection and management				
Instrument design				
Needs assessment/Gap analysis				
Performance measurement				
Reporting				
Service planning				
Using evaluation data				
Other (please specify):				



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [*Name of subcategory*]. **(Please only check one)**

- | | | |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Basic (Beginners/
Foundation level) | <input type="checkbox"/> Intermediate
(Specialized TTA) | <input type="checkbox"/> Advanced
(Administrators,
leaders, managers,
directors) |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [*Name of subcategory*]. **(Please check all that apply)**

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conference style | <input type="checkbox"/> Onsite consultation |
| <input type="checkbox"/> Seminar/workshop | <input type="checkbox"/> Phone consultation |
| <input type="checkbox"/> Training of Trainers | <input type="checkbox"/> Peer-to-peer learning |
| <input type="checkbox"/> Distance learning/web-based (this
includes downloadable information
as well as interactive learning) | <input type="checkbox"/> Resource materials (<i>e.g.</i> ,
<i>publications, brochures, resource
guides, fact sheets</i>) |

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation - follow up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- | | |
|---------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 1-hour workshop as part of a
conference | <input type="checkbox"/> Two-day conference/workshop |
| <input type="checkbox"/> Half-day seminar/workshop | <input type="checkbox"/> 3-5 day conference/workshop |
| <input type="checkbox"/> One-day seminar/workshop | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Other (please specify): _____ | |

CATEGORY 6: TYPES OF VICTIMIZATION

Training/TA topics may include the types of crimes that victims may encounter and for which services would be rendered.

Please rate the extent to which you think you/your organization needs assistance with Types of Victimization.

Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Types of Victimization Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Alcohol/drug related crimes				
Burglary/Property crimes				
Child abuse and neglect victims				
Dating violence				
Domestic violence				
Drunk driving				
Elder abuse				
Financial exploitation/Fraud				
Gang violence				
Hate/Bias crime				
Human trafficking				
Identity theft				
Internet/Computer crimes				
Kidnapping				
Mass violence				
Rape/Sexual assault				
School violence				
Stalking				
Survivors of attempted homicide and/or assault				
Survivors of homicide victims				
Terrorism				
Victims with disabilities				
Workplace violence				
Other (please specify):				

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please only check one)**

- Basic (Beginners/ Foundation level)
- Intermediate (Specialized TTA)
- Advanced (Administrators, leaders, managers, directors)

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please check all that apply)**

- Conference style
- Seminar/workshop
- Training of Trainers
- Distance learning/web-based (this includes downloadable information as well as interactive learning)
- Onsite consultation
- Phone consultation



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

- Peer-to-peer learning
- Resource materials (e.g., publications, brochures, resource guides, fact sheets)

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation - follow up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- 1-hour workshop as part of a conference
- Half-day seminar/workshop
- One-day seminar/workshop
- Two-day conference/workshop
- 3-5 day conference/workshop
- Consultation
- Other (please specify): _____

CATEGORY 7: VICTIM-CENTERED SERVICES

Training/TA topics may include in-depth case management, intervention and prevention, communication, counseling, group/systems dynamics, legal advocacy.

Please rate the extent to which you think you/your organization needs assistance with Victim-Centered Services.

Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.

Victim-Centered Services Subcategories	No assistance needed	Some assistance needed	A great deal of assistance needed	Not Applicable
Batterer/perpetrator intervention				
Criminal justice support/Advocacy				
Crisis response				
Counseling				
Financial assistance				
Hospital/Medical services				
Legal advocacy				
Restitution/Property return assistance				
Service referrals				
Shelter/Short-term housing services				
Victim notification				
Victim/Offender mediation				
Other (please specify): _____				



**Office for Victims of Crime
NEEDS ASSESSMENT SURVEY**

Note: These are the follow-up questions that will appear:

Follow up question #1: Please indicate the level of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please only check one)**

- | | | |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Basic (Beginners/
Foundation level) | <input type="checkbox"/> Intermediate
(Specialized TTA) | <input type="checkbox"/> Advanced
(Administrators,
leaders, managers,
directors) |
|-----------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|

Follow up question #2: Please select the format of training and/or technical assistance that would be most useful to you and your organization/agency for [Name of subcategory]. **(Please check all that apply)**

- | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Conference style | <input type="checkbox"/> Onsite consultation |
| <input type="checkbox"/> Seminar/workshop | <input type="checkbox"/> Phone consultation |
| <input type="checkbox"/> Training of Trainers | <input type="checkbox"/> Peer-to-peer learning |
| <input type="checkbox"/> Distance learning/web-based (this includes downloadable information as well as interactive learning) | <input type="checkbox"/> Resource materials (e.g., publications, brochures, resource guides, fact sheets) |

Note : If the following T/TA type is checked- conference style, seminar/workshop, training of trainers, on-site consultation - follow up question #3 will appear after each type selected

Follow up question #3: Please select the training or technical assistance length you would find most useful. **Please choose only one.**

- | | |
|------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 1-hour workshop as part of a conference | <input type="checkbox"/> Two-day conference/workshop |
| <input type="checkbox"/> Half-day seminar/workshop | <input type="checkbox"/> 3-5 day conference/workshop |
| <input type="checkbox"/> One-day seminar/workshop | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Other (please specify): _____ | |

OVERALL

Finally, we would like to conclude with your feedback on the challenges you face in providing services, your training priorities, your previous training/technical assistance (TA) experiences, and any additional training needs not addressed here.

If you or your staff were to attend an OVC training or technical assistance event, which of the following regions would be most convenient? **(Please check all that apply)**

- | | | |
|------------------------------------|---------------------------------------------|------------------------------------|
| <input type="checkbox"/> Midwest | <input type="checkbox"/> West Coast/Pacific | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Mid-Atlantic | |
| <input type="checkbox"/> South | <input type="checkbox"/> Northwest | |



Office for Victims of Crime
NEEDS ASSESSMENT SURVEY

Note: There will be examples of the states that fall into each region.

What are the most critical barriers/challenges you face in providing services? (**Please check all that apply**)

- Coordinating with other agencies/organizations
- Inadequate prevention efforts
- Limited funding/resources (e.g., staff, time, space)
- Limited training/technical assistance for staff members
- Limited in-house policies/procedures
- Limited knowledge about crime victim service issues
- Limited language capabilities
- Other (please describe): _____
- Limited understanding of cultural competency
- Limited interagency/inter-organizational collaboration
- Limited local/State/Federal collaboration
- Turf issues among agencies/service providers
- Limited knowledge regarding legislation and policies
- None that I can think of

What do you most hope to gain by attending trainings/receiving technical assistance on the categories above? (**Please check all that apply**)

- Increased knowledge in relevant subject areas (e.g., best practices and strategies)
- Increased skills in relevant subject areas
- Increased opportunities to work collaboratively with others in the victim service field and allied professionals
- Increased access to publications and other resources
- Other (please specify): _____
- Increased access to technological resources and support
- Increased opportunities to network and exchange ideas with others in the field (e.g., access to experts and other providers)
- At this time, I do not know

How might you apply the new skills and knowledge you have attained through trainings/technical assistance? (**Please check all that apply**)

- To expand capacity of my organization
- To increase quality of services
- To improve efficiency (e.g., technology, collaboration, coordination, etc.) of my organization
- To improve service delivery with my organization
- To improve organizational functioning (e.g., staff development, morale, retention, policies and procedures, operations)
- To secure funding for my organization
- Other (please specify): _____



Office for Victims of Crime
NEEDS ASSESSMENT SURVEY

Are CEU's (Continuing Education Units) something that you would be interested in receiving after attending a training event?

- Yes No

PREVIOUS TRAINING/TA EXPERIENCE

Please choose the one statement that best describes your level of awareness of training and technical assistance resources offered by OVC.

- I am not familiar with the resources offered by OVC
- I have limited knowledge of the resources offered by OVC, but I am not familiar with what assistance they can offer me or my organization.
- I am familiar with the resources offered by OVC and have received assistance from them in the past

Please think about previous trainings you have attended and technical assistance you have received.

Note: For those who check the last box they will be prompted to answer the next two questions. For those who check the first two boxes they will go directly to the 3rd question asking about the emerging or priority issues.

In general, what about the OVC resource made it most useful to you? **(Please check all that apply)**

- | | |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Applicability to my job | <input type="checkbox"/> Presenter/Speaker/Consultant |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Topics discussed |
| <input type="checkbox"/> Hands on exercises | <input type="checkbox"/> Did not attend a training event |
| <input type="checkbox"/> Location | |

In general, what about the technical assistance received made it most useful to you? **(Please check all that apply)**

- | | |
|--------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Applicability on my job | <input type="checkbox"/> Presenter/Speaker/Consultant |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Topics discussed |
| <input type="checkbox"/> Hands on exercises | <input type="checkbox"/> Did not receive technical assistance |
| <input type="checkbox"/> Location | |

Please identify three (3) emerging or priority issues in the field of victim services that you would like to see addressed through training, technical assistance (TA) or resources for the field (e.g., crisis management, identity theft, human trafficking, etc.)

- 1.
- 2.
- 3.



Office for Victims of Crime
NEEDS ASSESSMENT SURVEY

Please describe any other training/TA needs you have that have not been addressed in this needs assessment.

Thank you for taking the time to complete this needs assessment survey. All of your responses will be kept confidential, that is, no information will be shared or reported in any manner that can identify you as an individual. Please click on the 'View & Print Your Summary' and 'View & Print Your Recommended Resources' buttons below so that you can receive a printable summary of your responses and available resources to print out for your own use. If you are unable to print your summary and available resources at this time, you can return to this page at a later date to print your results.

[View & Print Your Summary](#)

[View & Print Your Recommended Resources](#)

[Logoff the OVC Needs Assessment Survey](#)

[-or-](#)

[Close this window and return to the OVC Needs Assessments Survey Main Page](#)