



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.

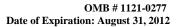
This needs assessment survey is divided into three (3) major sections: Background Information, Current Training and Technical Assistance Needs, and Overall. The Current Training and Technical Assistance Needs section is broken down into seven (7) training categories/topics. As you work through each of 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. Completion of this survey is completely voluntary.

The estimated average time to complete this needs assessment is 20-30 minutes. If you have questions of 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 email us at <a href="https://doi.org/10.1080/JTTAC-0.0081/JTT-1.866-682-8820">TTAC @ovettac.org</a>, or call 1-866-0VC-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 20 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@ovettac.org.



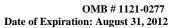


#### SECTION 1: ORGANIZATIONAL AND INDIVIDUAL BACKGROUND INFORMATION

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)

	Faith-based				Private, non-profi	f
_	Federal				Public	·
_	International			_	State	
	Local				Tribal	
	National				Other (please spec	cify):
	Private, for-profit					
Which	best describes the size of the orga	niza	tion you represe	ent?	(Please only check	k one)
	Less than 10 staff members				41-50 staff memb	oers
	10-20 staff members				50 or more staff n	
	21-40 staff members					
Which	best describes the type of organiza	atio	n you represent	? ( <b>P</b> l	lease only check of	ne)
	Community-based/ Grassroots				Human social ser	vices (e.g., child and
	Corrections/Detention				family services)	
	Court services				Law enforcement	(e.g., police, sheriff)
	<ul> <li>Judiciary</li> </ul>				Legal services	
	<ul> <li>Other court personnel</li> </ul>				Legislative/Policy	
	Domestic violence/Sexual assaul	t			Other victim serv	ices
	Education				Parole and probat	ion/aftercare
	Faith-based				Prosecution	
	Health services				Research	
	<ul> <li>Medical health</li> </ul>				Technology	
	<ul> <li>Mental health</li> </ul>				Victim compensa	
	<ul> <li>Substance use/ abuse</li> </ul>				Youth services, cl	
	Housing/shelter				Other service pro	vider (please specify):
D1	indicate the state warm arraniantia	:	10 0040 d.			
Piease	indicate the state your organizatio	n is	iocated:			
Please	choose the one that best describes	the	population you	serv	ve. (Please only ch	eck one)
	International		Statewide			Urban
_	National	_	Suburban		_	Multi-state
_	Rural	_	Tribal		_	1.10111 50000



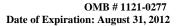


□ 3 to 5 years

### Office for Victims of Crime NATIONAL NEEDS ASSESSMENT SURVEY

	NATIONA	TL 14	EEDS ASSESSMEN	ISUKVEI		
	you serve more than one type of po ve. ( <b>Please only check one</b> )	opulo	ation, please indica	te the secondar	y po	pulation that you
<u> </u>	International National Rural	<u> </u>	Statewide Suburban Tribal		<u> </u>	Urban Multi-state Not applicable
Is the p	oopulation you primarily work wit	h: (	Please only check	one)		
<u> </u>	Female Male			Both male and	l fer	male
Is the p	oopulation you <u>primarily</u> work wit	h: ( <b>I</b>	Please check all tha	at apply)		
0	Adults 60 and older Adults 30-59 Adults 19-29	<u> </u>	Youth under 10 ye of age Youth ages 11-15 years of age		<u> </u>	Youth ages 16-18 years of age All ages
	check the victim population(s)/are check all that apply)	ea(s)	that best describe t	he services you	r or	ganization provides.
	Abused or neglected children Alcohol/drug related crimes Domestic violence Elder Abuse Financial crime/identity theft Gang violence Hate/bias crimes Human trafficking Immigrant/refugees Internet crimes International/political crimes Juvenile crime Other (please specify):			assault Terrorism Victims with o	hor e issau ce iomi tten	ult icide npted homicide and/or
What is	s your primary role in this organiz	zatio	n? (Please only che	eck one)		
_ _	Front line/Direct delivery staff Management/ Administrative sta Other (please specify):			Consultant Volunteer staf	f	
How m	nany years of experience do you h	ave v	working in the victi	m services field	1? ( <b>I</b>	Please only check
	Less than 3 years			6 to 10 years		

☐ More than 10 years





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

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

#### SECTION 2: CURRENT TRAINING AND TECHNICAL ASSISTANCE NEEDS

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.

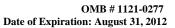
#### CATEGORY 1: ORGANIZATIONAL/PROGRAM MANAGEMENT

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.

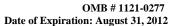
Based on your responses and dependent on the extent of your need in each area you will be prompted to answer a few follow-up questions regarding the level and format of training.

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				





Dlagga rate	e the extent to which you think you/your	organization	noc	de accietar	nce with	
	ional/Program Management.	organization	i iicc	us assistai	ice with	
o i gaini Lai	-0-10-1 - 1 - 0-10-1 - 1 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1					
	your responses and dependent on the ext					prompted
to answer	a few follow-up questions regarding the	level and for	mat	of training		
Orga	nizational/Program Management Subcategories	No assistance needed		Some ssistance needed	A great deal of assistance needed	Not Applicable
	livery methods					
	lanning (mission, goals, objectives)					
Sustainabil	•					
Other (plea	ase specify):					
	<b>question #1:</b> Please indicate the level of l to you and your organization/agency for Basic (Beginners/				Please only ch	eck one) anced
most usefu	Foundation level) (S  question #2: Please select the format of l to you and your organization/agency for		or to		leade direct sistance that v	
apply)						
	Conference style			Onsite co	onsultation	
	Seminar/workshop			Phone co	nsultation	
	Training of Trainers				eer learning	
	Distance learning/web-based (this				materials (e.g	
	includes downloadable information as well as interactive learning)			-	ons, brochures act sheets)	s, resource
	question #3: Please select the training of ase choose only one.	r technical as	ssist	ance lengtl	n you would fi	nd most
	1-hour workshop as part of a			Two-day	conference/w	orkshop
	conference			3-5 day c	onference/wor	
<u> </u>	Half-day seminar/workshop One-day seminar/workshop			Consultat	tion	
	Other (please specify):					



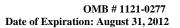


#### **CATEGORY 2: PROGRAM DEVELOPMENT**

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

Based on your responses and dependent on the e	vtent of vour n	haad	in each a	raa vou wi	II ha prompted
to answer a few follow-up questions regarding the					ii de prompted
Program Development Subcategories	No assistance needed	as	Some sistance needed	A great deal of assistand needed	Not Applicable
Case management (i.e., documentation, intake, etc.)					
Client confidentiality					
Counseling (group and/or individual)					
Cultural/Spiritual competency					
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):					
Follow up question #1: Please indicate the level of most useful to you and your organization/agency in Basic (Beginners/ Foundation level)		ubca			
Follow up question #2: Please select the format of most useful to you and your organization/agency (apply)					
<ul> <li>Conference style</li> <li>Seminar/workshop</li> <li>Training of Trainers</li> <li>Distance learning/web-based (this includes downloadable information as well as interactive learning)</li> </ul>			Phone c Peer-to- Resource publican	consultation on sultation peer learning te material tions, brochact sheets	n ing s (e.g., hures, resource

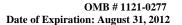




#### Office for Victims of Crime National Needs Assessment Survey

Follow up question #3: Ple	ease select the	training or	technical	assistance l	length you	ı would	find n	nost
useful. Please choose only	one.							

usetul. Ple	ase choose only one.						
	1-hour workshop as part of a				Two	-day conferen	ce/workshop
	conference					lay conference	e/workshop
	Half-day seminar/workshop				Cons	sultation	
	One-day seminar/workshop						
	Other (please specify):						
CATEGOR	RY 3: PROFESSIONAL DEVELO	OPMEN	NT				
Training/T	A topics may focus on staff train	ning, c	ertificatio	on, and eth	nics/co	nfidentiality.	
	te the extent to which you think	you/yo	our organi	zation nec	eds ass	istance with I	Professional
Developn	nent.						
Based on	your responses and dependent	on the	extent of	your need	in eac	h area you wi	ll be prompted
to answer	a few follow-up questions rega	ırding t	he level a	and forma	t of tra		
Pro	ofessional Development Subcategories	- 10 00.0	ssistance eeded	Somo assistar neede	nce	A great deal of assistance needed	of Not Applicable
Certification	on/Licensing			necue	u	necucu	
	on fatigue/Vicarious trauma/						
Burnout							
	g education	<u> </u>					
	iality/Privacy/HIPAA						
Cross-train							
	ompetency						
Leadership Networkin		<del>                                     </del>					
	nteer training						
Team build		1					
Victims R							
	ase specify):						
	question #1: Please indicate the lto you and your organization/s						





**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		Resource materials (e.g.,
	includes downloadable information		publications, brochures, resource
	as well as interactive learning)		guides, fact sheets)
-	question #3: Please select the training or technicase choose only one.  1-hour workshop as part of a conference Half-day seminar/workshop One-day seminar/workshop Other (please specify):	cal assista	Two-day conference/workshop 3-5 day conference/workshop Consultation

#### CATEGORY 4: TECHNOLOGY/MANAGEMENT INFORMATION SYSTEMS (MIS)

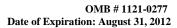
Training/TA topics may focus on the use of technology for information sharing, data storage management, recordkeeping, and case management and reporting.

Please rate the extent to which you think you/your organization needs assistance	e 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):				·

**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**)



□ Advanced



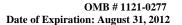
□ Basic (Beginners/

Service planning
Using evaluation data
Other (please specify):

# Office for Victims of Crime NATIONAL NEEDS ASSESSMENT SURVEY

□ Intermediate

	Foundation level)	(Specialized TT	(A)		lea	dministrators, ders, mangers, ectors)
	<b>up question #2:</b> Please select the formate ful to you and your organization/agency	•				
Į.	☐ Conference style			Onsite	consultation	
Ţ	☐ Seminar/workshop			Phone	consultation	
Ţ	☐ Training of Trainers			Peer-to	-peer learning	
Ţ	☐ Distance learning/web-based (this			Resour	ce materials (e	.g.,
	includes downloadable information			publica	itions, brochur	es, resource
	as well as interactive learning)				fact sheets)	
	up question #3: Please select the training lease choose only one.	ng or technical ass	sista	ance leng	gth you would	find most
Į.	☐ 1-hour workshop as part of a			Two-da	ay conference/	workshop
	conference				conference/w	
Ţ	☐ Half-day seminar/workshop			Consul	tation	
Ţ	One-day seminar/workshop					
Ţ.	Other (please specify):					
	ORY 5: PROGRAM MONITORING/EV/TA topics may focus on data collection ents.		erfo	ormance	measurement	and needs
Monito Based o	rate the extent to which you think you/y ring/Evaluation.  on your responses and dependent on the er a few follow-up questions regarding	extent of your ne	eed mat	in each a	area you will b	e prompted
	Subcategories	No assistance needed	ass	Some sistance eeded	A great deal of assistance needed	Not Applicable
	ntiality/Privacy/HIPAA			·		
	er satisfaction/Feedback					
	lection and management					
	ent design					
	ssessment/Gap analysis					
	ance measurement					
Reportir	ng					





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/ □ Intermediate □ Advanced Foundation level) (Specialized TTA) (Administrators, leaders, mangers, 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  $\square$  Resource materials (e.g., publications, brochures, resource includes downloadable information as well as interactive learning) guides, fact sheets) 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 □ Two-day conference/workshop conference □ 3-5 day conference/workshop □ Half-day seminar/workshop □ Consultation □ One-day seminar/workshop

#### **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.

□ Other (please specify): \_\_\_\_\_



OMB # 1121-0277 Date of Expiration: August 31, 2012

## Office for Victims of Crime NATIONAL NEEDS ASSESSMENT SURVEY

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.

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):				

_	<b>question #1:</b> Please indicate the lto you and your organization/a	C		
	Basic (Beginners/ Foundation level)	Intermediate (Specialized TTA)	٥	Advanced (Administrators, leaders, mangers 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**)

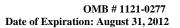
Conference style	Distance learning/web-based (this
Seminar/workshop	includes downloadable information
Training of Trainers	as well as interactive learning)



OMB # 1121-0277 Date of Expiration: August 31, 2012

### Office for Victims of Crime NATIONAL NEEDS ASSESSMENT SURVEY

	NATIONAL NEED	DS ASSESSMEN	13	UKVEY		
	Onsite consultation			Resource	e materials (e.g.,	,
	Phone consultation				ions, brochures,	
	Peer-to-peer learning			-	act sheets)	
_	<b>question #3:</b> Please select the trainin ase choose only one.	g or technical as	ssist	ance lengt	h you would fin	d most
П	1 hour workshop as part of a			Two dor	, aanfaranaa/wa	rlech on
	1-hour workshop as part of a				conference/wo	
_	conference				conference/worl	ksnop
	Half-day seminar/workshop			Consulta	ttion	
	One-day seminar/workshop					
	Other (please specify):					
	y 7: VICTIM-CENTERED SERVICE					
-	A topics may include in-depth case m, group/systems dynamics, legal advo	-	rver	ition and p	prevention, com	munication
	your responses and dependent on the few follow-up questions regarding the	e level and form		training.		prompted to
Victim	-Centered Services Subcategories	No assistance needed		Some ssistance needed	A great deal of assistance needed	Not Applicable
Batterer/pe	erpetrator intervention					
Criminal ju	ustice support/Advocacy					
Crisis resp	onse					
Counseling						
Financial a						
Hospital/M	Iedical services					
Legal advo	ocacy					
	/Property return assistance					
Service ref	Ferrals					
	ort-term housing services					
Victim not						
	fender mediation					
Other (plea	ase specify):					
Follow up	<b>question #1:</b> Please indicate the level	l of training and	/or t	echnical a	ssistance that w	ould be
	l to you and your organization/agency					
	Basic (Beginners/	Intermediate				
	Foundation level)	(Specialized T	ГА)		□ Adva (Adm	nced inistrators.

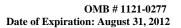




#### Office for Victims of Crime National Needs Assessment Survey

leaders, mangers, directors)

	<b>up question #2:</b> Please select the seful to you and your organization		_			
	□ Conference style					Onsite consultation
	□ Seminar/workshop					Phone consultation
	☐ Training of Trainers					Peer-to-peer learning
	☐ Distance learning/web-base	d (thi	S			Resource materials (e.g.,
	includes downloadable infor					publications, brochures, resource
	as well as interactive learning	ng)				guides, fact sheets)
	up question #3: Please select the Please choose only one.	e trai	ning or technica	al as	ssista	ance length you would find most
	☐ 1-hour workshop as part of	a				Two-day conference/workshop
	conference					3-5 day conference/workshop
	☐ Half-day seminar/workshop	)				Consultation
	☐ One-day seminar/workshop					
	☐ Other (please specify):					
Finally your tr						ges you face in providing services, TA) experiences, and any additiona
-	or your staff were to attend an OV would be most convenient? (Ple		-			tance event, which of the following
	Midwest		West Coast/Pa	cifi	c	□ Southwest
	Northeast		Mid-Atlantic			
	South		Northwest			
What a	re the most critical barriers/challe	enges	you face in pro	vidi	ing s	ervices? (Please check all that
	Coordinating with other agencies/organizations					nited in-house policies/procedures nited knowledge about crime victim
	Inadequate prevention efforts			_		vice issues
	Limited funding/resources (e.g.,	staff	•			nited language capabilities
_	time, space)	, starr	,	_		nited understanding of cultural
	Limited training/technical assist	ance	for	_		npetency
_	staff members					1

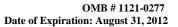




past

# Office for Victims of Crime NATIONAL NEEDS ASSESSMENT SURVEY

	Limited interagency/inter-organizational		Turf issues among agencies/service
	collaboration Limited local/State/Federal		providers Limited knowledge regarding legislation
	collaboration		and policies None that I can think of
	Other (please describe):		
	do you most hope to gain by attending trainings/? (Please check all that apply)	receiving	technical assistance on the categories
	Increased knowledge in relevant subject		Increased access to technological
	areas (e.g., best practices and strategies)		resources and support
	Increased skills in relevant subject areas Increased opportunities to work		Increased opportunities to network and exchange ideas with others in the field
_	collaboratively with others in the victim		(e.g., access to experts and other
	service field and allied professionals		providers)
	Increased access to publications and other resources		At this time, I do not know
	Other (please specify):		
	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):
	EU's (Continuing Education Units) something a training event?	ing that y	ou would be interested in receiving
	□ Yes		□ No
PREV	IOUS TRAINING/TA EXPERIENCE		
	choose the one statement that best describes yo nce resources offered by OVC.	ur level of	awareness of training and technical
<u> </u>	I am not familiar with the resources offered by I have limited knowledge of the resources offer and a reverse resources of the resources of th	ered by OV	VC, but I am not familiar with what
	assistance they can offer me or my organization. I am familiar with the resources offered by OV		ve received assistance from them in the





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

	Applicability to my job		Presenter/Speaker/Consultant
	Curriculum		Topics discussed
	Hands on exercises		Did not attend a training event
	Location		
In gene	ral, what about the technical assistance reply)	eceived made it me	ost useful to you? (Please check all
	Applicability on my job		Presenter/Speaker/Consultant
	Curriculum		Topics discussed
	Hands on exercises		Did not receive technical assistance
	Location		
like to crisis n 1. 2.	identify three (3) emerging or priority see addressed through training, techn management, identity theft, human tra	ical assistance (T	<del>_</del>
3.			
	describe any other training/TA needs nent.	you have that ha	eve not been addressed in this needs
Please		you have that ha	eve not been addressed in this needs
Please		you have that ha	eve not been addressed in this needs

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.