



In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:

<p>_____</p> <p>Birth Month (insert just the month for your <i>date of birth</i>, example: 08 for August)</p>	<p>_____</p> <p>First letter of first name (example: S for Sara)</p>	<p>_____</p> <p>First letter of your middle name (example: M for Maria)</p>
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Please indicate the extent to which you agree or disagree with the following statements.

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. NHTTAC staff was responsive to my questions and needs.	1	2	3	4	NA
2. The information/assistance I received was easy for me to understand.	1	2	3	4	NA
3. The information/assistance I received was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
4. The information/assistance I received was trauma-informed.	1	2	3	4	NA
5. The information/assistance I received was survivor-informed.	1	2	3	4	NA
6. The information/assistance I received was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
7. The information/assistance I received reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
8. The information/assistance I received will help me in my work.	1	2	3	4	NA
9. The information/assistance I received met my professional needs.	1	2	3	4	NA
10. The information/assistance I received met my educational needs.	1	2	3	4	NA
11. I am satisfied with the information/assistance I received.	1	2	3	4	NA
12. I will return to NHTTAC staff for my training and technical assistance needs.	1	2	3	4	NA

13. Please rate the overall quality of the assistance you received.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>



14. How did you first hear about NHTTAC?

- The NHTTAC Website
- An exhibit or presentation at a conference
- A link from another website/Searching the Internet
- A colleague or friend
- A publication or newsletter
- My OTIP program monitor or other OTIP staff person
- Other (please specify): _____

15. How often have you used NHTTAC in the last 12 months?

- 1 – 3 times
- 4 – 6 times
- 7 – 9 times
- 10+ times

16. How did you most recently access NHTTAC? (Mark all that apply.)

- NHTTAC Website
- Toll-free number for Call Center
- OTIP program monitor or other OTIP staff person
- Email
- TTY
- Other (please specify): _____

17. Why did you use/contact NHTTAC? (Mark all that apply.)

- Request general information about OTIP or NHTTAC
- Obtain a referral for direct services
- Access online materials or training
- Join the listserv or mailing list
- Apply to be a consultant/trainer
- Obtain information on services for people who are currently being trafficked, at risk of trafficking, or have been trafficked.
- Acquire help for technical problems on website
- Request or apply for assistance:
 - Technical assistance
 - Training
- Funding for a conference/event or speaker
- Other (please specify): _____

18. In general, how promptly was your request(s) acknowledged?

- Within 24 hours
- Between 24-48 hours
- Between 3-5 days
- Between 6-7 days
- More than a week
- My request was not acknowledged

19. Would you recommend NHTTAC to others to receive T/TA?

- Yes
- No

20. Do you have any other comments or suggestions?

21. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- Academic institution
- Anti-trafficking organization
- Business/For-profit organization
- Coalition/Multidisciplinary team/Task force

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. The estimated average time to complete this form is 5 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



- Federal government
- Faith-based organization
- State and local government
- Nonprofit/Community-based organization
- OTIP grantee
- Self-employed
- Survivor-led organization
- Tribal government
- Union/Worker advocacy organization
- Victim service provider
- Other, please specify: _____

22. Which of the following **best** describes your professional capacity or types of services you provide? **(Mark all that apply.)**

- Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
- Corrections-based services (e.g., parole, probation)
- Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
- Educator (e.g., teacher, professor, school administrator)
- Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (e.g., case worker, shelter director, public housing authority agencies)
- Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (e.g., licensure board, health department staff, health care executive, community health workers)
- Social worker (e.g., case manager, school counselor, supervisor, administrator)
- Survivor empowerment, mentoring, or peer to peer
- Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence)
- Other (please specify): _____

23. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No

24. Which of the following **best** describes the number of years of experience you have in your current field of work? **(Mark one.)**

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

25. Which of the following **best** describes your primary role in your current position?

- Direct delivery/frontline staff Consultant/Trainer Administration
 Management Volunteer Peer Educator
 Other (please specify): _____

26. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>



27. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National
- State (please specify): _____
- Tribal
- International (please specify country):

- Local
- Urban
- Rural
- Suburban

28. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

- Human trafficking
 - Commercial sexual exploitation of children
 - Sex trafficking
 - Adults
 - Minors
 - Labor trafficking
 - Adults
 - Minors
- Children/youth
 - Out of home/Foster care/Kinship care
 - Juvenile justice
 - Runaway/Homeless youth
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- Lesbian, gay, bisexual, transgender, and questioning
- Foreign nationals (migrant workers, undocumented immigrants, refugees)
- People with low incomes
- Racial and ethnic minorities
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaii or other Pacific Islander
 - White
 - Hispanic or Latino ethnicity
- History of substance use
- Domestic and dating violence
- Gang-related crime
- Sexual abuse/Violence
- Other (Please specify): _____

29. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

30. What is your ethnicity? (**Mark all that apply.**)

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

31. What is your gender? (**Mark all that apply.**)

- Male
- Female
- Transgender
- Other (please specify): _____

**CALL CENTER
Protocol**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB#: ####-####

Date of Expiration: ##/##/####

Thank you for taking the time to complete this form and helping to improve NHTTAC activities.