

**SURVIVOR FELLOWSHIP
FEEDBACK
Organization Protocol**



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

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

Date of Expiration: ####-####

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 rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.

FELLOWSHIP OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. The fellowship increased my organization’s knowledge about trauma-informed practices.	1	2	3	4	NA
2. The fellowship increased my organization’s skills and knowledge about survivor-informed practices.	1	2	3	4	NA
3. The fellowship increased the organization’s skills and knowledge about current evidence-based research and promising practices.	1	2	3	4	NA
4. The fellowship increased the organization’s skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
5. The fellowship increased my organization’s skills and knowledge on a public health response to human trafficking.	1	2	3	4	NA
6. The fellowship met my professional needs.	1	2	3	4	NA
7. The fellowship met my educational needs.	1	2	3	4	NA
8. My organization remained engaged in the fellowship throughout its entirety.	1	2	3	4	NA
9. [insert objective here].	1	2	3	4	NA
10. [insert objective here].	1	2	3	4	NA

Paperwork Reduction Act Notice

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 15 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.



11. How were you invited to participate in this fellowship?

12. Do you think NHTTAC should do anything differently when selecting organizations to participate in this fellowship?

Please indicate the extent to which you agree or disagree with the following statements about the Fellowship Activities:

ORGANIZATIONAL AUDIT	Strongly Disagree	Disagree	Agree	Strongly Agree
13. The fellow was accommodating and flexible to work with during the scheduling of the organizational audit.	1	2	3	4
14. My organization felt informed about the purposes of the organizational audit prior to it occurring.	1	2	3	4
15. The organizational audit helped identify gaps in my organization's ability to address human trafficking.	1	2	3	4
16. The fellow and representatives from my organization collaborated well during the organizational audit.	1	2	3	4
17. [insert objective].	1	2	3	4
18. [insert objective].	1	2	3	4
19. I would recommend keeping the organizational audit as part of future survivor fellowships.	1	2	3	4
ACTION PLAN	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The action plan was developed collaboratively between my organization and the fellow.	1	2	3	4
21. The action plan we developed was adopted by senior leadership in my organization.	1	2	3	4
22. The action plan we developed defined clear roles and responsibilities.	1	2	3	4
23. The action plan we developed accounted for my organization's culture and structure.	1	2	3	4
24. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4

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25. The action steps we created were grounded in a public health approach to addressing human trafficking.	1	2	3	4
26. The action plan accounts for complex and multiple traumas.	1	2	3	4
27. The action plan we created accounts for all types of trafficking.	1	2	3	4
28. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking.	1	2	3	4
29. I recommend keeping the action plan development as part of future survivor fellowships.	1	2	3	4
CUSTOMIZED T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree
30. The customized training and technical assistance (T/TA) provided by the fellow was well-organized.	1	2	3	4
31. The customized T/TA provided by the fellow was detailed and thorough.	1	2	3	4
32. There was adequate time provided for the fellow to conduct the customized T/TA to my organization.	1	2	3	4
33. There was adequate time provided for my organization to receive the customized T/TA.	1	2	3	4
34. The customized T/TA helped my organization implement best practices focused on trauma-informed care and survivor empowerment.	1	2	3	4
35. I would recommend keeping the customized T/TA as part of future survivor fellowships.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your collaboration with the fellow:

FELLOW: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
36. The fellow was easy to communicate with throughout fellowship activities.	1	2	3	4
37. The fellow was respectful throughout the process.	1	2	3	4
38. The fellow planned an appropriate amount of time to help make an actionable change at my organization.	1	2	3	4
39. The fellow responded in a helpful manner to my questions.	1	2	3	4
40. The fellow was helpful through remote communication.	1	2	3	4
41. The fellow created an open learning environment when they visited in-person.	1	2	3	4

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Please indicate the extent to which you agree or disagree with the following statements:

NHTTAC STAFF: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
42. NHTTAC staff clearly articulated my organization's responsibilities in this fellowship.	1	2	3	4	NA
43. NHTTAC set clear expectations for what to expect during this fellowship.	1	2	3	4	NA
44. NHTTAC provided me with necessary resources and materials for this fellowship program.	1	2	3	4	NA
45. NHTTAC staff were detail-oriented and thorough in the planning of this fellowship.	1	2	3	4	NA
46. NHTTAC was responsive to my organization's questions and needs.	1	2	3	4	NA
47. NHTTAC provided my organization with additional information on a public health approach to human trafficking upon request.	1	2	3	4	NA
48. My organization is satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA

49. Is there anything additional NHTTAC could have done to support your organization during this fellowship?

50. Please rate the overall quality of this fellowship program.

1	2	3	4
Poor	Fair	Good	Excellent

51. Overall, how well did this fellowship meet your expectations?

1	2	3	4
Far Below My Expectations	Did Not Meet My Expectations	Met My Expectations	Exceeded My Expectations

52. How satisfied were you with the overall quality of the support you received from NHTTAC staff to help complete this fellowship?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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53. Would you recommend NHTTAC to others to receive T/TA? Yes No

54. What are three things your organization plans to do as a result of this fellowship?

55. Was the format of this fellowship conducive to improving best practices at your organization? Why or why not?

56. What aspects of the fellowship were most helpful and why?

57. What could NHTTAC do differently to improve similar fellowships in the future?

58. Do you have any other comments or suggestions?

59. As a result of participating in this fellowship program, does your organization plan to do any of the following? **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Improve my own leadership or professional development skills |
| <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked | <input type="checkbox"/> Begin a new project or initiative |
| <input type="checkbox"/> Write grants/fundraise/identify new funding resources | <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Share materials with colleagues |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| | <input type="checkbox"/> Conduct research |
| | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |

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- Improve identification and reporting methods for trafficking
 - Take additional training on human trafficking
 - Other (please specify): _____
60. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? **(Mark all that apply.)**
- Lack of senior leadership support
 - Lack of frontline support and accountability
 - Continuous turnover
 - Shortages of key personnel
 - Competing priorities
 - Inaccessible research and/or information
 - Lack of urgency
 - Lack of shared responsibility across organizational collaboration
 - Lack of information sharing among organizations
 - Lack of time to implement changes
 - Difficulty in establishing and/or maintaining a multi-disciplinary team
 - Need for partnership building with other organizations
 - Variation in mission and regulatory frameworks when partnering with other organizations
 - Lack of information and/or data sharing among organizations
 - Lack of time to implement changes
 - Lack of training for staff in how to implement change
 - Other (please explain): _____
61. Which of the following **best** describes your organization? **(Mark all that apply.)**
- Academic institution
 - Anti-trafficking organization
 - Business/For-profit organization
 - Coalition/Multidisciplinary team/Task force
 - 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: _____
62. Which of the following **best** describes the types of services your organization provides? **(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): _____
63. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

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Yes No

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64. Which of the following **best** describes your organization’s geographic population? **(Mark all that apply.)**

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country):
_____ | <input type="checkbox"/> Suburban |

65. Please select any of the following populations does your organization currently work with in a professional capacity **(Mark all that apply.)**

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

66. In your professional capacity, how frequently does your organization come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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

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