

**Appendix A-1:  
Project Director Survey**

OMB No. 0970-0487

Expiration Date: XX/XX/20XX

## Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

### Project Director Survey

#### Introduction

Thank you for taking the time to complete this survey for the Domestic Victims of Human Trafficking (DVHT) Program Project Director Survey.

This survey is part of the data collection for a cross-site process evaluation that aims to (1) describe how the DVHT projects approach and accomplish the goals of the DVHT Program and (2) inform the Administration for Children and Families (ACF) efforts to improve services for domestic victims of human trafficking. The evaluation is overseen by ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with ACF's Office of Trafficking in Persons (OTIP), and conducted by RTI International.

You are receiving this survey because you were identified by OTIP as the project lead for your DVHT project. Project directors from all fiscal year (FY) 2016 DVHT projects are being asked to complete this survey. If you work closely with another colleague to manage your DVHT project, you may complete this survey together, but you will only be able to submit one survey.

This survey asks about your organization and organizational practices, your DVHT project staff and partners, services offered to domestic human trafficking victims, service delivery strategies and approaches, and your perspectives on the DVHT project's successes and challenges. The survey will take about 30 minutes to complete. You will be able to save your answers and return if you cannot complete the survey in one sitting.

This survey is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting, however some information will be reported at the project-level which will identify your DVHT project by name.

If you have any questions about the survey or have technical difficulties completing the survey, please contact Jennifer Hardison Walters, Project Director for the Evaluation of the DVHT Program, toll-free at 1-866-784-1958, extension 27724 or by email [jhardison@rti.org](mailto:jhardison@rti.org).

Thank you for your participation!

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0487 and the expiration date is XX/XX/XXXX.

Throughout this survey, you will see questions referring to your DVHT project. When you see “DVHT project”, you should think of [DVHT PROJECT NAME].

This survey uses the term *victim* to refer to individuals who have experienced human trafficking victimization; however, we acknowledge that some people may prefer *survivor* or other terminology.

## ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS [PART A]

### 1. How long have you been employed by your current organization?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10 or more years

### 2. What is your professional title at your organization?

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### 3. How long have you been in your current role at this organization?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10 or more years

### 4. How long have you been involved with anti-trafficking work?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10 or more years

### 5. Are you employed full-time or part-time at your current organization?

- Full-time
- Part-time

### 6. On average, what percentage of your time do you work on your DVHT project?

*If you are part-time, please indicate the percentage of your total hours that you work on the project. For example, if you are employed 20-hours a week and you spend all 20 hours on the DVHT project, then you would choose “100%.”*

- Less than 25%
- 25-49%
- 50-74%
- 75-99%
- 100%

### 7. What job responsibilities do you have other than the DVHT project?

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8. Do you supervise staff who provide case management or other direct services to domestic victims of human trafficking?

- Yes
- No

9. Do you yourself provide case management or other direct services to domestic victims of human trafficking?

- Yes
- No [[→ Go to 13](#)]

### CASE MANAGEMENT [PART A]

10. Do you currently have a caseload of clients that you personally work with through your DVHT project?

- Yes
- No [[→ Go to 10i](#)]
  - i. You reported that you yourself provide case management or other direct services to domestic victims of human trafficking but that you do not currently have a caseload of clients that you personally work with. Please describe what services you are currently providing to domestic trafficking victims.

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11. How many active clients are on your DVHT project caseload currently? *By active, we mean clients who have engaged in case management or other services in the past 8 weeks and who you anticipate you may be in contact with again in the near future.*

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- Check box if this is an estimate

12. Is this number fewer, about the same, or more than the number of clients you typically serve on your DVHT project caseload at a given time?

- Fewer
- About the same
- More

## DVHT PROJECT STAFF AND BUDGET

13. How many staff at your organization does your DVHT project fund?

\_\_\_\_\_ Full-time staff

\_\_\_\_\_ Part-time staff

14. Does your DVHT project budget include subcontracts or payments to other organizations to provide case management or other direct client services to domestic victims of human trafficking?

- Yes
- No

## TARGET POPULATION

15. What ages of clients does your DVHT project serve?

*Check all that apply.*

- Children (0-12)
- Adolescents (13-17)
- Young adults (18-24)
- Adults (25 or older)

16. Does your DVHT project aim to serve a specific population of domestic victims of human trafficking.?)

- Yes
- No [-> [Go to 18](#)]

17. Please briefly describe the specific population that your DVHT project aims to serve:

\_\_\_\_\_

18. How long has your organization served this population? Is this a new population?

\_\_\_\_\_

## IMPLEMENTATION STATUS

19. When was your DVHT project fully up and running (for example, majority of staff were hired and trained, key project components were operational)?

[Month] [Year]

**PROGRAM ENTRY/ REFERRALS**

20. For this question, think about the client referrals your DVHT project has received since the beginning of the project. By *client referrals* we mean individuals who are confirmed or suspected to be domestic victims of human trafficking who are referred to your DVHT project for services.

On average, how often does your DVHT project receive client referrals from the following sources?

|   |  | Never | Rarely | Occasionally | Often | Very frequently | Don't know |
|---|--|-------|--------|--------------|-------|-----------------|------------|
| <b>Internal Referral Sources</b>        |  |       |        |              |       |                 |            |
| a                                       | Internal referrals within your organization (e.g., individual is receiving non-trafficking related services from your organization and is referred for trafficking-related services) | 0     | 0      | 0            | 0     | 0               | 0          |
| b                                       | Outreach conducted by DVHT project staff (e.g., street outreach)   | 0     | 0      | 0            | 0     | 0               | 0          |
| <b>External Agency Referral Sources</b> |  |       |        |              |       |                 |            |
| c                                       | Hospital/ER/other medical  | 0     | 0      | 0            | 0     | 0               | 0          |
| d                                       | Law enforcement (e.g., local police, FBI)  | 0     | 0      | 0            | 0     | 0               | 0          |
| e                                       | Criminal justice (e.g., court, corrections, supervision, defense attorney, public defender, legal aid)   | 0     | 0      | 0            | 0     | 0               | 0          |
| f                                       | Child welfare agency   | 0     | 0      | 0            | 0     | 0               | 0          |
| g                                       | Homeless agency/shelter  | 0     | 0      | 0            | 0     | 0               | 0          |
| h                                       | Runaway homeless youth agency/shelter  | 0     | 0      | 0            | 0     | 0               | 0          |
| i                                       | Domestic violence/sexual assault agency  | 0     | 0      | 0            | 0     | 0               | 0          |
| j                                       | Tribal organization  | 0     | 0      | 0            | 0     | 0               | 0          |
| k                                       | National Human Trafficking Hotline   | 0     | 0      | 0            | 0     | 0               | 0          |
| l                                       | State or local hotline ( <i>please specify</i> ): _____  | 0     | 0      | 0            | 0     | 0               | 0          |
| m                                       | Other type of agency ( <i>please specify</i> ): _____  | 0     | 0      | 0            | 0     | 0               | 0          |
| n                                       | Other type of agency ( <i>please specify</i> ): _____  | 0     | 0      | 0            | 0     | 0               | 0          |
| <b>Other Referral Sources</b>           |  |       |        |              |       |                 |            |
| o                                       | Client self refers / walks in  | 0     | 0      | 0            | 0     | 0               | 0          |
| p                                       | Client's family member / guardian  | 0     | 0      | 0            | 0     | 0               | 0          |
| q                                       | Client's friend / peer   | 0     | 0      | 0            | 0     | 0               | 0          |

|   |   | Never | Rarely | Occasionally | Often | Very frequently | Don't know |
|---|---|-------|--------|--------------|-------|-----------------|------------|
| r | Other source (please specify):<br>_____ | 0     | 0      | 0            | 0     | 0               | 0          |
| s | Other source (please specify):<br>_____ | 0     | 0      | 0            | 0     | 0               | 0          |

## VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

21. Does **your organization** use a standardized screening and/or assessment tool to determine whether individuals have experienced human trafficking victimization?

- Yes
- No

[Programming note: If 'No' to question 9 → Go to 28]

## CASE MANAGEMENT [PART B]

22. With what portion of your DVHT project clients do you develop a service plan or a formal record to document information such as the services clients received and their needs and goals?

- None of my clients [→ Go to 24]
- Some of my clients
- Most of my clients
- All of my clients

23. Which of the following elements are included in the service plan or formal record? Check all that apply.

- Client service needs
- Client goals
- Timeline of service plan goals/actions
- Client progress toward goals
- Services provided to/received by client
- Referrals provided for/to client
- Goals met
- Other (please specify): \_\_\_\_\_

24. How often do you **typically** see or communicate with your DVHT project clients?

- Daily
- Several times a week
- Weekly
- Monthly
- A few times a year
- Other (please specify): \_\_\_\_\_

25. When you communicate with your DVHT project clients, how often do you typically communicate in the following ways?

|   |  | Never | Rarely | Occasionally | Often | Very Frequently |
|---|--|-------|--------|--------------|-------|-----------------|
| a | Meet/talk in-person                      | 0     | 0      | 0            | 0     | 0               |
| b | Talk by phone                            | 0     | 0      | 0            | 0     | 0               |
| c | Text                                     | 0     | 0      | 0            | 0     | 0               |
| d | Email                                    | 0     | 0      | 0            | 0     | 0               |
| e | Social media (e.g., Instagram, Facebook) | 0     | 0      | 0            | 0     | 0               |

26. How often do you personally perform the following case management-related activities for your DVHT project?

|   |  | Never | Rarely | Occasionally | Often | Very Frequently |
|---|--|-------|--------|--------------|-------|-----------------|
| a | Conduct a client intake  | 0     | 0      | 0            | 0     | 0               |
| b | Conduct a screening and/or an assessment using a formal tool (i.e., a standard set of questions)         | 0     | 0      | 0            | 0     | 0               |
| c | Meet with a client and other providers and/or supports in a team setting (e.g., multi-disciplinary team) | 0     | 0      | 0            | 0     | 0               |
| d | Have a formal/scheduled meeting with a client  | 0     | 0      | 0            | 0     | 0               |
| e | Informally “check-in” with a client  | 0     | 0      | 0            | 0     | 0               |
| f | Make a referral to <b>in-house</b> services  | 0     | 0      | 0            | 0     | 0               |
| g | Make a referral to <b>outside</b> service providers (at other organizations/agencies)                    | 0     | 0      | 0            | 0     | 0               |
| h | Communicate with other service providers on behalf of a client   | 0     | 0      | 0            | 0     | 0               |
| i | Arrange appointments with/for a client   | 0     | 0      | 0            | 0     | 0               |
| j | Accompany a client to an appointment   | 0     | 0      | 0            | 0     | 0               |
| k | Accompany a client on errands (e.g., grocery shopping, to pick up paperwork)                             | 0     | 0      | 0            | 0     | 0               |
| l | Transport a client   | 0     | 0      | 0            | 0     | 0               |
| m | Provide one-on-one counseling to a client  | 0     | 0      | 0            | 0     | 0               |

|   |  | Never | Rarely | Occasionally | Often | Very Frequently |
|---|--|-------|--------|--------------|-------|-----------------|
| n | Provide advocacy on behalf of a client               | 0     | 0      | 0            | 0     | 0               |
| o | Provide crisis intervention to a client              | 0     | 0      | 0            | 0     | 0               |
| p | Develop a safety plan with a client                  | 0     | 0      | 0            | 0     | 0               |
| q | Teach and/or model life skills for a client          | 0     | 0      | 0            | 0     | 0               |
| r | Facilitate a group activity with two or more clients | 0     | 0      | 0            | 0     | 0               |

27. Please describe any other case management-related activities not listed above that you do regularly for your DVHT project.

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28. In the past 12 months, how many times have you held a DVHT project partnership meeting?

- Never [[→ Go to 30](#)]
- Once
- 2-5 times
- 6-10 times
- 11 or more times

29. How much do you agree or disagree with the following statements?

|   |   |   | Strongly Disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
|---|---|---|-------------------|----------|---------------------------|-------|----------------|
| a | DVHT project meetings are productive.   | 0 | 0                 | 0        | 0                         | 0     | 0              |
| b | DVHT project meetings are positive and collaborative.                                 | 0 | 0                 | 0        | 0                         | 0     | 0              |
| c | DVHT project meetings resulted in improvements to victim identification or assistance | 0 | 0                 | 0        | 0                         | 0     | 0              |

30. Do your or other staff from your organization participate in a community-level (e.g., city-, county- or state-level) anti-trafficking task force, advisory board, or workgroup that is separate from your DVHT project?

- Yes
- No
- Don't know

**SERVICE AVAILABILITY**

**31. For the following list of services and resources, check all the places from where the service is available to DVHT clients—the DVHT grantee/lead organization, a formal DVHT project partner, and/or another organization that is not a formal project partner. Select the last column if the service is not currently available to DVHT project clients.**

|   |  | Service is available from DVHT project lead/ grantee organization | Service is available from formal project partner organization | Service is available from another organization, not formal partner | Service is not available |
|---|--|---|---|--|--------------------------|
| a | <b>Basic needs / Personal items</b><br><i>Material goods or support to obtain goods including but not limited to food, clothing, toiletries</i>                            | 0   | 0   | 0  | 0                        |
| b | <b>Child care</b>  | 0   | 0   | 0  | 0                        |
| c | <b>Crisis intervention</b><br><i>Short-term immediate help</i>   | 0   | 0   | 0  | 0                        |
| d | <b>Education</b><br><i>Includes but is not limited to literacy, GED assistance, school enrollment</i>  | 0   | 0   | 0  | 0                        |
| e | <b>Employment</b><br><i>Includes but not limited to employment assistance, job training, vocational services</i>   | 0   | 0   | 0  | 0                        |
| f | <b>Family reunification</b>  | 0   | 0   | 0  | 0                        |
| g | <b>Financial assistance</b><br><i>All types of money given to the client including phone, gas, and gift cards; does not include transportation</i>                         | 0   | 0   | 0  | 0                        |
| h | <b>Short-term housing</b>  | 0   | 0   | 0  | 0                        |
| i | <b>Long-term housing</b>   | 0   | 0   | 0  | 0                        |
| j | <b>Legal</b><br><i>Services to address legal needs, including information from or representation by civil attorneys and prosecutors</i>                                    | 0   | 0   | 0  | 0                        |
| k | <b>Victim advocacy</b><br><i>Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process</i> | 0   | 0   | 0  | 0                        |
| l | <b>Life skills training/support</b><br><i>Services to help clients achieve self-sufficiency; includes but not limited to managing personal finances, self-care</i>         | 0   | 0   | 0  | 0                        |
| m | <b>Public benefits</b><br><i>Assistance related to obtaining</i>   | 0   | 0   | 0  | 0                        |

|   |  | Service is available from DVHT project lead/ grantee organization | Service is available from formal project partner organization | Service is available from another organization, not formal partner | Service is not available |
|---|--|---|---|--|--------------------------|
|   | <i>public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children [WIC])</i> |   |   |  |                          |
| n | <b>Religious/spiritual</b>   | 0   | 0   | 0  | 0                        |
| o | <b>Safety planning</b><br><i>Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards</i>                               | 0   | 0   | 0  | 0                        |
| p | <b>Substance use</b><br><i>Services to address alcohol and/or chemical dependency; includes assessment and treatment</i>   | 0   | 0   | 0  | 0                        |
| q | <b>Mental health</b><br><i>Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups</i>        | 0   | 0   | 0  | 0                        |
| r | <b>Reproductive/sexual health</b><br><i>Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)</i> | 0   | 0   | 0  | 0                        |
| s | <b>Other Medical</b>   | 0   | 0   | 0  | 0                        |
| t | <b>Dental</b>  | 0   | 0   | 0  | 0                        |
| u | <b>Vision</b>  | 0   | 0   | 0  | 0                        |
| v | <b>Support (individual and group)</b><br><i>Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group</i>       | 0   | 0   | 0  | 0                        |
| w | <b>Transportation</b>  | 0   | 0   | 0  | 0                        |
| x | <b>Other type of service/resource</b><br><i>(please specify):</i>  | 0   | 0   | 0  |                          |
| y | <b>Other type of service/resource</b><br><i>(please specify):</i>  | 0   | 0   | 0  |                          |

[Programming note: If 'No' to question 9 → Go to 33]

## SERVICE NEEDS

32. Think about the domestic human trafficking victims you have worked with since the beginning of the DVHT project. About what portion of them have needed the following services and resources? Consider clients' needs across the entire time you have worked with them, even if they have cycled in and out of services.

|   |  | None | Less than half | Approximately half | Most | All |
|---|--|------|----------------|--------------------|------|-----|
| a | <b>Basic needs / Personal items</b><br><i>Material goods or support to obtain goods including but not limited to food, clothing, toiletries</i>                            | 0    | 0              | 0                  | 0    | 0   |
| b | <b>Child care</b>  | 0    | 0              | 0                  | 0    | 0   |
| c | <b>Crisis intervention</b><br><i>Short-term immediate help</i>   | 0    | 0              | 0                  | 0    | 0   |
| d | <b>Education</b><br><i>Includes but not limited to literacy, GED assistance, school enrollment</i>   | 0    | 0              | 0                  | 0    | 0   |
| e | <b>Employment</b><br><i>Includes but not limited to employment assistance, job training, vocational services</i>   | 0    | 0              | 0                  | 0    | 0   |
| f | <b>Family reunification</b>  | 0    | 0              | 0                  | 0    | 0   |
| g | <b>Financial assistance</b><br><i>All types of money given to the client including phone, gas and gift cards; does not include transportation</i>                          | 0    | 0              | 0                  | 0    | 0   |
| h | <b>Short-term housing</b>  | 0    | 0              | 0                  | 0    | 0   |
| i | <b>Long-term housing</b>   | 0    | 0              | 0                  | 0    | 0   |
| j | <b>Legal</b><br><i>Services to address legal needs, including information from or representation by civil attorneys and prosecutors</i>                                    | 0    | 0              | 0                  | 0    | 0   |
| k | <b>Victim advocacy</b><br><i>Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process</i> | 0    | 0              | 0                  | 0    | 0   |
| l | <b>Life skills training/support</b><br><i>Services to help clients achieve self-sufficiency; includes but not limited to managing personal finances, self-care</i>         | 0    | 0              | 0                  | 0    | 0   |
| m | <b>Public benefits</b><br><i>Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental</i>             | 0    | 0              | 0                  | 0    | 0   |

|   |  | None | Less than half | Approximately half | Most | All |
|---|--|------|----------------|--------------------|------|-----|
|   | <i>Nutrition Assistance Program (SNAP) and Women Infants and Children [WIC]</i>  |      |                |                    |      |     |
| n | <b>Religious/spiritual</b>   | 0    | 0              | 0                  | 0    | 0   |
| o | <b>Safety planning</b><br><i>Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards</i>                               | 0    | 0              | 0                  | 0    | 0   |
| p | <b>Substance use</b><br><i>Services to address alcohol and/or chemical dependency; includes assessment and treatment</i>   | 0    | 0              | 0                  | 0    | 0   |
| q | <b>Mental health</b><br><i>Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups</i>        | 0    | 0              | 0                  | 0    | 0   |
| r | <b>Reproductive/sexual health</b><br><i>Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)</i> | 0    | 0              | 0                  | 0    | 0   |
| a | <b>Other Medical</b>   | 0    | 0              | 0                  | 0    | 0   |
| t | <b>Dental</b>  | 0    | 0              | 0                  | 0    | 0   |
| u | <b>Vision</b>  | 0    | 0              | 0                  | 0    | 0   |
| v | <b>Support (individual and group)</b><br><i>Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group</i>       | 0    | 0              | 0                  | 0    | 0   |
| w | <b>Transportation</b>  | 0    | 0              | 0                  | 0    | 0   |
| x | <b>Other type of service/resource</b><br><i>(please specify):</i>  |      | 0              | 0                  | 0    | 0   |
| y | <b>Other type of service/resource</b><br><i>(please specify):</i>  |      | 0              | 0                  | 0    | 0   |

**COMMUNITY CONTEXT**

**33. Are there groups or organizations in your area that are not partners of your ACF DVHT project that provide trafficking-specific services?**

- Yes
- No [[→ Go to 34](#)]

**33a. Are you in contact with them?**

- Yes
- No

**TRAUMA-INFORMED CARE**

**34. How much do you agree or disagree with the following statements?**

**When working with domestic victims of human trafficking, my organization...**

|    |  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|----|--|-------------------|----------|----------------------------|-------|----------------|
| a  | Successfully screens clients for trauma.   | 0                 | 0        | 0                          | 0     | 0              |
| b  | Promotes trustworthiness and transparency throughout program delivery.                                   | 0                 | 0        | 0                          | 0     | 0              |
| c  | Ensures safety throughout all aspects of service delivery.   | 0                 | 0        | 0                          | 0     | 0              |
| d  | Provides choices for clients throughout service delivery.  | 0                 | 0        | 0                          | 0     | 0              |
| e  | Makes efforts to prevent triggering or re-traumatization.  | 0                 | 0        | 0                          | 0     | 0              |
| f  | Uses motivational interviewing techniques.   | 0                 | 0        | 0                          | 0     | 0              |
| g  | Empowers clients to make their own goals and service delivery plans.                                     | 0                 | 0        | 0                          | 0     | 0              |
| h  | Provides culturally sensitive services and/or referrals.   | 0                 | 0        | 0                          | 0     | 0              |
| i  | Provides or makes referrals for language interpretation/translation services.                            | 0                 | 0        | 0                          | 0     | 0              |
| j  | Provides age-appropriate services.   | 0                 | 0        | 0                          | 0     | 0              |
| kk | Provides access to treatment services specifically designed for individuals who have experienced trauma. | 0                 | 0        | 0                          | 0     | 0              |
| l  | Promotes opportunities for clients to reestablish positive social connections.                           | 0                 | 0        | 0                          | 0     | 0              |
| m  | Helps clients visualize and pursue   | 0                 | 0        | 0                          | 0     | 0              |

|  |                                     | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|-------------------------------------|-------------------|----------|----------------------------|-------|----------------|
|  | their path to economic independence |                   |          |                            |       |                |

35. Which of the following trauma-specific interventions are available to clients served by your DVHT project? Check all that apply.

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Other trauma-specific intervention (please specify): \_\_\_\_\_
- None

#### STAFF QUALIFICATIONS, TRAINING, AND STANDARDS OF CARE

36. How important do you think the following qualifications (skills, experience, education, and attributes) are for staff who work with domestic victims of human trafficking?

|   |   | Not important | Somewhat important | Very important |
|---|---|---------------|--------------------|----------------|
| a | Training in and/or experience working with victims of human trafficking               | 0             | 0                  | 0              |
| b | Training in and/or experience working with victims of other types of crimes or trauma | 0             | 0                  | 0              |
| c | Training in and/or experience working with individuals with a substance use disorder  | 0             | 0                  | 0              |
| d | Training in and/or experience providing case management and advocacy                  | 0             | 0                  | 0              |
| e | Training in and/or experience providing trauma-informed care                          | 0             | 0                  | 0              |
| f | Training in and/or experience providing crisis intervention and safety planning       | 0             | 0                  | 0              |
| g | Experience working with law enforcement and/or the justice system                     | 0             | 0                  | 0              |
| h | Knowledge of community-based services and resources                                   | 0             | 0                  | 0              |
| i | Knowledge of the justice system   | 0             | 0                  | 0              |
| j | Knowledge of laws relevant to human trafficking                                       | 0             | 0                  | 0              |
| k | Passion for serving victims of human trafficking                                      | 0             | 0                  | 0              |
| l | Being a survivor of human trafficking   | 0             | 0                  | 0              |
| m | Training or formal degree in social work, counseling, psychology, or a related field  |               |                    |                |

|   |   | Not important | Somewhat important | Very important |
|---|---|---------------|--------------------|----------------|
| n | Training in and/or experience assisting persons to find paid employment |               |                    |                |

**37. What additional skills or qualifications not included above do you think individuals who work with trafficking victims need? Please describe.**

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**38. How many of your DVHT project staff have received training in trauma-informed care?**

- None
- Some
- Most
- All
- Don't know

**39. How much do you agree or disagree with the following statements?**

|   |   | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|-------------------|----------|----------------------------|-------|----------------|
| a | DVHT project case management and direct service staff have sufficient training opportunities.                         | 0                 | 0        | 0                          | 0     | 0              |
| b | DVHT project case management and direct service staff have the skills needed to do their job well.                    | 0                 | 0        | 0                          | 0     | 0              |
| c | My organization has documented guidelines or practice standards for service delivery to victims of human trafficking. | 0                 | 0        | 0                          | 0     | 0              |

**PARTNERSHIPS**

**40. Think about all of the organizations or entities that you have worked with to carry out your DVHT project in the past 12 months.**

**Who are the key partners your organization works with to implement your DVHT project?** *Include any organization or entity that you work with to carry out your DVHT project that you consider to be an important partner, even if your partnership is informal or if you have only worked with them once. You may list up to 15 organizations.*

|   | Organization Name     |
|---|-----------------------|
| a |                       |
| b |                       |
| c |                       |
| d |                       |
| e |                       |
|   | Etc. - up to 15 (a-o) |

**41. Does your organization have a memorandum of understanding (MOU) or another type of formal agreement with the DVHT project partners listed below?**

|   | Organization Name   | Yes, we have an MOU/other formal agreement | No, we <u>do not</u> have an MOU/other formal agreement |
|---|---|--|---|
| a | <i>[Programming Note: Populate from responses provided in question 40.]</i> | 0  | 0   |
| b | <i>etc.</i>   | 0  | 0   |

*[Programming note: If 'No' to question 14 → Go to 43]*

**42. Does your DVHT project provide DVHT Program funds to the partners listed below?**

|   | Organization Name   | Yes, receives DVHT project funds | No, <u>does not</u> receive DVHT project funds |
|---|---|----------------------------------|--|
| a | <i>[Programming Note: Populate from responses provided in question 40.]</i> | 0                                | 0  |
| b | <i>etc.</i>   | 0                                | 0  |

**43. How much does your partnership with each of the partners listed below impact the success of your DVHT project?**

|   | Organization Name   | Not at all | Somewhat | A lot |
|---|---|------------|----------|-------|
| a | <i>[Programming Note: Populate from responses provided in question 40.]</i> | 0          | 0        | 0     |
| b | <i>etc.</i>   | 0          | 0        | 0     |

**INTEGRATION OF SURVIVORS IN SERVICE DEVELOPMENT AND DELIVERY**

**44. What strategies does your DVHT project use to engage trafficking survivors in program development and/or service delivery?**

**My DVHT project provides opportunities for survivors to...**

|   |  | <b>Yes</b> | <b>No</b> |
|---|--|------------|-----------|
| a | Offer guidance on program design   | 0          | 0         |
| b | Offer guidance on program implementation   | 0          | 0         |
| c | Offer guidance on program/organizational protocols or policies   | 0          | 0         |
| d | Lead aspects of program design or implementation   | 0          | 0         |
| e | Mentor clients   | 0          | 0         |
| f | Lead/facilitate support groups or classes  | 0          | 0         |
| g | Conduct or co-lead staff or community training   | 0          | 0         |
| h | Conduct client-level outreach  | 0          | 0         |
| i | Offer guidance on additional services or potential partners that would be helpful to the mission of the organization | 0          | 0         |

**45. Do trafficking survivors currently fill any of the following positions in your DVHT project?**

|   |  | <b>Yes</b> | <b>No</b> |
|---|--|------------|-----------|
| a | Program or organizational leadership   | 0          | 0         |
| b | Case manager                           | 0          | 0         |
| c | Direct service provider                | 0          | 0         |
| d | Peer mentor                            | 0          | 0         |
| e | Support group leader                   | 0          | 0         |
| f | Advisory/task force board member       | 0          | 0         |
| g | Consultant                             | 0          | 0         |
| h | Other ( <i>please specify</i> ): _____ | 0          | 0         |

## DVHT PROJECT ACCOMPLISHMENTS

### 46. How successful would you say your DVHT project has been in carrying out the following activities?

|   |   | Not at all successful | Not very successful | Somewhat successful | Very successful | Extremely successful |
|---|---|-----------------------|---------------------|---------------------|-----------------|----------------------|
| a | Raising community awareness about human trafficking through outreach, training and technical assistance activities                        | 0                     | 0                   | 0                   | 0               | 0                    |
| b | Conducting client-level outreach activities   | 0                     | 0                   | 0                   | 0               | 0                    |
| c | Identifying individuals who have experienced <i>sex trafficking</i>   | 0                     | 0                   | 0                   | 0               | 0                    |
| d | Identifying individuals who have experienced <i>labor trafficking</i>   | 0                     | 0                   | 0                   | 0               | 0                    |
| e | Facilitating meaningful collaboration and coordination with and among community partners  | 0                     | 0                   | 0                   | 0               | 0                    |
| f | Establishing formal Memoranda of Understanding (MOU) to delineate partner roles and responsibilities and the sharing of project resources | 0                     | 0                   | 0                   | 0               | 0                    |
| g | Developing/expanding a comprehensive menu of services for domestic victims of human trafficking   | 0                     | 0                   | 0                   | 0               | 0                    |
| h | Providing victim-centered case management   | 0                     | 0                   | 0                   | 0               | 0                    |
| i | Establishing and following protocols for information sharing and client confidentiality   | 0                     | 0                   | 0                   | 0               | 0                    |
| j | Using the National Human Trafficking Hotline as a resource for victims  | 0                     | 0                   | 0                   | 0               | 0                    |
| l | Implementing and following guidelines or practice standards for service delivery  | 0                     | 0                   | 0                   | 0               | 0                    |
| m | Addressing the <i>mental health</i> treatment needs of victims  | 0                     | 0                   | 0                   | 0               | 0                    |
| n | Addressing the <i>substance use</i> treatment needs of victims  | 0                     | 0                   | 0                   | 0               | 0                    |
| o | Addressing the <i>short-term housing</i> and shelter needs of   | 0                     | 0                   | 0                   | 0               | 0                    |

|   |   | Not at all successful | Not very successful | Somewhat successful | Very successful | Extremely successful |
|---|---|-----------------------|---------------------|---------------------|-----------------|----------------------|
|   | victims   |                       |                     |                     |                 |                      |
| p | Addressing the <i>long-term housing</i> and shelter needs of victims      | 0                     | 0                   | 0                   | 0               | 0                    |
| q | Helping clients identify and achieve their goals                          | 0                     | 0                   | 0                   | 0               | 0                    |
| r | Integrating survivors into program development and service delivery roles | 0                     | 0                   | 0                   | 0               | 0                    |
| s | Helping adult survivors or their spouses gain paid employment             | 0                     | 0                   | 0                   | 0               | 0                    |

## ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS [PART B]

### 47. Which of the following best describes your organization?

Please choose one.

- Government agency (federal, state, or local) [[→ Go to A](#)]
- Non-profit or faith-based entity [[→ Go to B](#)]
- Educational institution [[→ Go to C](#)]
- For-profit entity [[→ Go to D](#)]

#### A. Government agency

##### a. At what level of government do you primarily work?

- Federal
- State
- County/city/local
- Tribal government

##### b. Which designation best describes your government agency?

- Public health
- Child welfare
- Law enforcement
- Judicial (courts, prosecution, public defender)
- Juvenile justice/adult corrections/supervision
- Multi-agency (e.g., task forces, response teams, etc.)
- Other government agency (please specify): \_\_\_\_\_

#### B. Non-profit or faith-based entity

##### a. Which designation best describes your organization?

- Medical facility (hospital, clinic, etc.)

- Mental health services
- Substance use treatment center
- Justice or legal center
- Adult/family homeless shelter/organization
- Youth homeless shelter/organization
- Other youth/child services organization
- Domestic violence, sexual assault, family violence shelter/organization
- General social services and case management
- Refugee and immigrant organization
- Other (please specify): \_\_\_\_\_

**b. Is your organization faith-based?**

- Yes
- No

**C. Educational institution**

**a. At what level of education do you primarily work?**

- College/university
- K-12
- Other (please specify): \_\_\_\_\_

**b. Which designation best describes your organization?**

- Law enforcement/campus security
- Physical health program
- Mental health program
- Victim services or advocacy group
- Campus disciplinary or student conduct body
- Other (please specify): \_\_\_\_\_

**c. Is your organization faith-based?**

- Yes
- No

**D. For-profit entity**

**a. Which designation best describes your company?**

- Medical facility (hospital, clinic, etc.)
- Private counseling service or other mental health care provider
- Private law office/legal firm
- Other (please specify): \_\_\_\_\_

**48. Did your organization serve victims of human trafficking before your current DVHT project?**

*Check one.*

- Yes, foreign national victims
- Yes, domestic victims

- Yes, foreign national and domestic victims
- No

49. Did you have experience working with victims of human trafficking before your current DVHT project? *Check one.*

- Yes, foreign victims
- Yes, domestic victims
- Yes, foreign and domestic victims
- No

50. Do you have experience providing services to or working with any of the following populations? *Check all that apply.*

- Victims of domestic violence/dating violence
- Victims of rape/sexual assault (*adult*)
- Child victims of physical abuse or neglect
- Child victims of sexual abuse/assault
- Justice-involved youth/adults
- Homeless youth/adults
- Other (*please specify*): \_\_\_\_\_

51. What is the highest degree or level of school you have completed? *Please select one.*

- Grade 1 through 11 [[→ Go to 51a](#)]

51a. Please specify grade 1 - 11 \_\_\_\_\_

- 12th grade - NO DIPLOMA

#### HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

#### COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS, BSW)

#### AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA, MPH)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Thank you for your participation! We appreciate your time to complete this survey. [[END SURVEY](#)]