

**Appendix A-2:
Partner Survey**

OMB No. 0970-0487

Expiration Date: XX/XX/20XX

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

Partner Survey

Introduction

Thank you for taking the time to complete the Partner Survey for the Evaluation of the Domestic Victims of Human Trafficking (DVHT) Program.

[GRANTEE ORGANIZATION] was awarded a cooperative agreement in 2016 by the Administration for Children and Families (ACF) to carry out activities under the DVHT Program. The DVHT Program aims to build, expand, and sustain organizational and community capacity to deliver trauma-informed, strength-based, and victim-centered services for domestic victims of severe forms of human trafficking. You are receiving this survey because you were identified by [GRANTEE ORGANIZATION] as a community partner to its DVHT Program project, [DVHT PROJECT NAME].

This survey asks about your organization and organizational practices, your partnership with [GRANTEE ORGANIZATION], and your perspectives on the DVHT project's successes and challenges. This survey will take about 15 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 the DVHT project you partner with by name.

This survey is part of the data collection for a cross-site evaluation that aims to (1) describe how DVHT projects approach and accomplish the goals of the DVHT Program and (2) inform ACF's 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, an independent, nonprofit scientific research and development institute.

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.

Thank you for your participation!

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

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.

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.

DVHT PROJECT STAFF AND BUDGET

1. **Would you describe your organization’s partnership with [GRANTEE ORGANIZATION], related to the DVHT project as a formal or informal partnership?**
 - Formal partnership (e.g., an agreement is in place such as a Memorandum of Understanding, your organization receives DVHT project funding)
 - Informal partnership

2. **Does your organization have a Memorandum of Understanding (MOU) or another formal agreement with [GRANTEE ORGANIZATION] related to the DVHT project?**
 - Yes
 - No
 - Don’t know

3. **Does your organization receive DVHT Program funding from the DVHT project?**
 - Yes
 - No [-> Go to 5]
 - Don’t know [-> Go to 5]

4. **How does your organization use the DVHT Program funding it receives?**
Check all that apply.
 - Staff position(s)
 - Direct client services
 - Community outreach and awareness activities
 - Other (please specify): _____

5. **In the past 12 months, how often have you or staff from your organization interacted with [GRANTEE ORGANIZATION] staff about the DVHT project?**
 - Never
 - Rarely
 - Occasionally
 - Often
 - Very frequently

PARTNERSHIP [1]

6. **In what ways has your organization participated in the DVHT project over the past 12 months?**

Has your organization ...

		Yes	No	Don’t know
a	Provided case management to DVHT project clients?	0	0	0

		Yes	No	Don't know
b	Provided direct services to trafficking victims?	0	0	0
c	Referred potential victims of human trafficking to the DVHT project?	0	0	0
d	Conducted outreach to identify and engage potential victims?	0	0	0
e	Conducted training or community awareness activities?	0	0	0
f	Participated in a DVHT project partnership meeting?	0	0	0

7. **What other ways not listed above has your organization participated in the DVHT project over the past 12 months?**

[Programming note: If 'Yes' to 6a → Go to 8]

DVHT PROJECT STAFF AND BUDGET

8. **How many case managers in your organization work with DVHT project clients?**

---- [Programming note: Text entered should be a number from 0-99.]

[Programming note: If 'Yes' to 6b → Go to 9]

SERVICE AVAILABILITY

9. **Which of the following services and resources does your organization offer to DVHT project clients?**

		Yes, my organization offers this service	No, my organization does <u>not</u> offer this service
a	Basic needs / Personal items <i>Material goods or support to obtain goods including but not limited to food, clothing, toiletries</i>	0	0
b	Child care	0	0
c	Crisis intervention <i>Short-term immediate help</i>	0	0
d	Education <i>Includes but is not limited to literacy, GED assistance, school enrollment</i>	0	0
e	Employment <i>Includes but is not limited to employment assistance, job training, vocational services</i>	0	0
f	Family reunification	0	0

g	Financial assistance <i>All types of money given to the client including phone, gas, and gift cards; does not include transportation</i>	0	0
h	Short-term housing	0	0
i	Long-term housing	0	0
j	Legal <i>Services to address legal needs, including information from or representation by civil attorneys and prosecutors</i>	0	0
k	Victim advocacy <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
l	Life skills training/support <i>Services to help clients achieve self-sufficiency; includes but not limited to managing personal finances, self-care</i>	0	0
m	Public benefits <i>Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program [SNAP] and Women Infants and Children [WIC])</i>	0	0
n	Religious/spiritual	0	0
o	Safety planning <i>Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards</i>	0	0
p	Substance use <i>Services to address alcohol and/or chemical dependency; includes assessment and treatment</i>	0	0
q	Mental health <i>Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups</i>	0	0
r	Reproductive/sexual health <i>Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)</i>	0	0
s	Other Medical	0	0
t	Dental	0	0
u	Vision	0	0
v	Support (individual and group) <i>Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group</i>	0	0
w	Transportation	0	0
x	Other type of service/resource (please specify):	0	0
y	Other type of service/resource (please specify):	0	0

[Programming note: If 'Yes' to 6a or 6b → Go to 10]

PROGRAM ENTRY / REFERRALS [1]

10. In the past 12 months, how often has your organization received client referrals from [GRANTEE ORGANIZATION] or another DVHT project partner to provide services to DVHT project clients?

- Never
- Rarely
- Occasionally
- Often
- Very frequently
- Don't know

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

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

- Yes
- No
- Don't know

[Programming note: If 'Yes' to 6a or 6b → Go to 12]

TRAUMA-INFORMED CARE

12. 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	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

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
j	Provides age-appropriate services.	0	0	0	0	0
k	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 their path to economic independence.	0	0	0	0	0

[Programming note: If "Yes" to 6c → Go to 13]

PROGRAM ENTRY / REFERRALS [2]

13. In the past 12 months, how often has your organization referred potential victims of human trafficking to the DVHT project?

- Never
- Rarely
- Occasionally
- Often
- Very frequently
- Don't know

[Programming note: If "Yes" to 6d → Go to 14]

OUTREACH AND COMMUNITY AWARENESS

14. Please briefly describe the outreach you have conducted as part of the DVHT project to identify and engage potential victims.

[Programming note: If "Yes" to 6e → Go to 15]

15. Please briefly describe the training or community awareness activities you have conducted as part of the DVHT project.

[Programming note: If "Yes" to 6f → Go to 16 and 17]

PARTNERSHIP [2]

16. In the past 12 months, how many times have you or a representative from your organization participated in a DVHT project partnership meeting?

- Never
- Once
- 2-5 times
- 6-10 times
- 11 or more times

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

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	DVHT project meetings are productive.	0	0	0	0	0
b	DVHT project meetings are positive and collaborative.	0	0	0	0	0
c	DVHT project meetings resulted in improvements to victim identification or assistance	0	0	0	0	0

PARTNERSHIP [3]

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

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	There is at least one consistent point of contact at [GRANTEE ORGANIZATION] that we communicate with regarding our work on the DVHT project.	0	0	0	0	0
b	DVHT program staff at [GRANTEE ORGANIZATION] understands my organization and what services we can provide.	0	0	0	0	0
c	In our partnership with [GRANTEE ORGANIZATION], we deal with conflict in a positive way.	0	0	0	0	0
d	Our role in the DVHT project is clear to my organization.	0	0	0	0	0
e	When we have questions about the DVHT program or our role, we are able to get answers within 2 business days.	0	0	0	0	0
f	My organization's partnership with [GRANTEE ORGANIZATION] is collaborative.	0	0	0	0	0
g	My organization's partnership with [GRANTEE ORGANIZATION] is effective.	0	0	0	0	0
h	My organization's participation in the DVHT project reflects the values, goals, and mission of my organization.	0	0	0	0	0
i	My organization's collaboration with [GRANTEE ORGANIZATION] is important to the success of the DVHT project.	0	0	0	0	0
j	Because of our involvement in the DVHT project, my organization has increased our understanding of human trafficking and how to serve trafficking victims.	0	0	0	0	0
k	Because of our involvement in the DVHT project, my organization's relationship with [GRANTEE ORGANIZATION] has expanded.	0	0	0	0	0
l	Our agency would be likely to partner with [GRANTEE ORGANIZATION] on future projects related to human trafficking.	0	0	0	0	0

DVHT PROJECT ACCOMPLISHMENTS

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

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

		Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful	Don't know
	housing and shelter needs of victims						
q	Helping clients identify and achieve their goals	0	0	0	0	0	0
r	Integrating survivors into program development and service delivery roles	0	0	0	0	0	0
s	Helping adult survivors or their spouses gain paid employment	0	0	0	0	0	0

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS

20. 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): _____

21. Where is your organization located? *If your organization has more than one location, please fill in the location that works most closely with the DVHT project.*

City: _____ State: _____

22. Did your organization serve victims of human trafficking before your organization's involvement in the DVHT project? *Check one.*

- Yes, foreign national victims
- Yes, domestic victims

- Yes, foreign national and domestic victims
- No
- Don't know

23. Do you or other staff at 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 the DVHT project?

- Yes
- No
- Don't know

24. Do you work with other anti-trafficking organizations in the community?

- Yes
- No
- Don't know

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

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

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

- Full-time
- Part-time

27. Which best represents your role at your current organization? Please check one.

- Executive Director /Administrator
- Program Director
- Case Manager
- Social Worker
- Advocate
- Substance Use Counselor
- Lawyer
- Law Enforcement Officer
- Local Elected Official (city councilperson, county commissioner, etc.)
- Mentor/Peer Counselor
- Other (*please specify*): _____

28. How long have you been in this role?

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

29. Is your position a supervisory position?

- Yes
- No

30. Is there anything else that you would like to share about the DVHT project?

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