

Evaluation of the Domestic Victims of Human Trafficking Program

Supporting Statement A

Additional Information Collection Request

OMB No. 0970-0487

August 2018

Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
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OVERVIEW

- **Status of study:**
 - This data collection is part of an ongoing evaluation of the Domestic Victims of Human Trafficking (DVHT) Program. RTI collected data from the three FY 2015 DVHT demonstration projects under a prior Information Collection Request (OMB 0970-0487), the purpose of which was to describe how the projects met the goals of the DVHT Demonstration Program (described in Section A.2.1). All data collection approved for the study of the FY 2015 DVHT demonstration projects was completed in October 2017.
 - The purpose of the current request is to collect new information from the 13 FY 2016 DVHT Program awardees. It builds on the FY 2015 DVHT study to further the field’s understanding of promising service delivery strategies to meet the needs of domestic victims of human trafficking. The current study will expand on the previous evaluation by examining short- and long-term housing solutions, mental health and substance use treatment services, and survivor engagement; and describing service models implemented in various community and organizational contexts.
 - See section A.1.1 for the study background, A.2.1 for a more detailed overview of purpose and approach, A.2.2 for evaluation questions, A.2.3 for study design, including data collection methods, and Appendices A-1 through A-7 for data collection instruments.
- **What is being evaluated (program and context) and measured:**
 - This evaluation is of the 13 DVHT Program awardees that received 3-year cooperative agreements in FY 2016 from the Administration for Children and Families’ Office of Trafficking in Persons. The study will use qualitative and quantitative data to describe the 13 DVHT projects’ service models and how the projects met the DVHT Program objectives (see Section A.2.1). The study’s evaluation questions are in Section A.2.2.
- **Type of study:**
 - This evaluation is a process evaluation and descriptive in nature.
- **Utility of the information collection:**
 - The need to better understand provision of human trafficking services is great. Little is known about “promising practices” for human trafficking services in the United States. This evaluation will increase the field’s understanding of strategies to provide services to this critical population.
 - Consistent with ACF’s goals and evaluation policy, information from the evaluation will assist federal, state, and community policymakers, funders, and practitioners to make

decisions about future intervention and prevention approaches to address domestic human trafficking, as well as inform the refinement of future evaluation strategies.

A. JUSTIFICATION

A.1 Necessity for the Data Collection

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval for data collection as a component of a 3-year evaluation of 13 projects funded in fiscal year (FY) 2016 under the Domestic Victims of Human Trafficking (DVHT) Program. To achieve the goals of the evaluation, the evaluation team (RTI International) will collect data through surveys with project directors, case managers, and project partners; telephone interviews with project directors; and in-person interviews with program staff, partners, and program clients during site visits to a subset of 8 project sites. This data collection builds on a previously approved evaluation of the FY 2015 DVHT demonstration grants (OMB 0970-0487).

A.1.1 Study Background

In 2015, ACF's Family and Youth Services Bureau (FYSB) awarded three cooperative agreements to implement demonstration projects to improve services for domestic victims of human trafficking. The intent of the demonstration program is to improve organizational and community capacity to deliver trauma-informed, culturally relevant services for domestic victims of severe forms of human trafficking through coordinated case management, a system of referrals, and the formation of community partnerships.^{1,2} RTI collected data for the evaluation of the FY 2015 DVHT demonstration projects under a prior Information Collection Request (OMB 0970-0487). The data collection included interviews with project and partner agency staff; case narrative interviews with case managers; interviews with clients; informal observations of project and partner team meetings; and review of documents supplied by projects. All data collection approved for FY 2015 DVHT is complete.

In 2016, ACF's Office of Trafficking in Persons (OTIP), in conjunction with FYSB, awarded 13 new cooperative agreements to expand existing projects or develop new initiatives for increasing outreach and identifying domestic victims of severe forms of human trafficking; and providing case management, trauma-informed direct services and assistance, and referrals to domestic trafficking victims through a collaborative, multi-disciplinary network of partners.³ The goals of the current cross-site process evaluation are to describe the ways in which projects achieve the goals of the DVHT Program and examine the various program models that projects develop to serve victims of human trafficking. Evaluation questions are focused on understanding projects' organizational and service delivery models; project implementation, including partnership and collaboration development, services offered and received by victims, and strategies to identify and engage survivors; ways projects define and monitor

program successes and outcomes; and implementation challenges, achievements, and lessons learned. Evaluation findings will offer guidance to federal, state, and community-level policymakers, funders, and practitioners for making decisions about future program models to serve domestic victims of human trafficking; produce valuable information about service delivery strategies for practitioners; as well as help inform evaluation strategies for future programs that serve trafficking victims.

In 2000, Congress passed, and the President signed into law, the Trafficking Victims Protection Act (TVPA) of 2000 (22 U.S.C. §7101 et. seq.). The TVPA was reauthorized in 2003, 2005, 2008, and 2013. The TVPA established human trafficking as a federal crime and mobilized U.S. government agencies to wage a global anti-trafficking campaign, through prosecuting of traffickers, protecting victims, and preventing human trafficking. The *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017*⁴ defines the role of each federal agency in these efforts. The Justice for Victims of Trafficking Act of 2015 amended the TVPA to make available grant funds for domestic victims of human trafficking.

Human trafficking is a form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against his/her will.⁵ Estimates of the extent of domestic human trafficking range from 20,000 to 3 million victims in the United States, although prevalence estimates are plagued with problems of small sample sizes, single-area studies, and dependence on service providers to identify trafficking victims.^{6,7} A broad review of literature on human trafficking in the United States concluded that most of what is known focuses on international sex trafficking, with much less attention to domestic trafficking.⁸ Research also focuses largely on sex trafficking and, within sex trafficking, on females, particularly child victims. However, advocates have estimated that boys may be exploited in numbers nearly equal to girls.⁹ Available evidence on the extent of domestic labor trafficking is largely anecdotal, with little systematic research on its prevalence and nature.

Risk factors for human trafficking include childhood victimization (child abuse or neglect, dating violence, or rape), homelessness and running away, and drug abuse.^{10,11} The impact of trafficking on its victims is pervasive and long lasting, and victims' trauma is partly the result of the everyday violence they face. Pimp-related violence is the most well-known, although violence comes from other sources as well, including customers, others working for the pimp, the public, and law enforcement.^{12,13} Violence is also common among labor victims, against whom job managers and "bosses" may use violence to keep victims working. Sexually exploited or trafficked youth are at substantial risk of sexually transmitted diseases, including HIV/AIDS. The social and emotional risks are also significant, with studies reporting disproportionate levels of mental illness.¹⁴

The need to better understand provision of services is great. Service delivery for domestic victims of human trafficking is complicated by the hidden nature of the crime when victims are runaways or homeless; are identified as prostitutes; are not recognized as being trafficked; or do not disclose their exploitation because of fear of their exploiter, shame, or embarrassment.¹⁵ Many of the service needs that have been identified for trafficking victims emerged from work with vulnerable populations most likely to be trafficked, but little evidence exists on “best” or “promising” models or practices specifically for domestic victims of human trafficking. The proposed data collection will increase the field’s understanding of strategies to provide services to this critical population.

A.1.2 Legal or Administrative Requirements that Necessitate the Collection

There are no legal or administrative requirements that necessitate the collection. ACF is undertaking the collection at the discretion of the agency.

A.2 Purpose of Survey and Data Collection Procedures

A.2.1 Overview of Purpose and Approach

Previously Approved

As noted in section **A.1**, RTI conducted data collection for the cross-site process evaluation of the FY 2015 DVHT demonstration projects under a prior Information Collection Request (OMB 0970-0487), the purpose of which was to describe how the three demonstration projects met the goals of the DVHT Demonstration Program to build community capacity to address trafficking and identify and provide services to domestic victims of sex and labor trafficking. The evaluation explored four domains: community and organizational capacity; partnership composition and functioning; comprehensive victim-centered services; and survivor characteristics, experiences, and progress toward proximal outcomes. Data were collected through in-person interviews with project staff, partner agency staff, and clients; case narrative interviews with case managers; informal observations of project and partner team meetings; and a review of documents supplied by projects. All data collection approved for FY 2015 DVHT was completed in October 2017. The data provided valuable information about the experiences of the three demonstration projects, the individuals they served, and approaches they used to enhance organizational and community capacity, identify domestic victims of human trafficking, and meet victims’ needs through the delivery of case management and direct services. However, the findings are limited to three unique demonstration projects and are not generalizable to all survivors of human trafficking nor to all service programs for trafficking victims.

Current Request

The purpose of the current request is to collect new information, through a cross-site process evaluation, of 13 different projects across the United States awarded 3-year cooperative agreements in FY 2016 to serve domestic victims of human trafficking. It builds on the FY 2015 DVHT study to further the field's understanding of promising service delivery strategies to meet the needs of domestic victims of human trafficking and the populations engaging in services. Specifically, this evaluation will assess and document the DVHT projects' approaches to addressing the following DVHT Program objectives:

- (1) conduct community assessments to build capacity, create partnerships, and deliver comprehensive services to victims;
- (2) develop, strengthen, and expand comprehensive victim-centered services and case management at the community level;
- (3) address short- and long-term housing needs of victims;
- (4) identify, provide, or refer victims to mental health and substance use treatment services and
- (5) integrate survivor engagement in case management and service delivery strategies.

In addition to addressing the DVHT Program objectives, the evaluation design focuses on describing the service models implemented by projects in various community and organizational contexts (e.g., stand-alone, trafficking-specific programs versus integrated programs), including their relative challenges and strengths; clients' perspectives on service engagement and receipt; projects' successes, challenges, lessons learned; and promising practices for the field. Consistent with ACF's goals and evaluation policy,¹ information from the evaluation will assist federal, state, and community policymakers, funders, and practitioners to make decisions about future intervention and prevention approaches to address domestic human trafficking, as well as inform the refinement of future evaluation strategies.

A.2.2 Research Questions

The evaluation questions are organized by the following domains: program models; partnership and collaboration; service delivery, with a focus on housing, mental health and substance abuse treatment, and integrating human trafficking survivors in service development and delivery; and program success. Specific evaluation questions address each of these domains (see Table **A.2.1**). A detailed description of the study design and data collection methodology can be found in section **A.2.3**. Data collection will commence after receipt of OMB approval and is expected to continue through March 2020.

¹ The ACF evaluation policy was published in the Federal Register on August 29, 2014: 79 FR 51574 (Aug. 29, 2014).

Table A.2.1. Evaluation Questions

Program Models

1. What are the challenges and strengths of both stand-alone and integrated models in achieving program outputs? [new programs]
2. What are the relative strengths of stand-alone and integrated models in delivering services that are comprehensive, trauma informed, and culturally competent? [experienced programs]
3. How do DVHT projects to address the goals of the DVHT Program (identifying victims, expanding collaborations, and providing services) within their community context?

Partnership and Collaboration

4. How do grantees and partners work together to increase outreach and awareness of human trafficking, identify victims, and serve victims?
5. What are the areas of collaboration between grantees and partners?
 - a. Who are the partners and what are their roles?
 - b. Which organization leads?
 - c. What is the nature and quality of the partnerships?
 - d. What is the criteria for identifying potential partners?

Service Delivery

6. What strategies do grantees use to identify and serve clients in outreach, case management and other direct services?
7. How do grantees provide or utilize trauma-informed, victim-centered approaches to identify and serve victims?
 - a. How do project staff and partners define trauma-informed, victim-centered care for trafficking victims?
 - b. Which trauma-informed interventions and approaches do projects use?
 - c. What challenges and obstacles to implementation of trauma-informed approaches do projects encounter?
8. What innovative approaches do DVHT projects implement to identify victims and meet victims' needs?
 - a. To what extent do grantees describe strategies as working well? What strategies have grantees found to be less effective?
9. To what extent do grantees report that they could meet victims' needs?
 - a. Which services do grantees identify as needed for survivors of HT?
 - b. What services did DVHT projects provide to victims?
 - c. How do the types of services provided to DVHT vary across different types of agencies delivering the services?
 - d. What types of organizations are best suited to respond to the needs of domestic trafficking victims?
10. What standards of care do grantees and partners utilize?
 - a. What qualifications (education, skills, experience, and attributes) do DVHT program staff have and need?
 - b. What types of training and continuing education is offered to staff? What services did DVHT projects provide to victims?

Service Delivery: Special Topics

Housing Services

11. How do grantees address victims' immediate and long-term housing needs?

12. What strategies, innovative approaches do grantees employ?
13. With whom do grantees develop multi-disciplinary partnerships?
 - a. What kind of agency partnerships is it important to develop to support housing needs of victims?
14. How do grantees offer housing supports that are trauma-informed and meet the unique needs of HT victims?
15. What challenges do grantees encounter and how do they address them?
 - a. How do they address challenges encountered?
16. To what degree do grantees report that they are able to meet victims' housing needs?
 - a. Which needs are they least able to meet?

Survivor Engagement

17. How do grantees define "survivor engagement"?
18. To what extent do grantees report they engage and integrate survivors in program development and service delivery?
 - a. In what ways are survivors involved in DVHT program development and service delivery?
19. What processes do grantees use to recruit, screen hire, train, and support survivors to be involved in service delivery?
 - a. Do projects use a screening tool to vet survivors?
 - b. Are survivors compensated for their time or do they serve as volunteers or both?
20. What are the characteristics of survivors who are engaged in DVHT projects?
21. What factors influence survivors' interest in and readiness to engage as peer leaders?
22. In what ways is survivor engagement beneficial in achieving organizational goals and objectives?
23. What are the barriers to survivor engagement?
 - a. How do survivors and grantee/partner staff address these barriers?
 - b. Are there any negative implications in using survivors in program development and service delivery?

Mental Health/Substance Abuse Treatment

24. How do projects address victims' needs related to mental health and substance use?

Program Success

25. How do grantees define and assess "success" with regard to:
 - a. victim identification
 - b. case management and comprehensive, coordinated service delivery
 - c. trauma-informed care (adoption of principles and practices that promote a culture of safety, empowerment, and healing)
 - d. client progress and success
 - e. partnerships
 - f. community awareness
 26. Which program elements do grantees define as most successful? Least successful?
 - a. What factors do grantees and partners identify as affecting success?
 27. To what extent do survivors served by DVHT programs experience positive outcomes in domains of safety, well-being, social connectedness and self-sufficiency?
 - a. What are the characteristics of survivors who are most likely to experience positive outcomes in different domains?
-

A.2.3 Study Design

Data Collection

Data collection will begin after the study team receives OMB approval and run through March 2020 (approximately two years). The study instruments are designed to collect data that are responsive to these new evaluation questions and topics of interest. Furthermore, to facilitate efficient collection of data (i.e., lower cost and less respondent burden) across the 13 FY16 project sites, data will be collected through Web-based surveys with project directors, case managers, and project partners (all 13 sites); telephone interviews (during site visits) with project directors (all 13 sites); and in-person interviews with project staff, partners, survivor leaders (i.e., human trafficking survivors who are involved in service development and/or delivery), and clients in a subset of 8 project sites (see **Table A.2.2**). This mixed methods approach will allow the evaluation to collect quantitative data across all 13 grantees and their partners (via surveys), while the qualitative methodology (interviews) will enable the evaluation team to “unpack” the quantitative data and document the nuances of program models, client services, and gain insight into promising models and service delivery practices that have a positive impact on clients’ lives. The data will also enable the research team to conduct a comparative analysis of the DVHT projects, the results of which will help guide ACF’s future approaches to addressing domestic human trafficking.

The evaluation team will collect data through the following instruments:

- **Project director web-based survey (Appendix A-1)** includes questions about the DVHT project, DVHT project staff, partners, services offered to domestic trafficking victims, and service delivery strategies.
- **Partner web-based survey (Appendix A-2)** includes questions pertaining to the partners’ role, collaboration with the DVHT project lead organization, and perceptions of project achievements.
- **Case manager web-based survey (Appendix A-3)** includes questions about the case managers’ roles, case management activities, training received, trafficking clients’ service needs, and service delivery strategies.
- **Project director telephone interview #1 (Appendix A-4)** includes questions that will expand on the project directors’ survey responses to obtain more detailed information about each DVHT project.
- **Project director telephone interview #2 (Appendix A-5)** includes questions about the status of project implementation, changes (since the first interview), project successes and challenges, and lessons learned.
- **Site visit interview guide (Appendix A-6)** includes questions about how the project functions in practice; service implementation; ways in which projects utilize partnerships;

strategies projects use to engage survivor leaders, provide housing, and address mental health and substance use needs; project successes and challenges; and the lessons learned throughout project implementation.

- **Client interview guide (Appendix A-7)** includes questions about program entry, services received, and program aspects clients liked and aspects that could be improved.

At the start of instrument administration, all respondents will be informed that their participation in the data collection is completely voluntary and that they may decline to answer any question or end their involvement at any time. Case managers and program partners will receive an invitation to participate in their respective surveys by email (**Appendix A-8**). We will email up to three survey reminders (**Appendix A-9**) to potential survey respondents. We will also make follow-up reminder telephone calls to respondents who have not completed their survey (**Appendix A-10**). Phone and in-person interviews will be audio-recorded and transcribed with each respondent's consent. If a respondent declines to have their interview recorded, a note-taker will take notes in real-time. Additional data collection details are available in **Supporting Statement B, section B.2**.

Additionally, RTI will request existing project documents from each of the 13 DVHT projects to review. This will not impose any additional burden, as RTI will request existing program materials and not ask for the materials in any specific format. RTI will also request each of the 13 DVHT projects' ACF Performance Progress Reports (PPRs) from OTIP for review as they are available.

Analysis Plan

Quantitative Data Analysis

The quantitative data collected from the project director, case manager, and partner surveys will provide quantifiable information related to DVHT project models and operations, services offered and provided, project partnerships and collaboration, survivor engagement, and successes and challenges. Given the descriptive nature of the data, our quantitative analysis will primarily include descriptive statistics and cross tabulations to explore DVHT project characteristics by model type and expertise in providing services to domestic victims of human trafficking. Statisticians will use SAS software for quantitative data analysis.

Qualitative Data Analysis

The project director telephone interviews and site visit in-person interviews will provide descriptive answers to our evaluation questions. Therefore, our approach to qualitative analysis will be to use content analysis to summarize this descriptive qualitative data. Content analysis uses systematic methodology to code and analyze qualitative data.¹⁶ For the DVHT evaluation, we will develop a codebook of deductive codes (which will evolve to include additional inductive codes during the coding

process),² code the project director and site visit interviews, and generate and synthesize code reports. The code reports will be used to summarize findings and to draft text for our final report and other dissemination products.

Document review

RTI will design a simple abstraction template to be used to document relevant information contained in each document with respect to evaluation questions. The evaluation team will review each document and abstract key information that pertains to the evaluation questions. This information will be compiled in a qualitative database for easier retrieval.

Limitations and Strengths

This study is grounded in a process evaluation design and will focus on describing and comparing DVHT projects' models, strategies, services, and lessons learned. Because the sample will be a nonprobability-based purposeful sample, we cannot generalize our findings to other DVHT programs, models, or service providers.

Nevertheless, the proposed research approach will result in a deep understanding of the 13 DVHT projects and allow for comparative analysis of projects' service models service development and delivery strategies, and implementation approaches—a method that has not been used before with trafficking service programs. The resulting information will inform our understanding of promising practices for meeting the needs of domestic victims of human trafficking. The mixed methods research approach is designed to document comparable quantitative data across the 13 DVHT projects, coupled with nuanced qualitative information from telephone interviews with project directors and in-person interviews with project staff, partners, and clients (during site visits to a subset of project sites) that will help explain why and how the DVHT projects are being implemented within their organizational and community contexts. This study will serve as ongoing exploration of these issues and provide a foundation for future research related to understanding effective interventions for victims of human trafficking.

A.2.4 Universe of Data Collection Efforts

Table A.2.2 lists all data collection activities by the title used to describe the instrument throughout the entire package (which matches the file name of the instrument document) and in the same order as they are listed in the burden table in A.12. All instruments can be found in **Appendix A-1 through A-7**.

Table A.2.3 includes a cross-walk of how the instruments are connected to the research questions. Several of our research questions are answered through data collected from more than one

² “Deductive codes” are based on a set of research questions or hypotheses and “inductive codes” are based on emerging findings.

instrument. All instruments cited here have been developed by the RTI evaluation team; we have not taken questions from other surveys.

Table A.2.2. Data Collection Instruments and Description

Instrument	Description	Total Number of Respondents
Project Director Survey (A-1)	Survey designed to collect information about each DVHT project from the DVHT project directors.	13
Partner Agency Survey (A-2)	Survey designed to collect information about DVHT partner roles, services, and perspectives from DVHT partner staff.	260
Case Manager Survey (A-3)	Survey designed to collect information about case management services and strategies from DVHT project case managers who provide direct service to DVHT clients.	130
Project Director Interview #1 Guide (A-4)	Project director interview guide designed to be used to interview DVHT project directors by phone about the nuances of their DVHT project.	13
Project Director Interview #2 Guide (A-5)	Project director interview guide designed to be used to interview DVHT project directors by phone about the updates and changes made to their program since the first projector interview and to collect reflections and lessons learned about the overall project.	13
Site Visit Interview Guide (A-6)	Key informant interview guide designed to be used to interview multiple stakeholders (project directors, case managers, survivor leaders, partners, and other staff) of the DVHT projects during site visits.	120
Client Interview Guide (A-7)	Key informant interview guide designed to be used to interview clients of the DVHT projects during site visits.	40

Table A.2.3. Crosswalk of Research Questions and Instruments

Research Questions	Instrument/s
Project Models	
1. What are the challenges and strengths of both stand-alone and integrated models in achieving program outputs? [new programs]	<ul style="list-style-type: none"> • Project Director Survey, all sections • Project Director Interview Guide #1, all sections • Partner Survey, all sections • Case Manager Survey, all sections • Site Visit Interview Guide, all sections • Client Interview Guide, all sections • Project Director Interview Guide #2: all sections
2. What are the relative strengths of stand-alone and integrated models in delivering services that are comprehensive, trauma informed, and culturally competent? [experienced programs]	<ul style="list-style-type: none"> • Project Director Survey, all sections • Project Director Interview Guide #1, all sections • Partner Survey, all sections • Case Manager Survey, all sections • Site Visit Interview Guide, all sections • Client Interview Guide, all sections • Project Director Interview Guide #2: all sections
3. How do DVHT projects to address the goals of the DVHT Program (identifying victims, expanding collaborations, and providing services) within their community context?	<ul style="list-style-type: none"> • Project Director Survey, all sections • Project Director Interview Guide #1, all sections • Partner Survey, all sections • Case Manager Survey, all sections • Site Visit Interview Guide, all sections • Client Interview Guide, all sections • Project Director Interview Guide #2: all sections
Partnership and Collaboration	
4. How do grantees and partners work together to increase outreach and awareness of human trafficking, identify victims, and serve victims?	<ul style="list-style-type: none"> • Project Director Survey, sections: Case Management (part A), Program Entry/Referrals, Victim Identification/Screening and Assessment, Case Management (part B), Service Availability, Service Needs, Partnerships, DVHT Project Successes • Project Director Interview Guide, #1, sections: DVHT Project Staff and Budget; Partnerships; Outreach and Awareness; Victim Identification / Screening and Assessment; Service Delivery – Program Entry / Referrals; Service Delivery – Case Management; Service Needs, Availability, and Delivery; Service Delivery – Housing; Service Delivery – Mental Health Services; and Service Delivery – Trauma-Informed Care

Research Questions	Instrument/s
5. What are the areas of collaboration between grantees and partners? <ol style="list-style-type: none"> Who are the partners and what are their roles? Which organization leads? What is the nature and quality of the partnerships? What is the criteria for identifying potential partners? 	<ul style="list-style-type: none"> • Partner Survey, all sections • Case Manager Survey, all sections • Site Visit Interview Guide: all sections • Project Director Interview Guide, #2, sections: Partnerships, Program Entry / Referrals, Service Needs and Availability, Housing, Mental Health Services, Trauma-Informed Care, and Lessons Learned <hr/> <ul style="list-style-type: none"> • Project Director Survey, sections: Service Availability, Service Needs, Partnerships, and DVHT Project Accomplishments • Project Director Interview Guide, #1, sections: DVHT Project Staff and Budget; Partnerships; Outreach and Awareness; Victim Identification / Screening and Assessment; Service Delivery – Program Entry / Referrals; Service Delivery – Case Management; Service Needs, Availability, and Delivery; Service Delivery – Housing; Service Delivery – Mental Health Services; and Service Delivery – Trauma-Informed Care • Partner Survey, all sections • Case Manager Survey, all sections • Site Visit Interview Guide, sections: Partnerships and all sections asked of Partners • Project Director Interview Guide, #2, sections: Partnerships, Program Entry / Referrals, Service Needs and Availability, Housing, Mental Health Services, Trauma-Informed Care, and Lessons Learned
Service Delivery	
6. What strategies do grantees use to identify and serve clients in outreach, case management, and other direct services?	<ul style="list-style-type: none"> • Project Director Survey, sections: Case Management (part A), Program Entry/Referrals, Victim Identification/Screening and Assessment, Case Management (part B), Service Availability, Service Needs, Integration of Survivors in Service Development and Delivery, DVHT Project Accomplishments • Project Director Interview Guide #1, sections: Target Population; Outreach and Awareness; Victim Identification / Screening and Assessment; Service Delivery – Case Management; Service Delivery – Service Needs, Availability, and Delivery; Service Delivery – Housing; Service Delivery – Mental Health Services; and Service Delivery – Trauma-Informed Care • Partner Survey, sections: Partnership, Service Availability, Program Entry / Referrals, Victim Identification / Screening and Assessment, Outreach and Community Awareness, and DVHT Project Accomplishments • Case Manager Survey, all sections • Site Visit Interview Guide, sections: Outreach and Community Awareness; Victim Identification / Screening and Assessment; Service Delivery; Case Management; Service Needs, Availability, and Delivery; Trauma-Informed Care; Housing; Mental Health Services; Integration of Survivors in

Research Questions	Instrument/s
	<p><i>Service Development and Delivery; and DVHT Project Accomplishments / Success</i></p> <ul style="list-style-type: none"> • Client Interview Guide, sections: <i>Program Entry; Program Engagement; and Comprehensive, Victim-Centered Services</i> • Project Direct Interview Guide, #2, sections: <i>Victim Identification / Screening and Assessment; Program Entry / Referrals; Case Management; Service Needs, Availability, and Delivery; Housing; Mental Health Services; Trauma-Informed Care; Integration of Survivors in Service Development and Delivery; Success; and Lessons Learned</i>
<p>7. How do grantees provide or utilize trauma-informed, victim-centered approaches to identify and serve victims?</p> <p>a. How do project staff and partners define trauma-informed, victim-centered care for trafficking victims?</p> <p>b. Which trauma-informed interventions and approaches do projects use?</p> <p>c. What challenges and obstacles to implementation of trauma-informed approaches do projects encounter?</p>	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Trauma-Informed Care; Staff Qualifications, Training, and Standards of Care; Integration of Survivors in Service Development and Delivery, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, sections: <i>Target Population; Outreach and Awareness; Victim Identification / Screening and Assessment; Service Delivery – Case Management; Service Delivery – Housing; Service Delivery – Mental Health Services; Service Delivery – Trauma-Informed Care; and Staff Qualifications, Training, and Standards of Care</i> • Partner Survey, sections: <i>Trauma-Informed Care, and DVHT Project Accomplishments</i> • Case Manager Survey, sections: <i>Trauma-Informed Care; Staff Qualifications, Training, and Standards of Care; and DVHT Project Accomplishments</i> • Site Visit Interview Guide, sections: <i>Outreach and Community Awareness; Victim Identification / Screening and Assessment; Service Delivery; Case Management; Service Needs, Availability, and Delivery; Trauma-Informed Care; Housing; Staff Qualifications, Training, and Standards of Care; and DVHT Project Accomplishments / Success</i> • Client Interview Guide, all sections • Project Director Interview Guide, #2, sections: <i>Implementation Status, and Trauma-Informed Care</i>
<p>8. What innovative approaches do DVHT projects implement to identify victims and meet victims' need?</p> <p>a. To what extent do grantees describe strategies as working well? What strategies have grantees found to be less effective?</p>	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Case Management (part A), Program Entry / Referrals, Victim Identification / Screening and Assessment, Case Management (part B), Service Availability, Service Needs, Integration of Survivors in Service Development and Delivery, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, sections: <i>Outreach and Awareness; Victim Identification / Screening and Assessment; Service Delivery – Case Management; Service Delivery – Service Needs, Availability, and Delivery; Service Delivery – Housing; and Service Delivery – Mental Health Services</i> • Partner Survey, section: <i>Service Availability</i> • Case Manager Survey, sections: <i>Program Entry/Referrals, Victim Identification/ Screening and Assessment, Case Management, Service Availability, Service Needs, and DVHT Project Accomplishments</i>

Research Questions	Instrument/s
	<ul style="list-style-type: none"> • Site Visit Interview Guide, sections: <i>Outreach and Community Awareness; Victim Identification / Screening and Assessment; Service Delivery; Case Management; Service Needs, Availability, and Delivery; Housing; Mental Health Services; Integration of Survivors in Service Development and Delivery; and DVHT Project Accomplishments / Success</i> • Client Interview Guide, sections: <i>Program Entry; Program Engagement; Comprehensive, Victim-Centered Services; Program Strengths and Weaknesses; and Survivor Engagement</i> • Project Director Interview Guide #2, sections: <i>Outreach and Awareness; Victim Identification / Screening and Assessment; Program Entry / Referrals; Service Needs, Availability, and Delivery; Housing; Mental Health Services; Integration of Survivors in Service Development and Delivery; Success; and Lessons Learned</i>
<p>9. To what extent do grantees report that they could meet victims' needs?</p> <p>a. Which services do grantees identify as needed for survivors of human trafficking?</p> <p>b. What services did DVHT projects provide to victims?</p> <p>c. How do the types of services provided to victims vary across different types of agencies delivering the services?</p> <p>d. What types of organizations are best suited to respond to the needs of domestic trafficking victims?</p>	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>all sections</i> • Project Director Interview Guide #1, all sections • Partner Survey, sections: <i>DVHT Staff and Budget, Service Availability, Program Entry / Referrals, Victim Identification / Screening and Assessment, Trauma-Informed Care, Outreach and Community Awareness, DVHT Project Accomplishments, and Organizational and Respondent Characteristics</i> • Case Manager Survey, all sections • Site Visit Interview Guide, all sections • Client Interview Guide, sections: <i>Program Entry; Program Engagement; Comprehensive, Victim-Centered Services; and Program Strengths and Weaknesses</i> • Project Director Interview Guide #2, all sections
<p>10. What standards of care do grantees and partners utilize?</p> <p>a. What qualifications (education, skills, experience, and attributes) do DVHT program staff have and need?</p> <p>b. What types of training and continuing education is offered to staff?</p>	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Staff Qualifications, Training, and Standards of Care</i> • Project Director Interview Guide #1, section: <i>Staff Qualifications, Training, and Standards of Care</i> • Case Manager Survey, sections: <i>Staff Qualifications, Training, and Standards of Care</i> • Site Visit Interview Guide, section: <i>Staff Qualifications, Training, and Standards of Care</i> • Project Director Interview Guide #2, section: <i>Staff Qualifications, Training, and Standards of Care</i>

Research Questions	Instrument/s
Service Delivery: Special Topics	
<i>Housing Services</i>	
11. How do grantees address victims' immediate and long-term housing needs?	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Housing</i> • Partner Survey, sections: <i>Service Availability, and DVHT Project Accomplishments</i> • Case Manager Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Housing</i> • Client Interview Guide, section: <i>Comprehensive, Victim-Centered Services</i> • Project Director Interview Guide #2, section: <i>Housing</i>
12. What strategies, innovative approaches do grantees employ?	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Housing</i> • Partner Survey, sections: <i>Service Availability, and DVHT Project Accomplishments</i> • Case Manager Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Housing</i> • Client Interview Guide, section: <i>Comprehensive, Victim-Centered Services</i> • Project Director Interview Guide #2, section: <i>Housing</i>
13. With whom do grantees develop multi-disciplinary partnerships? a. What kind of agency partnerships is it important to develop to support housing needs of victims?	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability, Service Needs, Partnerships, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Housing</i> • Partner Survey, sections: <i>DVHT Staff and Budget, Partnership, Service Availability, Outreach and Community Awareness, DVHT Project Accomplishments, and Organizational and Respondent Characteristics</i> • Case Manager Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Housing</i> • Project Director Interview Guide #2, section: <i>Housing</i>
14. How do grantees offer housing supports that are trauma-informed and meet the unique needs of HT victims?	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Housing</i> • Partner Survey, sections: <i>Service Availability, and DVHT Project Accomplishments</i>

Research Questions	Instrument/s
15. What challenges do grantees encounter? a. How do they address challenges encountered?	<ul style="list-style-type: none"> • Case Manager Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Housing</i> • Client Interview Guide, section: <i>Comprehensive, Victim-Centered Services</i> • Project Director Interview Guide #2, section: <i>Housing</i> <hr/> <ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Housing</i> • Partner Survey, sections: <i>Service Availability, and DVHT Project Accomplishments</i> • Case Manager Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Housing</i> • Client Interview Guide, sections: <i>Comprehensive, Victim-Centered Services, and Program Strengths and Weaknesses</i> • Project Director Interview Guide #2, section: <i>Housing</i>
16. To what degree do grantees report that they are able to meet victims' housing needs? a. Which needs are they least able to meet?	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Housing</i> • Partner Survey, sections: <i>Service Availability, and DVHT Project Accomplishments</i> • Case Manager Survey, sections: <i>Service Availability, Service Needs, and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Housing</i> • Client Interview Guide, sections: <i>Comprehensive, Victim-Centered Services, and Program Strengths and Weaknesses</i> • Project Director Interview Guide #2, section: <i>Housing</i>
Survivor Engagement	
17. How do grantees define “survivor engagement”?	<ul style="list-style-type: none"> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i>

Research Questions	Instrument/s
<p>18. To what extent do grantees report they engage and integrate survivors in program development and service delivery?</p> <p>a. In what ways are survivors involved in DVHT program development and service delivery?</p>	<ul style="list-style-type: none"> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery, and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i> • Client Interview Guide, sections: <i>Program Strengths and Weaknesses, and Survivor Engagement</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i>
<p>19. What processes do grantees use to recruit, screen, hire, train, and support survivors to be involved in service delivery?</p> <p>a. Do projects use a screening tool to vet survivors?</p> <p>b. Are survivors compensated for their time or do they serve as volunteers or both?</p>	<ul style="list-style-type: none"> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i> • Client Interview Guide, sections: <i>Program Strengths and Weaknesses, and Survivor Engagement</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i>
<p>20. What are the characteristics of survivors who are engaged in DVHT projects?</p>	<ul style="list-style-type: none"> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i> • Client Interview Guide, sections: <i>Program Strengths and Weaknesses, and Survivor Engagement</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i>
<p>21. What factors influence survivors' interest in and readiness to engage as peer leaders?</p>	<ul style="list-style-type: none"> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i>

Research Questions	Instrument/s
22. In what ways is survivor engagement beneficial in achieving organizational goals and objectives?	<ul style="list-style-type: none"> • Client Interview Guide, sections: <i>Program Strengths and Weaknesses, and Survivor Engagement</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i>
23. What are the barriers to survivor engagement? a. How do survivors and grantee/partner staff address these barriers? b. Are there any negative implications in using survivors in program development and service delivery?	<ul style="list-style-type: none"> • Project Director Survey, section: <i>Integration of Survivors in Service Development and Delivery</i> • Project Director Interview Guide #1, section: <i>Integration of Survivors in Service Development and Delivery</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Integration of Survivors in Service Development and Delivery</i> • Client Interview Guide, sections: <i>Program Strengths and Weaknesses, and Survivor Engagement</i> • Project Director Interview Guide #2, section: <i>Integration of Survivors in Service Development and Delivery</i>
Mental Health/Substance Abuse Treatment	
24. How do projects address victims' needs related to mental health and substance use?	<ul style="list-style-type: none"> • Project Director Survey, sections: <i>Service Availability; Service Needs; Staff Qualifications, Training, and Standards of Care; and DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Service Delivery – Mental Health Services</i> • Partner Survey, sections: <i>Service Availability, and DVHT Project Accomplishments</i> • Case Manager Survey, sections: <i>Service Availability; Service Needs; Staff Qualifications, Training, and Standards of Care; and DVHT Project Accomplishments</i> • Site Visit Interview Guide, section: <i>Mental Health Services</i> • Client Interview Guide, sections: <i>Comprehensive, Victim-Centered Services, and Program Strengths and Weaknesses</i> • Project Director Interview Guide #2, section: <i>Mental Health Services</i>

Research Questions	Instrument/s
Program Success	
<p>25. How do grantees define and assess “success” with regard to:</p> <ol style="list-style-type: none"> victim identification case management and comprehensive, coordinated service delivery trauma-informed care (adoption of principles and practices that promote a culture of safety, empowerment, and healing) client progress and success partnerships community awareness 	<ul style="list-style-type: none"> • Project Director Survey, section: <i>DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Success</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, sections: <i>Partnerships; Case Management; Service Needs, Availability, and Delivery; Housing; Mental Health; Integration of Survivors in Service Development and Delivery; and DVHT Project Accomplishments / Success</i> • Project Director Interview Guide #2, sections: <i>Success, and Lessons Learned</i>
<p>26. Which program elements do grantees define as most successful? Least successful?</p> <ol style="list-style-type: none"> What factors do grantees and partners identify as affecting success? 	<ul style="list-style-type: none"> • Project Director Survey, section: <i>DVHT Project Accomplishments</i> • Project Director Interview Guide #1, section: <i>Success</i> • Partner Survey, section: <i>DVHT Project Accomplishments</i> • Case Manager Survey, section: <i>DVHT Project Accomplishments</i> • Site Visit Interview Guide, sections: <i>Partnerships; Case Management; Service Needs, Availability, and Delivery; Housing; Mental Health; Integration of Survivors in Service Development and Delivery; and DVHT Project Accomplishments / Success</i> • Client Interview Guide, section: <i>Program Strengths and Weaknesses</i> • Project Director Interview Guide #2, sections: <i>Success, and Lessons Learned</i>
<p>27. To what extent do survivors served by DVHT programs experience positive outcomes in domains of safety, well-being, social connectedness and self-sufficiency?</p> <ol style="list-style-type: none"> What are the characteristics of survivors who are most likely to experience positive outcomes in different domains? 	<ul style="list-style-type: none"> • Project Director Interview Guide #1, section: <i>Success</i> • Site Visit Interview Guide, section: <i>DVHT Project Accomplishments / Success</i> • Client Interview Guide, sections: <i>Progress Toward Outcomes, and Client Demographics</i> • Project Director Interview Guide #2, section: <i>Success</i>

A.3 Improved Information Technology to Reduce Burden

Our research design requires survey administration to collect quantitative data. We will program the surveys using Voxco survey software which will enable Web-based data collection. This approach will allow survey respondents to access the survey at their own convenience and from their work location, rather than scheduling a time to complete the survey and traveling to a specific location. Additionally, the survey will be programmed so that respondents can save their answers and return to finish the survey later.

Additionally, our data collection requires that we employ qualitative research methods through the use of key informant interviews. For the project director interviews, RTI will arrange two telephone calls with each project director. This will allow the evaluation team to collect data without imposing frequent in-person visits on the project staff. For both the project director interviews and the site visit interviews, RTI will audio record the interviews with respondent consent.

A.4 Efforts to Identify Duplication

There are no other evaluations or research projects being conducted with the current DVHT projects. The previous information collection under 0970-0487 informed this current effort, but was specific to the FY15 DVHT demonstration projects involved. The current DVHT Program includes 13 unique projects, many of which have proposed to implement strategies that were not employed by demonstration projects. The current DVHT Program also differs from the previous DVHT demonstrations in that there are additional foci: meeting trafficking victims' immediate and long-term housing, mental health, and substance use treatment needs; and integrating trafficking survivors into the development and delivery of services. Furthermore, many of the evaluation questions for the current evaluation are new, particularly the questions related to comparing the stand-alone project models and integrated project models, and those pertaining to targeted services (housing, mental health and substance use) and survivor engagement.

A.5 Involvement of Small Organizations

Many of the DVHT projects and their partners who will be included in this evaluation are small community-based organizations. To minimize any burden on these organizations resulting from the data collection process, the evaluation team will offer assistance with survey completion, will schedule all telephone interviews at the convenience of the project directors, schedule site visits during times that align with the DVHT projects' schedules, and restrict the interview length to the minimum required. The evaluation team does not believe that data collection will impact the organizations' operations or ability to serve clients.

A.6 Consequences of Less-Frequent Data Collection

The RTI evaluation team will collect data during one wave of surveys, two project director phone interviews, and one site visit to a subset of 8 DVHT projects. Surveying all 13 DVHT projects, their case managers, and project partners, allows RTI to analyze data from all projects. If the evaluation surveyed fewer respondents, we would not be able to fully describe all DVHT projects and compare the strengths and challenges of the program models. To minimize burden, we developed the survey instruments to be targeted to respondent types (i.e., project directors, case managers, and partner staff) to ensure that all questions asked would be relevant to each group. Interviewing the 13 project directors during full implementation and at the close of the project will allow the evaluation team to document how the project has adjusted services and their model over time; obtain successes, challenges, and lessons learned during different stages of project implementation; and allow evaluators to check and confirm early findings with project directors before their project is complete. Fewer telephone calls with project directors would increase the risk of recall error and limit the evaluation's understanding of all 13 DVHT projects. The single site visit to a subset of 8 DVHT projects will permit a robust and deep examination of these projects through in-person interviews with multiple stakeholders. The site visit interviews with project directors, case managers, program partner staff, and program clients will enable the evaluation to collect multiple perspectives and allow for a 360-view of the project and delve into specific topics, such as how survivor engagement strategies function "on-the-ground." Fewer site visits would hinder the evaluation team's ability to fully and rigorously answer ACF's evaluation questions.

A.7 Special Circumstances

There are no special circumstances for this data collection.

A.8 Federal Register Notice and Consultation

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13 and OMB regulations at 5 CFR Part 1320 [60 FR 44978, August 29, 1995]), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was published on March 20, 2018, Volume 83, Number 54, page 12195–12196, and provided a 60-day period for public comment. A copy of this notice is included in **Appendix B**. No substantive comments were received during the 60-day notice period. OPRE and OTIP staff provided consultation and feedback on the DVHT evaluation questions, design, and instruments.

A.9 Incentives for Respondents

Incentives are used to encourage participation and convey appreciation for participants' contributions to the research. Numerous empirical studies have established that incentives can

significantly increase participation rates.^{17,18,19,20,21} Moreover, incentives have been shown to reduce nonresponse bias. Without the use of incentives, we foresee the following challenges: (1) inability to recruit a sufficient sample of clients to participate in client interviews (i.e., low response rate), and (2) a less representative sample of clients who participate in client interviews (i.e., nonresponse bias). Additionally, we foresee challenges with developing buy-in among staff who will help us recruit clients for interviews if we do not provide an incentive to the clients. Compensating human trafficking victims for their input and feedback is widely accepted and touted as a “best practice” in the field of human trafficking service provision. For example, the State Department explains that trafficking survivors “deserve financial compensation for their time and expertise.”²² The ACF-funded National Human Trafficking Training and Technical Assistance Center (NHTTAC) recently published the Toolkit for Building Survivor-Informed Organizations. The toolkit emphasizes that survivors should be compensated fair market value “for any time or work intended to benefit the organization.”²³ If no incentive is offered for a client interview for an evaluation, staff may be reluctant to try to help recruit individuals to participate, as this may be viewed as not survivor-informed evaluation practice.

Based on our research team’s extensive experience conducting qualitative research of a similar nature with victims of human trafficking, we have learned that incentives are necessary to sufficiently attract participants who are human trafficking survivors engaged in services. In the DVHT evaluation of projects funded in FY 2015 (funded by ACF; OMB #0970-0487), clients were offered a \$25 Visa Gift Card for participation in a 60-minute interview with very similar questions to the Client Interview Guide (**Appendix A-7**). This incentive helped the RTI evaluation team successfully interview 21 clients about their experiences in their respective DVHT program. We met our interviewee recruitment target for two of the three sites. Our goal was to conduct 5 to 10 client interviews per site and we interviewed 2, 7, and 12 clients, respectively, across three different sites. We received anecdotal feedback from clients and program staff that the incentives were vital for recruiting clients for the interviews. We did not meet our recruitment target in one site because of the small size of the site’s client pool; there were few clients to recruit for an interview.

Additionally, in other studies of similar populations by RTI, comparable amounts have been offered. In the Development and Evaluation of an Intervention to Reduce Victim’s Risk of Repeat Sexual Abuse/Assault (cooperative agreement sponsored by USDA NIFA), a \$25 Amazon Gift Card was provided for participation in a 60-minute interview or 90-minute focus group. The team’s goal was to include a total of 60 airmen (including 5 to 8 female survivors and 5 to 8 male survivors) for their focus groups. They anticipated challenges with recruitment, but attribute the use of incentives as a key factor in successfully meeting their response rate goals. In the National Survey of Child and Adolescent Well-Being (NSCAW) (funded by ACF; OMB # 0970-0202), NSCAW researchers had difficulties gaining

cooperation from adult caregivers who were offered a \$25 incentive for survey interviews that lasted 55 to 150 minutes. Because response rates were low at the outset of the NSCAW I baseline, NSCAW researchers requested and received OMB approval for an incentive increase to \$50. NSCAW researchers attributed an increase in the response rate to the increased incentive. Other researchers have found that incentives are important for this population. Notably, in a national study that examined youth involvement in the sex trade, Swaner et al. (2016) started with \$20 incentives and found that they had to increase to \$40 to obtain the desired number of participants in key informant interviews that ranged from 30 minutes to two hours (Award No. 2009-MC-CX-0001 from the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice)²⁴.

In reviewing OMB’s guidance on the factors that may justify provision of incentives to research participants³, we have determined that the following principles apply:

1. **Improved coverage of specialized respondents, rare groups, or minority populations:** The proposed data collection targets a hard-to-reach population from a small sample frame, namely domestic victims of human trafficking who have received services from three demonstration programs. Because of their trafficking victimization experiences—either as minors or through force, fraud, or coercion by their trafficker—they are a vulnerable population who can be difficult to identify and engage in services. As noted in the background section (A.1.1), many victims of domestic human trafficking experience trauma (caused by extreme violence, control, and coercion), as well as face obstacles to meeting their basic needs (e.g., safety, stable housing). To further inform programs that serve domestic victims of human trafficking, it is imperative that sufficient numbers are included in the data collection. Yet, based on our experience interviewing clients, we know that clients can be challenging to engage in qualitative research. Qualitative data collected from service providers have shown that it can be challenging for trafficking victim clients to regularly attend their case management meetings and appointments.^{25,26} To participate in a research interview, participants may incur travel expenses (such as mileage, parking, and tolls) and may need to pay for childcare. Provision of a meaningful incentive is necessary to ensure that a sufficient number of victims of domestic human trafficking are motivated to participate in the study.
2. **Data quality:** If we are unable to recruit sufficient numbers of respondents to participate in the data collection, the quality of the data will be compromised. There may be differences in the characteristics and demographics of those willing to participate in an interview with no incentive versus those who are not, causing selection bias. For example, clients who may have additional challenges or hardships (e.g., limited transportation, childcare needs, a residence far away from the program) may be less willing to take the effort to participate in an interview versus clients with fewer

³ https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/pmc_survey_guidance_2006.pdf

challenges. Clients who have strong opinions about their services – positive or negative – may be more willing to participate in an interview without an incentive than clients with mixed opinions or who are more ambivalent about program services.

3. **Reduced survey costs:** We anticipate that without the incentive, more potential respondents will need to be recruited to achieve the desired cooperation rate. The client interviews will be conducted in-person and at the grantee site. If potential respondents do not show up for their interview, program staff will need to spend more time recruiting and research staff may need to make multiple trips and incur additional travel costs to obtain the desired number of respondents for the data collection results to be meaningful.

With these overarching principles in mind, we propose that a \$25 gift card for a 60-minute client interview is appropriate, and necessary, for ensuring a sufficient number of study participants, high-quality data, and efficient use of resources. Additionally, we will provide a \$25 gift card for individuals who serve as survivor leaders for the project, but are unpaid volunteer staff, and participate in a 90-minute site visit interview. Survivor leaders who are paid staff and participate in a site visit interview will not be offered an incentive.

Incentives will not be provided to DVHT project and partner agency staff. DVHT project and partner agency staff will be surveyed and interviewed during their normal workday hours about topics that are pertinent to their work (unlike clients and volunteer survivor leaders who will be interviewed on their own time).

A.10 Privacy of Respondents

The proposed information collection was reviewed by RTI's Office of Research Protection. It was determined to not be research as defined by the U.S. federal human subjects' regulations. The data collection was determined to be a program evaluation, and the Privacy Act is not applicable. RTI will prioritize privacy of participants in all phases of research, including surveys, project director interviews, stakeholder interviews, and client interviews.

Although the surveys will not include sensitive information, RTI will take measures to ensure respondents' privacy. Survey questions do not ask for any personal information and information provided will be kept private. Survey responses will only be accessible to authorized RTI evaluation team members. All electronic data will be transmitted securely using an encrypted protocol (HTTPS) immediately upon completion of each survey and will be stored in RTI's Enhanced Security Network and on RTI's secure project shared drive. RTI will report survey results in aggregate or group survey results by type of DVHT project model. This will further prevent specific survey results about a single DVHT project from being shared outside of the DVHT evaluation team.

The qualitative project director and site visit interview guides do not include personal questions. With the respondent's permission, the evaluation team will audio record and transcribe the interview. Before the interview starts, the interviewer will describe the purpose of the interview and summarize how the data will be used and privacy measures that are in place. Participants will be informed that their participation is voluntary, and that their identity and anything they say will be treated in a secure manner.

For client interviews, case managers will be asked to identify clients who meet the evaluation's selection criteria (see **Supporting Statement B, Section B.1**) and offer them the chance to participate in an interview. Clients will be told that their decision to participate or not will have no effect on any services they receive from the program. This assurance will be repeated by the evaluation team member conducting the interview. Additionally, clients will be told that they may choose not to answer any questions and to stop the interview at any point. The RTI interviewer will explain to clients that information the client shares during the interview will not be shared with program staff, nor will any information be reported that could individually identify them. The exception to privacy provisions will be any information indicating future harm to the client or another person.

All interviews will be conducted by two members of the RTI evaluation team. Interviews will be audio-recorded so that they can be transcribed, if the respondent agrees. Audio recordings and transcriptions will only identify respondents by DVHT project and respondent role. Transcripts will not include individuals' names and if someone inadvertently identifies another individual during their interview, their name will be redacted. Audio recordings, notes, and transcripts will be stored on RTI's private network, using a share drive that only authorized RTI evaluation team members can access. Stakeholder and client interview data will be summarized in dissemination documents in a manner that does not reveal respondents' identities. Any hard copy interview notes taken during the site visits will be shredded after the notes have been typed up.

A.11 Sensitive Questions

While the client interview guides do not include questions about clients' or survivor leaders' personal history or trafficking experiences, clients and survivor leaders may choose to share personal information when answering questions about their involvement in the DVHT project. Specifically, questions related to how clients entered the program and their opinions about what has or has not worked for them in the program may elicit responses that include personal information. Survivor leader questions related to how they got involved in the survivor leader program and if they were a previous client of the program may similarly elicit responses that include personal information. If a client or survivor leader discloses information about their trafficking experiences or other sensitive information, the interviewer

will not probe or ask further questions about those experiences, and instead, will go to the next question in the interview guide.

There is a risk that some questions may make clients or survivor leaders feel uncomfortable when describing their experiences with the DVHT project. To minimize this risk and avoid distress to clients and survivor leaders during their interviews, RTI will take specific approaches for selecting both clients and survivor leaders. First, RTI will work closely with case managers to select clients to be invited to participate in interviews. To this end, interviews will be conducted only with clients who are recommended by DVHT projects as unlikely to be distressed by the interview (see **Supporting Statement B, Section B.1** for more details).

Second, RTI will offer both clients and survivor leaders the opportunity to see their interview questions prior to the interview so they can decide if the interview is something in which they are prepared to participate. This approach acknowledges clients' and survivor leaders' autonomy and ability to make their own decisions about participating in the evaluation, while also providing transparency about the types of questions that we will ask them so they can assess the degree to which the questions will cause them distress.

Clients and survivor leaders will be told that their participation in any interviews is completely voluntary and that their decision to participate or will have no effect on any services they receive from the program (for clients) or on their employment status with the program (for survivor leaders). This assurance will be repeated by the evaluation team member conducting the interview, along with the fact that clients and survivor leaders may choose not to answer any questions and to stop the interview at any point. RTI interviewers will be trained to identify stress or discomfort among clients and survivor leaders and to offer to end the interview early if a client or survivor leader appears distressed. RTI will further protect client and survivor leader well-being by establishing site-specific protocols for responding to distressed clients or survivor leaders, specifying people to contact and actions to take if a client or survivor leader exhibits severe distress.

There will be no sensitive questions asked in the surveys, to the project directors, or during the site visit interviews to the other DVHT project staff and partners.

A.12 Estimates of Information Collection Burden

The data collection instruments will be used over the span of about 2 years, from OMB approval to March 2020. We will collect data from 605 individuals over the 2-year data collection period. Respondents will be project directors, case managers, survivor leaders, and other staff from the 13 FY 2016 ACF-funded DVHT projects; staff (e.g., program managers, project directors) from partner

organizations that are working with the 13 DVHT projects; and clients who have received services from a subset of 8 DVHT projects. **Table A.12.1** provides the annual burden for this effort. The project director interviews, conducted twice during the data collection period, will also be conducted with the same respondents (or their replacement).

Table A.12.1. Estimated Annualized Burden Costs and Total for 2-Year Data Collection

Activity	Total No. of Respondents	Annual No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Annual Burden Hours	Hourly Wage Rate ²⁷	Total Annual Respondent Costs
Project Director Survey (A-1)	13	7	1	.5	4	\$34.07	\$136.28
Partner Survey (A-2)	260	130	1	.25	33	\$34.07	\$1,124.31
Case Manager Survey (A-3)	130	65	1	.33	21	\$23.02	\$483.42
Project Director Interview #1 (A-4)	13	7	1	2	14	\$34.07	\$476.98
Project Director Interview #2 (A-5)	13	7	1	1.5	11	\$34.07	\$374.77
Site Visit Interview (A-6)	136	68	1	1.5	102	\$28.55	\$2,912.10
Client Interview (A-7)	40	20	1	1	20	\$7.25	\$145.00
				Totals	205		\$5,652.86

A.13 Cost Burden to Respondents or Record Keepers

There are no additional costs to respondents, other than time spent (captured in A.12.1, above).

A.14 Estimate of Cost to the Federal Government

The estimated cost to the federal government for the proposed data collection and analysis is \$594,000. This figure includes labor hours, and other direct costs (travel, photocopying, mailing, etc.) for both years of data collection. The annual cost is \$297,000.

A.15 Change in Burden

This is an additional information collection request under OMB #0970-0487.

A.16 Plan and Time Schedule for Information Collection, Tabulation, and Publication

Time Schedule and Publication

The table below provides a timeline based on OMB approval in November 2018 with data collection beginning in November 2018. Specific dates are dependent on OMB approval.

A.16.1 Project Timeline for Information Collection

Activities and Deliverables	Anticipated Date
Disseminate Project Director Survey	November 2018
Identify case manager and partner staff to survey	November 2018
Administer Case Manager and Partner Surveys	December 2018
Survey data analysis	December 2018—January 2019
Project Director Interview #1	January—February 2019
Initial qualitative data analysis	January—March 2019
Selection of sub-set of 8 sites for the site visits	March 2019
Site visit data collection	April—July 2019
Project Director Interview #2	August—September 2019
Ongoing data analysis	March 2019—February 2020
Draft final report	March 2020
Revised final report	June 2020

A.17 Reasons Not to Display OMB Expiration Date

All instruments will display the expiration date for OMB approval.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.

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