PARTICIPANT INFORMATION

OVC TTAC
Office for Victims of Crime
Training & Technical Assistance Center

OMB#: 1121-XXXX
Date of Expiration: XXXX

In order to help the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) better serve the field, we are reaching out to learn more about you. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the OVC TTAC Evaluation team have access to information that could identify respondents. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icf.com.

Please provide your e-mail address to enable us to track your engagement with OVC TTAC across offerings and your preferences/insights provided. You will be prompted to provide this same e-mail address each time.

If you do not have an email address or prefer to use a unique identifier, create a username to be used and retained for future OVC TTAC evaluations. Username example: Provide your two-digit birth month, first initial, and middle initial (e.g., 08JD)

_____

Which of the following best describes your personal or professional areas of expertise? **(Mark all that apply)**

- ☐ Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
- ☐ Child welfare (e.g., advocate, state agency staff, child welfare contractor, nonprofit personnel)
- ☐ Coaching, mentoring, peer to peer support
- ☐ Educator (e.g., teacher, professor, school administrator)
- ☐ Health care (e.g., SANE nurse, physician, physician assistant, nurse practitioner, dentist, pharmacist)
- ☐ Corrections-based services (e.g., parole, probation)
- ☐ Criminal justice (e.g., victim advocate, law enforcement, prosecutor, probation, court, forensic interviewer)
- ☐ Housing (e.g., case worker, shelter director, public housing authority agencies)
- ☐ Legal (e.g., immigration assistance, civil and/or rights-based attorney and/or paralegal, clinic)
- ☐ Public health (e.g., licensure board, health department staff, health care executive, community health workers)
- ☐ Public safety (e.g., EMS, fire department, disaster response)
- ☐ Social worker (e.g., case manager, school counselor, supervisor, administrator)
- ☐ Violence prevention/intervention (e.g., child abuse and neglect; older adult abuse; domestic violence, sexual violence, youth violence)
- ☐ Not listed, (please specify):_____

Which of the following best describes your current employment status/affiliation? **(Mark all that apply)**

- ☐ Academic institution
- ☐ Business/For-profit organization
- ☐ Coalition/Multidisciplinary team/Task force
- ☐ Criminal justice agency
- ☐ Faith-based organization
- ☐ Schools (prek-12)
- ☐ State and local government
- ☐ Tribal government
- ☐ Nonprofit/Community-based organization
- ☐ Advocacy organization
- ☐ Victim service provider
- ☐ Survivor-led organization
- ☐ Federal government
- ☐ Self-employed
- ☐ Not listed, please specify

Which of the following **best** describes your primary role in your current position? **(Mark one.)**

- ☐ Direct contact/services (e.g., clients; students)
- ☐ First responder
- ☐ Student/Intern
- ☐ Management
- ☐ Educator
- ☐ Consultant/Trainer
- ☐ Volunteer
- ☐ Outreach/Prevention Staff
- ☐ Administrator
- ☐ Other (please specify):_____

Do ***you*** provide services for crime victims in your current position?

☐ Yes

☐ No (skip next question)

Which types of victim services do ***you*** provide for crime victims in your current position? **(Mark all that apply.)**

Information and Referrals	**Personal Advocacy/Accompaniment**
☐ Information about the criminal justice process ☐ Information about victim rights, how to obtain, notifications, etc. ☐ Referral to victim service programs, other services, supports, and resources ☐ Information about or referral to substance abuse treatment and support available to crime victims	☐ Victim advocacy/accompaniment to emergency medical care ☐ Victim advocacy/accompaniment to medical forensic exam ☐ Individual advocacy ☐ Performance of medical or nonmedical forensic exam or interview, or medical evidence collection ☐ Child or dependent care assistance ☐ Transportation assistance
Emotional Support, Safety, and Health Services	**Shelter/Housing Services**
☐ Crisis intervention ☐ Hotline/Crisis line counseling ☐ On-scene crisis response ☐ Individual therapy/mental health services ☐ Support groups ☐ Emergency financial assistance ☐ Provision of medical care ☐ Substance abuse services ☐ Protection/safety planning ☐ Case management	☐ Emergency shelter or placement ☐ Transitional housing ☐ Relocation assistance ☐ Rapid rehousing ☐ Rental assistance
Criminal/Civil Justice System Assistance	**Education/Employment/Life skills**
☐ Notification of criminal justice events ☐ Victim impact statement assistance ☐ Assistance with restitution ☐ Civil legal assistance ☐ Prosecution interview advocacy/accompaniment ☐ Law enforcement interview advocacy/accompaniment ☐ Criminal justice advocacy/accompaniment ☐ Public benefits law ☐ Victim's rights representation	☐ Education ☐ Job/Vocational training ☐ Job readiness/employment services ☐ Life skills

☐ Other (please specify): _____

Which of the following **best** describes the number of years of experience you have in [*your current field of work/supporting/serving victims of crime*]? **(Mark one.)**

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

Which of the following **best** describes the location of the geographical area you/your organization serves? **(Mark all that apply.)**

☐ National
☐ State
☐ Tribal
☐ International, list country:

☐ Local
☐ Urban
☐ Rural
☐ Suburban

Please provide your state (i.e., location of organization or professional address).

_____

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