**Background**

Please complete the following information to describe your demographics.

* All of the information you share with us today will be kept **CONFIDENTIAL**. What you say will not be identified with your name.
* This form is **OPTIONAL** and will only be used to help describe the types of people who participated in this focus group to help inform NHTTAC’s training and technical assistance services.
* If you have any questions about this focus group or the project, please contact [*insert point of contact*].
1. Which of the following **best** describes the organization in which you work? **(Mark all that apply.)**
* Academic institution
* Anti-trafficking organization
* Business/For-profit organization
* Coalition/Multidisciplinary team/Task force
* Federal government
* Faith-based organization
* State and local government
* Nonprofit/Community-based organization
* OTIP grantee
* Self-employed
* Survivor-led organization
* Tribal government
* Union/Worker advocacy organization
* Victim service provider
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Is your organization responsible for working with people who are currently being trafficked or have been trafficked? □ Yes □ No
2. Which of the following **best** describes your professional capacity or types of services you provide? **(Mark all that apply.)**
* Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
* Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
* Corrections-based services (e.g., parole, probation)
* Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
* Educator (e.g., teacher, professor, school administrator)
* Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
* Housing (e.g., case worker, shelter director, public housing authority agencies)
* Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
* Public health (e.g., licensure board, health department staff, health care executive, community health workers)
* Social worker (e.g., case manager, school counselor, supervisor, administrator)
* Survivor empowerment, mentoring, or peer to peer
* Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence)
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Never* | *Occasionally* | *Frequently* | *Daily* |

1. Which of the following **best** describes the number of years of experience you have in your current field of work?

□ Less than 3 years □ 3–5 years □ 6–10 years □ More than 10 years

1. Which of the following **best** describes your primary role in your current position?

□ Direct delivery/Frontline staff □ Consultant/Trainer □ Administration

□ Management □ Volunteer □ Peer educator

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following **best** describes your geographic population? **(Mark all that apply.)**

□ National □ Local

 □ State (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Urban

□ Tribal □ Rural

□ International (please specify country): □ Suburban

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please select any of the following populations you currently work with in a professional capacity. (**Mark all that apply.**)

Human trafficking

Commercial sexual exploitation of children

Sex trafficking

Adults

Minors

Labor trafficking

Adults

Minors

Children/youth

Out of home/Foster care/Kinship care

Juvenile justice

Runaway/Homeless youth

People with disabilities

Deaf/Hearing impaired

Elderly

Lesbian, gay, bisexual, transgender, and questioning

Foreign nationals (migrant workers, undocumented immigrants, refugees)

People with low incomes

Racial and ethnic minorities

American Indian or Alaska Native

Asian

Black or African American

Native Hawaii or other Pacific Islander

White

Hispanic or Latino ethnicity

History of substance use

Intimate partner violence (e.g., dating, domestic violence)

Gang-related crime

Sexual abuse/Violence

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your race? (**Mark all that apply.**)

 American Indian or Alaska Native

 Asian

 Black or African American

 Native Hawaii or other Pacific Islander

 White

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your ethnicity? (**Mark all that apply.**)

 Hispanic or Latino

 Middle Eastern or North African

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender? (**Mark all that apply.**)

 Male

 Female

 Transgender

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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