



## 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):  
\_\_\_\_\_

2. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?  Yes  No

3. 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):  
\_\_\_\_\_

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 2 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.

**FOCUS GROUP  
SUPPLEMENT**



**NATIONAL HUMAN TRAFFICKING  
TRAINING AND TECHNICAL  
ASSISTANCE CENTER**

OMB#: #####-####

Date of Expiration:

4. 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
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

5. 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

6. 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): \_\_\_\_\_

7. 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  
 \_\_\_\_\_

8. 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): \_\_\_\_\_

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9. 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): \_\_\_\_\_

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

Hispanic or Latino

Middle Eastern or North African

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

11. 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.***

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