



## 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 National Human Trafficking Training and Technical Assistance Center's (NHTTAC) training and technical assistance services.
- If you have any questions about this focus group or the project, please contact [insert].

1. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- |  |   |
|--|---|
| <input type="checkbox"/> Academic institution                        | <input type="checkbox"/> OTIP grantee                       |
| <input type="checkbox"/> Anti-trafficking organization               | <input type="checkbox"/> Self-employed                      |
| <input type="checkbox"/> Business/For-profit organization            | <input type="checkbox"/> Survivor-led organization          |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government                  |
| <input type="checkbox"/> Federal government                          | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization                    | <input type="checkbox"/> Victim service provider            |
| <input type="checkbox"/> State and local government                  | <input type="checkbox"/> Other (please specify):<br>_____   |
| <input type="checkbox"/> Nonprofit/Community-based organization      |   |

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.**)

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies)                                     |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)                  | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)                               |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation)   | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers)      |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)             | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator)                                      |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator)  | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer   |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)       | <input type="checkbox"/> Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence) |

### 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.*



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

4. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of being trafficked, 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.**)

- |  |  |
|--|--|
| <input type="checkbox"/> Human trafficking <ul style="list-style-type: none"> <li><input type="checkbox"/> Commercial sexual exploitation of children</li> <li><input type="checkbox"/> Sex trafficking                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Adults</li> <li><input type="checkbox"/> Minors</li> </ul> </li> <li><input type="checkbox"/> Labor trafficking                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Adults</li> <li><input type="checkbox"/> Minors</li> </ul> </li> </ul> <input type="checkbox"/> Children/youth <ul style="list-style-type: none"> <li><input type="checkbox"/> Out of home/Foster care/Kinship care</li> <li><input type="checkbox"/> Juvenile justice</li> <li><input type="checkbox"/> Runaway/Homeless youth</li> </ul> <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Deaf/Hearing impaired<br><input type="checkbox"/> Elderly<br><input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning<br><input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees)<br><input type="checkbox"/> People with low incomes<br><input type="checkbox"/> Racial and ethnic minorities <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian or Alaska Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> Native Hawaii or other Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Hispanic or Latino ethnicity</li> </ul> |
|--|--|

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  
DEMOGRAPHIC  
Survey**



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

**OMB Control Number: 0970-0519  
Expiration Date: 10/31/2021**

- History of substance use
- Intimate partner violence (e.g., dating, domestic violence)

Gang-related crime  
Sexual abuse/Violence  
Other (please specify): \_\_\_\_\_

**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.***

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.*