Project HEAT (Health Educators Against Trafficking)
Nova Southeastern University
College of Allied Health and Nursing (CAHN)
Department of Health Science

COMMUNITY
NEED ASSESSMENT REPORT #1

April 27, 2011

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1 Introduction

Nationally, trafficking in persons for bondage is now criminalized in 44 states, including Florida. Estimates vary on the number of people currently trafficked nationally from as few as 14,500 to as great as 2.5 million (Garza, 2007; Trafficking in Person Report [TIP], 2010, 2011). There is ample evidence in the current literature that awareness and intervention training is sorely needed for health care providers (Brown & Muscari, 2010; Cole, 2009; Dovydaitis, 2010; Clawson & Dutch, 2008; Ferguson et al., 2009; Moynihan 2006).

2 *Purpose*

The purpose of this need assessment is to lay the groundwork necessary for the development of a victim centered curriculum that will increase health care professionals' ability to recognize and identify victims of human trafficking.

3 *Scope*

It is expected that community health care provider service victims of human trafficking. The Specific Aims of the need assessment are:

(1) Identify the level of perceived health care professionals' awareness, knowledge, and skills in identifying human trafficking victims.

(2) Determine the community need for health care professionals' to have awareness, knowledge, and skills in identifying human trafficking victims.

A need assessment of community partners is a useful tool. It provides the representations of the nature of the problem and is addressed best by the target population who are instrumental in a solution.

2 Methodology

2.1 Sample

Governmental and non-governmental organizations (N=41) were recruited from the Broward Human Trafficking Coalition (BHTC) listserv through an e-mail. The majority (51%) of the respondents reported; that their organization included 50+ employees, that they provided several services for 11+ years (61%), and that they provided services specifically for victims of human trafficking for 5 or less years (83%). The majority of respondents (68.3%) believed that there was no training available for health care professionals, while 12% identified BHTC as a source of training for health care professionals. These data were supported with qualitative comments indicating a lack of awareness of available training (44%) and that the available community resources (24%) are BHTC and presentations by law enforcement agencies.

3.2 Measures

Awareness. A respondent's perception of a health care professionals' awareness was measured by assessing the respondent's evaluation of a set of statements focused on different levels of human trafficking awareness (α=.83). Three likert type items consisted of response values for each item that ranged from 1 to 5; where 1 = not at all, 2 = very little, 3 = somewhat, 4 = very much, 5 = greatly. For descriptive statistics see Table 1. One qualitative item measured awareness: "In your opinion, in what ways do HCPs show their awareness of human trafficking?"

Knowledge. A respondent's perception of a health care professionals' knowledge was measured by assessing the respondent's evaluation of a set of statements focused on different levels of human trafficking knowledge (α=.85). Three likert type items consisted of response values for each item that ranged from 1 to 5; where 1 = not at all, 2 = very little, 3 = somewhat, 4

= very much, 5 = greatly. For descriptive statistics see Table 1. One qualitative item measured knowledge: "From your observation, how do HCPs respond when they identify victims of human trafficking?"

Skills. A respondent's perception of a health care professionals' skill in identifying victims of human trafficking was measured by assessing the respondent's evaluation of a set of statements focused on different levels of human trafficking skill (α=.94). For descriptive statistics see Table 1. Three likert type items consisted of response values for each item that ranged from 1 to 5; where 1 = not at all, 2 = very little, 3 = somewhat, 4 = very much, 5 = greatly. Two qualitative items measured skills: "In your experience, what physical signs do HCPs look for to identify victims of human trafficking?" and "In your experience, what behavioral cues do HCPs look for to identify victims of human trafficking?"

Need for Health Care Providers' Awareness, Knowledge, and Skills (NAKS). These "needs" were measured by 9 likert type descriptive items.

4   Procedure

Participants were recruited by an e-mail sent to partners on the BHTC Listserv and this e-mail detailed the project, provided a URL for a consent form, and an online anonymous self-administration need assessment.   The BHTC partners listed on the BHTC listserv and who agreed to participate in the need assessment had an 18 day window in which the online survey was available. This voluntary, anonymous, self-report need assessment was collected by an online central database. The average time to complete the need assessment was 10 minutes, which was within the suggested completion time of 10 minutes.

3 Results

3.1 Data Analysis

The recruitment procedures are viable for future projects: less than 18 days for recruitment time (41 participants in 48 hours), and less than 1% missing data. Missing data were substituted with the median. Eleven out of 41 respondents did not answer the open-ended survey questions. Although a small sample size (n=41), one can make inferences based on the p value, strong reliable correlations and few distinct factors. The descriptive characteristics of these few distinct factors are provided (see Table 1).

Table 1

Community Perception of Health Care Professional Overall Training
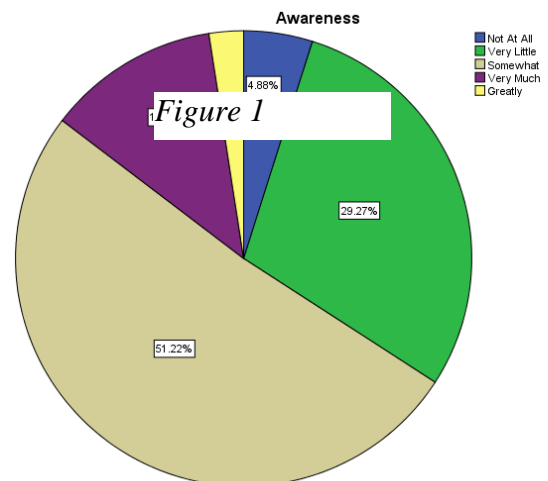
Variable	Mean	Std Dev	Minimum	Maximum
Awareness	2.78	.82	1	5
Knowledge	2.44	.89	1	4
Skill	2.56	1.05	1	5

The qualitative data analysis strategy utilized the interpretive phenomenological analysis (IPA) approach, which means these open-ended survey data were compared, coded, and interpreted.

3.2 Findings

Statistical findings are presented by Specific Aim:

(1) Identify the level of perceived health care professionals' awareness, knowledge, and skills in identifying human trafficking victims.

Figure 1

The majority (51.22%) of community respondents reported that they perceived health care professionals as somewhat aware of human trafficking (see Figure 1). Qualitatively, one third responded that in their communities, health care providers were not aware of the problem. One third described that HCPs attempt to demonstrate awareness by educational programs attendance, "cases of abuse," reports, or reports of "situations that might seem suspicious" to law enforcement authorities.

The majority (53.65%) of community respondents reported that they perceived health care professionals as very little to not at all knowledgeable of identifying human trafficking victims (see Figure 2). Qualitatively, 20% of respondents stated that they did not know how HCPs responded when a victim was identified and/or that HCPs did not act at all. One third stated HCPs contacted law enforcement or emergency hotlines. Seven percent described that HCPs asked additional clinical questions, or referred a potential victim to other services.

Figure 2

Knowledge

Not At All
Very Little
Somewhat
Very Much

12.20%   14.63%

34.15%   39.02%

The majority (51.22%) of community respondents reported that they perceived health care professionals as very little to not at all skillful in identifying human trafficking victims (see Figure 3). Qualitatively, 22% of participants stated that HCPs do not know the physicals signs of a trafficked person. Half of the respondents stated HCPs identify vague physical symptoms such as, "bruises,"
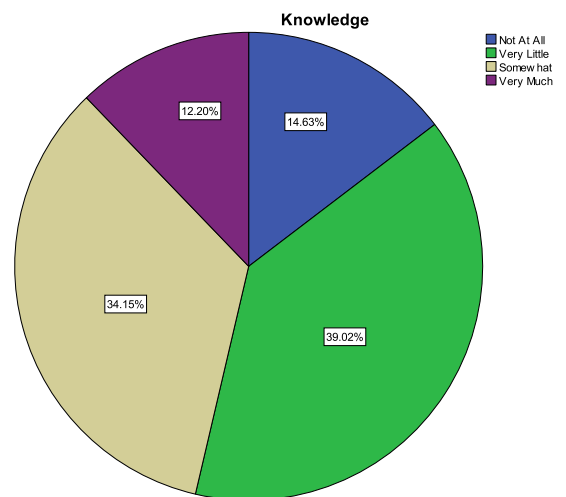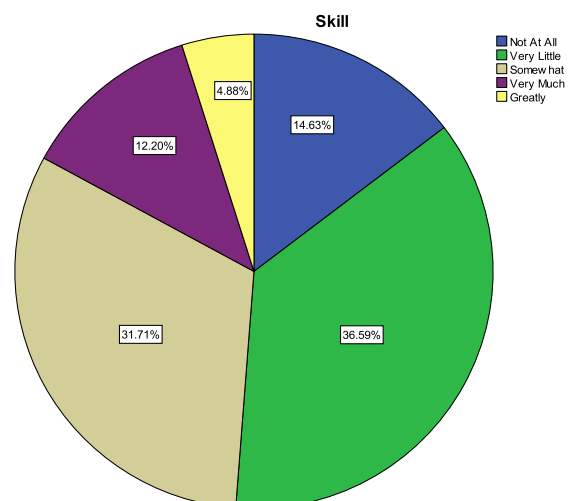
Figure 3

Skill

Not At All
Very Little
Somewhat
Very Much
Greatly

4.88%   14.63%

12.20%

31.71%   36.59%

"fatigue," "malnourishment," or "mental confusion."   Thirty-four percent of participants

described HCPs can connect symptoms of physical, sexual, and domestic violence to HT.

Twenty percent of participants described "shyness," "withdrawn," "secretive," and lack of eye

contact as behavioral cues to be observed. Forty-two percent stated HCPs look for submissive

behaviors, fear of, or control by the patient's "escort."

Pearson Product Momentum correlation was conducted to assess the associations among

perceived health care professionals awareness, knowledge and skill in human trafficking.

Findings indicate that Awareness and Knowledge are associated, as well as Knowledge and Skill

(see Table 2).

Table 2

Summary of Correlations of Inferential Measures

Variable	Awareness	Knowledge	Skill
Awareness	1.00		
Knowledge	.54**	1.00	
Skill	.23	.56**	1.00

**p<.01.

    (2) Determine the community need for health care professionals' to have awareness,
knowledge, and skills in identifying human trafficking victims.

Respondents (N=41) reported that there is very much to a greatly perceived health care

professional need to be aware of human trafficking (97.5%), knowledgeable of human trafficking

(97.5-100%), skilled in identifying victims of human trafficking (95-100%), as assessed by three

items each, respectively.

5 Conclusion

This community need assessment lays the groundwork necessary for the development of a victim centered curriculum to increase health care professionals' ability to recognize and identify victims of human trafficking. This mixed method approach findings support that community members have similar concerns as Nova Southeastern University College of Allied Health & Nursing faculty about HCPs' ability to identify victims of human trafficking in clinical practice (Kent, Colón, & Gaillard-Kenney, 2010). Community members agree that there is a need for HCPs to be aware, knowledgeable and skilled in identifying victims of human trafficking.

However, community members feel that awareness is not enough for the development of skills to identify victims of human trafficking. There is a serious gap between knowledge that is available and what is needed to develop health care professionals to identify victims of human trafficking. There is a sentiment that knowledge and practical skills would make health care professionals equipped to identify victims of human trafficking. HCPs' present skills are limited and they are unable to recognize the sequelae necessary to identify a victim of human trafficking.

Both governmental and non-governmental organizations play a key role in the development of health care professionals trained and educated on human trafficking. This report supports the needed community involvement in the development of a victim centered curriculum. Furthermore, these organizations support such an endeavor. The community and the institution are ready to take a step toward collaboration in their preventative role of human trafficking.

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