

NOVA SOUTHEASTERN UNIVERSITY

Focus Group Report



projectHEAT
Health Educators Against Trafficking

- Dr. Brianna Black Kent, Ph.D., R.N.
- Dr. Sandrine Gaillard-Kenney, Ed.D.
- Aerial A. Kirtley, B.A.

Date: 08/05/12

Focus Group Questions

Opening Question

1. What did you think about the human trafficking modules?

Knowledge

2. What new knowledge did you gain about human trafficking?

Decisional Balance Questions

3. What are the benefits of teaching your students about human trafficking?
4. What might prevent you from including human trafficking in your curriculum?

Willingness to Adopt HT Curricula

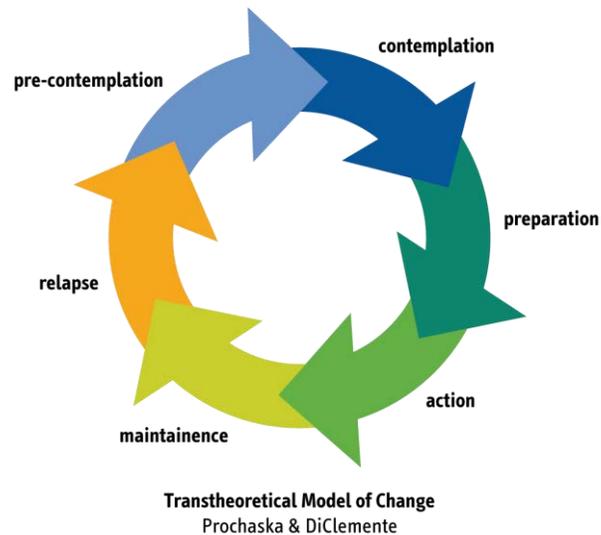
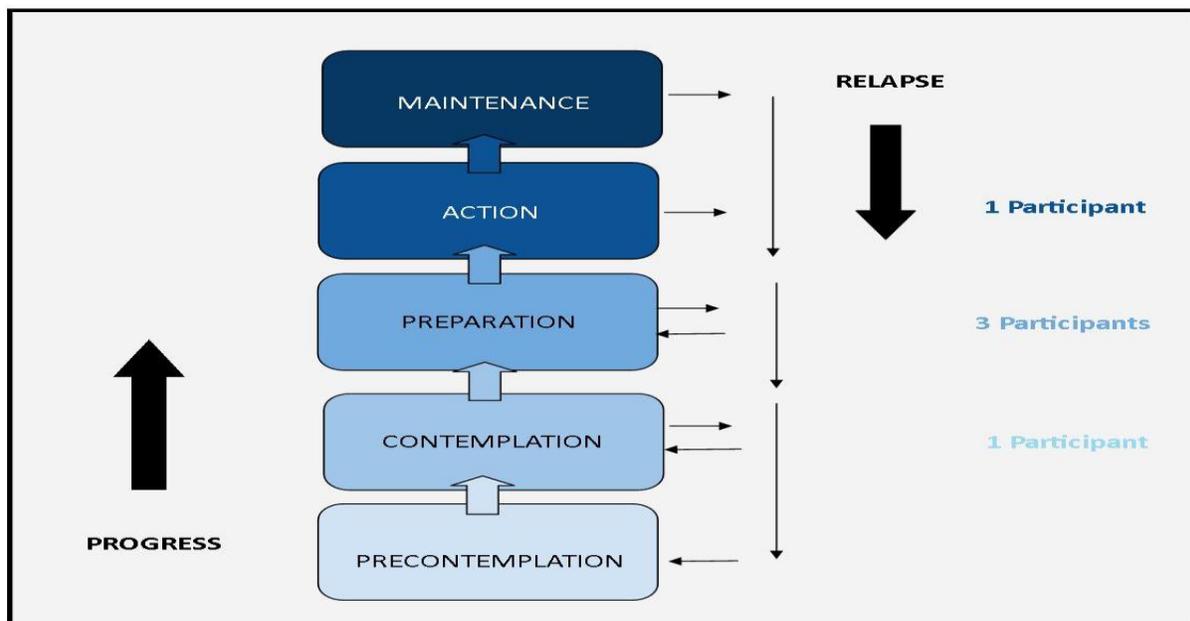
5. How willing are you to include human trafficking in your curricula?

Stage Question

6. How ready are you to implement human trafficking in your curricula?

Teacher Efficacy Question

7. How confident do you feel about teaching human trafficking to your students?

Figure 1. Trans-Theoretical Model of Change**Figure 2.** Trans-Theoretical Model of Change: Participant Progress**Risks of Relapse**

- Professional/National licensure standards
- Density of curriculum
- Fear: Misconceptions, confusion, unknown
- Administration resistance

Focus Group Field Notes

Of the seven invited participants, five attended the focus group. Informed consent was obtained prior to the start of the session. The participants appeared relaxed and attentive during the introduction. The session included seven questions, with an average response time of 12 minutes. However, the responses to Question One (Q1) lasted 20 minutes. The openness of Q1 elicited broad responses that overlapped more targeted questions. Participants initially exhibited behaviors such as crossing arms, covering mouth, looking down, and touching neck in a comforting motion, possibly related to the physical coldness of the room. One very active respondent angled his propped iPad in front of him and referred to it throughout the session. Although the participants displayed signs of discomfort, they demonstrated mutual respect by nodding when others spoke and raising their hands before answering. As they responded to Q2, participants appeared attentive, guarded, and serious. During Q3, 50 minutes into the session, the participants started interacting directly with one another and used humor to lighten the mood.

A five second silence followed Q4, until one participant announced that he would answer. This participant was the only person who identified concrete barriers, while other participants offered abstract solutions. Q5 elicited a range of specific suggestions to include human trafficking in curriculum. Sidebar conversations began in Q5 and laughter emerged in Q6 when participants discussed their confusion with teenage cultural norms and the signs of human trafficking. Participants spent 17 minutes responding to Q7, despite a noticeable drop in room temperature. They nodded in agreement with the moderator's summary and the participants added a final point before the session concluded.

Figure 3. Frequency of Themes

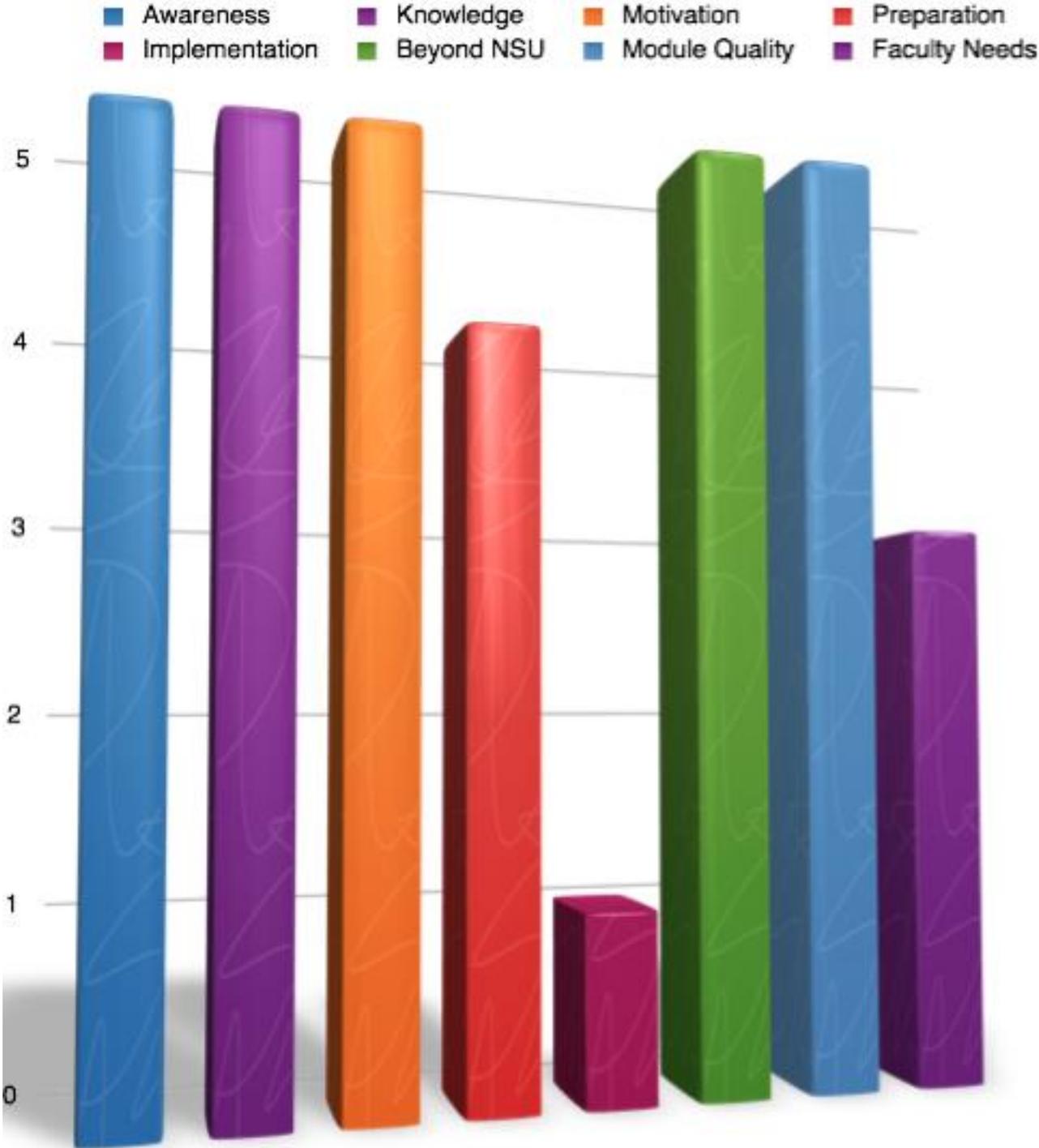


Table 1. Participant Awareness

Awareness
P2: “A waken call in terms of bringing my attention to something I wasn’t aware.”
P5: “My eyes have been opened.”
P3: We can all invest this awareness, this knowledge in our students so as they go out into the clinical realm, they also expose people for awareness as well. That’s the key goal.”

Figure 4. Awareness Model

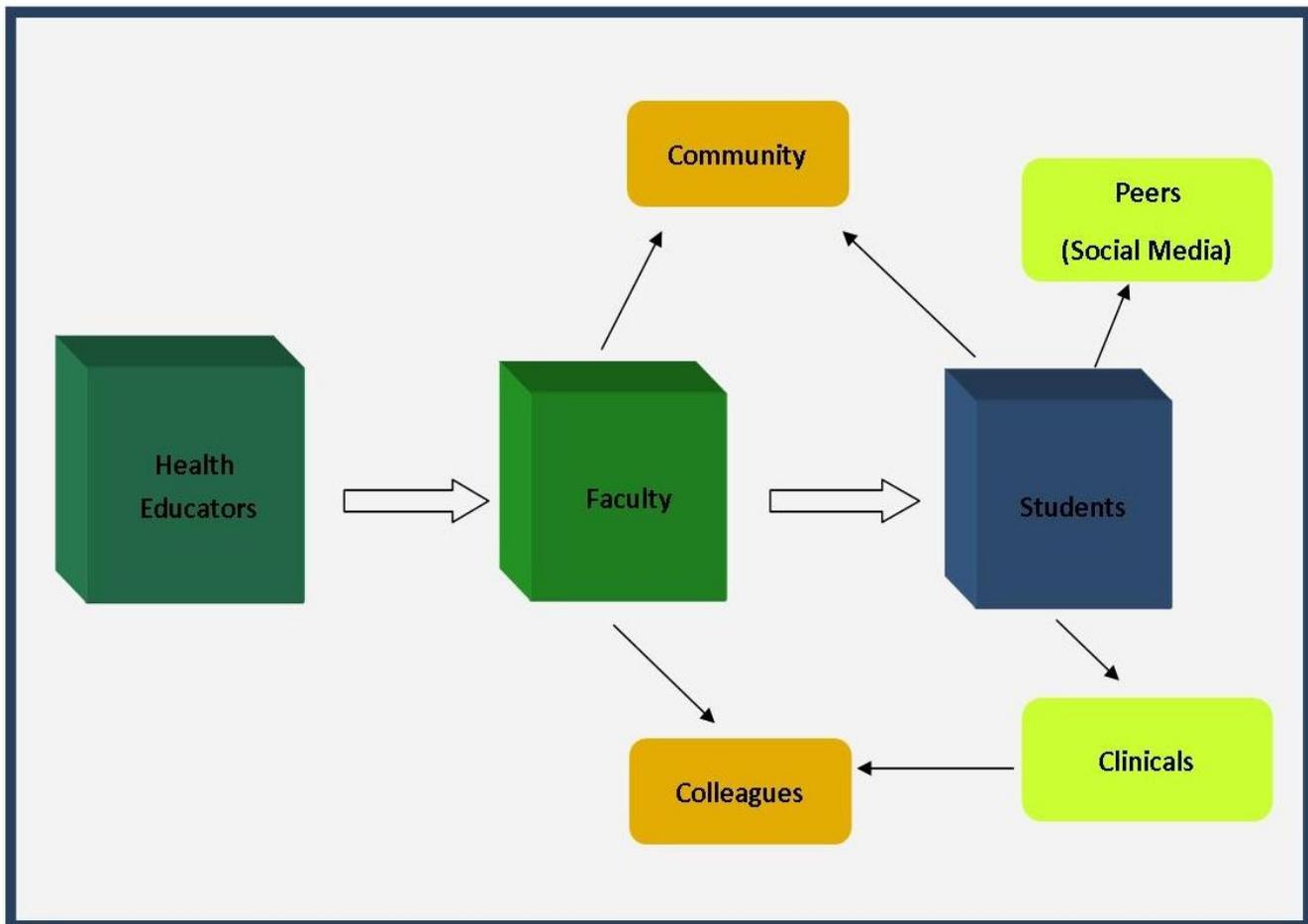


Table 2. Content Themes

Knowledge	
P3: “This is a bad problem that needs to be addressed just like child abuse and elder abuse.”	
P3: “I did not realize how big this problem was globally...it’s not just in some foreign country in Eastern Europe, it’s next door to my house.”	
P5: “You’ve seen human trafficking in movies, but to know that it’s here.”	P2: “And the third thing was the adaptability or the mobility of the problem.”
P1: “So I think that there’s an undercurrent of society from university communities to church communities and law enforcement and immigration where people know this is a constant.”	
Motivation	
P2: “I really felt motivated to keep doing something.”	P3: “That would be my goal. Not to just raise awareness...but to actually effect change.”
P3: “...my goal is to make more nurses aware.”	P4: “I’m gonna do it, you know. And I’m gonna take advantage...”
P2: “In terms of am I ready, yes.”	
Preparation	
P3: “Now, I’ve already talked about this [HT] with some of my students in classes, and they have expressed interest in getting more information about this [HT].”	
P1: “I looked at the TIP (Trafficking in Persons) database, and I was trying to figure out the one, two, three rating...that could be part of the context of a problem set.”	
P4: “Our sonography programs have a course specifically designed to prepare students before they go out on their clinical externships. And that’s where I’m gonna slide it in.”	
Implementation	
P2: “I did now in the class...”	

Beyond NSU

P3: “And I think it’s really important that we reach not just the generic nursing students but also the advanced practice nurses.”

P4: “We can put it on...the program’s Facebook page and...put all the links out there to the TIP database...”

P1: “When I took those laminated cards that were the first response to my church...100 of them...everybody took one...”

P2: “We just need to ignite the plan and they can spread out too. So I think it’s just about creating the army. This is creating awareness.”

P5: “I talked to people in the social services...”

Module Quality

P4: “I thought they were excellent!”

P3: “I thought your speakers were outstanding...we’re sort of insulated as faculty...”

P4: “I mean you really brought in the heavy hitters, so I thought that was really well done.”

Faculty Needs

P2: “...compact information and develop new ways to get the students involved...We just need to develop the tools.”

P4: “...if you get the highlights from each of those speakers I think that really is gonna be a really profound video...”

P3: “...we could have some kind of condensed information packet that would then lead to discussions so that we’re not spending three days doing it [HT].”

P4: “...video. I mean a multimedia presentation...take the highlights from each session that really hit home, or emphasize the scary statistics...those really visceral moments where people are telling us those pretty profound things...get all the sessions distilled down to like an hour.”

The Next Step

The focus group participants expressed the need for a "distilled" multimedia presentation for students. Following this recommendation, the researchers are applying for the College of Health Care Sciences and College of Nursing Faculty Research and Development Grant. The goal will be to design, produce and test a video presentation condensing the highlights of the training modules.