

Identifying and Responding to

HUMAN TRAFFICKING AND INTIMATE PARTNER VIOLENCE

in Healthcare



Opening Speaker:

Commissioner Roy Charles Brooks
Tarrant County Precinct 1

NOVEMBER 14, 2019

Identifying and Responding to

HUMAN TRAFFICKING AND INTIMATE PARTNER VIOLENCE

in Healthcare

Catherine A. Colquitt, M.D.

Local Health Authority &
Medical Director

November 14, 2019



Tarrant County
Public Health



A healthier community through leadership in health strategy

Seminar Objectives

1. Define human trafficking (HT) and intimate partner violence (IPV)
2. Explore the magnitude of the problem and the populations impacted
3. Describe the role of law enforcement in addressing HT and IPV locally
4. Understand trauma bonds and how they impact victims of HT and IPV
5. Recognize red flags and indicators of HT and IPV in healthcare settings
6. Utilize a trauma informed approach with victims of HT and IPV
7. Identify pathways to transform healthcare for victims of HT and IPV
8. Identify local resources, services, and after care options for victims of HT and IPV in Tarrant County

HT/IPV

- We encounter HT and IPV victims everywhere we work, and we must cultivate the skills to identify and link to resources those affected by HT/IPV.
- We live in communities deeply committed to changing the paradigm for victims of HT/IPV.
- Our presenters will challenge us to refine tools to tackle the challenges of HT/IPV.
- We must develop a reporting structure robust enough to quantify, track, and intercede locally to address HT/IPV.
- We will leave this training armed with information and new insights into future opportunities to help those affected by HT/IPV.

HT/IPV Questions

- Where do we encounter patients who are victims of HT/IPV?
- What can we do to help victims of HT/IPV when we encounter them?
- Who in our workplaces needs to learn about HT/IPV?
- What is the impact of HT/IPV on our patients, clients, and our community?
- What strategies can we develop within our workplaces and communities to become agents of change?

Community Partnership



Centered in Care
Powered by Pride



UNBOUND



**Tarrant County
Public Health**

- JPS pilot project and screening tool on IPV and HT
- UnBound and local agencies/organizations helping victims
- TCPH desire to screen patients and address IPV and HT

Main Address:

1101 S. Main Street
Fort Worth, TX 76104

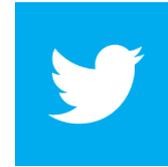
Phone:

817-321-4700

Website:

health.tarrantcounty.com

Social Media:



HUMAN TRAFFICKING: AN OVERVIEW



Fort Worth Police Department

Ofc. H. Rivard #4244

hannah.rivard@fortworthtexas.gov

817-392-4091 (o)/682-478-9357 (c)



PART 1: **OVERVIEW OF** **TRAFFICKING**



OVERVIEW:
WHAT IS HT?

Human Trafficking
(Slavery):

Labor
Trafficking

Sex
Trafficking



OVERVIEW:

3 ELEMENTS OF TRAFFICKING

HOW TRAFFICKING BREAKS DOWN.



ACTION

- RECRUITS
- TRANSPORTS
- PROVIDES
- OBTAINS/ATTEMPTS



MEANS

- FORCE
- FRAUD
- COERCION



PURPOSE

- COMMERICAL
- SEX ACTS
- LABOR SERVICES



OVERVIEW: LOCAL HT MISCONCEPTIONS



Trafficking is always dramatic or a kidnapping situation



Victims know they are being trafficked, have no freedom, and want help and to "escape"



Most victims are foreigners/immigrants, or trafficking happens overseas only



Trafficking is the same as smuggling, prostitution, sexual assault, online solicitation, or survival sex



STATS: *FT. WORTH*

Statistics...

1. **\$39 million** possibly made by IMB's yearly
2. **HSI estimates 0.061% of population trafficked** in FTW (~2500 people trafficked in metroplex)
3. **Case Statistics**
 - 2015: 16 cases, 10+ tips
 - 2016: 30 cases, 73 tips
 - 2017: 52 cases, 141 tips
 - **2018: 62 cases, 166 tips**



STATS: *TARRANT COUNTY SHERIFF'S OFFICE*

TSCO Tips ...

- 2017: 33
- 2018: 53
- *2019: 24 tips (YTD)*
- *8 cases currently working*



PART 2: **FTW SPECIFICS**



Ft. Worth HT

Top 3 Types of Trafficking Here...



**Domestic minor
sex trafficking**



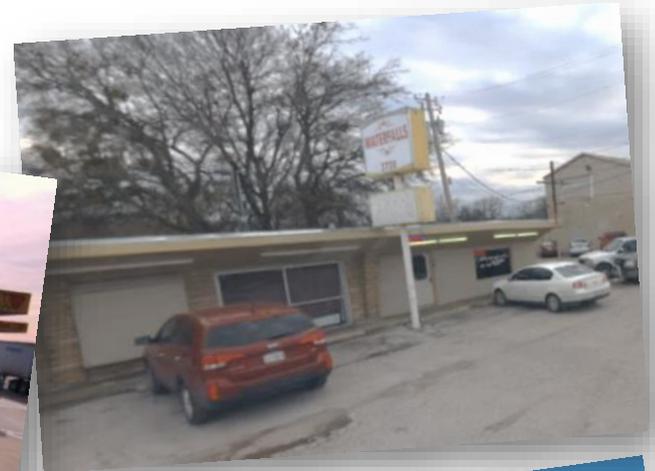
**Adult forced
prostitution**



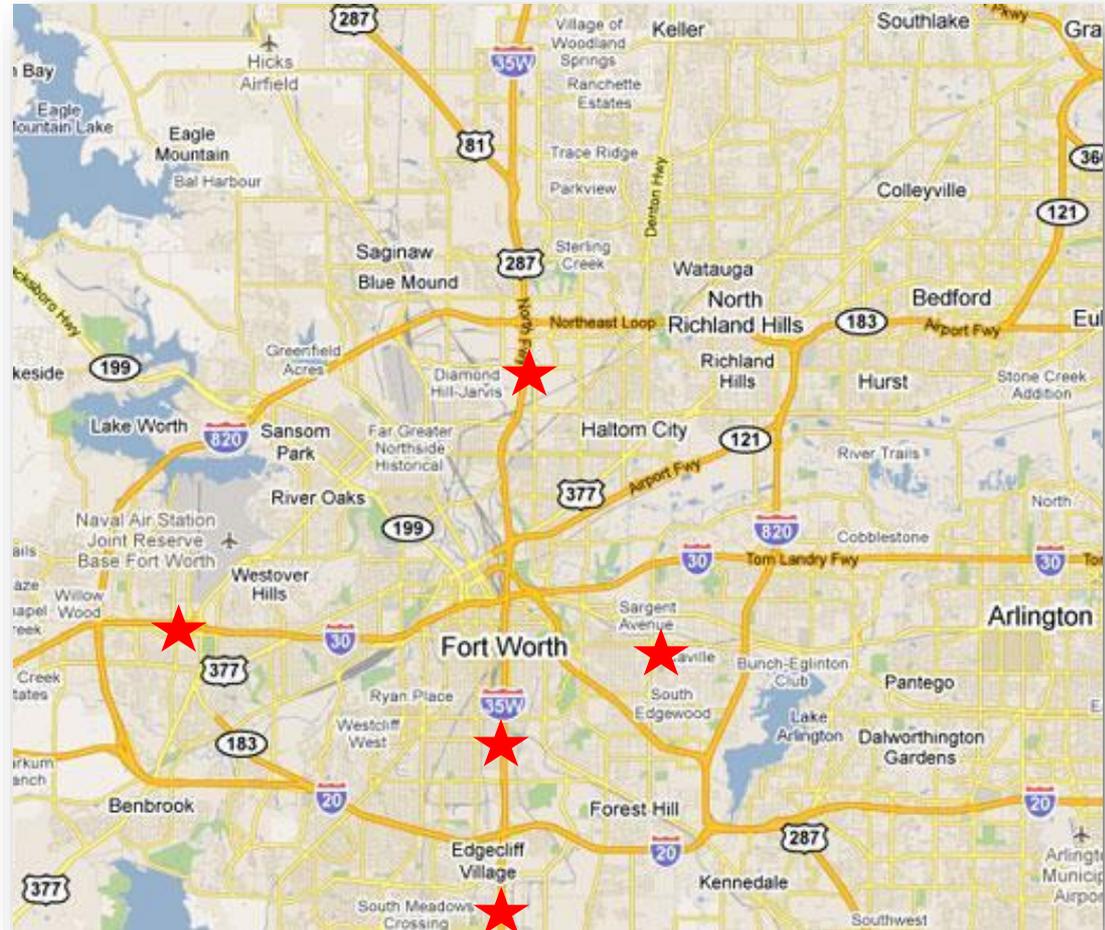
**Illegal massage
parlors/strip clubs**



FT. WORTH LOCATIONS



Ft. Worth Locations



OVERVIEW: *RECRUITMENT AND ADVERTISING*



IDENTIFYING TRAFFICKING: *MISSED VICTIMS*

History (27)

Options	Date	Source	Invlmmt	Reference	Reas on
	4/17/2017	Incident Person	Victim	170035096	PENALCODE
	4/17/2017	Crime Analysis Person	Victim	170035096	VC
	1/7/2017	Crime Analysis Person	Victim	170002187	VC
	1/7/2017	Incident Person			DE
	11/21/2016	Crime Ana			
	11/21/2016	Incident Person	Arrestee	160110790	NARC VIOL
	11/21/2016	Jail Booking	T	1631522	OT WARRANT (MC)
	9/18/2015	Jail Booking	T	1527028	PC 32.31-Credit/Debit Card Ab (FS)
	6/12/2015	Jail Booking	T	1517385	PC 31.07-Unauth Use of Vehicl (F)
	6/11/2015	Warrants	CAN	15F001660	PC 31.07
	6/10/2015	Incident Person	Suspect	150054446	RUNAWAY
	6/10/2015	Crime Analysis Person	Suspect	150054446	SUS
	6/10/2015	Incident Person	Runaway	150054446	RUNAWAY
	6/10/2015	Crime Analysis Person	Runaway	150054446	RUN
	6/1/2015	Crime Analysis Person	Suspect	150051272	SUS
	6/1/2015	Incident Person	Arrestee	150051272	AUTOTHEFT
	5/9/2015	Incident Person	Suspect	150043216	AUTOTHEFT
	3/8/2015	Crime Analysis Person	Suspect	150021538	SUS
	3/8/2015	Incident Person	Suspect	150021538	THEFT
	3/3/2015	Incident Person	Runaway	150020019	RUNAWAY
	3/3/2015	Incident Person	Suspect	150020019	RUNAWAY
	2/17/2015	Crime Analysis Person	Suspect	150015660	SUS
	2/17/2015	Crime Analysis Person	Runaway	150015660	RUN
	2/17/2015	Incident Person			
	2/17/2015	Incident Person			
	9/2/2014	Crime Analysis Person	Suspect	140084284	SUS
	9/2/2014	Incident Person	Suspect	140084284	THEFT

Identified as a HT victim

LE contacts where she went unidentified as a HT victim

Started being trafficked

PART 3: **HT INVESTIGATIONS**



INVESTIGATIONS: *COMMUNICATION BARRIERS*

MENTAL
HEALTH

PTSD

SUICIDAL

DON'T
BELIEVE
THEY'RE A
VICTIM

ABUSED AT
HOME

DISTRUST OF
LE/CPS

DRUG
ADDICTION

COMPLEX
TRAUMA

BELIEVE
PIMP'S LIES



INVESTIGATIONS: *CULTURAL BARRIERS*

- ✓ Fear of **LE**
- ✓ Fear of **deportation**
- ✓ Fear for **family** back home
- ✓ Cultural **conditioning**
- ✓ Better than life back home and/or **blame** themselves
 - ✓ Don't **speak English**
 - ✓ Unaware of **rights**
 - ✓ Don't know **what to do**/where to go
- ✓ Honor/shame, **cultural**, or religious dynamic



INVESTIGATIONS: *ADULTS VS. JUVENILES*

Adults

Harder to prove
(must meet all
elements of
offense)

Requires more
victim
cooperation (to
prove HT itself)

Juveniles

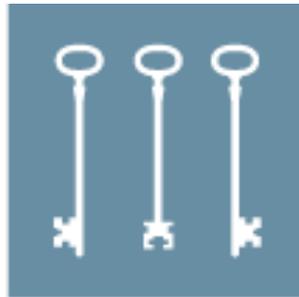
Does not
require force,
fraud, or
coercion

Does not
require victim
cooperation

More
complications
with placement,
CPS, etc.



INVESTIGATIONS: *USE OF ADVOCATES*



UNBOUND
FORT WORTH

traffick 911



[Open printer-friendly html](#)

(Safari or [Chrome Browser](#) recommended for printing and PDF creation)



Beautiful bunny in town new numberð....hi iim Jamie!!!ð°ĩ½ - 19
Nothing is ...

[trail](#)

Fri 12/09/2016 05:57:56 PM, Fort Worth, Texas

age: 19
phone: 817-264-6912

[report Ad](#)

[show details](#)



Sexy bunny ð°ð°ð....hi im jamieð° - 20
Hey There!! I'm Jamie❁❁

[trail](#)

Fri 12/09/2016 05:57:41 PM, Fort Worth, Texas

age: 20
phone: 817-264-6912

[report Ad](#)

[show details](#)



Sexy bunny ð°ð°ð....hi im jamieð° - 20
Hey There!! I'm Jamie❁❁

[trail](#)

Fri 12/09/2016 01:55:56 AM, Fort Worth, Texas

age: 20
phone: 817-264-6912

[report Ad](#)

[show details](#)



Beautiful bunny in town new numberð....hi iim Jamie!!!ð°ĩ½ - 19
Nothing is ...

[trail](#)

Fri 12/09/2016 01:55:37 AM, Fort Worth, Texas

age: 19
phone: 817-264-6912

[report Ad](#)

[show details](#)

HOW TO REPORT (FOR CIVILIANS)



1. Law enforcement or CPS

- **911** if an emergency or *anything* time sensitive; this is always the preferred option
- **CPS** an option for non-emergencies involving juveniles (**800-252-5400**)

2. Directly to HT Unit

- If a non-emergency or situation to which 911 will not respond (ex., suspicious activity), notify HT Unit (817-392-4533; humantrafficking@fortworthtexas.gov)

3. Nonprofit help (non-mandatory reporting only)

- **National Trafficking Hotline** for those who do not want police involvement (24/7 line, 888-3737-888)
- **Valiant Hearts** for adult sex workers (817-564-4638)
- **Unbound** for at-risk juveniles (817-668-6842)



ANY QUESTIONS?



SOURCES:

PowerPoint Based on requirements set fourth by TCLEOSE Course #3271 outline
Human Trafficking Response Unit Proposal (H. Rivard and F. Grantham)

Stats based on the 2008 and 2009 TIP Reports, Department of State

Child abuse/runaway stats from Dr. Elise Hopper, PhD., Director of Project REACH of the Institute for Justice Studies

Heat map from 2015 Polaris Promect

Department of Justice:

- http://www.justice.gov/whatwedo/whatwedo_ctip.html
- <http://www.usdoj.gov/criminal/ceos/prostitution.html>
- <http://www.ncjrs.gov/spotlight/trafficking/facts.html>

U.S. Department of State:

- <http://www.state.gov/g/tip/rls/fs/2005/57345.htm>
- <http://www.state.gov/g/tip/rls/fs/34563.htm>
- <http://www.gtippotos.state.gov/>
- <http://www.state.gov/g/tip/rls/tiprpt/2007/82799.htm>

U.S. Department of Health and Human Services:

- http://www.acf.hhs.gov/trafficking/campaign_kits/tool_kit_law/identify_victims.html
- http://www.acf.hhs.gov/trafficking/about/fact_human.html

Project Reach at the Justice Resource Institute

- Hints for Working with Victims of Human Trafficking
- Dr. Elise Hopper, PhD Director of The Trauma Center at JRI. PowerPoint presentation *Understanding the Trauma Response and Promoting Healing in Survivors of Human Trafficking*

In Service Training for Law Enforcement on Trafficking in Persons provided by Nicholas Sensley

- CDC Intimate Partner Violence *Definitions*
- USDOJ Office of Justice Programs Bureau of Justice Statistics: *Intimate Partner Violence In the United States*

Freedom's Shield (organized crime information)

Much data taken from Dr Vanessa Bouche PPT, TCU Professor, Dept of Political Science



SOURCES:

Pictures

- <http://www.riskology.co/life-saving-checklist/>
- <http://www.dailymail.co.uk/news/article-3090757/Feds-biker-gang-members-claiming-rights-logos.html>
- <http://www.publicdomainpictures.net/view-image.php?image=34596&picture=question-mark>
- <http://lowdown.carphonewarehouse.com/news/we-investigate-mobile-myths-so-you-dont-have-to/35270/>
- <http://live-nhtrc.radcampaign.com/sites/default/files/DSCF4019.jpg>
- <http://www.hscentre.org/wp-content/uploads/2015/05/12-620x330.jpg>
- <http://cdn.teen.com/wp-content/uploads/2015/08/stockholm-syndrome-beauty-and-the-beast.jpg>
- <http://pinkstem.org/wp-content/uploads/2013/06/girl-silhouette.jpg>
- <http://www.texasgopvote.com/sites/default/files/migrant-worker.jpg>
- http://cdn.ipsnews.net/Library/2016/07/Domestic-migrant_-571x472.jpg
- https://cdn3.vox-cdn.com/thumbor/ufa1yK1Rmaz1gUYcxhh5V2BBu8w=/0x161:3072x1889/1600x900/cdn0.vox-cdn.com/uploads/chorus_image/image/41793026/chinese-restaurant-nyers-flickr.0.0.jpg
- <https://hope4justicedotorg1.files.wordpress.com/2013/02/help-me.jpg?w=640>
- <http://www.com.cuhk.edu.hk/varsity/0303/periscope/signs1.jpg>
- <https://www.catholicireland.net/wp-content/uploads/2013/08/malehandwithbarcode1.jpg>
- <https://genderacrossborders.files.wordpress.com/2009/10/regularguy-thailand1.jpg>
- <http://www.fullyillustrated.com/wp-content/uploads/2014/03/darknet-brand.jpg>
- https://static1.squarespace.com/static/54c6be02e4b0933590ff8e18/t/58f6599b86e6c08cacbf6fda/1492540718264/human_trafficking_in_texas.png?format=750w via The Refuge Austin, IDVSA study
- <http://www.krmsradio.com/wp-content/uploads/2014/11/child-abuse.jpg>
- http://www.dfps.state.tx.us/Youth_Hotline/images/DFPS_logo.png
- http://www.curezone.org/upload/_A_Forum/Ask/runaway.jpg
- <http://theoakstreatment.com/wp-content/uploads/heroin-drug-needle-spoon2-700x560.jpg>
- <https://static1.squarespace.com/static/5724ee301bbee056721dd394/t/57c053859de4bb0392a1d2b5/1472222128545/>
- <http://spreadtheflame.com/wp-content/uploads/2011/06/DSC015911.jpg>
- <http://i.ytimg.com/vi/9QIOT3sGWxE/hqdefault.jpg>
- <http://blog.mysanantonio.com/sada/files/legacy/broken%20chain.jpg>
- http://static.yourtango.com/cdn/farfuture/aX8SkNVqgKE8twor0Bwp9pd9vSx5XevHD0IDXU0SyEE/mtime:1428590778/sites/default/files/styles/listing_big/public/its-complicated.jpg?itok=SDEBJcXN



Intimate Partner Violence

*What we have done to do better on
IPV in our community and how
Healthcare Providers can assist
with these efforts*

Sgt. Ty Stillman
Bedford Police Department
CID Supervisor- IPV/ BIU/ TIU/ SIU
817-952-2434
Tyler.Stillman@Bedfordtx.gov

FV vs. IPV

- **Family Violence**
 - BLOOD RELATIVE/ RELATED BY MARRIAGE- Parents, children, stepparents, stepchildren, grandparents, grandchildren, brothers and sisters, half-brothers and half-sisters regardless of whether they reside in the same home with the suspect.
 - Parents-in-law, children-in-law, brothers- and sisters-in-law regardless of whether they reside in the same home with the suspect.
 - ROOMATES- Persons, whether or not related, who cohabit or who previously cohabited with the suspect, and any children of either who then resided in the same home as the suspect.
- **Intimate Partner Violence (aka DV)**
 - SPOUSE OR FORMER SPOUSE
 - PERSONS WHO SHARE A CHILD IN COMMON
 - PERSONS WHO ARE OR HAVE BEEN IN AN INTIMATE DATING RELATIONSHIP

IPV Definition

Intimate Partner Violence includes those persons listed previously and is defined as:

- As a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. IPV can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

BPD Statistics

2012

- DV repeat rate of 13.5% (*all FV, not just IPV*)

2013-2016

- Reduced the FV repeat rate to 5.2% (focused effort, after-the-fact intervention on victims only)

Late 2016

- BIU started responding to in-progress IPV calls to establish an immediate rapport with victims along with Crime Victims Coordinator

BPD Statistics Cont..

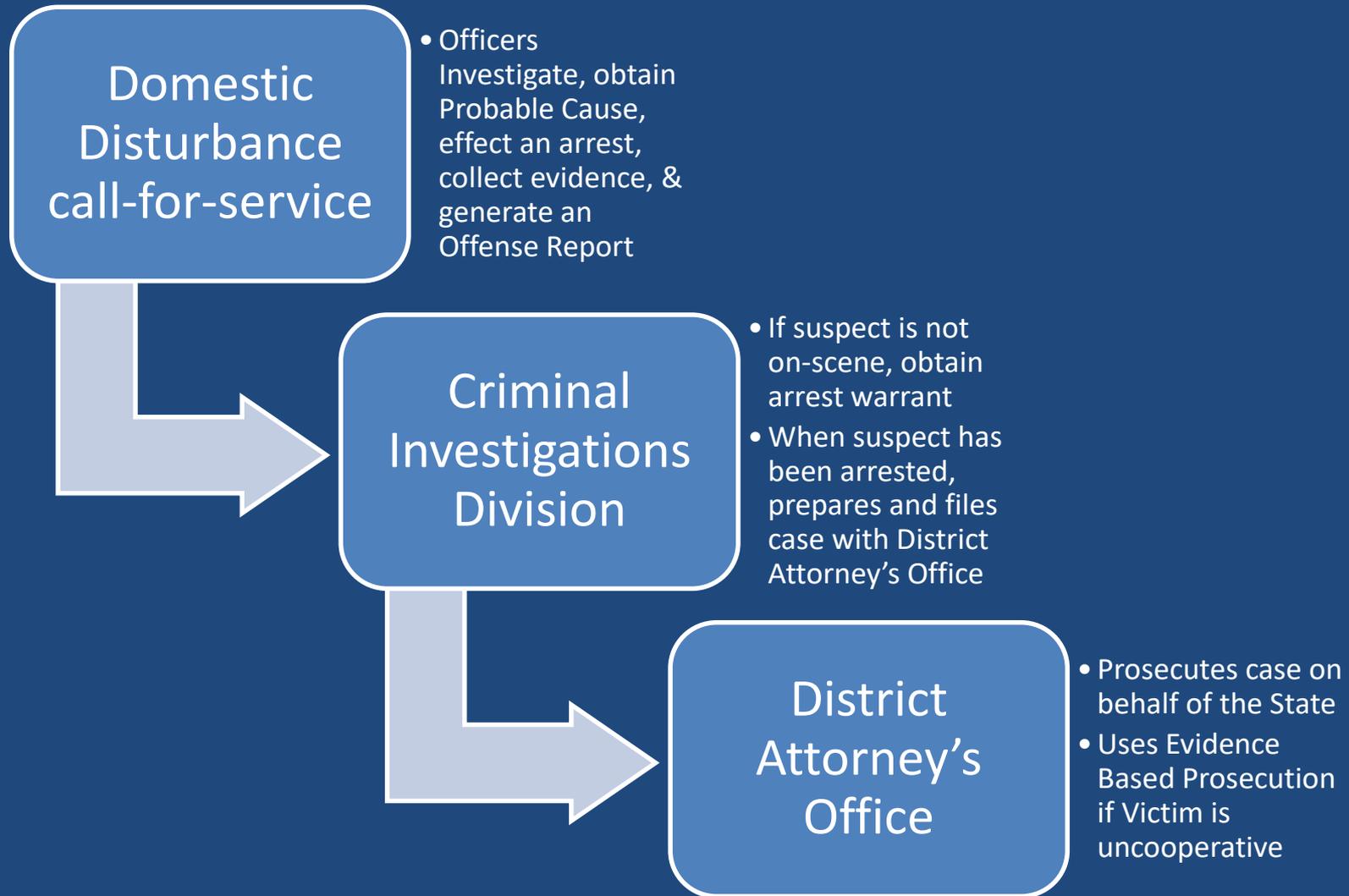
2017

- Reduced the DV repeat rate to 3.3%
 - Late 2017- Integrated our Victimization Follow-up to include TCDA's IPV Offender Focused Program

2018

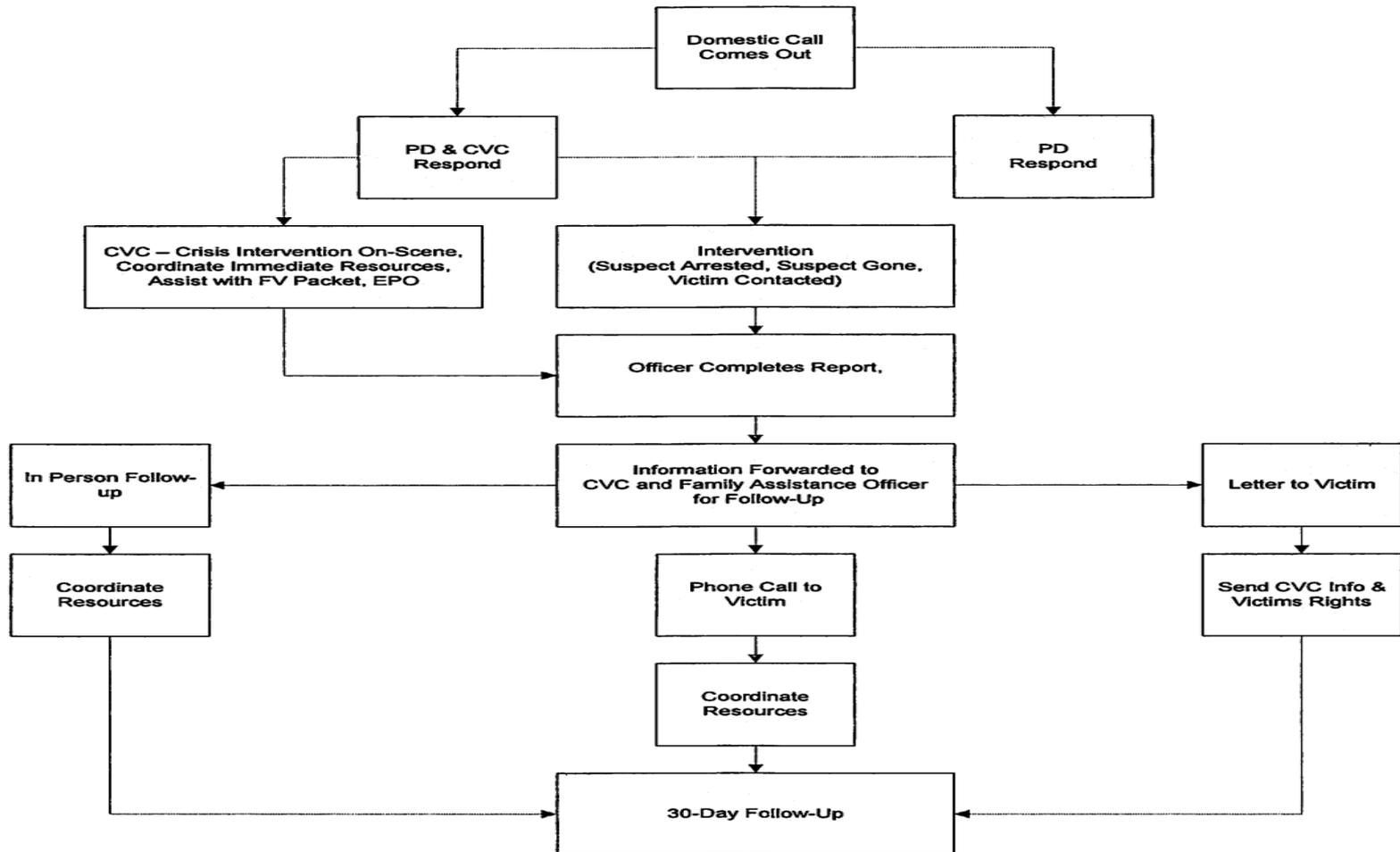
- Reduced the IPV repeat rate to 1.5% at worst (most likely a bit lower, but we do not have the complete data to confirm that yet).

What happens during these cases; from start to finish



BIU & CVC Model

HEB Crime Victims Model



Committed Time

During FY18- Our Behavioral Intervention Unit (BIU) completed what was equated to a total of **4 days, 6 hours, and 15 minutes of Victimization Follow-ups**. A “**Victimization Follow-up**” call type is used for 3 things:

- Unannounced home safety check
 - Delivering the “Offender Letter”
 - Completing follow-ups with the victim
-
- The figure in time spent/ days is noted because of total time spent in other areas:
 - o Major accident = 2 days, 7 hours, 53 min
 - o Minor accident = 2 days, 19 hours, 44 min
 - o Motorist Assist = 3 days, 13 hours, 19 min

How to better address this problem

- All of our Front Line Supervisors have been certified to score the Lethality Assessment on the Tarrant Count Family Violence Packet on its weighted scale.
- All of Patrol and 80% of all Sworn have received Trauma Informed Interview training.
- Officers are required to document a Domestic Disturbance as an Incident Report, if there is a clear aggressor, even if no true Offense has been committed.
- *Our stats in FY18 show that Domestic Disturbances was #1 in where our Officers spent their time on Citizen Generated Calls with Reports.

Strangulation Training

- From 2017 to 2019, we have seen a **176%** increase in Strangulation Cases.
- We have given our Telecommunicators, Officers, EMS & local hospital additional education on strangulation cases.
- It is now Mandatory for EMS to respond to all reports of strangulation, with both Police and EMS strongly recommending the victims to seek medical treatment at a hospital.

Reasons why victims are uncooperative or later recant



Thought we were doing good...

- 409 IPV cases in 2017
- 341 IPV cases in 2018,
 - Stats showed we had a significant gap in our system of working these types of cases.

Gap (Not Good..)

2015

434 cases

- 61 unfounded
- 60 exceptional clearance
- 30 inactive
- 282 arrest
- 69 cases had at least 1 warrant issued

Average Days Until Inactive: 113

Felony Average Days Until Inactive: 302

Average Days Inactive to Arrest: 114

2016

377 cases

- 60 unfounded
- 47 exceptional clearance
- 19 inactive
- 250 arrest
- 41 cases had at least 1 warrant issued

Average Days Until Inactive: 77

Felony Average Days Until Inactive: 45

Average Days Inactive to Arrest: 30

2017

409 cases

- 53 unfounded
- 36 exceptional clearance
- 22 inactive
- 295 arrest
- 54 cases had at least 1 warrant issued

Average Days Until Inactive: 96

Felony Average Days Until Inactive: 140

Average Days Inactive to Arrest: 56

Combined Focused Effort

With the addition of an IPV Detective and BIU Division work together, we are working hand-in-hand with the Detective to both assist the victim and hold the offender accountable as soon as practical.

HIPAA-

§ 164.512 Uses and disclosures for which an authorization or opportunity to agree or object is not required.

- Under this section (paraphrased):
- (c) Standard: Disclosures about victims of domestic violence:
 - ***A covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of domestic violence to a government authority authorized by law to receive reports of domestic violence;***
 - (A) *The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual*

Providing Medical Documentation to Law Enforcement for IPV Cases

- When contacting law enforcement to report domestic violence victims who consent or are in serious harm:
 - *You may/ should also provide the relevant medical documentation to Law Enforcement*
- ❖ ***Domestic Violence Victims are 3 times more likely to be seen in the healthcare field for domestic violence related injuries as opposed to law enforcement officers, prior to be killed by their intimate partner***
- Healthcare Providers 47% vs. Law Enforcement 14%

Percentages

- Among the victims who were murdered by their partners, 44% were seen in the ER/ ED less than two years prior to their deaths
- A victim of strangulation is 800% more likely to be killed by their partner
- So far in 2019 in Bedford, in nearly 20% of all IPV assault offenses, the victim has reported some type of strangulation/ suffocation

What can you do?

- Work with your entity to come up with protocol(s) where you know you will be supported by your entity if you have a situation where you have a patient who is in serious danger due to Domestic Violence, and needs law enforcement intervention after receiving necessary medical treatment.
 - Contact your Law Enforcement Agency if you have questions about what their process would be once they arrive.

Thank you!

- Alliance for Hope (Strangulation Institute on Strangulation Prevention)
- Tarrant County District Attorney Office
- Bedford PD Chief Jeff Gibson (for allowing me to speak today)
- Genesis Women's Shelter
- Texas Health Resource
- One Safe Place
- SafeHaven
- **And a HUGE Thank You to you all for listening. I know this is a passionate subject all of us devoted to providing care for these victims can rally around and make a difference!**

UNDERSTANDING VICTIMS OF HUMAN TRAFFICKING

SHANNON WOLF, PHD, LPC-S

SWOLF@BHCARROLL.EDU

NOVEMBER 14, 2019

2

OBJECTIVES

1. Participants will gain a detailed understanding of the risk factors that could lead to trafficking.
2. Participants will explain how development plays a key role in trafficking victimization.
3. Participants will analyze the role trauma bond play in keeping victims from seeking help.
4. Participants will describe how healthcare workers can assist victims in the recovery process.

3

UNDERSTANDING THE VICTIM



4

ADOLESCENTS

- Impulsive
- Don't always make good decisions
- Want to belong
- Developing Identity
- Developing Worldview

5

BIOLOGICAL/SOCIAL DEVELOPMENT

- Inability to read situations
- Inability to think ahead
- Pushing away from family
- Becoming an individual
- Further developing assumptions about the world
- Worldview assumptions become crystalized

6

ERIKSON'S PSYCHOSOCIAL STAGE

- Adolescent: Identity vs Identity Confusion
 - Normal developmental stage used for ill purposes
 - Bombardment of messages
 - Females seek to be similar to strengthen relationships
- Young Adult: Intimacy vs Isolation
 - Ways of establishing intimacy have been developed

7

DEVELOPMENT OF WORLDVIEW

- Foundational assumptions that provide a conceptual framework for understanding, organizing, and explaining the world around us.
- Since it helps us make sense out of the world, it influences how we interpret the world. (It serves as an interpretive schema.)
- Worldview influences how we act in the world . (It guides our actions.)

8

RISK FACTORS

- *Primary risk factor is non-protective family*
- Lack of secure bond between parents and child
- Run-aways
- Emotional and physical abuse/abandonment
- Childhood sexual assault
- Foster Care
- Self-denigration
- Mental Disabilities
- Substance Abuse

9

OTHER RISK FACTORS



MORE RISK FACTORS: CURRENT APPS TRAFFICKERS USE

FIFTEEN APPS
PARENTS SHOULD KNOW ABOUT

Courtesy of the Sarasota County Sheriff's Office
UPDATED JULY 2019



MEETME
MEETME is a dating social media app that allows users to connect with people based on geographic proximity. As the app's name suggests, users are encouraged to meet each other in person.

GRINDR
GRINDR is a dating app geared towards gay, bi and transgender people. The app gives users options to chat, share photos and meet up based on a smart phone's GPS location.

SKOUT
SKOUT is a location-based dating app and website. While users under 17 years old are unable to share private photos, kids can easily create an account using a different app.

WHATSAPP
WHATSAPP is a popular messaging app that allows users to send texts, photos, voicemails, make calls and video chats worldwide. WHATSAPP uses an internet connection on smart phones and computers.

TIKTOK
TIKTOK is a new mobile device app popular with kids used for creating and sharing short videos. With very limited privacy controls, users are vulnerable to cyber bullying and explicit content.

BADOO
BADOO is a dating and social networking app where users can chat, share photos and videos and connect based on location. While the app is intended for adults only, users are known to create profiles.

BUMBLE
BUMBLE is similar to the popular dating app " Tinder" however, it requires women to make the first contact. Kids have been known to use BUMBLE to create fake accounts and falsify their age.

SNAPCHAT
SNAPCHAT is one of the most popular apps in recent years. While the app promises users can take a photo/video and it will disappear, new features including "stories" allows users to view content for up to 24 hours. Snapchat also allows users to tag your location.

KIK
KIK allows anyone to contact and direct message your child. Kids can bypass traditional text messaging features. KIK gives users unlimited access to text, anytime, anywhere, anytime.

LIVEME
LIVEME is a live-streaming video app that uses geolocation to share videos so users can find out a broadcaster's exact location. Users can earn "coins" as a way to "pay" minors for photos.

HOLLA
HOLLA is a self-proclaimed "addicting" video chat app that allows users to meet people all over the world in just seconds. Reviewers say they have been confronted with racial slurs, explicit content, and more.

WHISPER
WHISPER is an anonymous social network that promotes sharing secrets with strangers. It also reveals a user's location so people can meet up.

ASK.FM
ASK.FM is known for cyber bullying. The app encourages users to allow anonymous people to ask them questions.

CALCULATOR%
CALCULATOR% is only one of SEVERAL secret apps used to hide photos, videos, files, and browser history.

HOT OR NOT
HOT OR NOT encourages users to rate your profile, check out people in their area, and chat with strangers. The goal of this app is to hack up.

For more information, contact Sarasota County Sheriff's Office Community Affairs at 941.861.4095

Meet Me	Grinder
Skout	WhatsApp
TikTok	Badoo
Bumble	Snapchat
Kik	Live.me
Holla	Whisper
Ask.fm	Hot or Not



ATTACHMENT CONSIDERATIONS

- Development of identity as a family member
- Starving for belonging and love
- Oxytocin
- Sex as a method of developing quasi-bonds

12 DOMESTIC MINOR SEX TRAFFICKING

- Anyone under the age of 18
- FBI statistics - 51% of all trafficked persons in USA (Actual number is impossible to establish)
 - Victims can be misidentified
 - Victims may not perceive themselves as being trafficked
- Traffickers tend to look for younger victims
 - Perceived as “Clean”
 - Can charge more

13

SPIRITUAL/MORAL DEVELOPMENT

- Looking for a place to belong
 - “Trouble maker”
- Experience rejection from “good people”
 - Becomes part of worldview
- Trafficker may use God as a weapon to control victim
- Traffickers or johns may be people of faith or in positions of power

DESCRIBING THE TRAFFICKER



15

DESCRIBING THE TRAFFICKER

- Exploits another human being for personal gain
- May play a single role or multiple roles
- May be well-known in the community or a stranger
- May be a person of authority or not involved in society
- May be involved in other crimes or only ST
- Finesse Pimp or Guerrilla Pimp (taken from guerrilla warfare)
- Male or Female

16

CONTROLLING THE VICTIM

- Coercion and Manipulation
 - Isolation
 - Controlling bodily needs/functions
 - Relationships
- Physical Violence
- Frequent Relocation
- Drugs and Alcohol

17

THE IMPACT OF TRAFFICKING ON THE VICTIM



TRAUMA BONDS

- Powerful emotional attachments of a victim to the perpetrator that are intensified by numerous traumatic events.
- The bonds can be with the trafficker and/or the “family”
- Bonds are adaptive responses to extreme trauma
- These bonds are very difficult to break

19 CHARACTERISTICS OF TRAUMA -BONDS

- Victims feel emotional ties to the perpetrator and to other girls involved.
- These bonds can be very strong
- The victim may not take opportunities to escape a captor.
- Trauma bonding appears to be an adaptive response to an excessively abusive repeatedly traumatic environment.

ASSOCIATED PROCESSES

- Attachment Processes
- Learned Helplessness
- Complex PTSD
 - Type 1 vs. Type 2
- Sympathetic Nervous System Stress Response (fight, flight, freeze, submit)
- Development of Worldview

At its core, trauma-bonds can be understood as an attachment issue wrapped with worldview and identity confusion, and topped off with a trauma, loss, and grief.



The trafficker then is the one who causes emotional pain but is the only one who can relieve that pain.

COMMON EXPERIENCES

- Type 2 Trauma
- Repeated Sexual Assault
- Attachment Disorder
- Coping skills/Self-soothing
- Abortion (Forced abortion)
- Drugs and Alcohol Addiction
- Sexual Addiction
- Physical Abuse/ Torture
- Witnessing Traumatic Acts/Forced to preform acts of violence

PTSD

- Exposure and response to trauma
- Intrusion symptoms
- Avoidance symptoms
- Negative alterations in cognitions and mood

COMPLEX PTSD AND THE BRAIN

- More than PTSD symptoms with depression and anxiety
 - Not all will have a PTSD diagnosis
 - They will have serious effects from the trauma of trafficking
- Severe trauma can lead to changes in brain functioning.
 - Trauma may cause a fight, flight, freeze, submit response
 - Main areas impacted are:
 - amygdala, hippocampus, & prefrontal cortex.

IMPLICATIONS

- Trafficking is much more complex than sexual assault thus symptoms are more complex
- Difficulties with relationships
- Mental Disorders
- Education and life skill deficits
- Does not tolerate stress well
- Healing is a slow process

27

HOW TO HELP



28

VICTIMS YOU MAY ENCOUNTER

- Victims may be in a Peri-trauma state
- Lying
- Manipulation
- Discerning what you want to hear
- May appear that they are resisting help

INTERACTING WITH VICTIMS

- Be a safe person for them
- Unconditional Acceptance
- Have realistic expectations for them
- The victim may expect to be exploited. Allow her to trust slowly.
- This will most likely be a marathon.
- Own your frustration – Don't blame the victim!
- Time away from the trafficker is one of the best predictors of a good outcome.

30

QUESTIONS OR COMMENTS?



Identifying and Responding to Human Trafficking and Intimate Partner Violence in Healthcare

SUSAN G. BLUME, BSN, RN, CEN



Conflict of Interest and Disclosures

I HAVE NO FINANCIAL RELATIONSHIPS WITH ANY COMMERCIAL INTERESTS TO DISCLOSE.

Disclaimers

- ▶ Statistics can be viewed skeptically.
- ▶ Slides and content may be upsetting.
- ▶ Step Away if you wish. Re-join when you wish.



Learning Objectives



Identify human trafficking and intimate partner violence through recognizing risk factors and red flags.



Discuss the intersection of human trafficking and intimate partner violence.



Discover the characteristics of abusers, traffickers and victims.



Respond appropriately to the healthcare needs of victims.



Explore factors that facilitate or impede disclosure and outcomes the patient desires from disclosure to healthcare professionals.



Intersection of Human Trafficking and Intimate Partner Violence



Public Health Problem

35% of women affected by IPV.

IPV prevalence as high as 60% in women involved in sex trade.

Child sexual abuse associated with both sex trafficking and IPV.

Nearly 1/2 Murdered Women Murdered by intimate or formerly intimate partner.

Domestic violence increases susceptibility to sex trafficking.

LGBTQ/IPV

- ▶ Physical and Sexual Violence
- ▶ Emotional Violence
- ▶ Rates Comparable or Higher
- ▶ Unique Triggers
- ▶ Child Abuse
- ▶ CAI and IPV
- ▶ Implications for Healthcare



Understand Complexity of Abuse

- ▶ Power and Control
- ▶ Coercion
- ▶ Guilt and Shame
- ▶ Isolation
- ▶ Intimidation
- ▶ Vulnerable



Common Tactics by Abusers and Traffickers

- ▶ Physical and Emotional Violence
- ▶ Sexual Abuse and Exploitation
- ▶ Financial Abuse
- ▶ Threats to Family Members
- ▶ Use of Children
- ▶ Withholding of Food, Sleep, Medical Care



Risk Factors for IPV

- ▶ Unemployment
- ▶ Lower Income
- ▶ Minority
- ▶ Stress
Work/Financial/Parental
- ▶ Childhood Family
Violence
- ▶ Less Social Support
- ▶ Low Self Esteem



Red Flags of IPV

- ▶ Putting their partner down
- ▶ Controlling
- ▶ Isolation
- ▶ Threatening
- ▶ Intimidating
- ▶ Physical Abuse
- ▶ Sexual Assault
- ▶ Pressure





Profile of Abusers

DOMESTIC ABUSERS ARE MASS SHOOTERS AND
COP KILLERS



Human Trafficking

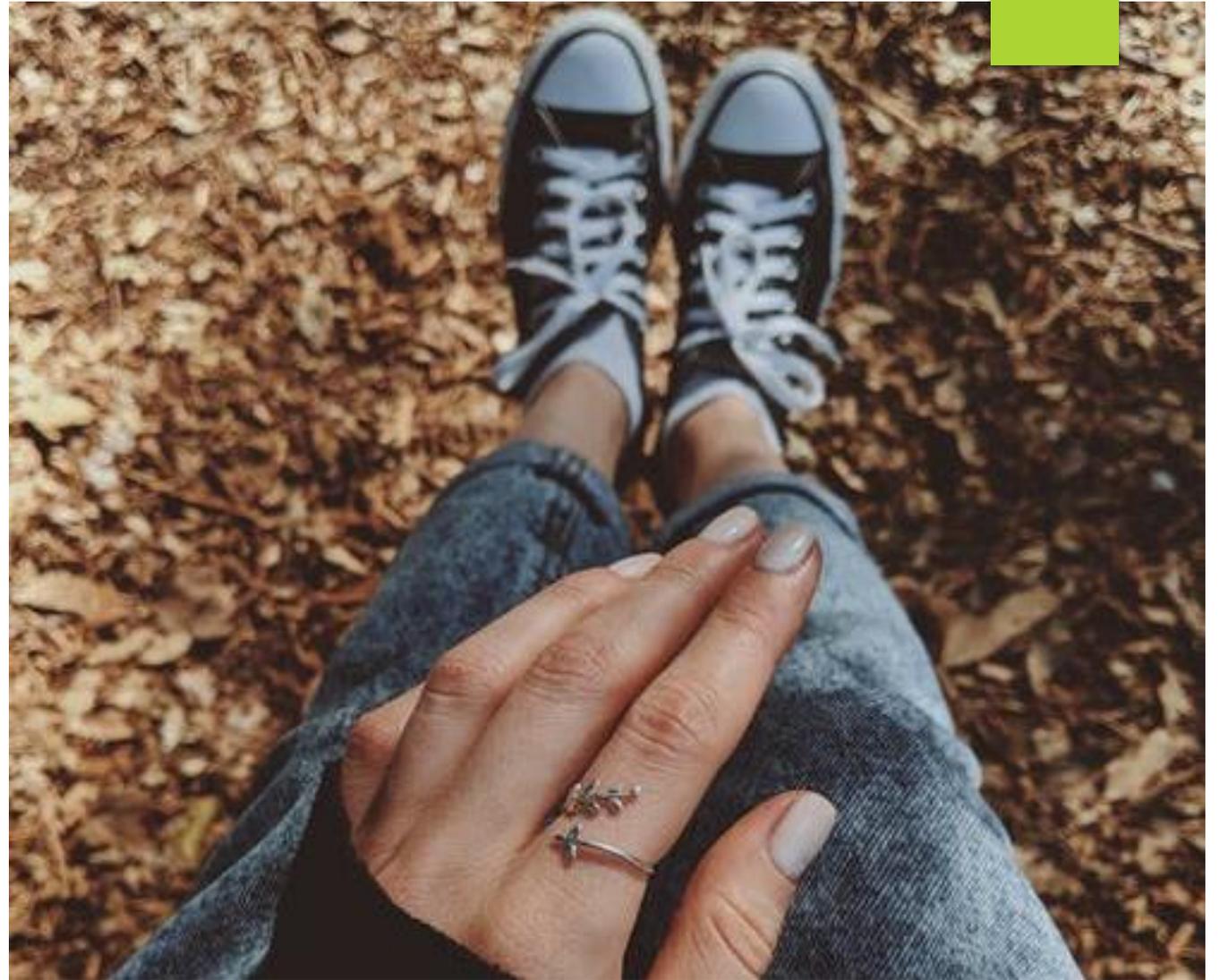
SOME DATA SUGGESTS A 7 YEAR LIFE
EXPECTANCY FOR A DOMESTIC SEX
TRAFFICKING VICTIM.



Males Can Be Victims

Sex Trafficking

- ▶ Pornography
- ▶ Massage Parlors
- ▶ Nail Salons
- ▶ Online Ads
- ▶ Modeling Agencies
- ▶ Escort Services
- ▶ Strip Clubs



Labor Trafficking

- ▶ Agricultural Trafficking
- ▶ Day Labor
- ▶ Sweatshops
- ▶ Domestic Servant/Nanny
- ▶ Forced Begging
- ▶ Food Service
- ▶ Peddling



Victims Seek Healthcare



- 87.8% of Survivors reported that they had contact with the medical system while they were victims but were not recognized.
- That's why you are here!
- We will change that!

How to Identify and Respond to Victims of Human Trafficking



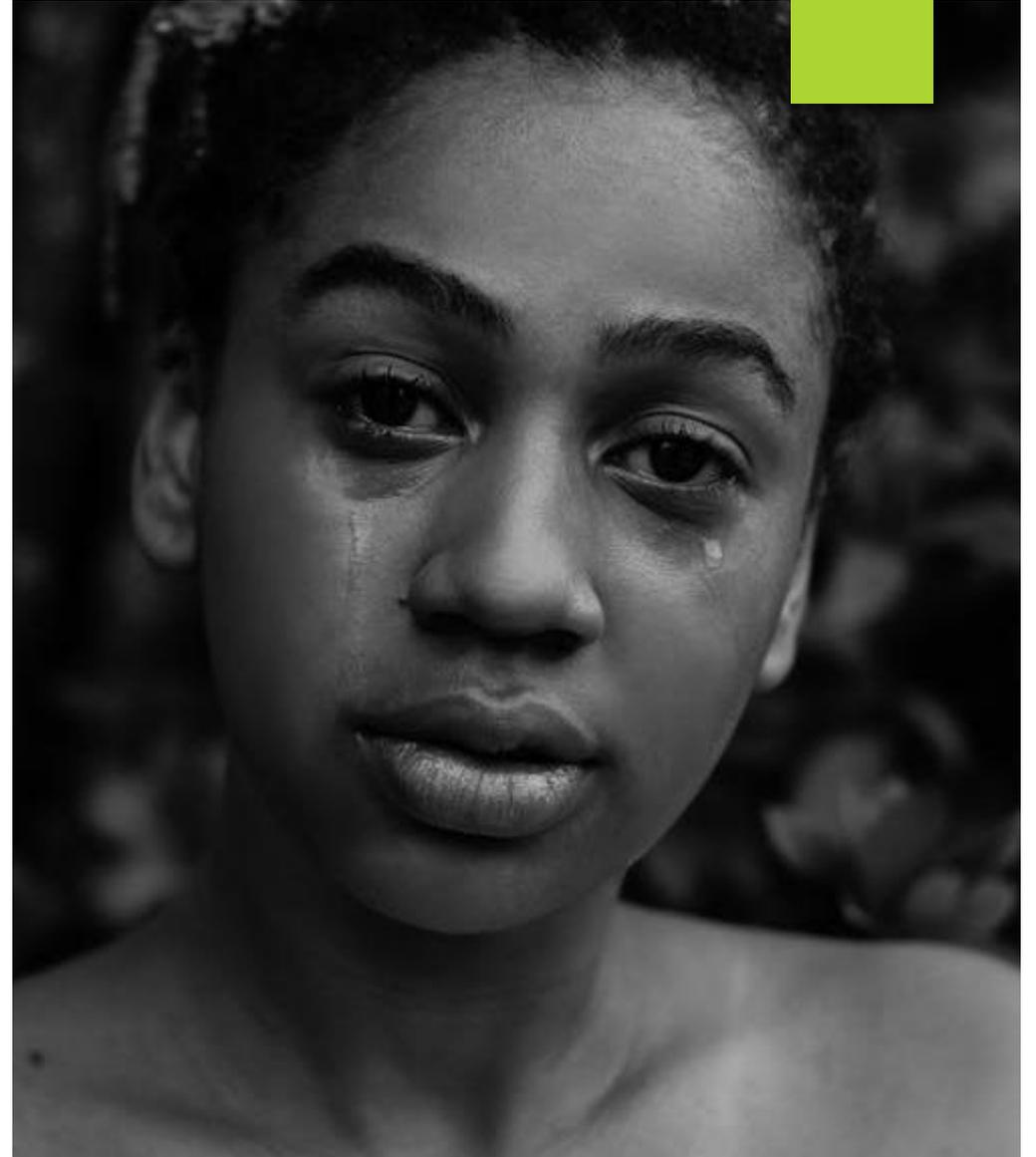
Risk Factors



- Addiction
- Homelessness
- Gang Affiliation
- Sexual or Physical Abuse/Neglect
- Runaway
- LGBTQ
- Involved in the System
- Immigration Status/Foreign Nationals
- Lower Socio-Economic Status

Red Flags

- ▶ Intimate Partner Violence
- ▶ Sexual Assault
- ▶ Psych Complaints in Minors
- ▶ Substance Abuse
- ▶ Accompanied by Controlling Person
- ▶ No ID or Money



Red Flags

- Questionable Employment
- Disorientation
- Contradictory Information
- Pregnancy/STDs in Minors
- Various Injuries
- Multiple STDs, Abortions
- Tattoos of Ownership



Red Flags

- Unable to Answer Questions
- Malnutrition
- Involvement in the System
- Industrial Injuries
- Somatic Complaints
- Difficult to Deal With
- Healthcare Provider Gut Instinct



Characteristics of Traffickers

- ▶ Friend, Family, Partner
- ▶ Employer
- ▶ Controlling
- ▶ Do the Talking
- ▶ Have the Papers
- ▶ Desire Maximum Profit





Who is the Trafficker?

Characteristics of the Victims

- ▶ Often subjected to severe, complex forms of interpersonal trauma that can affect the way they interact with healthcare staff.



Victim's Mindset

- Isolated
- No one cares
- Fear
- Trauma Bonds
- No Understanding of Culture
- No Identity as a Victim



Healthcare Needs of Victims

- ▶ Violence
- ▶ Bruises, Broken Bones
- ▶ Strangulation
- ▶ Sexual Assault
- ▶ Intimate Partner Violence



Strangulation: The Last Warning Shot

- ▶ 1 in 4 Women Experience IPV
- ▶ 68% Strangled
- ▶ 800% More Likely to Die
- ▶ 50% of Fatal Strangulations Leave No Marks



Evaluation of Strangulation Patients

- ▶ LOC
- ▶ Visual Changes
- ▶ Petechiae
- ▶ Ligature Marks/Contusions
- ▶ Swelling Tenderness
- ▶ Incontinence
- ▶ Neuro Signs
- ▶ Dysphonia/Aphonia
- ▶ Dyspnea/SubQ Emphysema
- ▶ Evaluate carotid and vertebral arteries
- ▶ Evaluate bony/cartilaginous and soft tissue neck structures
- ▶ Evaluate brain for anoxic injury
- ▶ CTA of carotid/vertebral arteries
- ▶ MRI/MRA of neck
- ▶ MRI/MRA of brain

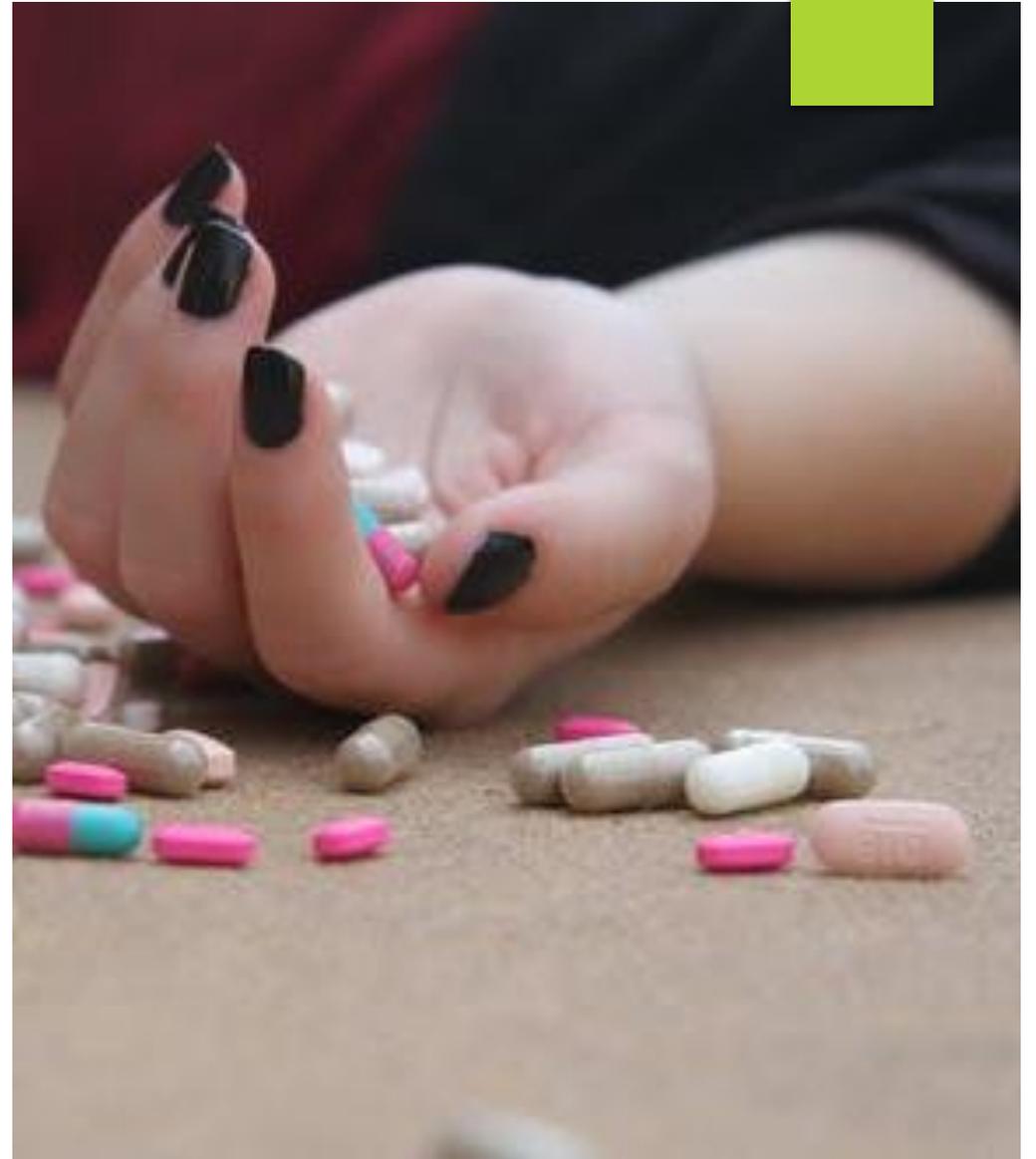
Health Risks of Sex Trafficking

- ▶ STIs
- ▶ PID
- ▶ Pregnancy
- ▶ Abortions
- ▶ Lack of preventative care
- ▶ Hepatitis
- ▶ HIV



Substance Abuse

- ▶ Used by Traffickers to Control
- ▶ Overdoses
- ▶ Withdrawal Symptoms
- ▶ Used to Numb
- ▶ Addicts Vulnerable to Trafficking



Psychiatric Concerns

- ▶ Anxiety
- ▶ Suicidal
- ▶ Psychosis
- ▶ Disorientation
- ▶ Lack of Affect
- ▶ Eating Disorders
- ▶ PTSD



Physical Concerns

- ▶ Untreated Chronic Diseases
- ▶ Malnutrition
- ▶ Somatic Complaints
- ▶ Dental Issues
- ▶ Neck/Jaw Pain
- ▶ Untreated Injuries



Differentials

- ▶ Human Trafficking
- ▶ Intimate Partner Violence
- ▶ Sexual Assault
- ▶ Child Abuse
- ▶ Homelessness
- ▶ Substance Abuse



How to Appropriately Respond

- ▶ Treat Immediate Healthcare Needs
- ▶ Communicate Hope
- ▶ Documentation
- ▶ Collect Evidence if Indicated



Raise Dopamine Levels

- ▶ Sleep
- ▶ Snacks
- ▶ Sugar
- ▶ Salt
- ▶ Straws
- ▶ Sunshine



Factors That Facilitate/Impede Disclosure

- ▶ Patient Provider Connectiveness
- ▶ Children
- ▶ Social Support
- ▶ Ambiguity about Role of Health Care



Patient Desired Outcomes

- ▶ Support
- ▶ Empathy
- ▶ Concern
- ▶ Referrals
- ▶ Medical Treatments
- ▶ Psychological Support
- ▶ Education



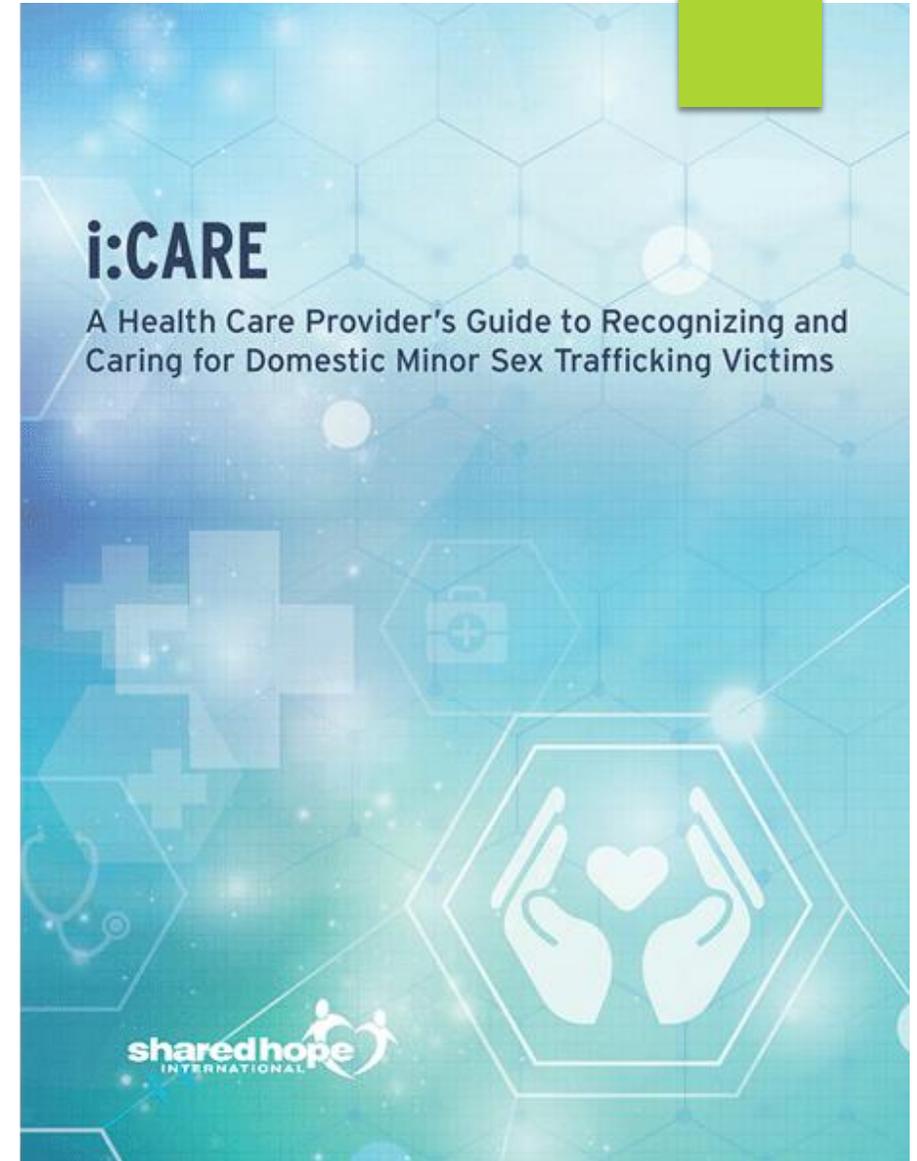
Goals of Treatment

- ▶ Help the Patient as Much as Possible
- ▶ Develop a Relationship with the Patient
- ▶ Provide Patient Centered Care
- ▶ Encourage the Patient to Come Back
- ▶ Safety Planning
- ▶ Offer Resources
- ▶ Document Appropriately



Resources

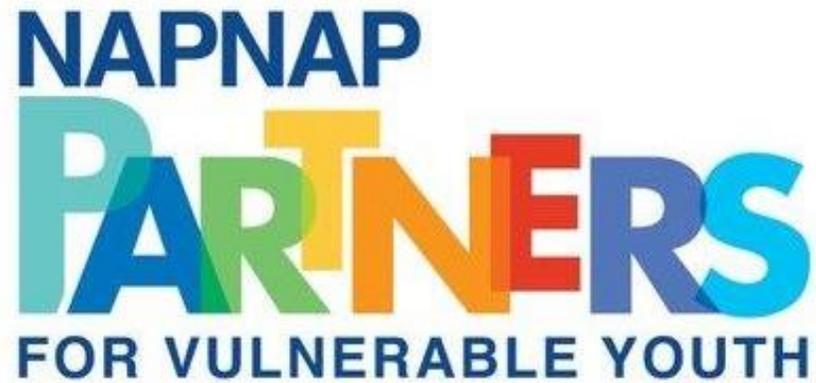
- ▶ U.S. Department of Health and Human Services Rescue and Restore Campaign
- ▶ Polaris National Human Trafficking Resource Center
- ▶ HEAL Trafficking
- ▶ SOAR to Health and Wellness Training
- ▶ I:Care Shared Hope International





Questions?

SUSAN.BLUME@UNBOUNDNOW.ORG



Labor and Sex Trafficking Overview for Healthcare Professionals

Jessica L. Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP

Provided by the Alliance for Children in
Trafficking (ACT), a program by
NAPNAP Partners for Vulnerable Youth
© 2019



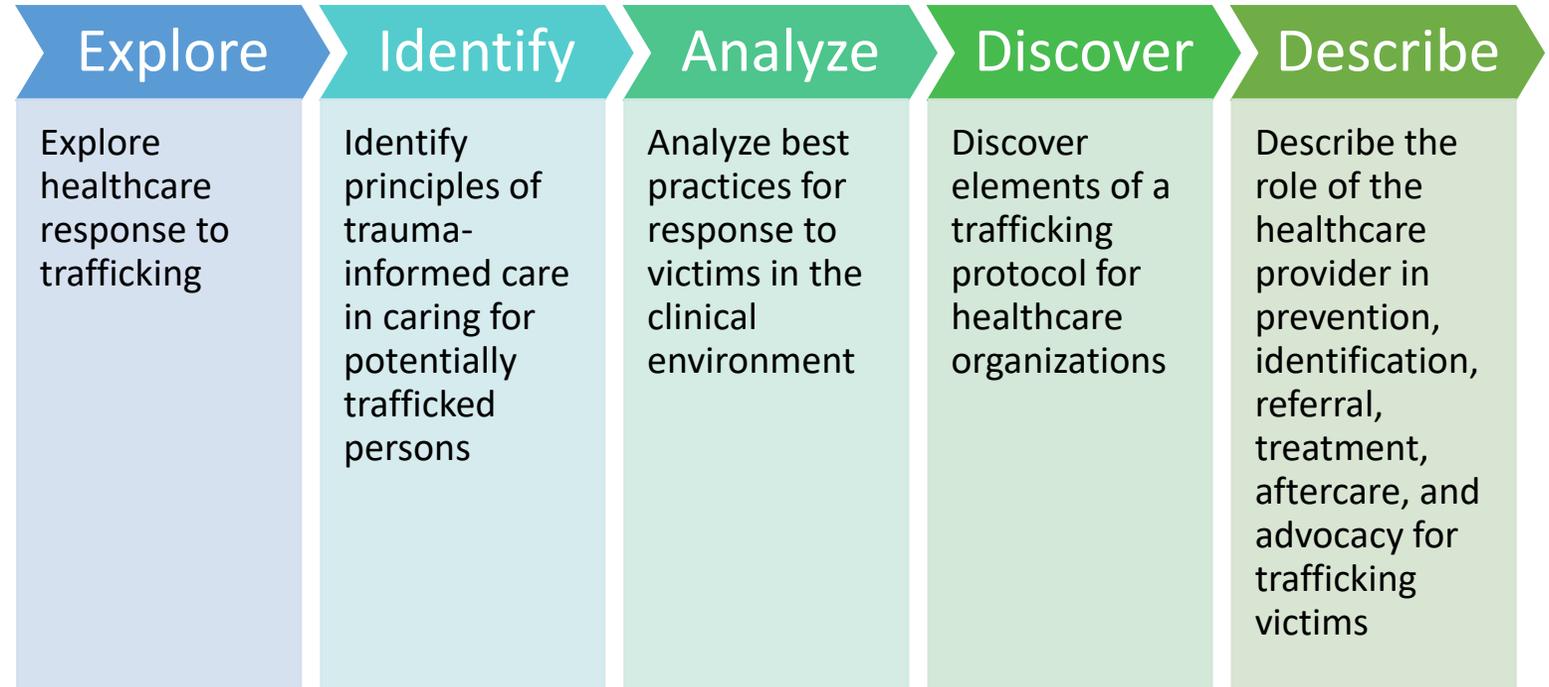
Conflicts of Interest and Disclosures

- Jessica L. Peck DNP, APRN, CPNP-PC, CNE, CNL, FAANP has no financial relationships with commercial interests to disclose
- Some information may be upsetting to you.
- Violence, sexual assault and sexual abuse to be discussed
- Feel free to leave and re-join anytime you wish

Special notes on statistics:

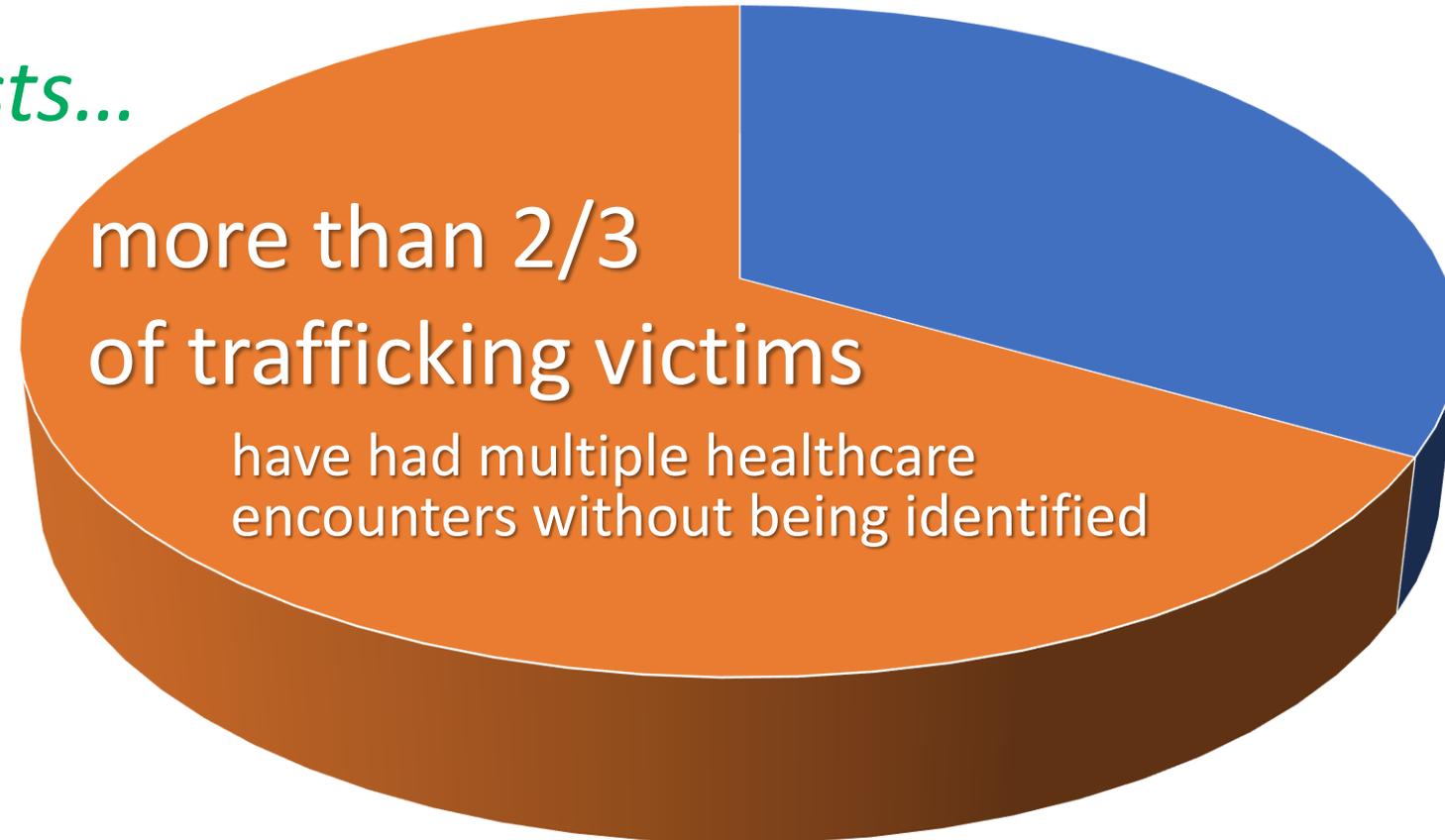
- Statistics for labor and sex trafficking should be viewed through a critical lens
- Research on this topic is in its infancy and no standards exist for reporting

Learning Objectives



Why This Subject Is Important to People in ANY Healthcare Setting

Evidence suggests...



Do I have your attention now?

Trafficking as a Criminal Industry

- **Second largest** and **fastest growing** criminal industry in the world
- Continuous profit, less risk

Estimated **\$32 billion**
worldwide



\$10 billion
in U.S.



- **Average estimated yearly income from one trafficking victim—UP TO \$300,000**
- No official estimate of the total number of trafficking victims in the U.S.
- Teens, runaways and foster care or history of abuse at greatest risk in U.S.



Common Healthcare Misconceptions

- Prostitutes
- Drug Addicts
- Suicidal Ideation
- Self-Harming Behaviors
- Societal Perceptions of Traffickers
- Susceptible to Trafficker Deception

Labor and Sex Trafficking “Facts”

Key Concept: Children from all socio-economic levels are at risk

Important to **not stereotype** who might be a potential victim

Risk of diminished lifespan because of multiple health risks

Multiple sex partners per day

Violent nature of most traffickers

Physical violence used as control mechanism

Drugs used as control mechanism

Recruitment: How Does a Child Become a Victim?

Traffickers recruit with the “triple T” principle

Target

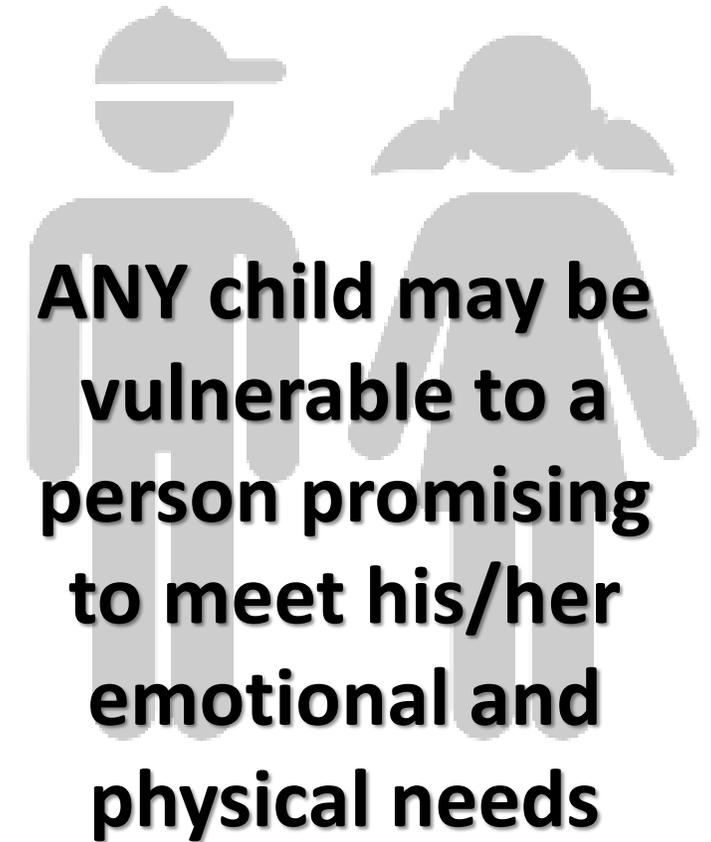
- Traffickers seek out vulnerable children

Trick (or manipulate)

- Traffickers break down a child’s natural resistance and suspicion
- Then reveal true intent of relationship

Traumatize

- Child becomes a victim; becomes and feels trapped and powerless
- This “trauma bond” is extremely difficult to break



How Does This Happen?

- Befriend- establish trust
- Intoxicate- introduce drugs/alcohol
- Alienate- separate from family
- Isolate- separate from friends
- Desensitize- establish a new normal
- Capitalize- exploit victim for personal gain



(Operation Texas Shield, 2018)

Recruitment: Social Media

Traffickers may...

- Pretend to be the same age of the child
- Pretend to come from the same or similar social group/school
- Lure them into sexting resulting in blackmail
- Troll the popular social media sites among children

Warning signs...

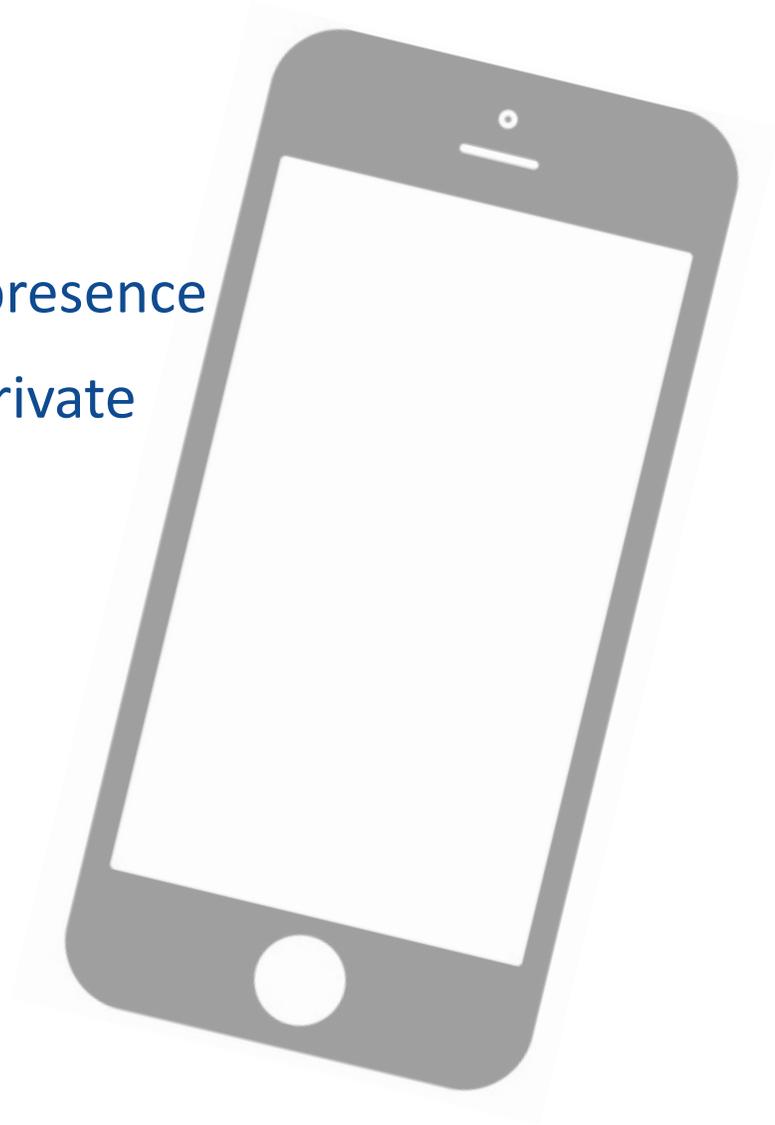
- Changes in communication patterns, physical appearance
- Child blocks access to phone, computer
- Child has second phone, multiple social media accounts
- Has new boyfriend or girlfriend, especially older person

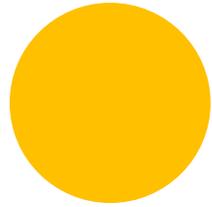
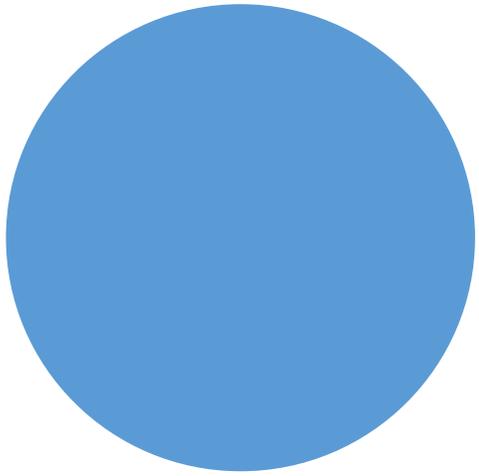


Social Media Safety Tips

Caregivers can protect children by...

1. Educating children on how to protect their online presence
2. Teaching how to set all social media platforms to private
3. Helping children understand importance of using generic photos instead of personal photo
4. Disabling geotagging and/or geolocators
5. Following terms of use for online platforms





Pediatric ACES

COMPLEX TRAUMA

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

ACEs

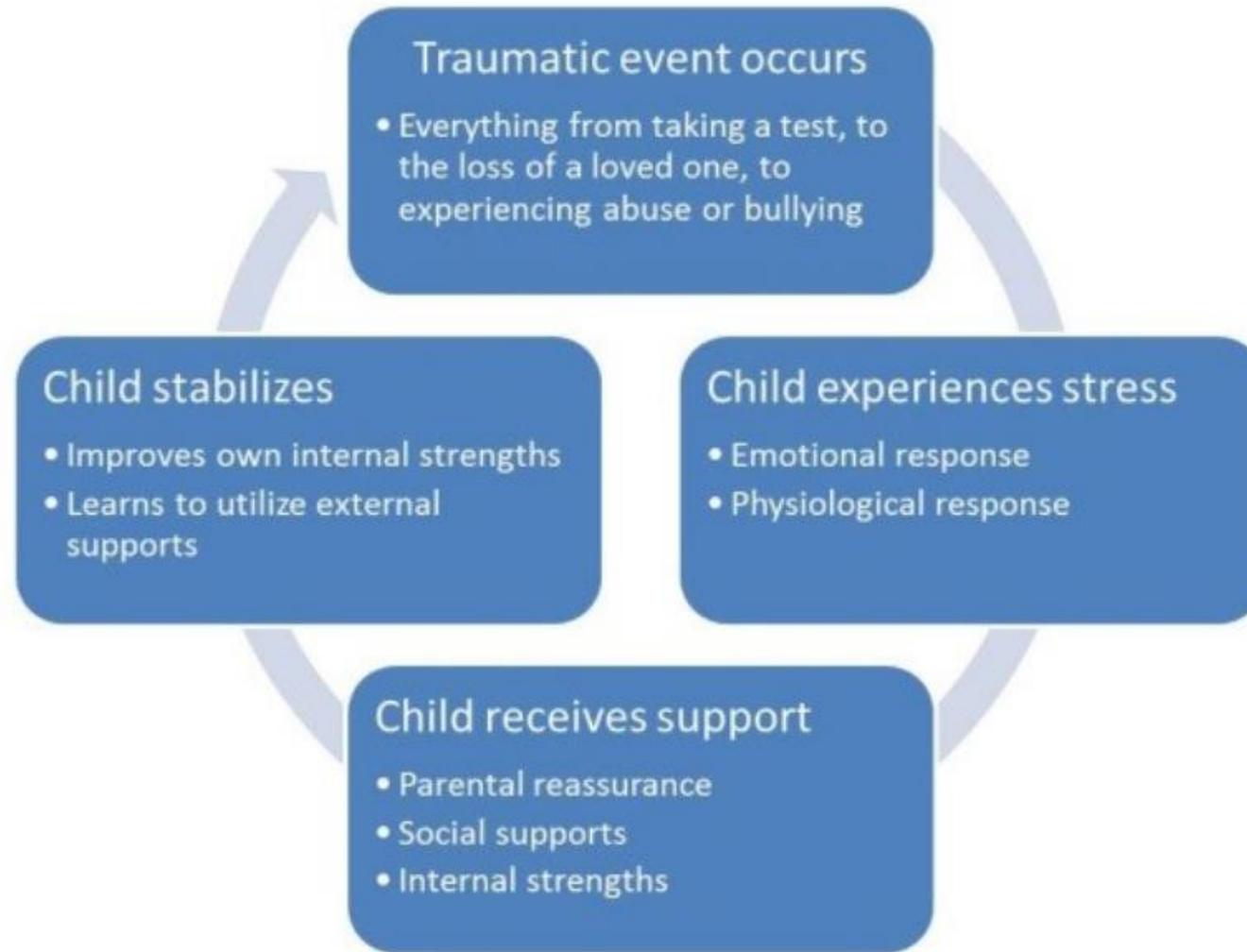
- CDC-Kaiser Permanente
- Adverse Childhood Experiences (ACE) Study
 - 1995-1997
 - 17,000 subjects



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

<https://www.cdc.gov/violenceprevention/acestudy/about.html>.

Resilience



<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx>

Identification and Assessment: Best Practices in Trauma-informed and Victim-centered Approach

Key Concept



Trafficking victims have often been subjected to severe, complex forms of interpersonal trauma that can have an effect on the way they interact with medical professionals.

Core Principles of a Trauma-Informed Approach



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed



Trauma-informed and Victim-centered Approach

Consider the function behind the victim's behavior

- She/he needs to maximize chance of survival
- Emotional desire to reduce loneliness
- Strong social desire to engage another person
- Need to feel in control
- Victim may have tendency to elicit a response from the provider, even if negative



Trauma-informed and Victim-centered Approach

Provider's First Impressions of Potential Victim

- Patient appears anxious, afraid of “companion”
- Cannot or will not speak on own behalf; overly submissive
- Patient gives false or inconsistent information
- Does not speak language, is new to country
- Appears confused or disoriented
- Has no access to identification documents
- Patient has multiple hotel keys or multiple cell phones
- Branding and other tattoos

Trauma- informed and Victim-centered Approach

Key Concept: Interviewing Patient Alone

- Assess every situation critically
- Identify the dynamics between the patient and companion
- When controlling dynamics are suspected, interview the patient alone; find a private space
- CAUTION! Even if patient is alone, the trafficker may be listening or victim may be recording conversation on the phone
- Involve child life or another child advocate whenever possible
- Your protocol should be multidisciplinary

Trauma- informed and Victim-centered Approach

Key Concept: Safety first for all involved parties

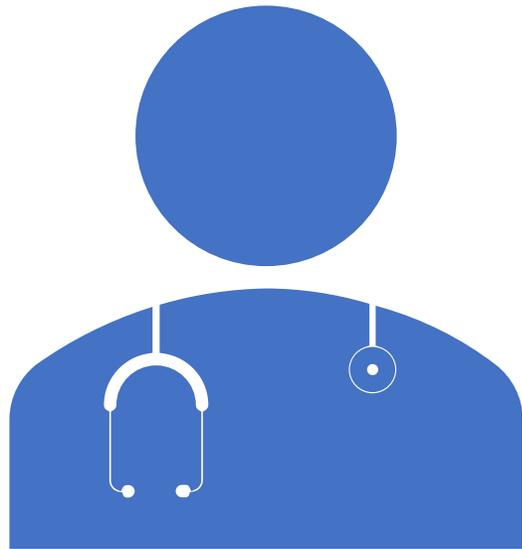
- Facilitate sense of safety
- Safety is of primary importance - for the victim, victim's family, yourself and other staff
- Practice empathic listening
- Maintain nonjudgmental attitude, be open to what they are saying
- Be supportive
- Meet patient 'where they are'
- Strive to minimize re-traumatization

Trauma- informed and Victim-centered Approach

Key Concept: Privacy and confidentiality vs. mandatory reporting

- Use your authority to create a safe space for talking
- Maintain confidentiality; be aware that diagnosis code and EMR can reveal victim's status to others
 - Total of 13 child/adult codes available
- Promote culturally and linguistically responsive care by always using a professional interpreter if a language barrier exists
 - DO NOT use a friend or associate of the patient
- Use the same words as patient and don't correct them

Trauma-informed and Victim-centered Approach



Goal: Do NOT force patient to disclose his/her trafficking situation

How: Questions and actions should assess:

- Risk of exploitation/trafficking
- Safety
- Services or treatment you can offer

Do: Let patient know this is a place he/she can come for help.

Don't: Blame the patient.

Trauma-informed and Victim-centered Approach

*Sample questions to ask potential child victim - **be age appropriate when possible***

- What type of work do you do?
- What are your work hours?
- How often do you get to see your family?
- Does someone forbid contact with you?
- Can you get another job if you want?
- Can you come and go as you please?
- Where do you eat and sleep?
- How many people are there?
- Is it clean?
- Are you being paid?
- Do you owe money to your employer?
- Do you have control over your money and your ID / documents?
- Do you ever feel pressure to do something you don't want to do?
- Have you been physically hurt?
- Did someone tell you what to say today?
- Has your family been threatened?

Trauma-informed and Victim-centered Approach

If you think your patient is a victim of child trafficking, tell him/her...

- You have rights
- You are not alone and are not to blame
- You are entitled to services and help

Make Referrals

- Connect your patient with the hospital social worker
- Connect your patient directly with an appropriate service provider

Organizational Response

- Adopting a validated, standardized screening tool

Trauma-informed and Victim-centered Approach

If you think your patient is a victim of child trafficking
AND he/she is **not ready** to accept help...

- Validate and normalize what the victim is feeling
- Provide information they may choose to act on in the future.
- Give information about future attempts to reach out for help verbally
- Abide by state laws as a mandated reporter if the victim is a minor

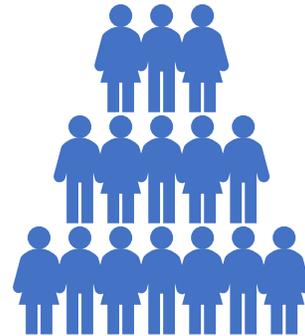




What **not** to do...

- Do **not** rescue the patient
- Do **not** ask about the patient's immigration status
- Do **not** make promises that you cannot keep
- Do **not** force, deceive or coerce the victim in an effort to save them

Trauma-informed and Victim- centered Approach



To emphasize...

- Many children do not see themselves as victims and therefore will not self-identify as victims
- Many victims see their trafficker as their "boyfriend" or other family relationship
- "Rescue" of victims is not your main objective or responsibility
- Your responsibility is to provide a safe space and connection to appropriate services

Protocols for Institutions

Key Considerations for Protocols



**Start with HEAL
Trafficking Protocol or
Dignity Health's Shared
Learnings Manual as a
guideline**

Other examples on the NAPNAP
Partners resources page

Use multi-disciplinary team to
develop protocol, including all
clinical personnel, nursing,
administrative, housekeeping,
security staff



**Multidisciplinary
response is important
for patient care, referral**



**Case management,
referral and
coordination**



**Know your community
partnerships and
response teams**



**Mandated reporting,
including**

Documentation
Reporting principles
State and federal mandates for
reporting

Key Considerations for Protocols

Benefits...

- Have answers, referrals, opportunities before you need them
- Provide the patient with the NHTRC hotline number
- Provide the patient with options for services, reporting, resources
- Discharge planning should include patient safety counseling
- Text HELP or INFO to 233733 (BEFREE)- add BE FREE

**National Human
Trafficking Hotline – 24/7**



888-373-7888



**Text HELP or INFO
to 233733**



humantraffickinghotline.org/chat

Key Considerations for Protocols



How to screen for and identify potential victims

Victims may present in ED, urgent care, outpatient clinic, OB for delivery, pediatrics clinic or other setting where they take their own children for care



Safety concerns for victims, families and staff



How to handle refusal of care



Discharge and referral considerations



Clinical protocols behind order sets and may be used for treatment, such as with a sexual assault case

Key Considerations for Protocols

- ICD-10 codes for potential and actual trafficking victims were approved in October of 2018
- New codes are an effective way to evaluate the number of cases identified
 - Will help us understand the depth of this public health problem
- Clinical guidelines help HCP recognize a labor or sex trafficking victim
 - Guidelines provide guidance with decision making and provide a range of accepted approaches

New ICD-10-CM Codes for Human Trafficking

- T74.51- Adult forced sexual exploitation, confirmed
- T74.52- Child sexual exploitation, confirmed
- T74.61- Adult forced labor exploitation, confirmed
- T74.62- Child forced labor exploitation, confirmed
- T76.51- Adult forced sexual exploitation, suspected
- T76.52- Child sexual exploitation, suspected
- T76.61- Adult forced labor exploitation, suspected
- T76.62- Child forced labor exploitation, suspected

Key Considerations for Protocols

Implications of working with law enforcement

- Help victims understand their rights and what specific legal protections are available
 - Some states offer decriminalization or diversion for trafficked youth
 - Victims are not criminals and should not be incarcerated
- Follow your institutional policies for reporting to law enforcement in situations of immediate, life-threatening danger
- Try to partner with your patient in the decision to contact law enforcement even when mandated

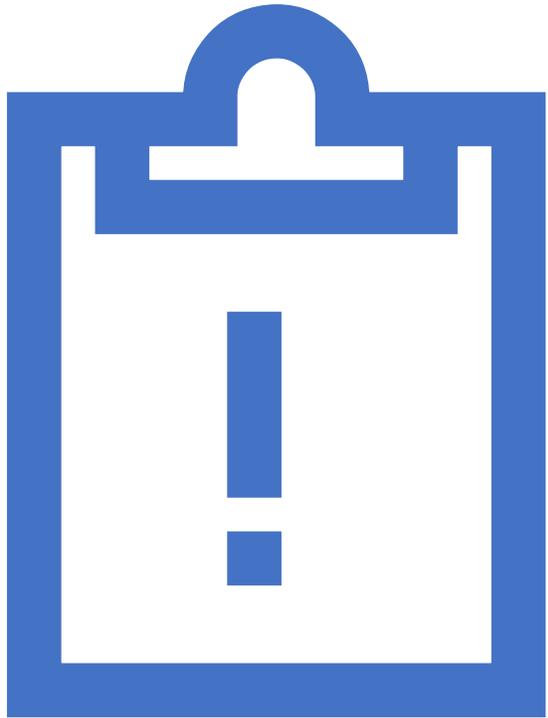
Key Considerations for Protocols

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings

Available at:

www.dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool





Calls to Action

Collaboration with Local, Regional Resources

National Human Trafficking Hotline 24/7



888-373-7888



**Text HELP or INFO
to 233733**



humantraffickinghotline.org/chat

Local Resources

ACT Advocates:

jlpeck@sbcglobal.net

Call to Action for Your Organization



WORK WITH YOUR
LEADERSHIP TO IMPLEMENT
A MULTIDISCIPLINARY
PROTOCOL



ESTABLISH AN
ORGANIZATION
TASKFORCE/WORKGROUP
ON CHILD TRAFFICKING



ESTABLISH ANNUAL
TRAINING FOR ALL
EMPLOYEES



MAKE CHILD TRAFFICKING
AWARENESS PART OF
ONBOARDING



WORK REGULARLY WITH
LOCAL/STATE LAW
ENFORCEMENT TASK
FORCES



USE AND MEASURE USAGE
RELATED TO ICD-10 CODES
ON HUMAN TRAFFICKING
(REVENUE MEASUREMENT)

Call to Action for Individuals



Champion the implementation and mandatory use of a protocol within your institution



Learn how to advocate for victims and help them become survivors



Understand why children are especially vulnerable and how to help



Tell prevention tips to all parents and teens—not just those perceived to be at risk



Become involved with local trafficking advocacy groups



Become involved with a trafficking task force, usually run by local or state government



Become an ACT Advocate and spread awareness

National Resources

See napnappartners.org for list of resources and references

- healtrafficking.org/2018/09/heal-trafficking-webinar-rethinking-representation-framing-human-trafficking-for-health-professionals/
- acf.hhs.gov/otip/training/soar-to-health-and-wellness-training/
- dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool
- <chromeextension://oemmndcbldboiebfnladdacbfdmadadm/https://pediatrics.aappublications.org/content/pediatrics/140/6/e20173138.full.pdf>

Acknowledgements

Training ACT Advocates Workgroup

Brenda Cassidy, DNP - Chair
Laura Searcy, MN RN APRN PPCNP-BC FAANP – Co-chair
Brigit VanGraafeiland, DNP, CPNP
Christine Pfundstein, RN, CCE, IBCLC
Christine Hallas, DNP, APRN, CPNP-AC
Pam Herendeen, DNP, PPCNP-BC
Gail Hornor DNP, CPNP, AFN-BC
Shenoa Williams, CPNP, SANE-P
Trisha Wendling, DNP, APRN, CNP-PC
Helen Lerner, EdD, RN, CPNP
Alexandra Torres, MSN, MBA, RN

Best Practices and Protocols Workgroup

Stacia Hays, DNP, CPNP-PC, CCTC, CNE - Chair
Shenoa Williams, CPNP, SANE-P – Co-chair
Steadman McPeters, DNP, CPNP-AC, CRNP, RNFA – Co-chair
Helen Lerner, EdD, RN, CPNP
Maria Woosley, DNP RN CPNP-AC/PC
Celia Forno, PMHNP
Emiko Dudley, MSN, RN, CPNP-PC
Christine Pfundstein, RN, CCE, IBCLC
Gail Hornor, DNP, CPNP, AFN-BC
Laura Searcy, MN RN APRN PPCNP-BC FAANP
Peyton Gravely, BSN
Christine Hallas, DNP, APRN, CPNP-AC

Grassroots Toolkit Workgroup

Brigit VanGraafeiland, DNP, CPNP - Chair
Christine Pfundstein, RN, CCE, IBCLC – Co-chair
Shenoa Williams, CPNP, SANE-P
Helen Lerner, EdD, RN, CPNP
Celia Forno, PMHNP
Emiko Dudley, MSN, RN, CPNP-PC
Lisa Watson, CPNP
Steadman McPeters, DNP, CPNP-AC, CRNP, RNFA

Special Thanks To...

NAPNAP Partners for Vulnerable Youth Executive Board
National Association of Pediatric Nurse Practitioners
HEAL Trafficking
Cathy Miller, RN, PhD and Shared Hope International for its i:CARE Health Care Provider's Guide
Office of Trafficking Persons, DHHS
National Human Trafficking Hotline
Polaris.org
American Hospital Association
American Academy of Pediatrics
National School Nurses Association
Emergency Nurses Association

HT 102 Development Team

Chaka Batley, DNP, APRN, CPNP-PC, PMHS
Jordan Greenbaum, MD
Stacia M. Hays, DNP, CPNP-PC, CNE
Jessica L. Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP
Kerri Taylor, MS, ccc-slp – Executive Director, UnBound Houston

LIFE AFTER DEATH:

OVERCOMING CHILDHOOD TRAUMA

PRESENTED BY:

LATASHA JACKSON-MCDOUGLE

What are?
your Goals

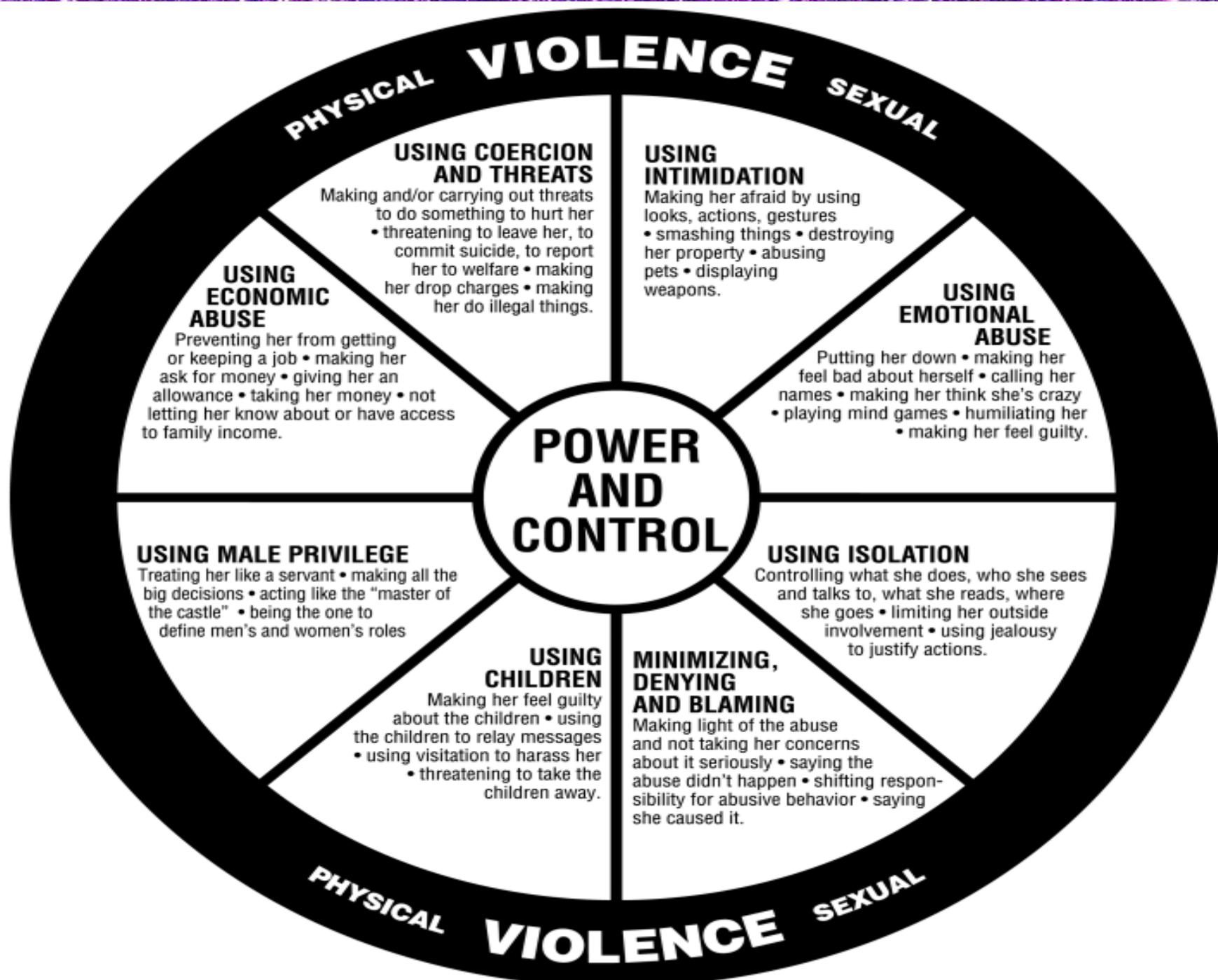




**MUST
STAY...AWAKE!!!**







PHYSICAL VIOLENCE

SEXUAL

POWER AND CONTROL

USING COERCION AND THREATS

Making and/or carrying out threats to do something to hurt her

- threatening to leave her, to commit suicide, to report her to welfare
- making her drop charges
- making her do illegal things.

USING INTIMIDATION

Making her afraid by using looks, actions, gestures

- smashing things
- destroying her property
- abusing pets
- displaying weapons.

USING ECONOMIC ABUSE

Preventing her from getting or keeping a job

- making her ask for money
- giving her an allowance
- taking her money
- not letting her know about or have access to family income.

USING EMOTIONAL ABUSE

Putting her down

- making her feel bad about herself
- calling her names
- making her think she's crazy
- playing mind games
- humiliating her
- making her feel guilty.

USING MALE PRIVILEGE

Treating her like a servant

- making all the big decisions
- acting like the "master of the castle"
- being the one to define men's and women's roles

USING ISOLATION

Controlling what she does, who she sees and talks to, what she reads, where she goes

- limiting her outside involvement
- using jealousy to justify actions.

USING CHILDREN

Making her feel guilty about the children

- using the children to relay messages
- using visitation to harass her
- threatening to take the children away.

MINIMIZING, DENYING AND BLAMING

Making light of the abuse and not taking her concerns about it seriously

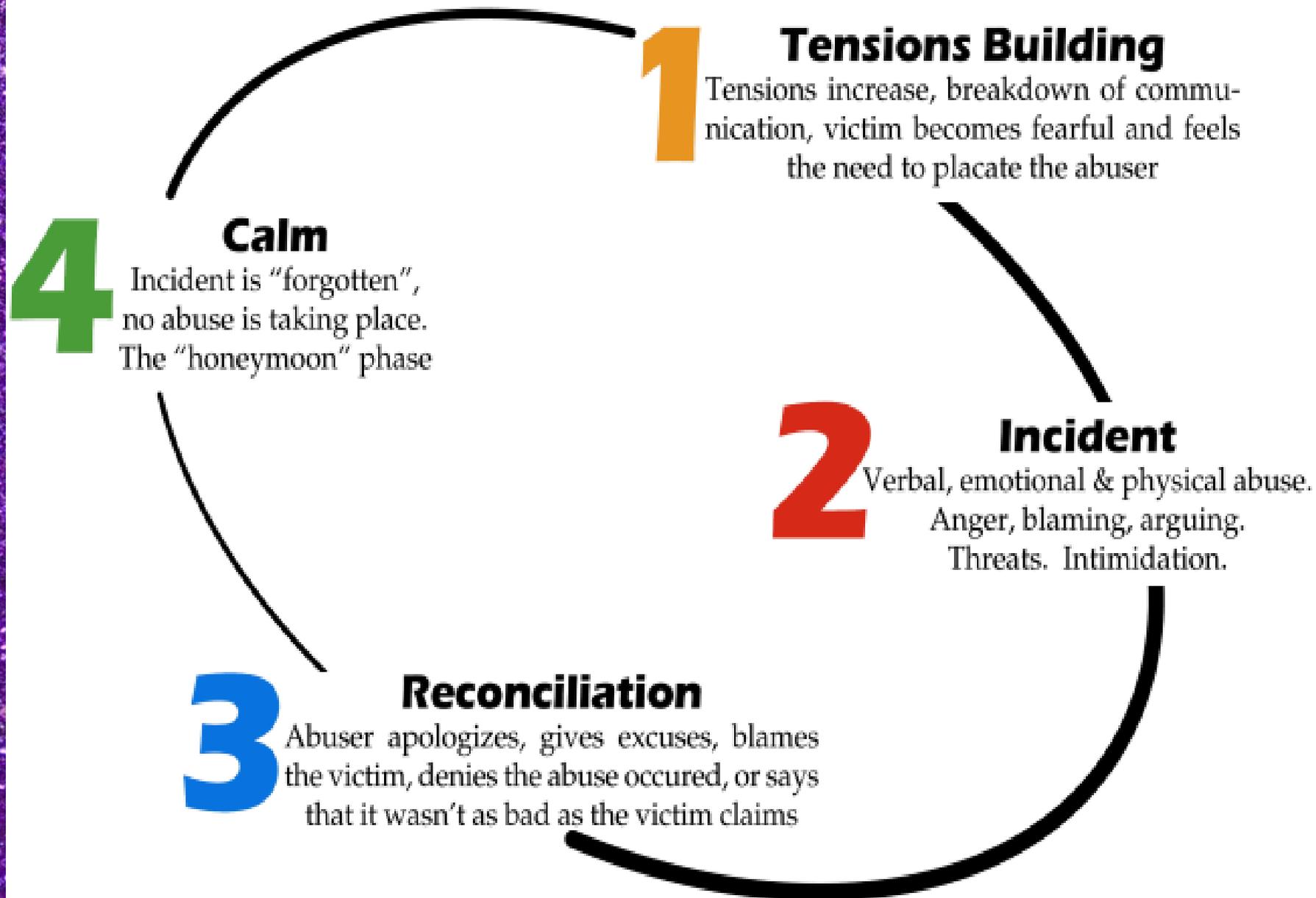
- saying the abuse didn't happen
- shifting responsibility for abusive behavior
- saying she caused it.

PHYSICAL

VIOLENCE

SEXUAL

Cycle of Abuse



Main characteristics of a batterer

- **Control**
- **Entitlement**
- **Selfishness or Self-centeredness**
- **Superiority**
- **Possessiveness**
- **Confusion of love and abuse**
- **Manipulative**
- **Contradictory statements and behaviors**
- **Externalization of behaviors and responsibility**
- **Denial, minimization, & victim blaming**
- **Serial battering**

KNOW THE RED FLAGS

- ✓ Acts **JEALOUS** and frequently accuses you of things
- ✓ Constantly **CHECKS UP** on you by calling or texting
- ✓ Calls you names or **PUTS YOU DOWN**
- ✓ Tells you **WHAT TO DO**, what to wear or how to act
- ✓ **THREATENS** to harm themselves if you ever break up with them



What Is the Connection?

- ▶ Intimate partner violence is NOT Asked for. Human trafficking is NOT voluntary.
- ▶ Perpetrators use a relationship of trust to their advantage (e.g. economic gain through a girlfriend or employee).
- ▶ Abusers and traffickers can be anyone. Victims can be anyone (e.g. children, women and, men of all nationalities, socio-economic status, race, age, and faith).
- ▶ Abusers and traffickers often threaten victims into a life of silence and compliance.
- ▶ Intimate partner violence and human trafficking violate a person's freedom. Victims may have experienced attacks of violence across their lifespan: street violence; sexual assault; war; political turmoil.
- ▶ Victims/survivors need assistance from various people, agencies, and organizations.

RISK FACTORS

- Women are at higher risk
- African-American and Hispanic teens have been found to be at higher risk for being victims of teen domestic violence
- Drugs & Alcohol
- Witnessed abuse in household
- Unemployment
- Poverty
- Mental Health DX
- School Dropout
- A mind-set that gives men power over women puts individuals at risk for becoming involved in an abusive relationship, either as a perpetrator or as a victim

Effects of domestic violence on children

- Many children exposed to violence in the home are also victims of physical abuse. Children who witness domestic violence are victims of abuse themselves and are at serious risk for long-term physical and mental health problems.
- Children who witness violence between parents may also be at greater risk of being violent in their future relationships. If you are a parent who is experiencing abuse, it can be difficult to know how to protect your child.

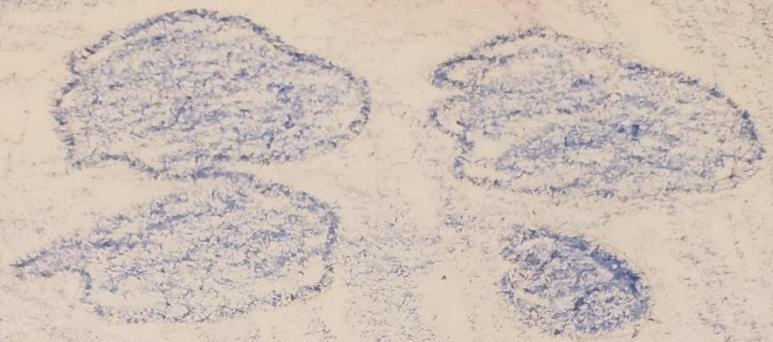
What are the short-term effects of domestic violence or abuse on children?

- Children in homes where one parent is abused may feel fearful and anxious. They may always be on guard, wondering when the next violent event will happen. This can cause them to react in different ways, depending on their age:

Children in preschool:

Young children who witness intimate partner violence may start doing things they used to do when they were younger, bed-wetting, thumb-sucking, increased crying, and whining. They may also develop difficulty falling or staying asleep; show signs of terror, such as stuttering or hiding; and show signs of severe separation anxiety.

BAD



SS
SS
SS

School-aged children.

Children in this age range may feel guilty about the abuse and blame themselves for it. Domestic violence and abuse hurts children's self-esteem. They may not participate in school activities or get good grades, have fewer friends than others, and get into trouble more often. They also may have a lot of headaches and stomachaches.

Teens

Teens who witness abuse may act out in negative ways,

- fighting with family members
- skipping school.
- engage in risky behaviors
- having unprotected sex and using alcohol or drugs.
- low self-esteem
- trouble making friends.
- start fights or bully others

more likely to get in trouble with the law.

more common in teen boys Girls are more likely than boys to be withdrawn and to experience depression.

What are the long-term effects of domestic violence or abuse on children?

More than 15 million children in the United States live in homes in which domestic violence has happened at least once.

These children are at greater risk for repeating the cycle as adults by entering abusive relationships or becoming abusers themselves.

Children who witness or are victims of emotional, physical, or sexual abuse are at higher risk for health problems as adults. These can include mental health conditions, such as depression and anxiety. They may also include diabetes, obesity, heart disease, poor self-esteem, infertility struggles, brain issues, and other problems.

WHAT ABOUT RELATIONSHIPS?



8:21 AM

May Christ bless you on your journey in your life and I pray you and your beautiful young lady have an amazing life.



Enter message



SEND



In

Prosecution

<i>Agency</i> CRIMINAL DISTRICT ATTORNEYS OFFICE DALLAS	<i>Prosecutor Action Filed</i> PROSECUTOR HAS CHANGED THE CHARGE	<i>Prosecutor Offense Code</i> 13990031
<i>Date of Activity by Prosecutor</i>	<i>Level and Degree of Prosecuted Offense</i> MA	<i>Title of Offense Prosecuted</i> M- 0560215
<i>Action Related to Offense</i>	<i>Domestic Violence Involved</i>	<i>Prosecution ID</i> 5448366
<i>Tracking Record Suffix(TRS) ID No.</i> 17813456		

Prosecutor Charged

<i>Offense Code</i> 13990031	<i>Offense Description of Offense</i> ASSAULT CAUSES BODILY	<i>Level and Degree of Offense</i> MISDEMEANOR - CLASS A
-------------------------------------	--	--

08/13/2005	DALLAS POLICE DEPARTMENT	1008746
<i>Arrest Offense (Numeric)</i> 13990001	<i>Action Related to Offense</i>	<i>Level and Degree of Offense</i> MISDEMEANOR - CLASS A
<i>Date of Disposition Immediate to Arrest</i> 08/13/2005	<i>Arrest Disposition</i> HELD	<i>Prosecutor ORI Referred To</i> CRIMINAL DISTRICT ATTORNEYS OFFICE DALLAS
<i>Arrest Offense Literal</i>	<i>Arrest Disposition Literal</i>	<i>Agency Case Number</i> 05064478
<i>Domestic Violence Involved</i>		

Arrested Charge

<i>Offense Code</i> 13990001	<i>Offense Description of Offense</i> ASSAULT CAUSES BODILY INJ	<i>Level and Degree of Offense</i> MISDEMEANOR - CLASS A
-------------------------------------	---	--

Cheryl's Voice

Mission & Vision:

- To be a voice for children who have suffered the loss of their parent(s) due to domestic homicide/suicide. These children will be encouraged to seek a promising future and break the cycle of Intimate Partner Violence and Teen dating violence. To educate on how to avoid repeating the cycle of abuse get out of abusive relationships as well as providing them with signs of abuse physically, mentally, and verbally. We also provide them with resources that they need to encourage them along their journey.

Resources



Cheryl's Voice



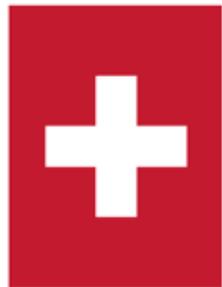
GET THE APP



Informatics Application for the Universal Screening of Intimate Partner Violence and Human Trafficking

Mary Ann Contreras RN
Heather Scroggins MSN, RN-BC
JPS Health Network
Fort Worth Texas

About JPS Health Network



Tarrant County's only **Level I Trauma Center**

Comprehensive Level I Stroke Center



Tarrant County's only **Psychiatric Emergency Center**



6,500 Team Members

Licensed for 578 beds



40+ primary & specialty health centers (19 at public schools)

204,810
unique patients



17 residency and fellowship programs

- 121,000+ emergency room visits
- 1.2 million+ patient encounters per year
- Nation's largest Family Medicine Residency
- 1st Public hospital to receive Joint Commission Certification in Geriatric Delirium

The “Why”

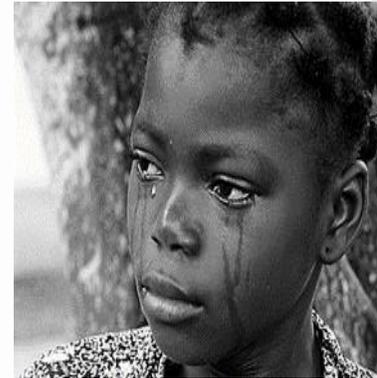


3

12%

Impacts of IPV

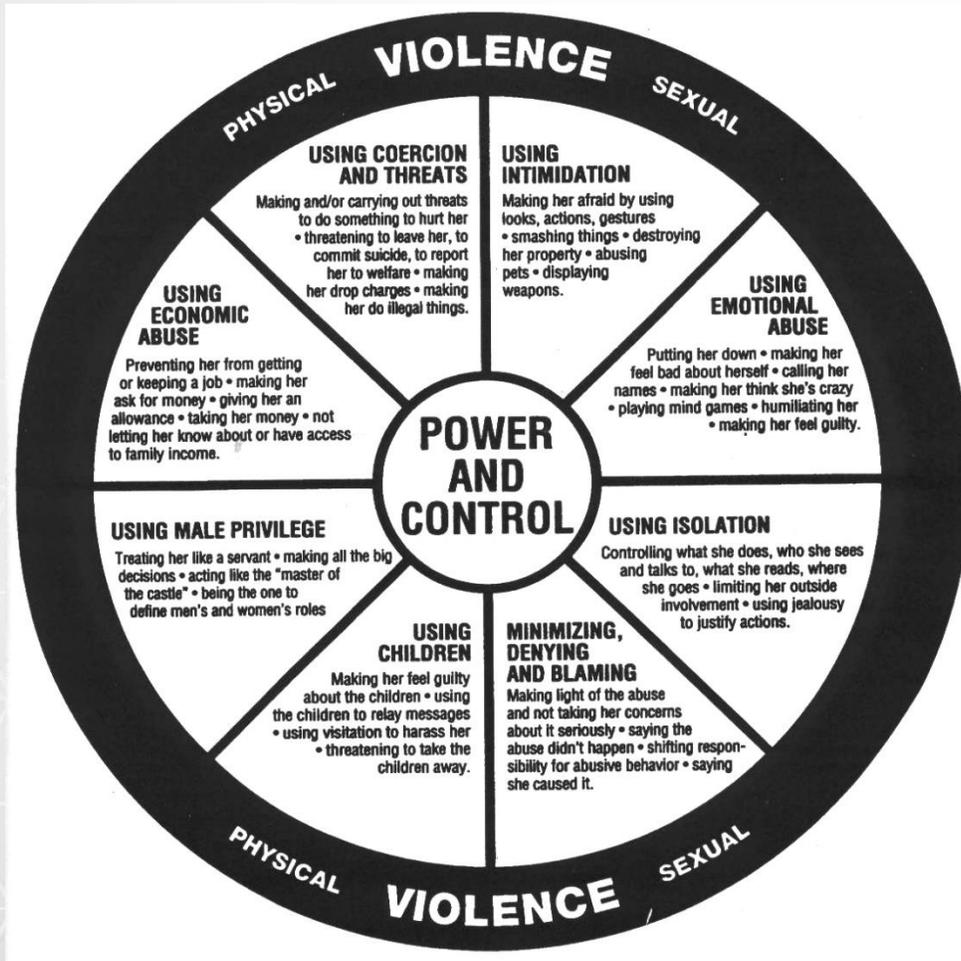
- **1:5 children are exposed to IPV/year**
- **90% of children witness the *physical violence* in an abusive relationship**
- **Boys exposed to violence repeat it**
- **\$9 Billion dollars for DV healthcare annually**



**Public Health
Concern**



IPV in Relation to Human Trafficking



HUMAN TRAFFICKING IMPACT IN TEXAS

APPROXIMATELY

79,000

MINORS AND YOUTH
ARE VICTIMS OF
SEX TRAFFICKING

IN TEXAS ★ ★

APPROXIMATELY

234,000

WORKERS ARE
VICTIMS OF
LABOR TRAFFICKING

THERE ARE CURRENTLY AN ESTIMATED

313,000

VICTIMS OF
HUMAN TRAFFICKING
IN TEXAS ★ ★ ★ ★ ★

TRAFFICKERS
EXPLOIT
VICTIMS

\$600 MILLION

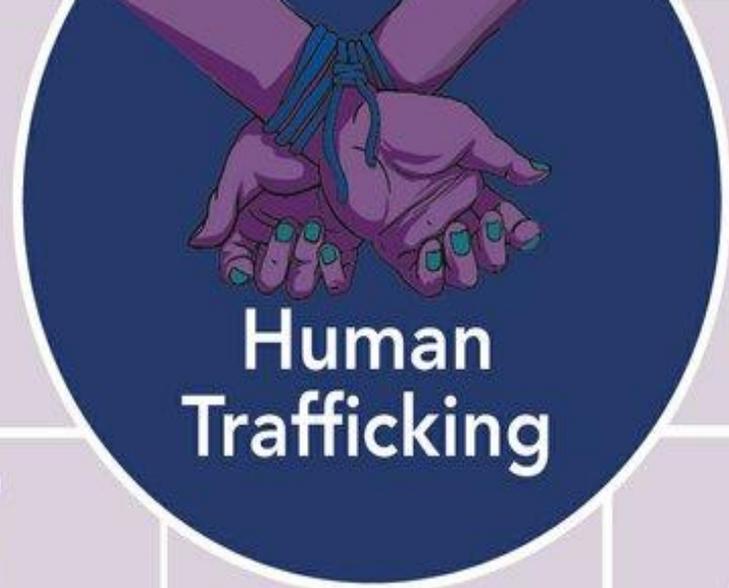
FROM VICTIMS OF LABOR TRAFFICKING
★ ★ ★ ★ ★ IN TEXAS

MINOR AND YOUTH
SEX TRAFFICKING COSTS

THE STATE OF
TEXAS

APPROXIMATELY

**\$6.6
BILLION**



80%

of trafficking
involves sexual
exploitation

19%

of trafficking
involves labor
exploitation

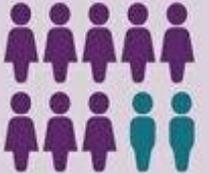
Human Trafficking

600,000

to

800,000

people are trafficked across
international borders every year



"Human trafficking is a form
of modern-day slavery.

This crime occurs when a
trafficker uses force, fraud or
coercion to control another person
for the purpose of engaging in
commercial sex acts
or soliciting labor or services
against his/her will."

NATIONAL HUMAN TRAFFICKING
RESOURCE CENTER

80%

of victims are
women

50% of victims
are under the
age of

16



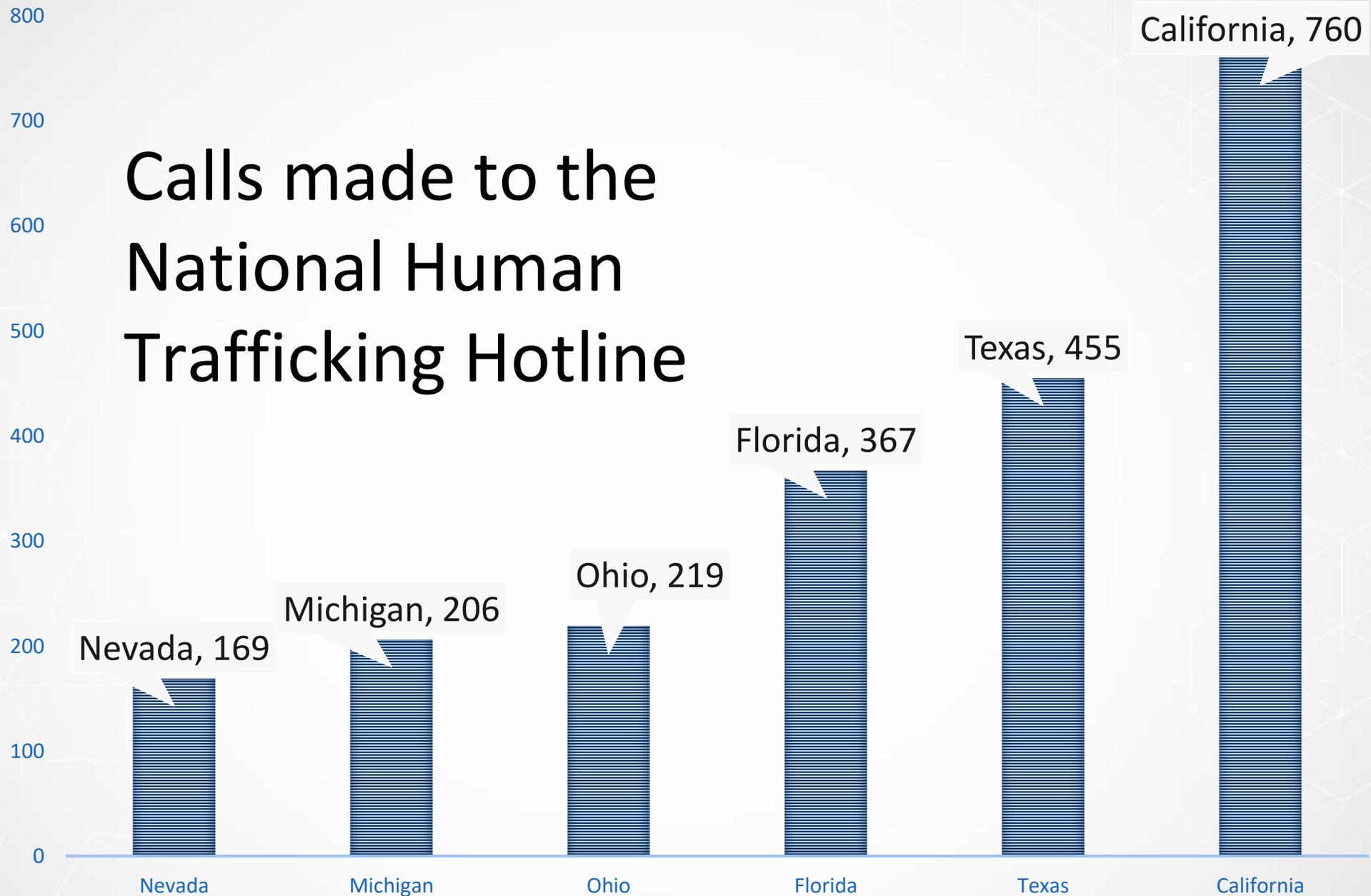
\$32B 

The global human
trafficking industry
produces \$32 billion
annually

**20 to 30
million
slaves**
in the world today



Calls made to the National Human Trafficking Hotline



Thousands More Jeffrey Epsteins Are Still Out There

They operate with impunity, continuing to sexually exploit children.



By **Nicholas Kristof**
Opinion Columnist

Sept. 14, 2019



HUMAN TRAFFICKING

The fight against sex trafficking in the U.S.

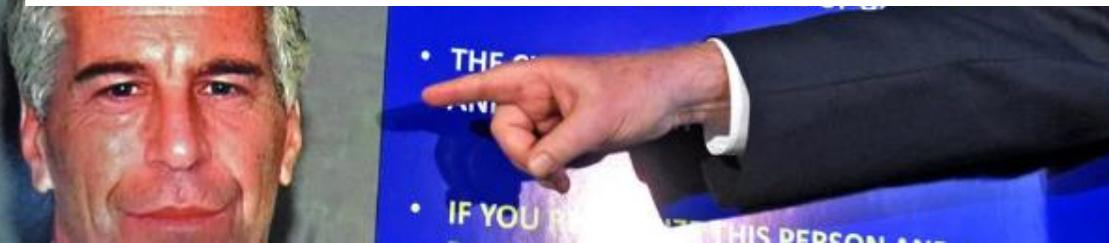
Article by **Helen Taylor**, **Laila Mickelwait** on Oct 13, 2017

Sex trafficking is happening all around us every day, and many people don't even realize it. From California to New York, the United States is not immune to the horrors of trafficking and commercial sexual exploitation of men, women, and... [Continue...](#)

15-Year-Old Girl From Guatemala Rescued By Tarrant County's Human Trafficking Unit

SOUTHLAKE (CBSDFW.COM) — A 15-year-old girl from Guatemala was rescued by the Tarrant County's Human Trafficking Unit and the ...

CBS Boston / WBZ | 5d



Awareness



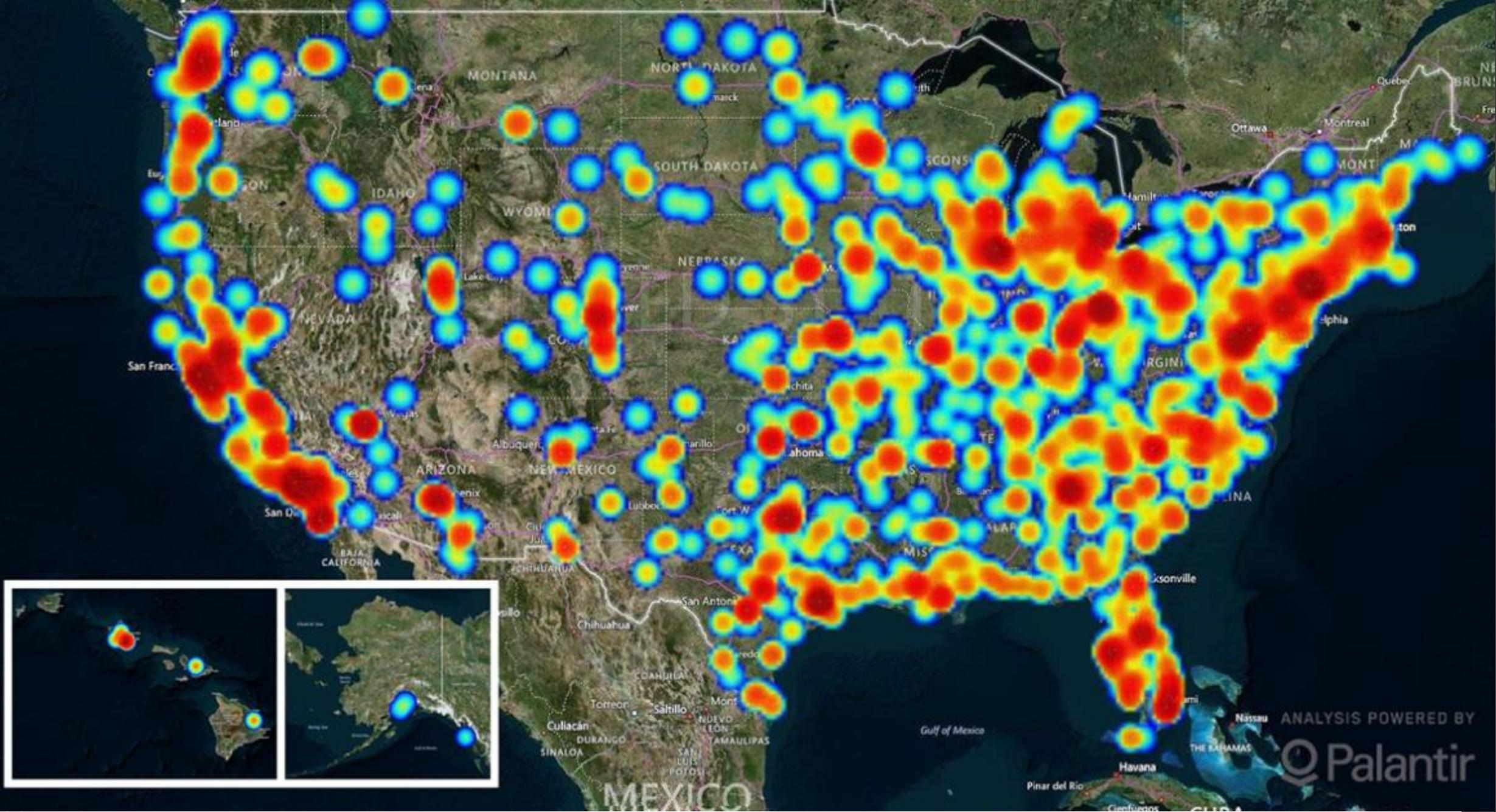
GET HELP

If you are a victim of human trafficking, call this number

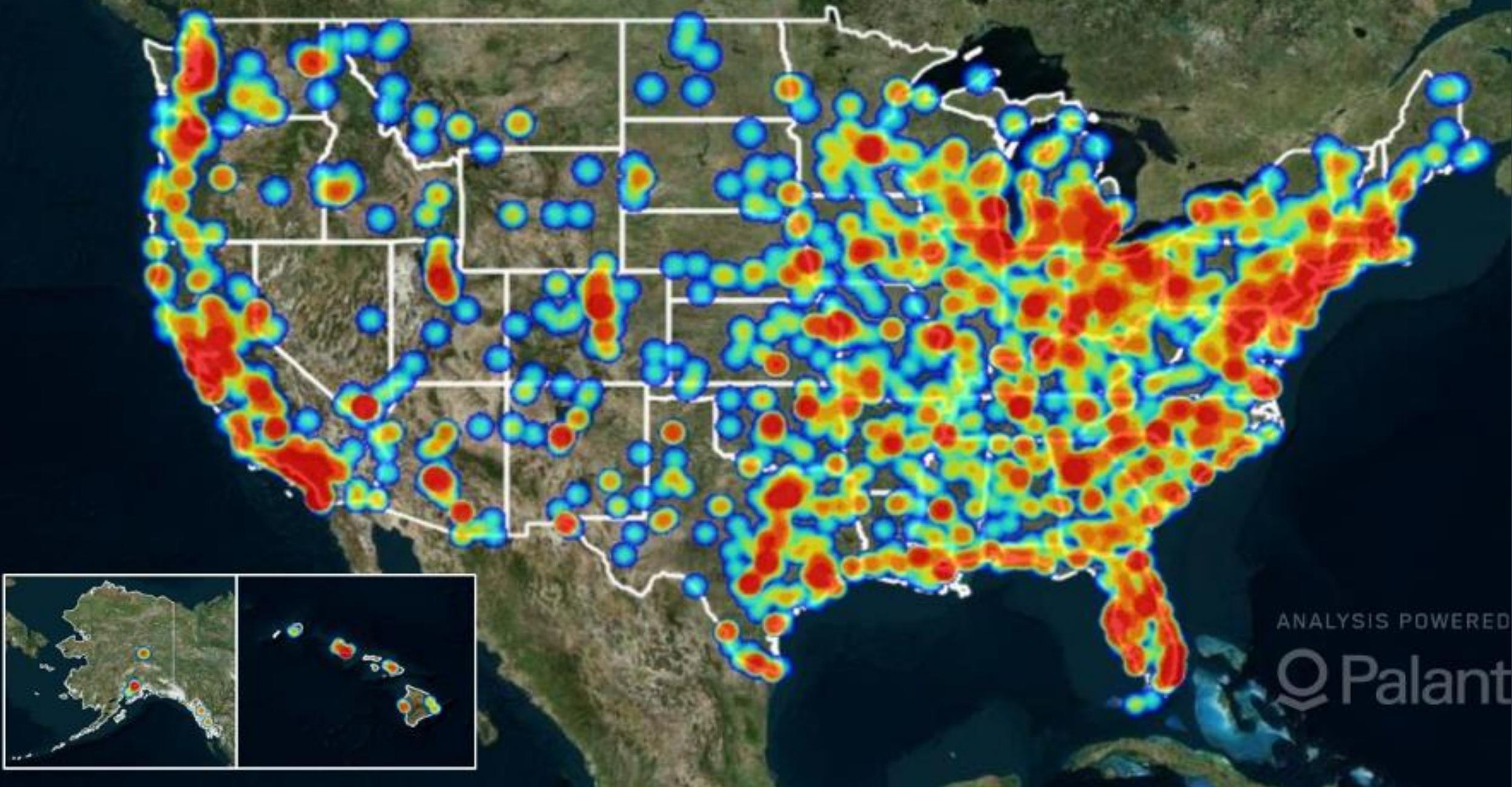
1-888-3737-888



www.TraffickingResourceCenter.org

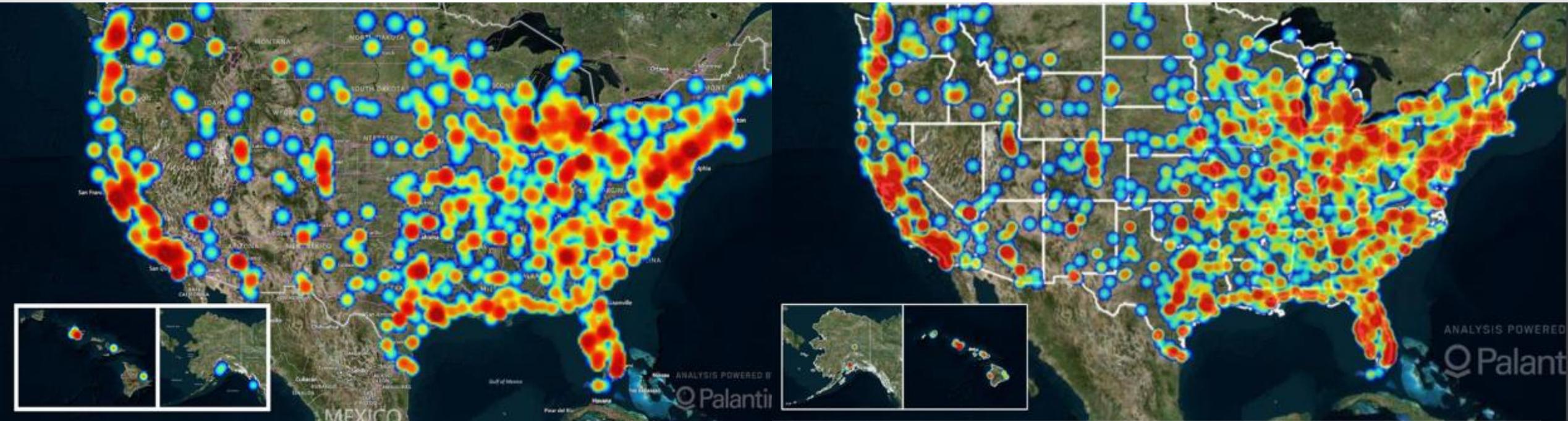


Polaris, (2017). National human trafficking hotline: Hotline statistics. Retrieved from <https://humantraffickinghotline.org/states>



ANALYSIS POWERED
Palantir

Year 2017 compared to Year 2018



AWHONN Position Statement

“Nurses are ideally positioned to screen, identify and care for, provide services for and support victims of human trafficking.”

Abuse Screen

Do You Feel That You Are Treated Well By Your Partner/Spouse/Family Member?

yes no unable to assess other (see comments)

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

What Happens When You Argue/Fight With Your Partner/Spouse/Family Member?

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

Are You or Have You Been Threatened or Abused Physically, Emotionally, or Sexually By A Partner/Spouse/Family Member?

yes no unable to assess other (see comments)

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

Has Anyone Ever Threatened to Hurt Your Children or Your Pets?

yes no unable to assess other (see comments)

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

Show: Deleted Status Changes Flowsheets/Assessments Tx Tm Orders Med Admin

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

Does Anyone Try to Keep You From Having/Contacting Other Friends or Doing Things Outside Your Home?

yes no unable to assess other (see comments)

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

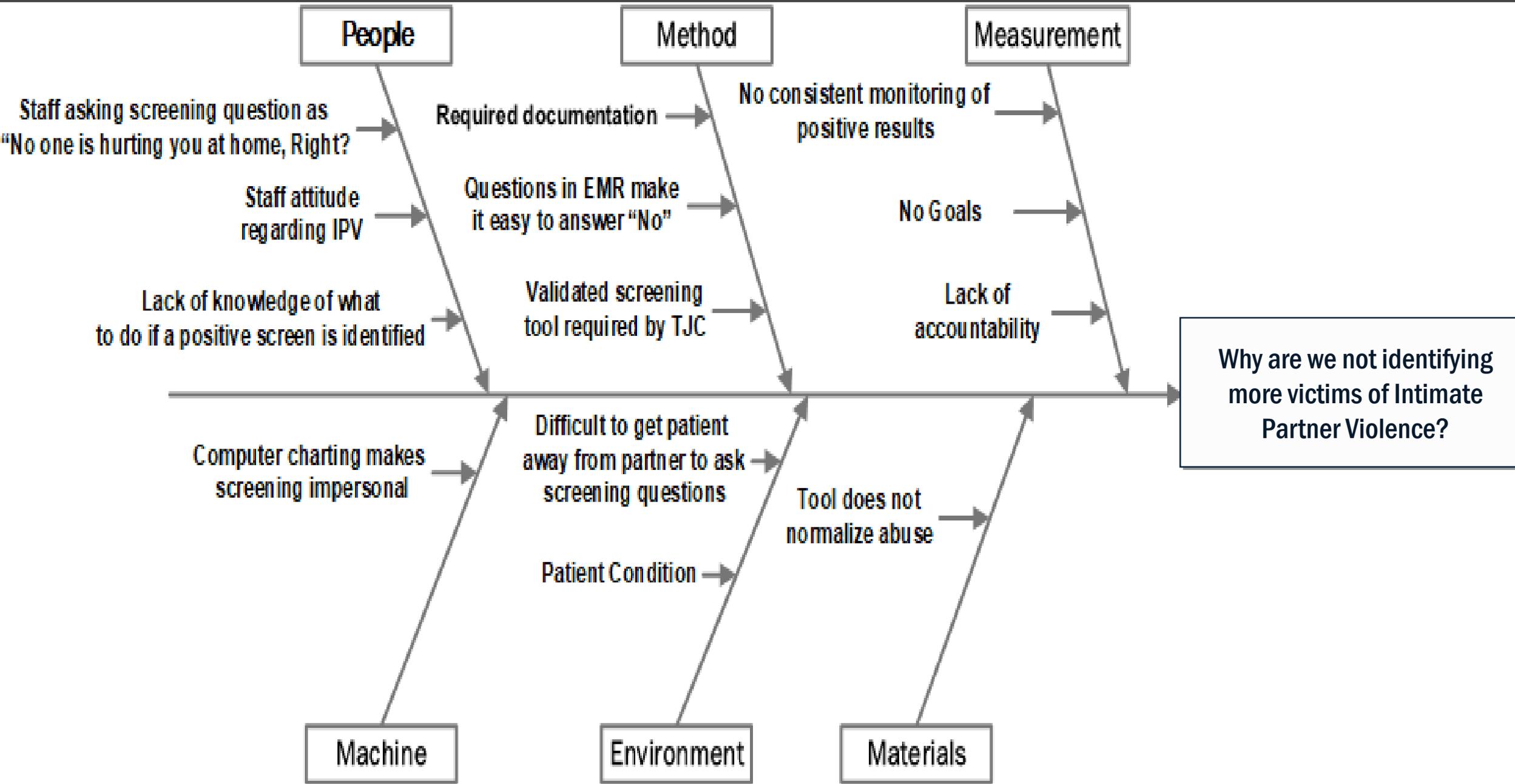
Do You Feel Unsafe Going Back to the Place Where You Are Living?

yes no unable to assess other (see comments)

Domestic Abuse Assessment: 12/13 0858 - 12/16 1136

Abuse Screen Comment

Accept Cancel



Nurse Residency used to Validate Tool

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					
	1	2	3	4	5
Total Score:					

What if...

H.I.T.S. Screening - HITS Screening

Time taken: 1255 1/18/2018

Show: Row Info Last Filed Details All Choices

Values By + Create Note

▼ H.I.T.S. Screening

How often does your partner physically hurt you? **4** 1=Never 2=Rarely **3=Sometimes** 4=Fairly often 5=Frequently

How often does your partner insult or talk down to you? **1** 1=Never 2=Rarely **3=Sometimes** 4=Fairly often 5=Frequently

How often does your partner threaten you with harm? **2** 1=Never 2=Rarely **3=Sometimes** 4=Fairly often 5=Frequently

How often does your partner scream or curse at you? **3** 1=Never 2=Rarely **3=Sometimes** 4=Fairly often 5=Frequently

HITS SCORE

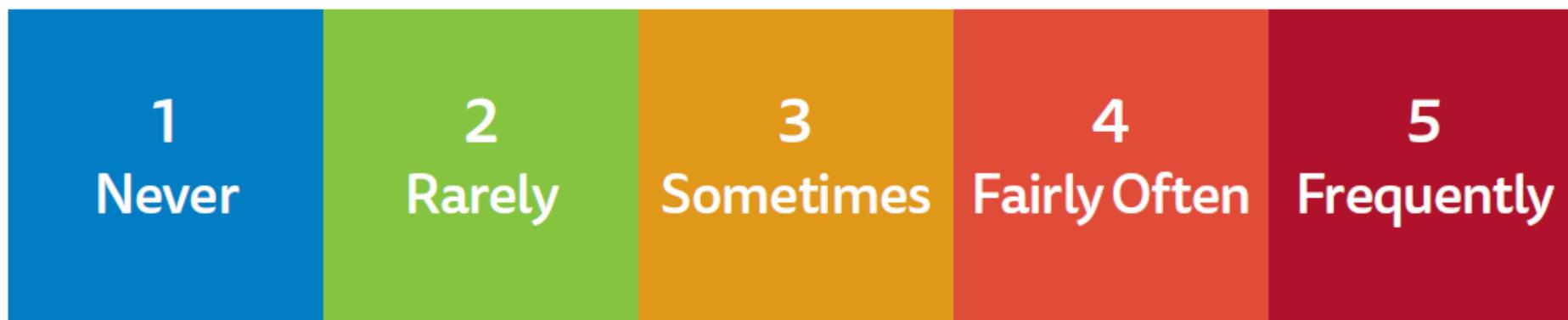
Each item is score from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.

Restore Close Cancel Previous Next

Badge Buddy



How often does your partner...?



Red Flags seen in Younger Victims

School related changes:

- Changes in their school attendance habits, appearance, socio-economics, friend groups, interest, school activities. Vocabulary, demeanor, attitude and sexual behavior
- Truancy

Abnormal Behavior:

- Getting in trouble in the company of older teens or adults
- Isolation from community, family or friends
- Third party in charge of schedule and social interaction
- Multiple phones or social media accounts
- Lying about existence of accounts or refusing to let parents access all accounts
- Sexually provocative pictures

Luxury items:

- Has new items with no apparent form of income
- Nails, hair
- Refillable gift cards
- Tattoos



Common Work and Living Conditions:

- Is not free to leave or come and go as he/she wishes
- Was recruited through false promises concerning the nature and conditions of his/her work
- High security measures exist in the work and/or living locations (e.g. opaque windows, boarded up windows, bars on windows, barbed wire, security cameras, etc.)

Poor Mental Health or Abnormal Behavior:

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid
- Exhibits unusually fearful or anxious behavior after bringing up law enforcement
- Avoids eye contact

Poor Physical Health:

- Lacks medical care and/or is denied medical services by employer
- Appears malnourished or shows signs of repeated exposure to harmful chemicals
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture

Lack of Control:

- Has few or no personal possessions
- Is not in control of his/her own money, no financial records, or bank account
- Is not in control of his/her own identification documents (ID or passport)
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating)

Other:

- Claims of just visiting and inability to clarify where he/she is staying/address
- Lack of knowledge of whereabouts and/or of what city he/she is in
- Loss of sense of time
- Has numerous inconsistencies in his/her story



Initial Human Trafficking Red Flags

- Odd and often changing story behind source of injury
- Someone speaking for patient or appears controlling of what patient says
- Patient unsure of their location
- Suicide attempt
- Psychogenic non-epileptic seizure (pseudo seizure)
- Chief complaint of UTI, pelvic or abdominal pain
- Branding or tattoos with words like “Daddy”, Property of...
- Offering to pay cash for visit

Addition of Instructions to Staff

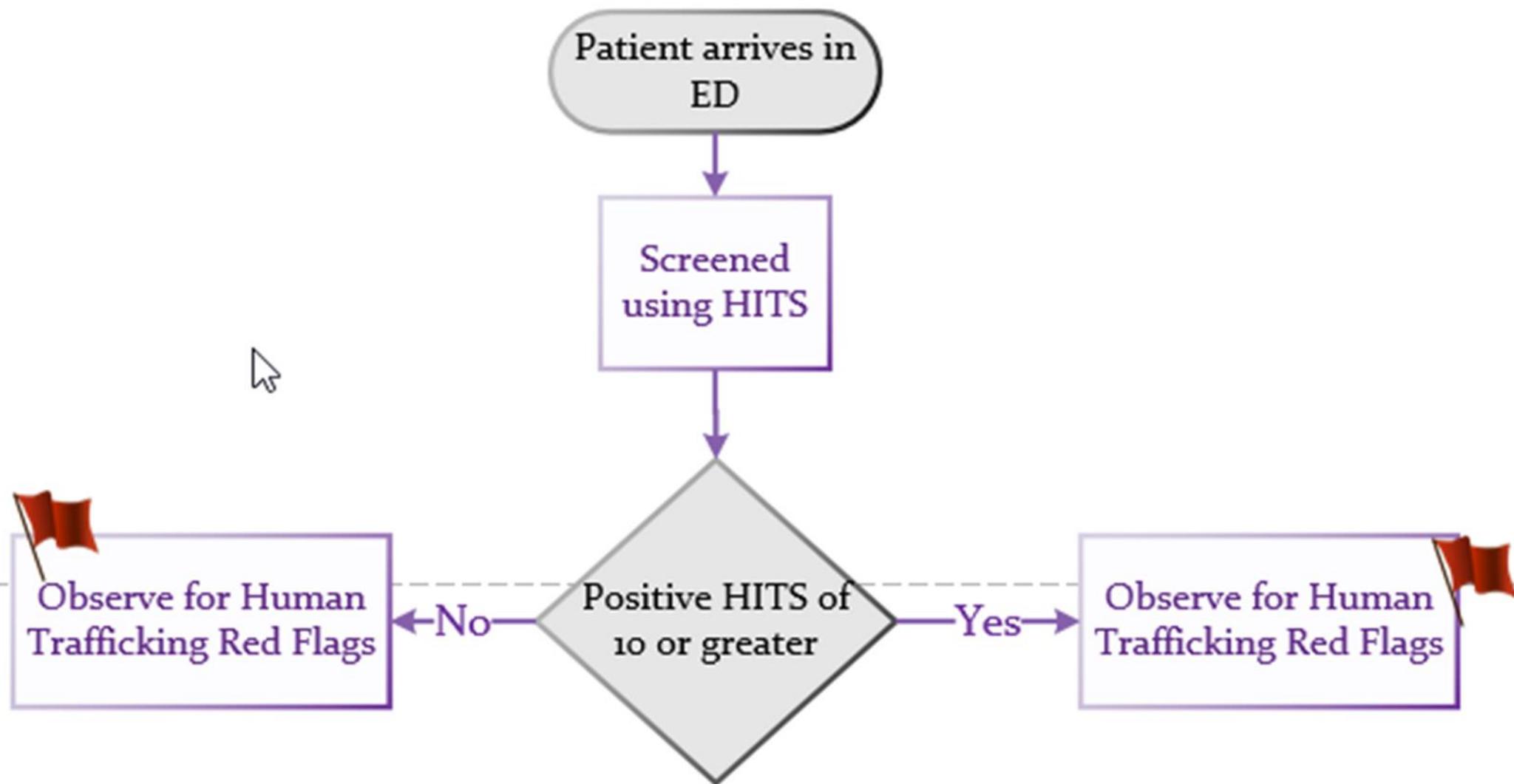
1=Never 2=Rarely 3=Sometimes 4=Fairly often 5=Frequently

3=Sometimes

by Richardson, Tiffany, RN

at 02/01/18 1407

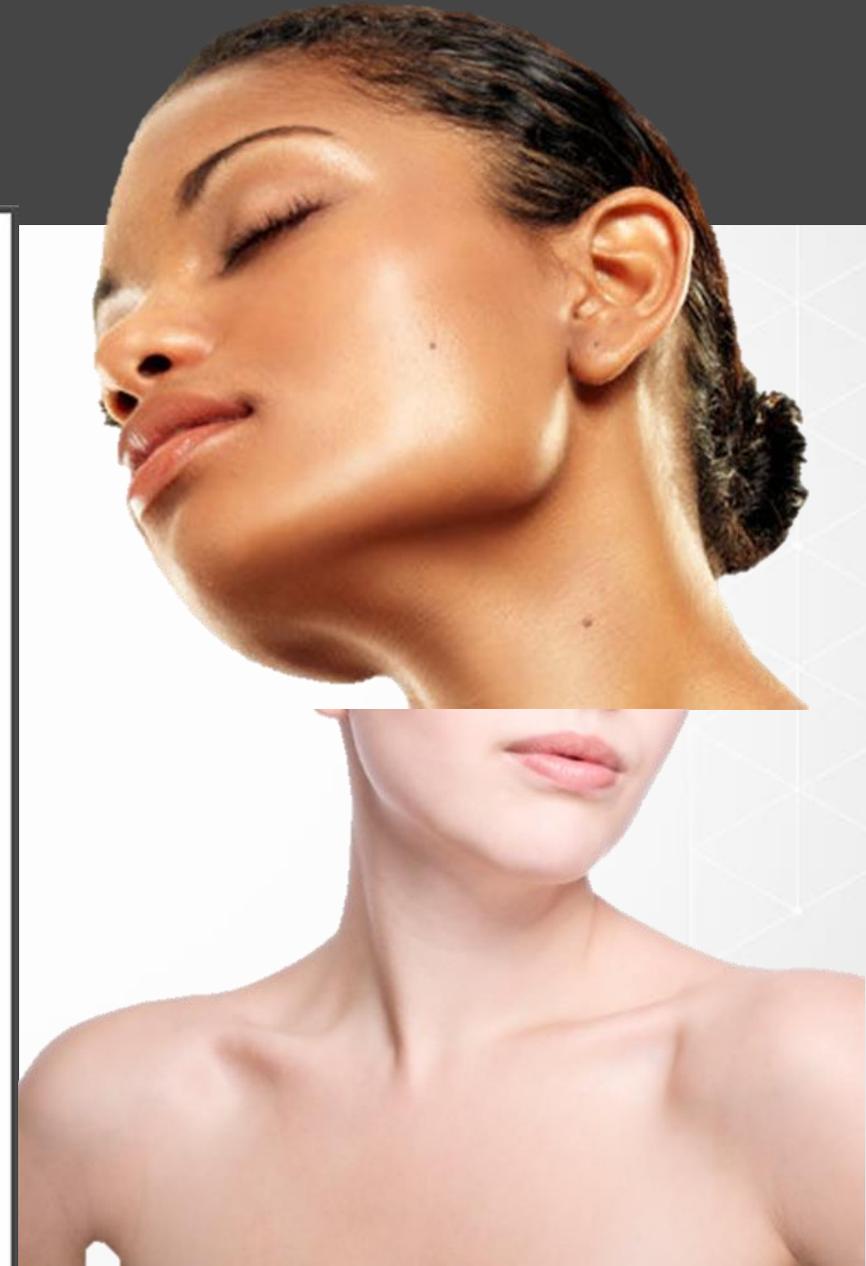
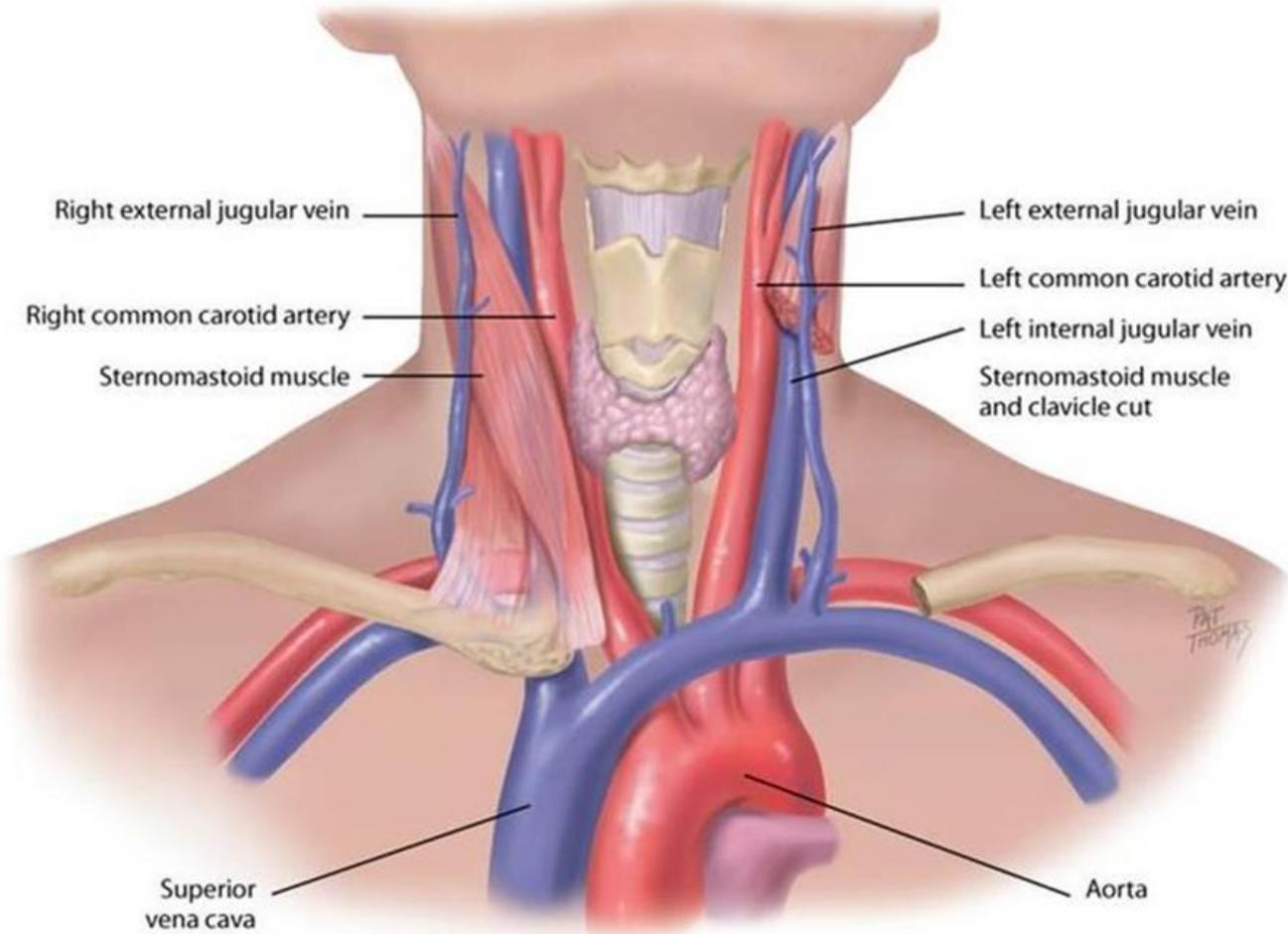
1. When asking the screening questions, please make sure the patient is alone (away from visitors). Please say to patient prior to asking the HITS screening "As part of your health assessment today I am going to ask you four survey questions that will determine your risk of violence in the home. The answers to the question will be a range that includes, never, rarely, sometimes, fairly often or frequently."



Evaluation of Pre-Pilot

- UTI, Pelvic/Abdominal Pain were more than half of all chief complaints
- Offering to pay cash wasn't selected once in the first 12 weeks.
- The build did not include an option to enter a refusal or unable to perform due to condition
- Needed to better explain requirements of child encounters
- Obvious need for continued education.

Strangulation



Strangulation



Strangulation: “the external compression of a person’s neck and/or upper torso in a manner that inhibits that person’s airway or the flow of blood into or out of the head”

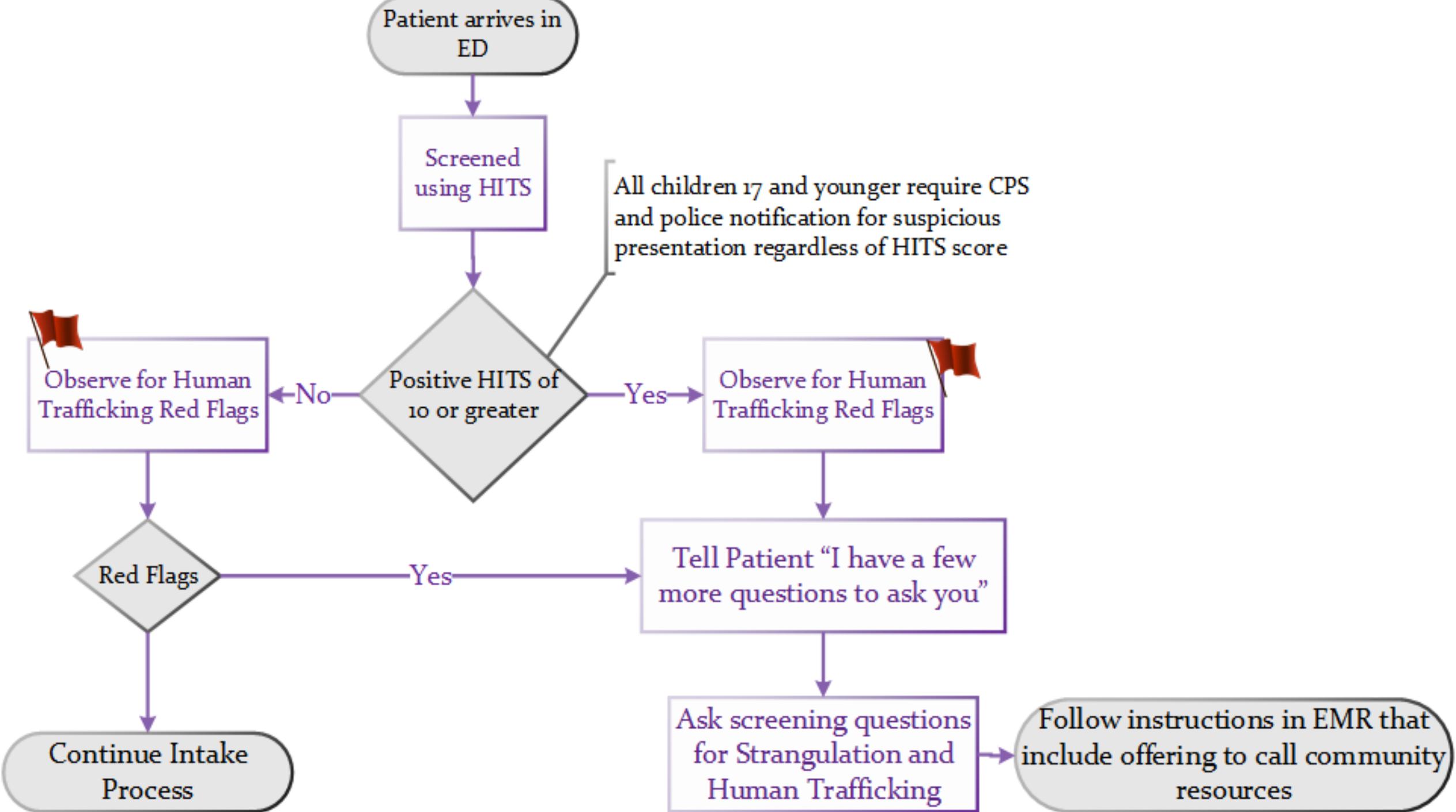
Half of all strangulations leave no marks

Strangulation Question

Ask the question: “Has your partner ever used their body or any other object to forcibly strangle or choke you?”

If the answer is yes, ask additional symptom question and alert provider. Tell patient how they are 800 times more likely to die as a result of violence.

The screenshot shows a medical decision support tool interface. At the top, there is a dropdown menu labeled "Strangulation and Choking". Below it, a question is displayed: "Has your partner ever used their body or any other object to forcibly strangle/choke you?". To the right of the question are two buttons: "1=yes" (highlighted in blue) and "0=no". Below the question, there is a section titled "Did you experience any of the following during/after strangulation/choking?". This section contains a horizontal row of seven buttons: "difficulty swallowing", "neck tenderness", "voice changes" (highlighted in blue), "loss of bladder or bo...", "loss of memory", and "loss of consciousness". A mouse cursor is pointing at the "loss of consciousness" button. Below the buttons, a warning message is displayed: "Your answer regarding strangulation is concerning. People who are strangled are 700 percent more likely to die as a result of violence". At the bottom of the interface, a note reads: "Notify provider of the occurrence of strangulation to determine if further diagnostic tests are required."



Human Trafficking Questions

- Can you leave your job situation if you want? Yes-0 No-1
- Can you come and go as you please? Yes-0 No-1
- Have you or your family been threatened if you try to leave Yes-1 No-0
- Have you been harmed in any way? Yes-1 No-0
- Do you sleep where you work? Yes-1 No-0
- Have you ever been deprived of food, water, sleep or medical care? Yes-1 No-0
- Do you need to ask permission to eat, sleep or go to the bathroom? Yes-1 No-0
- Has your ID/Documents been taken from you Yes-1 No-0
- Is anyone forcing you to do anything you do not want to do? Yes-1 No-0
- A Positive score is calculated

Visual Queue of Positive Answer

Human Trafficking Que

Can you leave your job or situation if you want? ! 0=yes 1=no

Can you come and go as you please? ! 1=yes 0=no

Have you been threatened if you do not leave? ! 1=yes 0=no

Have you been physically harmed in any way? 1=yes 0=no

Do you sleep where you work? 1=yes 0=no

Have you ever been deprived of food, water, sleep or medical care?

Do you have to ask permission to eat, sleep or go to the bathroom? 1=yes 0=no

Has your identification or documentation been taken from you? ! 1=yes 0=no

Is anyone forcing you to do anything that you do not want to do? 1=yes 0=no



Positive for Intimate Partner Violence



HITS Positive only

** If score is greater than 10 please say to patient. “Your score concerns me for your safety. No one deserves to be abused. We have some resources available for you that we can discuss.”

Please provide a phone and encourage calling.

Safe Haven: 24 hour Hotline 1.877.701.SAFE (7233) www.safehaventc.org 817.535.6462

If after resources are offered patient denies wanting to call right now, please say: “You may not need a referral now, but should you need help in the future you will have the information and can make the call then.

**Children 17 year or younger with a positive score (greater than 10) require police and CPS notification. Score of 10 is not a requirement of notification if other signs of abuse or neglect are present.

Human Trafficking Positive alone or with Positive HITS

**A positive Human Trafficking screen is one or a combinations of positives. If a patient is with possible trafficker, take them from their room to a designated location in your department.

Ask the patient “What kind of help can we provide you?” Tell the patient they are entitled to resources and help. Let them know we can have a person talk to them who has been in a similar situation. Then ask if they would they like to talk to them.

Provide a phone to contact resources. Do not be judgmental. Trafficked victims are typically not trusting of healthcare providers or law enforcement. Do not call 911 unless requested or the safety of the staff or patient is in jeopardy.

Resources:

Unbound: [817-668-6462](tel:817-668-6462) - Advocates are available 24/7 and will come to the hospital within 1 hour to speak to the victim.

National Human Trafficking Hotline: [888-3737-888](tel:888-3737-888)

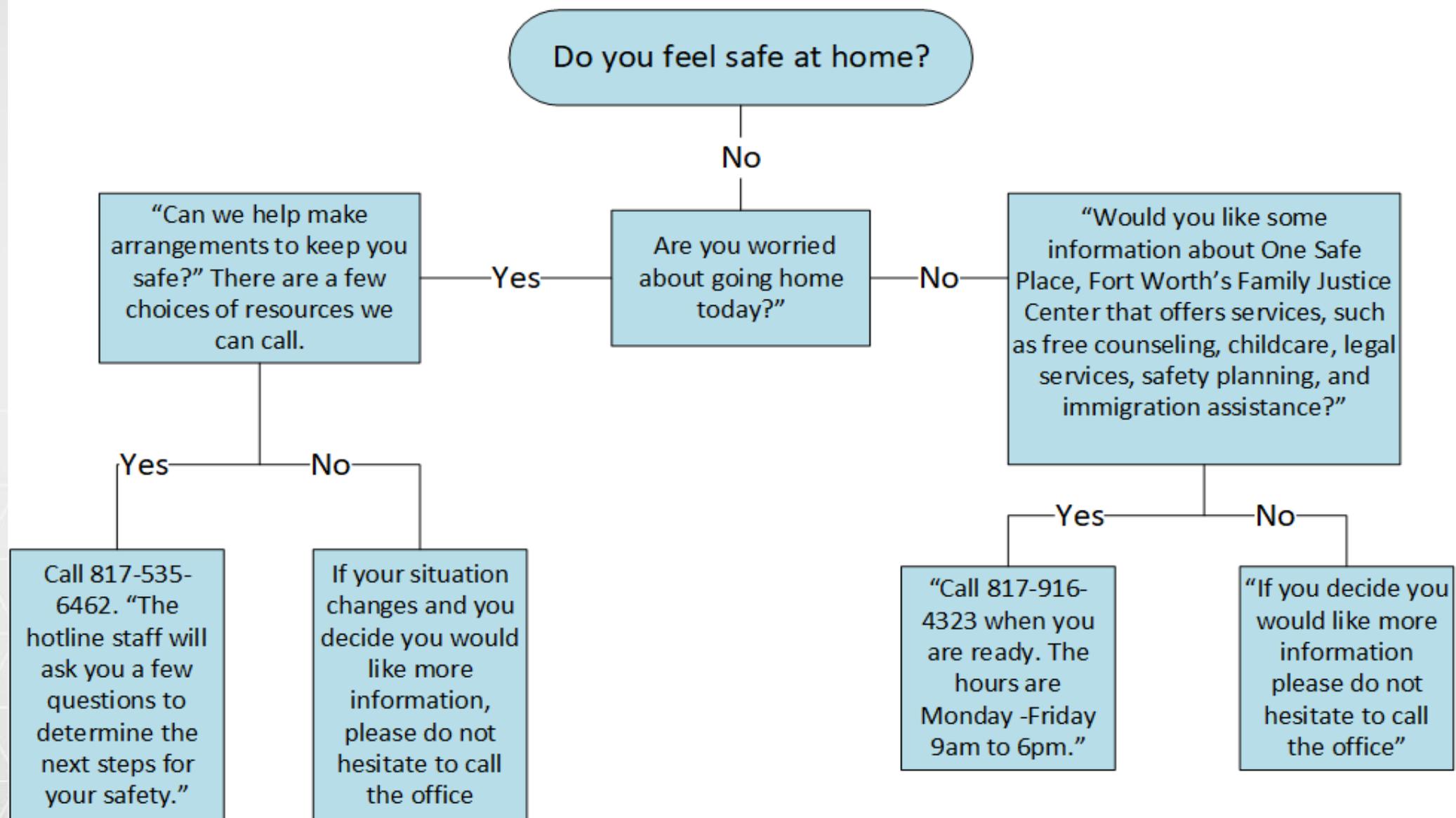
If patient is unwilling to call at this time, provide text number for national hotline.

Text Help to [233733](tel:233733) (BeFree)

If adult is not ready to leave their situation, you must respect their decision. This facilitates a sense of trust with the healthcare team and plants the seed of knowing there are resources to help when they are ready.

Young adults 17 years of age are considered consenting adults to engage in sex but are not of consenting age for solicitation. Consenting age for solicitation is 18. If there is suspicion of prostitution in a patient, 17 years old or younger, the police must be notified.

Abuse Screening Algorithm



Trauma Bonds

Psychological

- Unhealthy Attachment
- False Promises
- Behavior Rationalization

Neurochemistry

- Oxytocin
- Dopamine

A dozen red flags?! I love them!



Staff Awareness

THE FIRST STEP IS IDENTIFYING THE VIOLENCE

- 1 OUT OF 3 Women in Tarrant County are impacted by domestic violence
- 2 Texas ranks 2nd in the United States in human trafficking
- 9 Billion dollars was spent in 2016 for domestic violence healthcare
- 17 The average number of healthcare encounters an IPV victim experiences in a year
- 56 Percent of all violent crime in Tarrant County is domestic or family violence
- 136 People died in 2017 as a result of intimate partner violence (IPV)
- 800 A victim who is strangled by an intimate partner is 800x more likely to die as a result of IPV



ARE YOU DOING YOUR PART TO HELP YOUR PATIENT?

EMTALS Screening - WITS Screening

Screening tool for intimate partner violence (IPV) and human trafficking. Includes sections for WITS Screening, WITS Score, and Human Trafficking.

WITS Screening

Unable to assess due to: Unavailable Unable to tolerate Patient condition

How often does your patient experience IPV? (Last 12 months)

How often does your patient experience IPV? (Last 6 months)

How often does your patient experience IPV? (Last 3 months)

WITS SCORE

WITS Score: 12

HUMAN TRAFFICKING

Is there anything that may be a sign of human trafficking?

Someone appears to be speaking for or controlling what is being said by the patient.

Someone appears to be speaking for or controlling what is being said by the patient.

Human Trafficking Questioning

Can you leave your job or education if you want? Yes No

Can you come and go as you please? Yes No

Have you ever been physically harmed in any way? Yes No

Do you sleep where you work? Yes No

Have you ever been deprived of food, water, sleep or medical care? Yes No

Do you have to ask permission to eat, sleep or go to the bathroom? Yes No

Has your identification or documentation been taken from you? Yes No

Is anyone forcing you to do anything you do not want to do? Yes No

Human Trafficking Positive alone or with Positive WITS

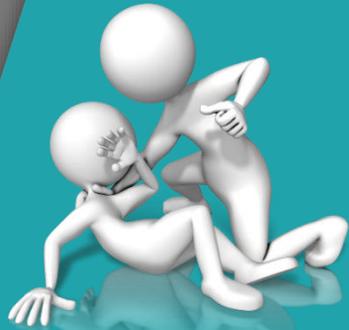
Offer resources in this order:

- National Human Trafficking Helpline: 1-888-373-7888
- Local Human Trafficking Helpline: 817-251-1000
- Human Trafficking Helpline: 817-251-1000

Emergency	Total Screened	Positive HITS	*Possible HT	Total Referrals	Refusal
May	7341	35	N/A	0	0
June	7268	29	16	14	1
July	6198	23	10	11	4
August	6871	27	19	7	10
September	6445	25	19	10	6
October	5968	32	19	14	7
November	5920	27	23	26	5
December	6183	17	12	11	1
January	6428	28	9	9	1
February	6460	33	27	19	6
March	7289	25	23	24	11
April	7956	34	27	25	7
May	7680	40	31	39	14
June	6775	40	35	37	6

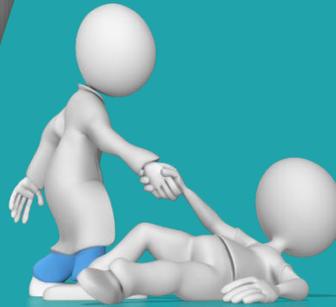
The Data: 155,729 Screens

Positive HITS



520

Resources Offered

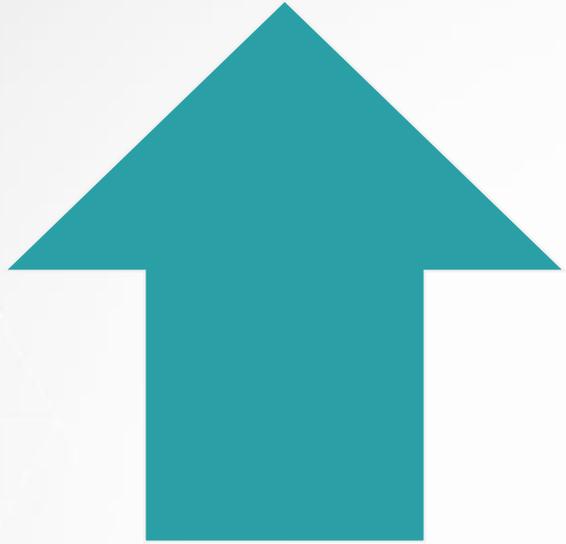


61%

Refused Assistance



18%



Resources
Offered



Refusal of
Help

329

Potential
Positive for
HT

Can you leave your **job** situation if you want?

Can you come and go as you please?

Have you or your family been **threatened** if you **try to leave**

Have you **been harmed** in any way?

Do you sleep where you work?

Have you ever been **deprived** of food, water, sleep or medical care?

Do you need to **ask permission** to eat, sleep or go to the bathroom?

Has your ID/Documents been taken from you

Is anyone forcing you to do anything you do not want to do?

Vulnerable

27%

Sheltering
organization

100%

Family Justice
Center has
seen a 100%
increase in
referrals

Why collect Data



Lessons Learned

Get the right
people at the
table.



Barriers

Nurses personal
opinions

Uncomfortable
asking the questions

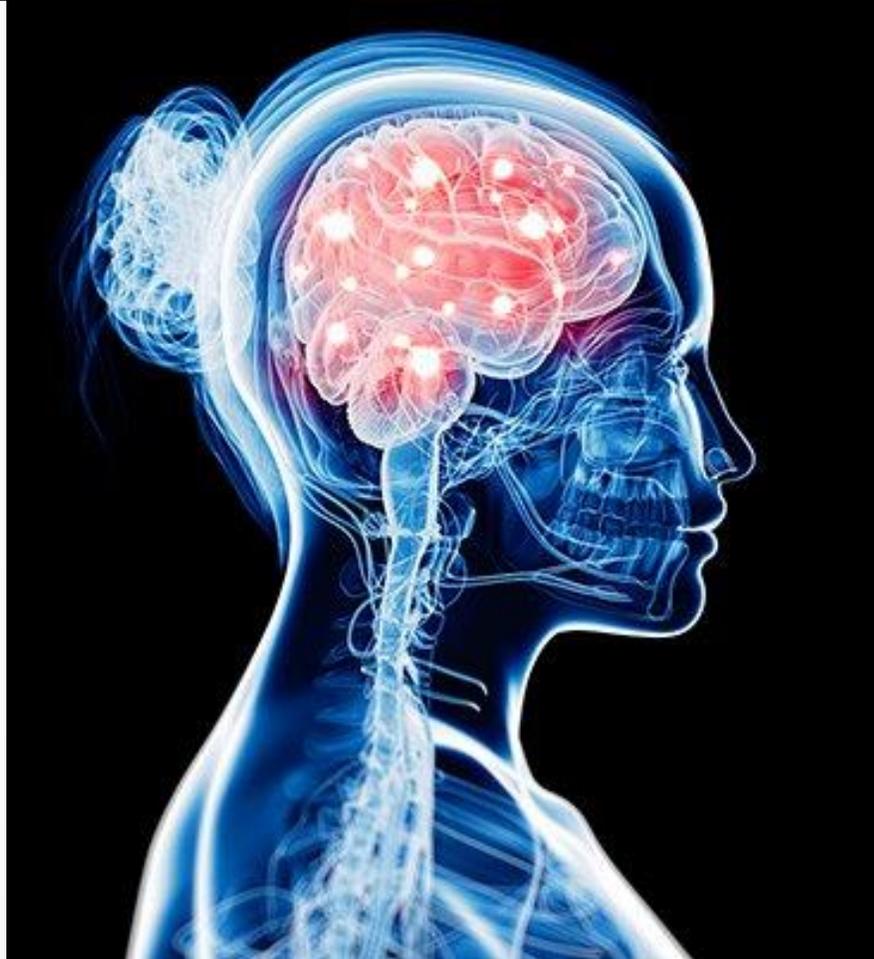
Personal history
regarding IPV



Barriers: Healthcare vs Law Enforcement



Traumatic Brain Injury



Next Steps:

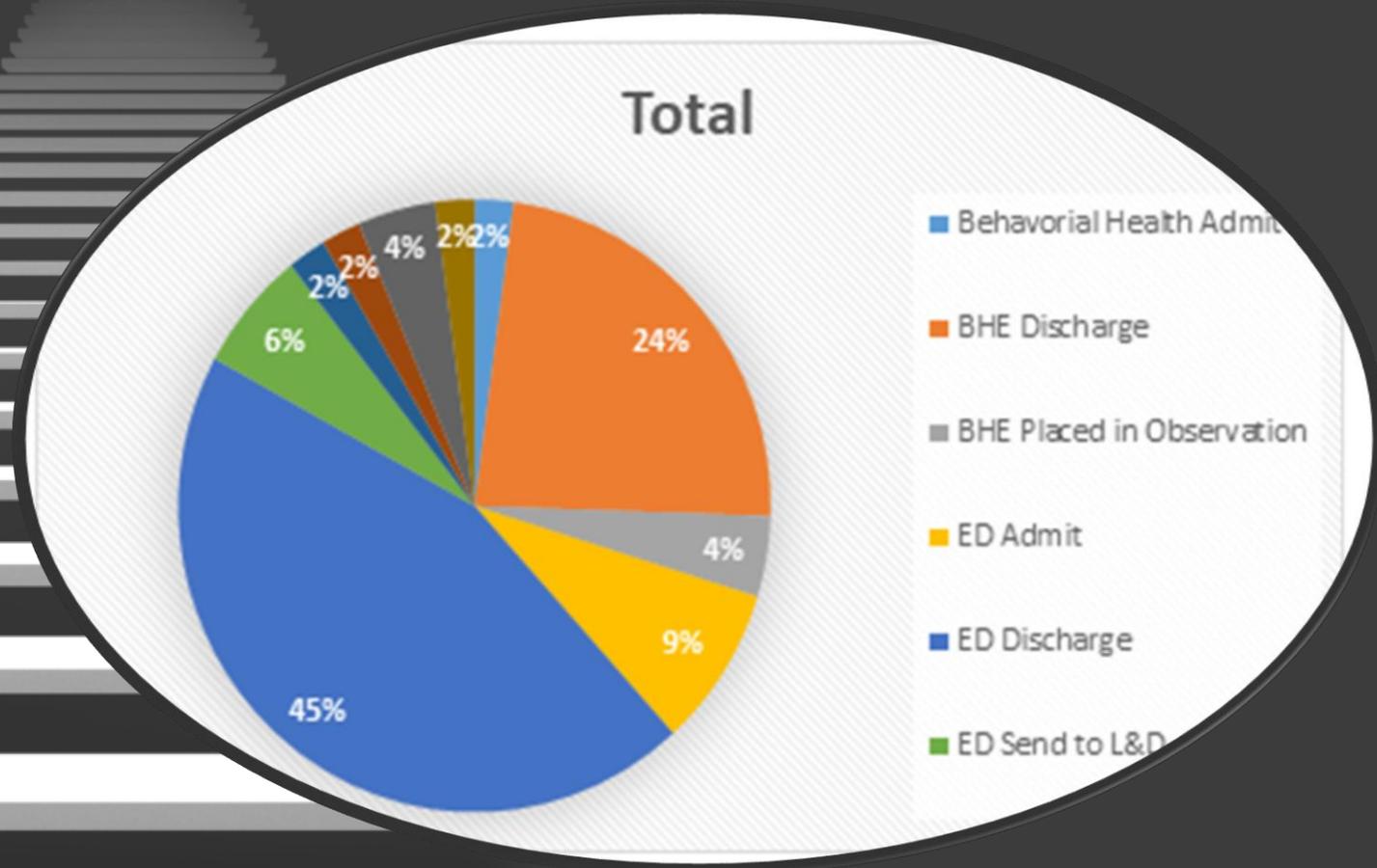
Expansion of screening

Knowledge sharing

Strengthening community ties

Raising community awareness

Sharing information with policy makers



Planting a Seed of Hope



Conclusion

You may choose to look the other way but you can never say again that you did not know...





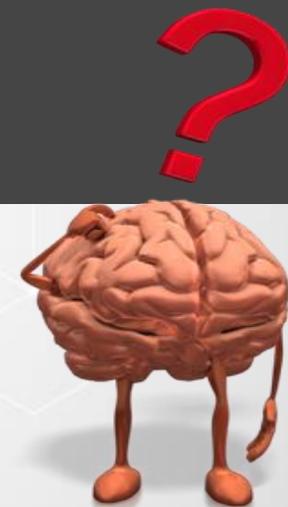
Thank you and what questions can we answer?

Mary Ann Contreras

MContr01@jpshealth.org

Heather Scroggins

hscroggi@jpshealth.org



References

- Association of Women's Health Obstetric and Neonatal Nurses (2016). AWHONN Position Statement. Human Trafficking
- Carlson, B. E. (2000). Children Exposed to Intimate Partner Violence. *Trauma, Violence, & Abuse, 1*(4), 321–342. doi: 10.1177/1524838000001004002
- Chibba, M. (2014). Contemporary issues on human trafficking, migration and exploitation. *Migration and Development, 3*(2), 163–173. doi: 10.1080/21632324.2014.885286
- Department of Health and Human Services Office of the Administration for Children and Families. (2018, January 31). Toolkit and Guide: Adult Human Trafficking Screening. Retrieved from <https://www.acf.hhs.gov/otip/resource/nhhtacadultscreening>
- Fredland, N. M., Mcfarlane, J., Maddoux, J., & Binder, B. (2018). Youth Exposed to Parental Intimate Partner Violence and Bullying at School. *Journal of Community & Public Health Nursing, 04*(02), 218. doi: 10.4172/2471-9846.1000218
- Freeman, R. (2017, January 18). The Brain Can Work Against Abuse Victims. Retrieved from <https://www.psychologytoday.com/us/blog/neurosagacity/201701/the-brain-can-work-against-abuse-victims>
- Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal Strangulation is an Important Risk Factor for Homicide of Women. *The Journal of Emergency Medicine, 35*(3), 329–335. doi: 10.1016/j.jemermed.2007.02.065
- Government of British Columbia. (2017, January 10). Three Elements of Human Trafficking. Retrieved August 20, 2019, from <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/human-trafficking/human-trafficking-training/module-1/three-elements-of-human-trafficking>
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Childrens exposure to intimate partner violence and other family violence. *PsycEXTRA Dataset*. doi: 10.1037/e725322011-001

References

- Health and Human Services (2018). Adult Human Trafficking Screening tool and guide. Retrieved from https://www.acf.hhs.gov/sites/default/files/otip/adult_human_trafficking_screening_tool_and_guide.pdf
- Hink, S. (2017, October 9). The Impact of Domestic Violence on Children | . Retrieved from <https://newdirectionfamilylaw.com/impact-domestic-violence-children/>
- Huecker MR, Smock W. Domestic Violence. [Updated 2019 May 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499891/>
- Intimate Partner Violence on Substance Use in Early Adulthood*. *Journal of Studies on Alcohol and Drugs*, 71(2), 219–230. doi: 10.15288/jsad.2010.71.219
- National Human Trafficking Hotline. “Hotline Statistics.” *National Human Trafficking Hotline*, <https://humantraffickinghotline.org/states>
- National Human Trafficking Hotline. “Texas.” *National Human Trafficking Hotline*, humantraffickinghotline.org/state/texas.
- National Human Trafficking Hotline. (n.d.) Retrieved from: <https://humantraffickinghotline.org/human-trafficking/recognizing-signs>
- National Institute of Justice. (2019, February 26). Human Trafficking. Retrieved August 20, 2019, from <https://www.nij.gov/topics/crime/human-trafficking/pages/welcome.aspx>
- Pearl, R. (2013, December 5). Domestic Violence: The Secret Killer That Costs \$8.3 Billion Annually. Retrieved from <https://www.forbes.com/sites/robertpearl/2013/12/05/domestic-violence-the-secret-killer-that-costs-8-3-billion-annually/#5bac8d394681>

References

- Polaris, (2017). National human trafficking hotline: Hotline statistics. Retrieved from <https://humantraffickinghotline.org/states>
- Polaris Project. (2012). Understanding the definition of Human Trafficking: The Actions-Means-Purpose Model. Retrieved from <https://traffickingresourcecenter.org/sites/default/files/AMP%20Model.pdf>
- Pritchard, A. J., Reckdenwald, A., & Nordham, C. (2015). Nonfatal Strangulation as Part of Domestic Violence: A Review of Research. *Trauma, Violence, & Abuse, 18*(4), 407–424. doi: 10.1177/1524838015622439
- Shandro J.R., Chisolmstraker, M., Duber, H.C., Findlay, S.L., Munoz, J., Schmitz, G., Stanzer, M., Stoklosa, H., Wiener, D.E., Wingkun, N. (2016). Human Trafficking: A guide to identification and approach for the emergency physician. *Annals of Emergency Medicine. 68*(4), 501-508e. DOI: <https://doi.org/10.1016/j.annemergmed.2016.03.049>
- Sherin, K. (2019). HITS: Every Life is important. Retrieved from <http://thehitstool.com/about>
- Texas Council on Family Violence (2017). Learn the facts. Retrieved from <http://tcfv.org/resource-center/learn-the-facts/>
- The Joint Commission (2017). Comprehensive Accreditation Manual for Hospitals, Standard PC.01.02.09. Retrieved from https://www.jointcommission.org/assets/1/6/EP_Review_AHC_Phase_III_PrePub.pdf
- Smith, C. A., Elwyn, L. J., Ireland, T. O., & Thornberry, T. P. (2010). Impact of Adolescent Exposure to
- Valera, E. (2018). Intimate partner violence and traumatic brain injury: An “invisible” public health epidemic. Retrieved from <https://www.health.harvard.edu/blog/intimate-partner-violence-and-traumatic-brain-injury-an-invisible-public-health-epidemic-2018121315529>
- Wathen, C. N., & MacMillian, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Paediatrics and Child Health, 18*(8), 419–422. doi: 10.1093/pch/18.8.419



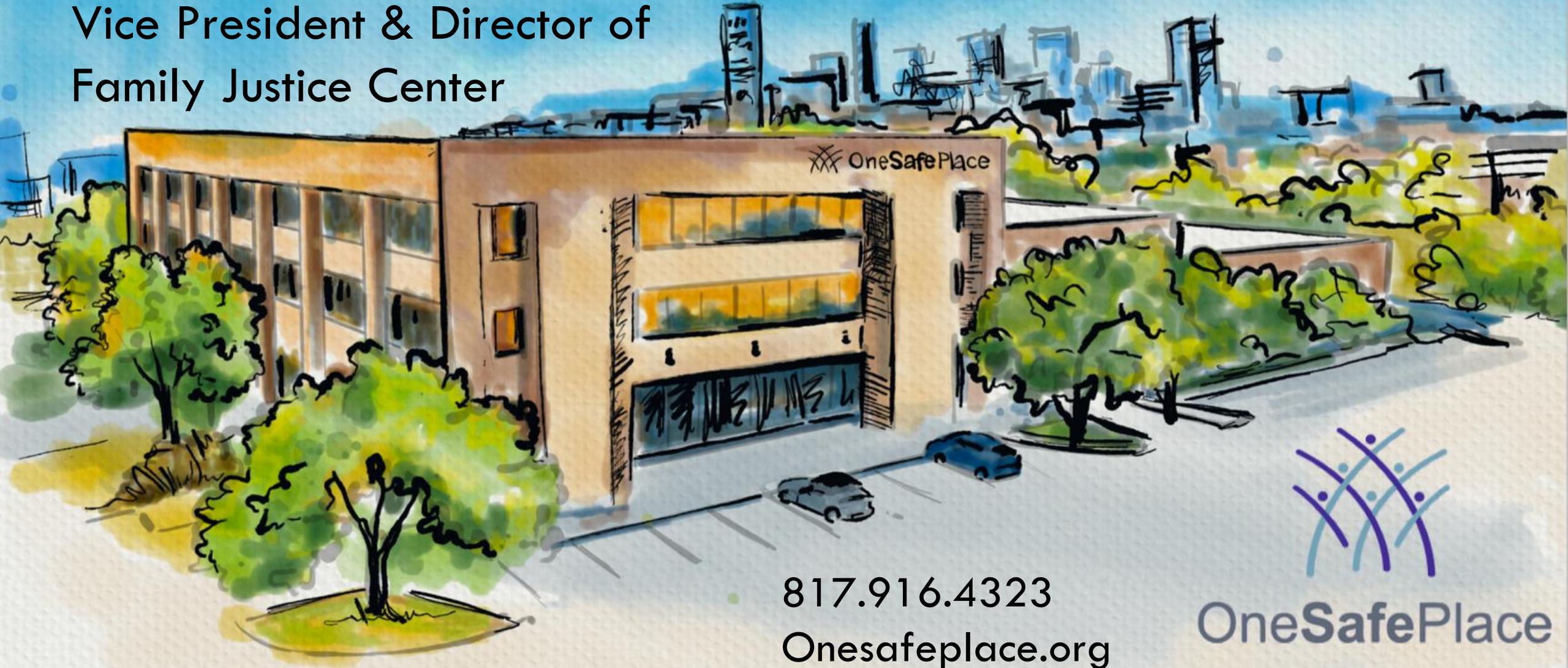
UNBOUND

Stephanie Byrd, JD
Executive Director
Unbound Fort Worth

One Safe Place

Michelle Morgan

Vice President & Director of
Family Justice Center



817.916.4323

Onesafeplace.org



OneSafePlace



10 YEARS OF FREEING YOUTH FROM SEX TRAFFICKING

Founded in 2009, Traffick911 is a 501(c)3 non-profit organization based in Addison, Texas committed to freeing youth from sex trafficking. They are recognized as a prominent voice in the anti-sex trafficking movement through their high-risk youth prevention outreach model and Voice & Choice survivor empowerment program, providing crisis response and relational advocacy to victims.

Learn more at www.Traffick911.com.



Lindsey Speed
President

Lindsey Dula

Director of
Program Services



ALLIANCE
FOR CHILDREN
A Children's Advocacy Center

allianceforchildren.org

Beckie Wach

Executive Director



DOING THE MOST GOODSM

salvationarmydfw.org

Kathryn Jacob, LMSW

President & CEO



SAFEHAVEN

— FREEDOM FROM DOMESTIC VIOLENCE —

safehaventc.org

Call to Action

Identifying and Responding to

HUMAN TRAFFICKING AND INTIMATE PARTNER VIOLENCE

in Healthcare

**LEADERS of the OPTIMISTIC
FUTURE of
Population HEALTH**



**Tarrant County
Public Health**



Objectives

1. Identify challenges in building collaborative partnerships for population health;
2. Identify pathways for caring communities;
3. Connecting at risk populations to community resources;
4. Identify, analyze and distribute information from big, new and real time sources.

Building Collaborative Partnerships

To capitalize on the opportunity to focus on the care and health of the population by coming together to:

Think differently.

Look for commonalities and make a case for how communities benefit from joint transformation.

Plan differently.

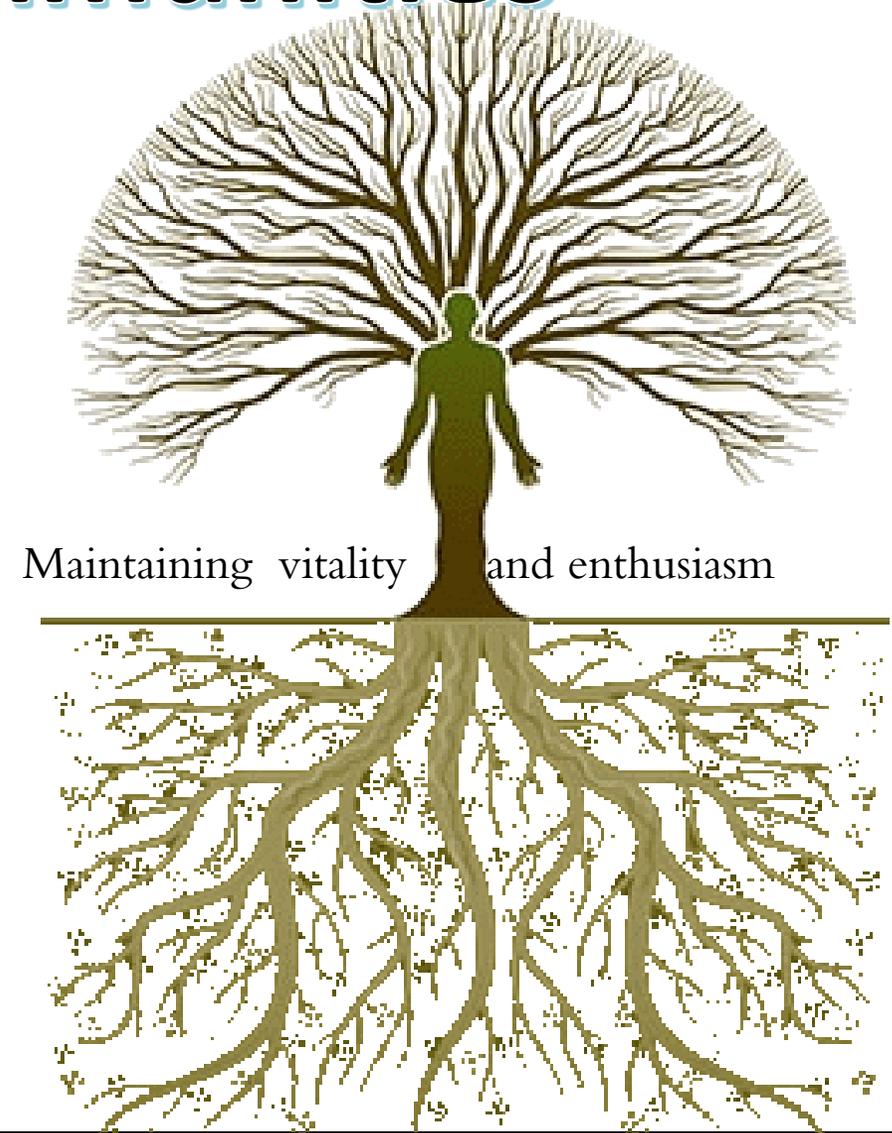
Map current and future capabilities to identify complementary partnerships.

Act differently.

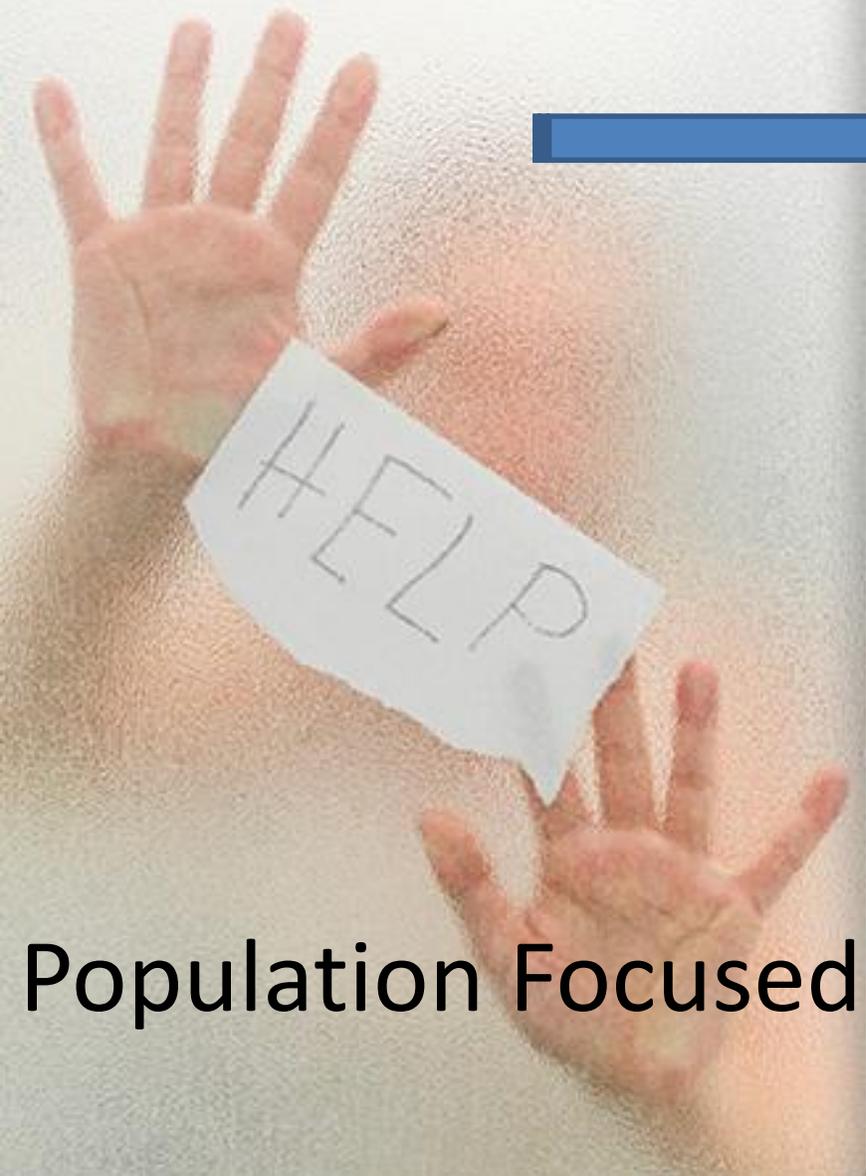
Build flexible models that make strategic investments that bring bold alliances to fruition

Pathways for Caring Communities

- Communicate openly and freely with everyone;
- Be inclusive and participatory;
- Network at every opportunity;
- Set reachable goals, in order to engender success;
- Hold creative meetings;
- Be realistic about what you can do: don't promise more than you can accomplish; and
- Acknowledge the group.



TRANSFORMATIVE:



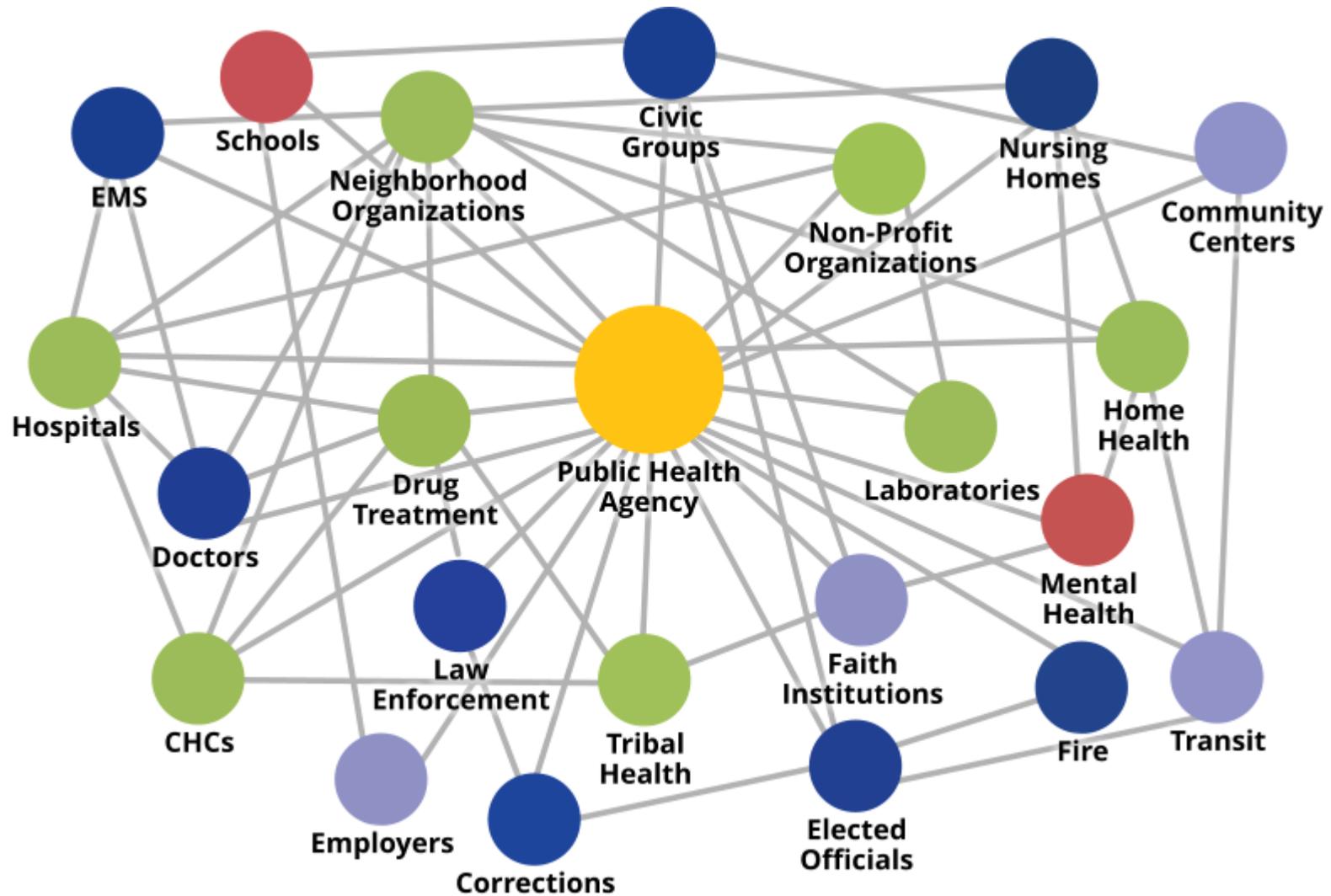
**HUMAN
TRAFFICKING:**
Providing
Meaningful
Intervention

Connecting Populations to Resources



Community of Providers

Proactively identify, monitor, and improve a range of medical, environmental, and social factors relevant to the health of communities



Health Informatics at Tarrant County Public Health (TCPH)

Gathers and structures health data in ways useful to decision-makers including but not limited to:

- **Understanding** the needs and interests of hospitals and other health providers;
- **Negotiating** effective, flexible data use agreements;
- **Finding champions** for syndromic surveillance among prospective data providers;
- **Setting and monitoring** project plans and timelines;
- **Identifying** affordable, replicable tools and resources to facilitate project success; and
- **Promoting** the contributions and achievements of data providers and system users.



817-321-5365

1101 S. Main St., Room 2409
Fort Worth, Texas 76104

Monday - Friday, 8 a.m. - 5 p.m

Creating a *Community of Practice*

A group that shares a passion for something they know how to do and who interact regularly to learn how to improve it.

- **Domain:** the area of shared inquiry ([human trafficking and intimate partner violence](#))
- **Community:** relationships among members and agencies ([Tarrant County Public Health, JPS Health Network, Unbound Fort Worth, ...](#))
- **Practice:** the body of knowledge, methods, stories, cases, tools, documents, etc. ([screening tools and protocols for HT and IPV, referrals to local resources, research, surveillance and data sharing, ...](#))

Short-term value: assistance with challenges/barriers, access to expertise, knowledge sharing, time saving, reuse of resources, confidence, meaningful work

Long-term value: new strategies and innovation, building a network, professional identity, personal development, marketability, retention of talent



**Back page of
the seminar
evaluation
(Question 10)**

Circle "yes"

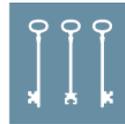
**Provide your
e-mail address**

INSIGHTS & IDEAS Expert Panel



**Tarrant County
Public Health**

- ❖ Officer Hannah Rivard, Fort Worth Police Department
- ❖ Sergeant Tyler Stillman, Bedford Police Department
- ❖ Dr. Shannon Wolf, PhD, LPC-S
- ❖ Dr. Jessica Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP
- ❖ Susan Blume, BSN, RN, CEN, Texas Health Resources HEB, UnBound Fort Worth
- ❖ Julia Walsh, UnBound Fort Worth
- ❖ LaTasha Jackson-McDougle, Cheryl's Voice
- ❖ Mary Ann Contreras, RN, JPS Health Network
- ❖ Heather Scroggins, MSN, RN-BC, JPS Health Network



UNBOUND
FORT WORTH



Cheryl's Voice



Texas Health
Harris Methodist Hospital®
HURST-EULESS-BEDFORD

