



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons



HHS Health and Human Trafficking Symposium

PowerPoint and Resource List

November 28–29, 2018

Panel 2: Prevention of Human Trafficking

This panel highlights the role of health care and social service settings in trauma-informed early intervention and prevention programs; lessons learned from adjacent fields such as child abuse and domestic violence

Following the PowerPoint presentation is a list of resources suggested by the HHS Health and Human Trafficking Symposium moderators and panelists. The list includes a wide variety of resources, ranging from published research, fact sheets, and tools such as trainings and curriculum.

Prevention of Human Trafficking

Moderator/Panelists

- Moderator:
 - Kenya Fairley, Acting Director, Family Violence Prevention and Services Program
- Panelists:
 - Dr. Nadine Finigan-Carr, Director, Prevention of Adolescent Risks Initiative, University of Maryland
 - Abby Hunt, Executive Director, Health Care Education and Training
 - Dr. Anita Ravi, Director, PurpLE Clinic, The Institute for Family Health
 - Savannah Sanders, Founder and CEO, Sex Trafficking Prevention

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Learning Objectives

- Define prevention.
- Describe a trauma-informed approach to prevention that is applicable across various practices.
- Learn from disciplines outside the human trafficking field to inform human trafficking prevention efforts.
- Discover interdisciplinary approaches to prevention and how various fields can collaborate on behalf of at-risk individuals and their families.

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Kenya Fairley, Acting Director, Family Violence Prevention and Services Act Program

FYSB's Mission and Vision

Mission: To support the organizations and communities that work every day to put an end to youth homelessness, adolescent pregnancy, and domestic violence



Vision: A future in which all our nation's youth, individuals, and families—no matter what challenges they may face—can live healthy, productive, violence-free lives

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Family Violence Prevention and Services Act (FVPSA)

- Signed into law as Title III of the Child Abuse Amendments of 1984
- First time federal resources were dedicated directly to domestic violence shelters, services, and programs
- FVPSA funds help states, territories, and tribes provide emergency shelter and other support services to victims and their dependents.

FVPSA Grants Programs

- State and territorial formula grants
- Tribal grants
- State and territory domestic violence coalitions
- Discretionary grants
- Training and technical assistance resource centers

Learn more: www.acf.hhs.gov/fvpsa / www.learnaboutfvpsa.com

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1.28 Million Victims Served

In 2017, FVPSA provided funds to:

- 1,239 domestic violence shelter programs
- 247 domestic violence nonshelter programs
- 146 tribal domestic violence programs

FVPSA funded programs provided:

- Safe housing
- Crisis response
- Advocacy
- Legal assistance
- Counseling
- Safety planning
- Support groups

893,298 women

88,862 men

267,300 children

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Centers for Disease Control DELTA Impact Grants

DELTA Impact Theory of Change

This diagram illustrates the Theory of Change for DELTA impact. CDC partners with State Domestic Violence Coalitions to provide the experts and resources needed to support community and societal level primary prevention activities. These activities contribute to outcomes that lead to state coalition ability to decrease intimate partner violence.



Intimate partner violence can be prevented

The negative consequences associated with intimate partner violence underscore the importance of engaging it before it occurs. A wide range of prevention strategies are available to help reduce the risk factors that lead to intimate partner violence, and increase the protective factors that decrease it. DELTA impact is focused on implementing strategies that address community and societal level risk and protective factors. DELTA

Impact focuses on three strategies:

- Engage Influential Adults and Peers
- Create Protective Environments
- Strengthen Economic Supports for Families

Evidence shows that these strategies, along with several others, have an impact on intimate partner violence. For more information, see the Division of Violence Prevention's *Preventing Intimate Partner Violence Across the Lifespan: A National Package of Programs, Policies, and Practices* (U.S. Dept. of Justice, 2016), which summarizes strategies based on the best available evidence on preventing intimate partner violence.

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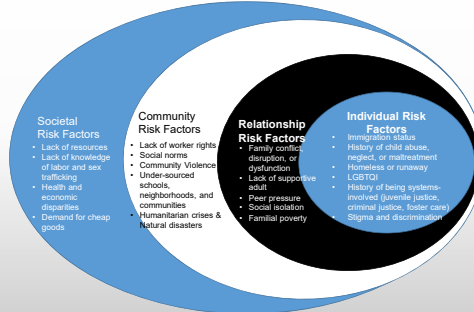
PreventIPV.org



www.preventipv.org
Formed to enhance the capacity of state/territory domestic violence coalitions and community-based domestic violence programs to advance and broaden support for a comprehensive national prevention agenda

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Public Health & Trafficking Socio-ecological Model



Adapted from the Institute of Medicine and Chapter 22 Human Trafficking Perspectives on Prevention, Elaine J. Ager and Sharon E. Chin from Chaudhry, Straker, Mahan, and Hanev, eds. Human Trafficking is a Public Health Issue. A Paradigm Expansion in the United States. Springer, 2017.

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Dr. Nadine Finigan-Carr, Director, Prevention of Adolescent Risks Initiative, University of Maryland

What Is Prevention?

Primary

Intervening to help in altering risky behaviors or providing information about the risks
Examples: classroom education for youth; general public awareness campaigns

Secondary

Screening to identify risks in the early stages and/or reduce further injury
Examples: billboards or PSA awareness campaigns; stakeholder trainings

Tertiary

Preventing additional trauma after human trafficking has occurred (last resort)
Examples: physical and mental health care

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Primary Prevention Efforts



- Infographics—sex trafficking in Maryland; signs of labor trafficking
- Billboards—worked with Baltimore on a series of billboards displayed around the city to promote public awareness of trafficking

University of Maryland School of Social Work, Ruth Young Center: Maryland Human Trafficking Initiative.

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Child Trafficking in Maryland

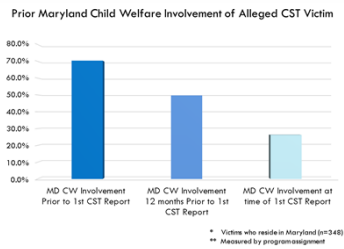
Over **440** reports of child sex trafficking screened into LDSS involving over **375** individual alleged minor victims.



University of Maryland School of Social Work, Ruth Young Center: Child Sex Trafficking Victims Initiative.

Child Trafficking in Maryland

- 70% of alleged victims* had prior involvement** with Maryland's child welfare system before the first CST report.
- 50% had child welfare involvement in the year before the first CST report.
- 26% had an open child welfare case at the time of the first CST report.



University of Maryland School of Social Work, Ruth Young Center: Child Sex Trafficking Victims Initiative.

Secondary Prevention Efforts

CANS Human Trafficking Screening Tool

Instead of creating a new and separate screening tool, we proposed using existing CANS/CANS-F assessment data to assist in screening youth for risk and/or evidence of human trafficking:

- Step 1: Exploring risk factors
- Step 2: Developing the human trafficking screening protocol
- Step 3: Validating the human trafficking screening protocol
- Step 4: Implementation with child welfare workers

Training Child Welfare Workers

- First pilot phase completed: December 2016
- Full pilot phase: completed April 2017
- Full implementation: September 2017 to September 2019

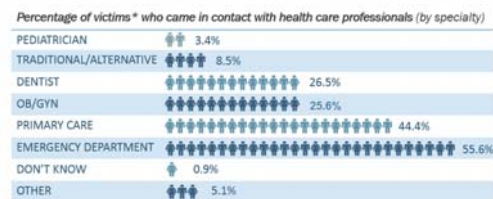
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Secondary Prevention Efforts (continued) Training Professionals Serving System-Involved Youth

Type of Professional Trained	Number of Trainings	Total # of Participants Trained
Multi-Disciplinary Audience	22	1049
Law Enforcement (local, state and federal)	13	420
Court Personnel (judges, CINA and Delinquency attorneys, clerks, CASAs)	5	139
Child Serving Professionals	5	131
Domestic Violence & Sexual Assault Service Providers	4	56
Medical Providers & Mental Health Professionals	4	150
Other	6	138
Total	59	2083

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Who They Meet



Data in chart: Chaoim-Straker, M., Baldwin, S., Gaglio-Taglia, B., Nduwe, N., Johnson, P., Richardson, L. (2018). Health care and human trafficking: We are using the wrong journal of Health Care for the Poor and Underserved, 27(5), 1220-1233. <https://doi.org/10.1355/jhpu.2018.0133>

Related Study: Chaoim-Straker, M., Richardson, L. Assessment of emergency department provider knowledge about human trafficking victims in the ED. Acad Emerg Med. 2007; 14 (suppl):1134

Tertiary Prevention Efforts



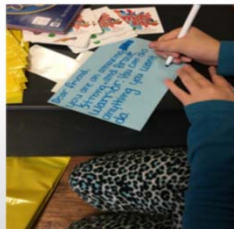
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Abby Hunt, Executive Director, Health Care Education and Training

Health Care Education and Training (HCET) Prevention Programs: Systems-Involved Youth

Primary adaptations for integrating a trauma-informed approach in programs:

- Always use two trained facilitators.
- Focus on consent during each session.
- Allow youth to create group agreements they have control over—often a “safe word.”
- Create a safe and inclusive environment.
- Process sessions with facilitators.
- Address and emphasize areas of primary concern to youth, regardless of curriculum.



Source: HCET FYSB PREP-IN-PACT Project, Adult and Child TOP Program

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Trauma-Informed Juvenile Court-Based Prevention Work: Healthy Teen Connections

- Improved reproductive and sexual health outcomes for Indiana teens ages 14–19
- Trauma-informed education, counseling, referrals, and service connection
- Referral of children in need of services and dual-status teens from a judge to a healthy teen coordinator
- Connection to other programs and resources



IN Juvenile Corrections-HCET FYSB PREP IN-PACT Project

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Systems Changes in Foster Care and Juvenile Corrections That Support a Trauma-Informed Approach to Prevention



HCET Grantee Youth Thrive Training

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Trauma-Informed Prevention Program Evaluation

- Evaluation adaptations included clear survey administration guidance that emphasized voluntary participation.
- Questions were adapted to “if you chose ...” or “voluntary.”
- Questions included qualitative feedback.
- “Youth feedback was gathered via journaling with the youth talking about what language made them uncomfortable or what words were ‘triggers’ for them.” —IN-PACT facilitator
- “There are messages [in the curricula] that are extremely inappropriate about the subject of rape, such as, ‘being drunk makes it harder for men to listen to what their date or partner is really saying.’” —IN-PACT facilitator
- “The condom video was very heteronormative; at one point it even includes male/female adjectives instead of ‘partner.’” —IN-PACT facilitator

Source: HCET/IUSM FYSB-CPREP- IN-PACT Survey and Implementation Data 2013-2017

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Additional Key Partners

- Publicly funded, adolescent friendly reproductive/sexual health and STD programs
- University evaluation partners
- Publicly funded family planning and STD programs
- Teen clinics and teen-friendly providers



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Lessons Learned

- Adapt existing programs and settings to be trauma informed (ongoing).
- Review curriculum and all program materials annually.
- Train staff at all levels on a regular basis.
- Monitor implementation and provide regular and specific feedback to program delivery staff.
- Collect and use feedback from youth, administrators, facilitators, and site staff.
- Adapt for trauma at all levels, including evaluation tools and processes.
- Maintain open and collaborative relationships with key stakeholders, including youth.
- Be intentional of impact of provider history of trauma.
- Sustain and build key partnerships.

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Systems Changes in Foster Care and Juvenile Corrections That Support a Trauma-Informed Approach to Prevention

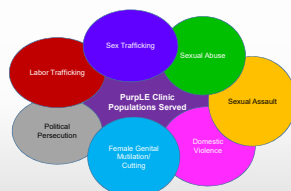
Systems change is an essential part of the sustainability of effective, trauma-informed prevention programs for at-risk youth.

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Dr. Anita Ravi, Director, PurpLE Clinic, The Institute for Family Health

PurpLE Clinic: Overview

The PurpLE Clinic
(**Purpose:** Listen and Engage)
A primary care clinic within a Federally Qualified Health Center that offers sensitive, respectful health care for anyone who has experienced sexual trauma, exploitation or violence, including human trafficking, sexual assault, domestic violence, and those seeking asylum).



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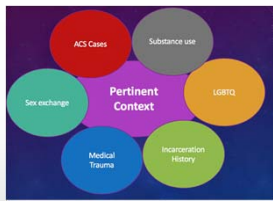
PurpLE Clinic: Overview



Source: Ravi A, Pfeiffer M, Rosner Z, and Shea, J. "Trafficking and Trauma: Insight and Advice for the Healthcare System from Sex Trafficked Women Incorporated on Rikers Island" Medical Care, Med Care. 2017 Sep 22.

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Trauma-Informed Practices: Design to Health Delivery



THE PurPLE CLINIC

THE PurPLE CLINIC
177 Street for Family Health at 177 Street

What:
Sensitive, respectful health care for anyone who has experienced sexual trauma, exploitation or violence including sex trafficking, sexual assault, domestic violence, labor trafficking, and those seeking asylum.

Services:
Routine physicals, OB/Gyn care, STI tests, pregnancy tests, birth control, diabetes care, HIV care, NFP, hormone therapy, and more.
• Referrals for mental health care, dentistry and acupuncture.

Where:
The Institute for Family Health at 177 Street
230 West 17th Street, New York NY 10011
Between 17th and 18th Ave

To make an appointment:
Call or text "Purple Clinic appointment" to (646) 946-4462

For more information:
• Email us at PurpleClinic@institute.org
• Visit us at www.institute.org/health-care-services/the-purple-clinic

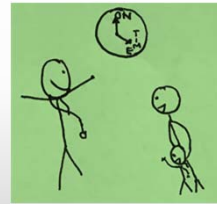
Everyone is welcome, regardless of age, gender, insurance or documentation.

THE PurPLE CLINIC

Form with checkboxes for patient information and consent.

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Trauma-Informed Practices: Design to Health Delivery



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Trauma-Informed Practices: Design to Health Delivery

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Trauma-Informed Practices: Design to Health Delivery



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THE PurPLE CLINIC

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Trauma-Informed Practices: Design to Health Delivery



Client has given me permission to share that she recently escaped trafficking and is living in a shelter. Given past experience where her children were taken away from her, client has frequent nightmares that her infant will also be taken away despite there being no ACS involvement at all. She keeps the baby very close and won't do any activity that requires being away from her baby.

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Trauma-Informed Practices: Design to Health Delivery

- Child/accompanying visitor plans
- Interpreter use
- Visit overview
 - Confidentiality
 - Questions that will be asked, and why
 - Exam plan
 - Electronics use



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Cross-Sector Collaboration to Promote Prevention

- Advance care coordination (transportation, insurance confidentiality)
- Increasing provider awareness of competing interests (per diem jobs, child care time constraints)
- Literacy/communication expectations (reading/writing consent forms)
- Consent to provide information on prior trauma

*B speaks Spanish and reports frequent bloody noses recently and hasn't been to a doctor in quite a while. She was trafficked to the US from Mexico as an unaccompanied minor when she was 17. She's very reticent to share about her difficult childhood and will probably clam up and not be truthful when asked questions about depression or anxiety. **If it's possible, I think it might be good to avoid the PHQ-9.***

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Cross-Sector Collaboration to Promote Prevention (continued)

- Power of a letter
 - Housing
 - Employment
 - School
- Institutional considerations
 - Scheduling appointment times
 - Late arrival policy
 - Bereavement leave
 - Income-based sliding fee

Hi Dr. Ravi,
I hope you're doing well! I just spoke to my client who I'm trying to assist in getting a NYC ID card. I was wondering if you would be able to provide a letter that they came to see you at your clinic that we can use for the ID? Let me know if that might be possible.
Thanks so much!!

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Savannah Sanders, Founder and CEO, Sex Trafficking Prevention

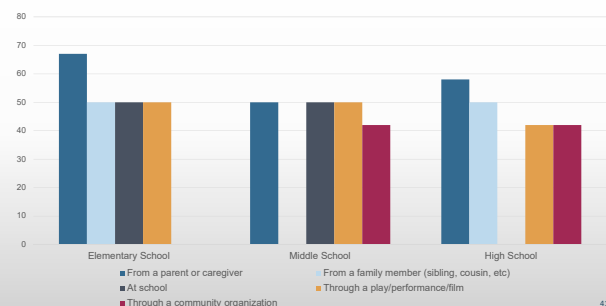
We Began by Conducting Focus Groups With Youth

How would you have wanted to learn about human trafficking and how to get help?

- | | |
|---|--------------------------------------|
| ▪ Parent or caregiver | ▪ Facebook |
| ▪ Teacher or in the classroom | ▪ Instagram |
| ▪ Someone at your school other than a teacher | ▪ Sports or a club outside of school |
| ▪ Older student | ▪ Educational text messages |
| ▪ Family member (sibling, cousin, etc.) | ▪ Phone app |
| ▪ TV commercial | ▪ Community organization |
| ▪ Short online film | ▪ Play or performance |
| | ▪ Poster |

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Ideal Prevention Education Channels



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Our Goals



- Promote safety and resilience through proactive and healthy conversations between youth and their caregivers.
- Equip caregivers with knowledge and activities required to have these conversations.
- Develop an online learning community where caregivers can share resources and support one another.

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Ages 3 to 7

Each booklet provides parents with required foundational information and access to resources and activities and supports them in guided conversations with their child(ren).

Body Safety
and
Boundaries

Internet Safety
and Media
Exposure

Safety
Planning

Beginning
Trafficking
Conversations

43

My Safe People and Places

Who are the people who have made you feel safe? Where are the places you go that make you feel safe?

- My first grade teacher
- My auntie
- My best friend's mom
- My grandma's house
- A lady I met at my afterschool program



Ages 8 to 11

Abuse and Its
Symptoms

Who Are Abusers
and Safe People?

Building
Resiliency

Media and Online
Safety

Human Trafficking

Safety Planning

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Topic 3: Healthy Relationships and Resiliency Parent Prep Work

An essential part of building resiliency is the development of healthy relationships. Kids need to know what **unconditional** love looks like in their lives. We also know that if kids have at least one safe and loving adult in their life, it significantly increases their ability to overcome adverse childhood experiences.

Note: Children who have complex trauma may have problems with attachment, either to others or to themselves. Having one safe person in their life early on can help them to form healthy attachments later.

In your first few conversations with your kids, we have given them the opportunity to talk about what they know. This exercise helps kids figure out who the safe people in their lives are. It can be done at any age and helps them to build resiliency and support systems.

Examples of healthy relationships to share with your kids:

- ★ They respect your boundaries, thoughts, ideas, activities, and dreams.
- ★ They support you in hanging out with friends and loved ones.
- ★ They don't ask you to do things that might hurt you or cause harm, such as stealing or taking drugs.
- ★ You feel free to be yourself when you are with them and aren't controlled by them.
- ★ They don't make you feel bad for talking to friends, not answering texts, or being busy with school activities or family.

Try It:

**Example
Lesson from
the Guide for
Ages 8-11**

Example Lesson: Healthy Relationships and Resiliency Parent Prep Work

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Ages 12+

Builds on ages 8-11, adding greater depth and more topics:

Comprehensive
Sex-Positive
Education

Healthy and
Unhealthy
Coping Skills

Healthy
Romantic
Relationships

Human
Trafficking

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Resource for Ages 12+: IAmJasmineStrong.com



- Short animation and discussion guide
- Additional narratives based on true stories with discussion questions:
 - 2 boys
 - 1 gender nonconforming youth
 - 3 girls
- Website by youth for youth with tips, quizzes, resources, and stories by teens

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Parent Feedback in Pilot

100% would recommend to a friend (9.7/10)

Future improvements:

- Broaden resources and examples to better apply to boys
- Increase video resources

"This tool has really helped me and my girls relationship and opened the door for us to talk more. My girls have been coming to me more about the other issues since started this guide."

"I loved it all! You made me realize the gaps I've not yet addressed with y son. And I especially loved the tone, it was professional, supportive and caring. I really felt cared for and concerned about and I felt safe when reading the questions and what was shared."

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RESOURCES

PANEL 2: PREVENTION OF HUMAN TRAFFICKING RESOURCE LIST

Finigan-Carr, N.M., Johnson, M.H., Pullmann, M.D., Stewart, C.J., & Fromknecht, A.E. (2018). A Traumagenic Social Ecological Framework for Understanding and Intervening with Sex Trafficked Children and Youth. *Child and Adolescent Social Work Journal*.

<http://dx.doi.org/10.1007/s10560-018-0588-7>

Freedom FWD. (2018). I am Jasmine Strong.

<https://www.iamjasminestrong.com/>

Ravi, A. (2017). I Had to 'Unlearn' Medicine to Treat Vulnerable Patients.

<https://www.aafp.org/news/blogs/freshperspectives/entry/20170814fp-unlearning.html>

Ravi, A. (2018). Smiles, apologies, and drawing trauma-informed care in the PurpLE Clinic. *AMA Journal of Ethics*, 20(1).

Ravi, A., Pfeiffer, M., Rosner, Z., & Shea, J. (2017). Trafficking and Trauma: Insight and Advice for the Healthcare System from Sex Trafficked Women Incarcerated on Rikers Island. *Medical Care, Med Care*.

Ravi, A., Pfeiffer, M.R., Rosner, Z., & Shea, J.A. (2017). Identifying health experiences of domestically sex-trafficked women in the USA: A qualitative study in Rikers Island jail. *Journal of Urban Health*, 94(3):408–416.

Sanders, S. (2018). Sex Trafficking Prevention: Conversations to Grow Resilient Kids.

<https://mailchi.mp/c7a329e90741/stpforkids>