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

**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.

**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

**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
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

PreventIPV.org

www.preventipv.org

Preformed 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

Public Health & Trafficking Socio-ecological Model

What Is Prevention?

<table>
<thead>
<tr>
<th>Primary</th>
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<tbody>
<tr>
<td>Intervening to help in altering risky behaviors or providing information about the risks</td>
</tr>
<tr>
<td>Examples: classroom education for youth; general public awareness campaigns</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Secondary</th>
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</thead>
<tbody>
<tr>
<td>Screening to identify risks in the early stages and/or reduce further injury</td>
</tr>
<tr>
<td>Examples: billboards or PSA awareness campaigns; stakeholder trainings</td>
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<table>
<thead>
<tr>
<th>Tertiary</th>
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</thead>
<tbody>
<tr>
<td>Preventing additional trauma after human trafficking has occurred (last resort)</td>
</tr>
<tr>
<td>Examples: physical and mental health care</td>
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</table>

Centers for Disease Control DELTA Impact Grants

Individual Risk Factors

- Family conflict, disruption, or dysfunction
- Lack of supportive adult
- Peer pressure
- Social isolation
- Familial poverty

Community Risk Factors

- Lack of worker rights
- Social norms
- Community Violence
- Under-sourced schools, neighborhoods, and communities
- Vulnerable women & gender violence

Societal Risk Factors

- Lack of resources
- Lack of knowledge of labor exploitation
- Health and economic disparities
- Demand for cheap goods


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

Secondary Prevention Efforts

- 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.

Secondary Prevention Efforts (continued)

Training Professionals Serving System-Involved Youth

<table>
<thead>
<tr>
<th>Type of Professional Trained</th>
<th>Number of Trainings</th>
<th>Total # of Participants Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Disciplinary Audience</td>
<td>22</td>
<td>1099</td>
</tr>
<tr>
<td>Law Enforcement (local, state and federal)</td>
<td>13</td>
<td>420</td>
</tr>
<tr>
<td>Court Personnel (judge, CASA, DJ, DCF)</td>
<td>5</td>
<td>130</td>
</tr>
<tr>
<td>Child Serving Professionals</td>
<td>5</td>
<td>131</td>
</tr>
<tr>
<td>Domestic Violence &amp; Sexual Assault Service Providers</td>
<td>4</td>
<td>56</td>
</tr>
<tr>
<td>Medical Providers &amp; Mental Health Professionals</td>
<td>4</td>
<td>150</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>130</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>2863</td>
</tr>
</tbody>
</table>

Child Trafficking in Maryland

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

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

Who They Meet

Percentage of victims* who came in contact with health care professionals (by specialty):

- Pediatrician: 3.6%
- Traditional/Alternative Medicine: 5.6%
- Dentist: 24.6%
- Obstetrician: 25.4%
- Primary Care: 44.4%
- Emergency Department: 25.6%
- Other: 0.9%

* Some of the CST victims surveyed received services from more than one category of provider.


Related Studies:
Tertiary Prevention Efforts

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.

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

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

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-IMPACT Survey and Implementation Data 2013-2017
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

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.

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.

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

PurpLE Clinic: Overview

- Child/accompanying visitor plans
- Interpreter use
- Visit overview
  - Confidentiality
  - Questions that will be asked, and why
  - Exam plan
- Electronics use
Cross-Sector Collaboration to Promote Prevention

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

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

We Began by Conducting Focus Groups With Youth

- From a parent or caregiver
- Teacher or in the classroom
- Someone at your school other than a teacher
- Older student
- Family member (sibling, cousin, etc.)
- TV commercial
- Short online film

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.
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

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

Example Lesson: Healthy Relationships and Resiliency

Example Lesson from the Guide for Ages 8–11

Try It:

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 traumas 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

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
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

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 my 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."
RESOURCES

PANEL 2: PREVENTION OF HUMAN TRAFFICKING RESOURCE LIST


