Healthcare Implications for Intimate Partner Violence and Human Trafficking

Warning: Potentially Disturbing Content

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Objectives

Identify similar victimology in IPV and HT

Be familiar with health outcomes predisposed in those experiencing IPV

Recognize 2 populations at risk for HT

Name 2 chemicals/hormones that influence trauma bonding
Disclosures: NONE
JPS Health Network

• 121,000+ emergency room visits
• 1.2 million+ patient encounters per year
• Nation’s largest Family Medicine Residency
Intimate partner violence (IPV) is abuse or aggression that occurs in a relationship with a current or former partner/spouse.

IPV includes four types of behavior:

- **Physical violence** hitting, kicking, or using another type of physical force.
- **Sexual violence** is forcing or attempting to force a partner to take part in a sex act, when the partner does not or cannot consent.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner causing fear for one’s own safety or the safety of someone close to the victim.
- **Psychological aggression** verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html
Power and Control Wheel: IPV

**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 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 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 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

**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 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 Minimizing, Denying and Blaming**
- Making light of the abuse
- 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 Violence**
IPV Prevalence

- Nationally: 1 in 5 women, 1 in 7 men experienced severe physical violence from an intimate partner in their lifetime.
- Tarrant County: 1:3 women, 56% violent crime is family related.
- Half of female homicide victims in the U.S. are killed by a current or former male intimate partner.

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html
Health Consequences of IPV

Negative health outcomes associated with IPV:
• Heart
• Digestive system
• Reproductive system
• Muscle and bones
• Neurological system
• Cortisol

Brain health impact: such as depression and posttraumatic stress disorder (PTSD)

Chronic Traumatic Encephalopathy

Health risk behaviors: smoking, binge drinking, and sexual risk behaviors

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html
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
- Ringing in ears
- Sore throat/Raspy voice
- LOC
- Loss of bowel/bladder control
- CVA/CTE

Traumatic Brain Injury (TBI)

Blows to head
Oxygen deprivation/strangulation

- Persistent post concussive syndrome
- Impulsive, confused, poor recall, fog
- CTE

Human Trafficking

Human Trafficking is a crime: exploiting a person for labor, services, or commercial sex.

The Trafficking Victims Protection Act of 2000 and its subsequent reauthorizations define human trafficking as:

- **Sex trafficking**: A *commercial sex act is induced by force, fraud, or coercion*,

- **Labor trafficking**: The *recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.* (22 U.S.C. § 7102(9)).
Elements of Human Trafficking

- Recruiting
- Harboring
- Moving

Action

Means
- Force
- Fraud
- Coercion

Purpose
- Commercial Sexual Exploitation
- $$$

Risk for Being Trafficked

- Children in foster or CPS care
- Abusive family
- Poverty/homelessness
- Addiction
- Lack of education/unemployment
- Legal status
Human Trafficking: 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 approximately $600 million from victims of labor trafficking in Texas.

Minor and youth sex trafficking costs the state of Texas approximately $6.6 billion.
Coercive Control: IPV & HT Victimology

- Repeated use of force or threats
- Compels a particular response/behavior
- Long-term physical, behavioral, psychological consequences
- Strips away sense of self
Psychological
• Unhealthy Attachment
• False Promises
• Behavior Rationalization

Neurochemistry
• Oxytocin
• Dopamine
Past Abuse Screening Tool

Abuse Screen

- Do You Feel That You Are Treated Well By Your Partner/Spouse/Family Member?
  - Yes
  - No
  - Unable to assess
  - Other (see comments)

- What Happens When You Argue/Fight With Your Partner/Spouse/Family Member?
  - Yes
  - No
  - Unable to assess
  - Other (see comments)

- 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)

- Has Anyone Ever Threatened to Hurt Your Children or Your Pets?
  - Yes
  - No
  - Unable to assess
  - Other (see comments)
It Takes a Village
Introspection

- Implicit bias
- Uncomfortable asking the questions
- Personal history regarding IPV
Figure 1
Social Determinants of Health

- **Economic Stability**
  - Neighborhood and Physical Environment
  - Education
  - Food
  - Community, Safety, & Social Context
  - Health Care System

- **Employment**
  - Income
  - Expenses
  - Debt
  - Medical Bills
  - Support

- **Housing**
  - Transportation
  - Parks
  - Walkability
  - Zip Code/Geography

- **Literacy**
  - Language
  - Early Childhood Education
  - Vocational Training
  - Higher Education

- **Food Security Access to Healthy Options**

- **Social Integration Support Systems**
  - Community Engagement
  - Stress
  - Exposure to Violence/Trauma
  - Policing/Justice Policy

- **Health Coverage**
  - Provider & Pharmacy Availability
  - Access to Linguistically Appropriate & Respectful Care
  - Quality of Care

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Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Trauma Informed Care

- Utilizes trustworthiness & transparency
- Peer support models
- Collaboration & mutuality
- Gives the victim empowerment & choice
- Considers cultural, historical & gender issues
Trauma Informed Care

• Create a safe space/acceptance
• Limit exposure to re-traumatization during information gathering
• Neuroeducation: *what was happening in the nervous system when the victim reacted to a threat. Focus on biology.*
Focus Group: Education and Implementation

• Targeted units
• Tailored education
• Fit the workflow
• Nursing resident focus groups
• Identification of barriers
• Individual: identifying bias
• Gaining staff buy in
• Make it compelling
Screening Tools

How often does your partner...

1 Never
2 Rarely
3 Sometimes
4 Fairly Often
5 Frequently

SafeHaven (817-535-6462)
24-hr hotline: 1-877-701-7233

National Human Trafficking
Hotline: 1-888-3737-888

BeFree SMS
Text 233733

One Safe Place (817-916-4323)
- counseling
- food & clothing
- child care
- healthcare
- immigration
- spiritual
- legal
- job skills
- law enforcement referral
- education (child, parent, relationship)

HITS Screen
Unable to assess due to:

- How often does your partner insult or talk down to you?
- How often does your partner threaten you with harm?
- How often does your partner scream or curse at you?
- How often does your partner physically hurt you?
Connect to Your Patient

- Wow! Your cholesterol has me really worried!
- Gack!
- Uh... you might want to actually look at the patient...
H.I.T.S. Screening - HITS Screening

Unable to assess due to:
- refused
- unable to get alone
- patient condition

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

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

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

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

HITS Score: 12

13 (calculated)
by Richardson, Tiffany, RN
at 05/25/18 1346

If score is 10 or greater please say “I have a few more questions to ask you”
Strangulation Screening: EHR

**Strangulation questions**

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 700 times more likely to die as a result of violence.
1. It is not uncommon for people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
2. In thinking back over your past experience, have you ever been tricked or forced into doing any kind of work that you did not want to do?
3. Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?
4. Have you ever received anything in exchange for sex (for example, a place to stay, gifts, or food)?
JCAHO STANDARDS FOR IDENTIFYING VICTIMS OF DOMESTIC VIOLENCE

In addition to legal requirements for screening, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has created standards for treating suspected victims of abuse. These recommendations state that it is necessary for healthcare provider staff to demonstrate and prove competency in assessing for and reporting abuse. While only three brief standards are written, JCAHO has also noted in detail that the intent of these standards carries as much weight as the standard itself.

1. Possible victims of abuse are identified using criteria developed by the hospital.
   
   **Intent:**
   - Victims present in a variety of ways and may be reluctant to speak of abuse. Staff needs to know if abuse has occurred. Staff also needs to know the extent and circumstances of abuse in order to provide appropriate care.
   - Objective criteria should exist to identify victims of abuse and this should be used throughout an institution. Staff should be trained on these criteria.
   - Criteria should focus on observable evidence, not allegations alone. Criteria should address physical assault, rape and sexual molestation, domestic violence, abuse and neglect with children and elders.
   - Criteria should prevent actions or questions that could create false memory.
   - Staff should maintain lists of private and public community agencies that can provide help and make appropriate referrals.

2. Patients who are possible victims of alleged or suspected abuse or neglect have special needs relative to the assessment process.
   
   **Intent:**
   - As part of the screening and assessment process, information and evidence may be collected which could be used in future legal processes.
   - Policies and procedures should exist to define the hospital’s responsibility in collecting, retaining and safeguarding information and evidence.
   - The following should be documented in the patient’s medical record: consents, chain of evidence, legally required notification and release of information to authorities, referrals made.
   - Hospital policy needs to define the above activities and who is responsible for them.

3. Leaders ensure that the competence of all staff is assessed, maintained, demonstrated and improved continually.
   
   **Intent:**
   - This is a human resource standard that states that it is necessary to be able to demonstrate and prove staff competency.
   - This is not a specific standard for abuse victims but is referred to in abuse standards meaning that it is necessary to demonstrate and prove staff competency in assessing for and reporting abuse.


Demonstrate Your Commitment to Excellence

Earning *The Gold Seal of Approval* shows dedication to improving health care quality and safety.
TITLE: PC 2501 Care of the Suspected Victims of Human Trafficking and Intimate Partner Violence

DEFINITION:

I. **Intimate Partner Violence (IPV)** – The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

II. **Human Trafficking (HT)** – Is the intentional exploitation of another person by use of force, fraud, or coercion for sex, labor, or other purpose of subjecting to involuntary servitude, peonage, debt bondage, or slavery and sex trafficking in which a commercial sex act is induced by force.

GUIDELINES:

Patient care guidelines are evidence-based and designed to assist clinicians and patients in making decisions about care for specific clinical circumstances. These guidelines should not be considered inclusive of all appropriate methods of care and are not meant to be a substitute for professional judgment when assessment and treating patients. The ultimate judgment regarding care of a particular patient must be made by the clinician in light of the individual circumstances presented by the patient and the resources of the hospital.
IPV 2021

152,875

Intimate Partner Violence Screenings

364

Positive Screening Results

169

Referrals to Community Resources
Physician Patient Interaction

Scene 1
Scene 2

*Do over

Scene 1
Scene 2
Plant a Seed, Build Trust
Community Resources

JPS Victim’s Advocate 2-7306
JPS Forensic Team 2-7263

Safe Haven:
24-Hour Hotline- 1.877.701.SAFE (7233)
817.535.6462

One Safe Place
817.916.4323
- Counseling services
- Childcare and development
- Food and clothing assistance
- Immigration Services
- Job skills training
- Referral to law enforcement
- Legal assistance
- Parenting and relationship education
- Spiritual support
- Victim advocacy and case management

National Human Trafficking Hotline:
1.888.3737.888

BeFree SMS:
Text 233733

Unbound Fort Worth:
24/7 Human Trafficking Survivor Advocacy Referrals (crisis & non-crisis): 817.668.6462
817.668.6544

Police:
911

* For patients 17 and under, call the police and notify CPS
Summary

• IPV and HT is about the abuser using **power and control**

• COVID has **increased** control opportunities for abusers

• Healthcare professionals have an **opportunity** to screen/refer

• We have **community resources** to share with patients/victims

• Strangulation occurs in **over half** of all IPV relationships

• **Chronic TBI**: Victims can be impulsive, confused, have poor recall with a memory that isn’t succinct or ordered
Summary

• Trauma bonds are both **physiological and psychological**

• **Risk factors** for being trafficked: recent migration or relocation, substance use, mental health concerns, involvement with the children welfare system and being a runaway or homeless youth.

• If a patient has red flags, HT screening questions should be asked

• Principles of **trauma informed care** gives control back to the victim/building trust in the relationship

• **Ultimate goal is not to “rescue” a victim**/but to plant a seed
“Do the best you can until you know better. Then when you know better, do better.”

– Maya Angelou
Evaluation
Questions?

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