



Healthcare Implications for Intimate Partner Violence and Human Trafficking

Warning: Potentially Disturbing Content

Mary Ann Contreras, RN
Injury and Violence Prevention
Trauma Services

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



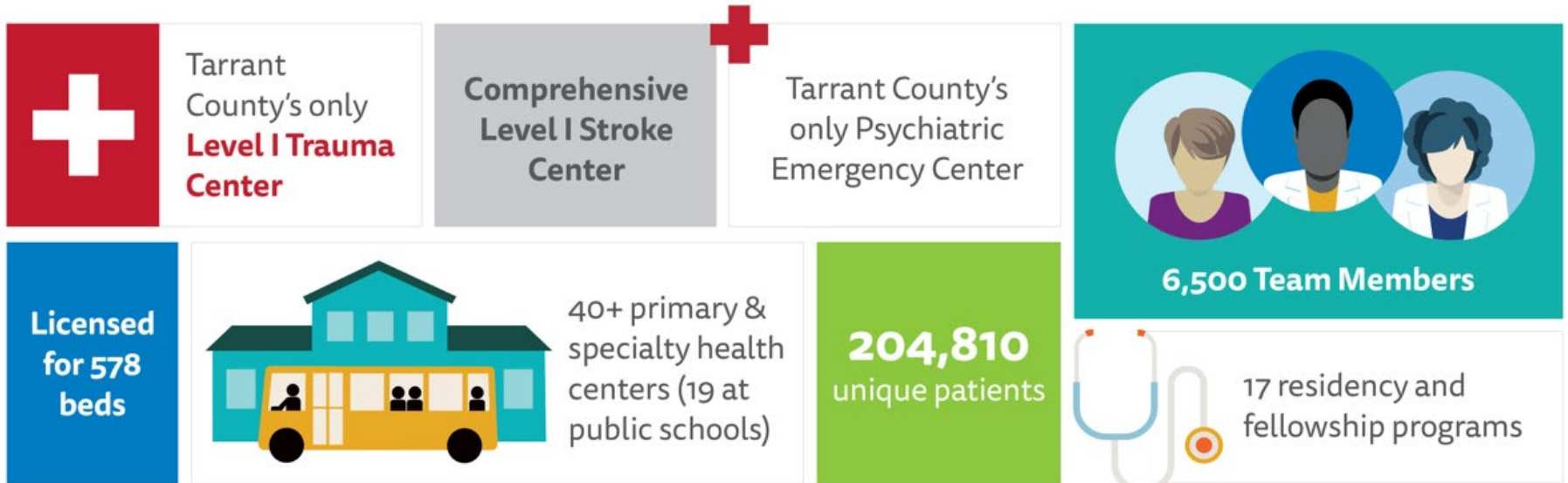
Disclosures: NONE



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Fort Worth, Texas



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)

- 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.

Power and Control Wheel: IPV



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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.*



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 anxiety disorder (PTSD)



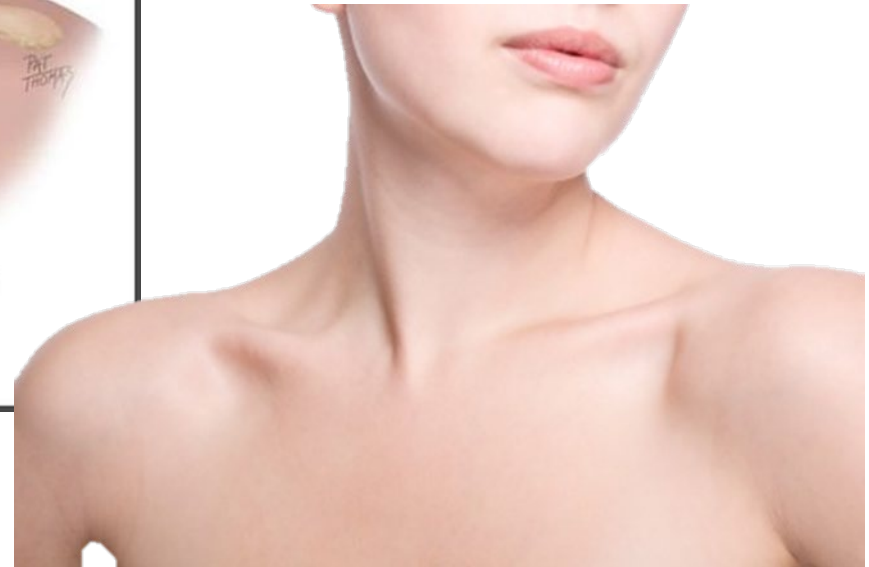
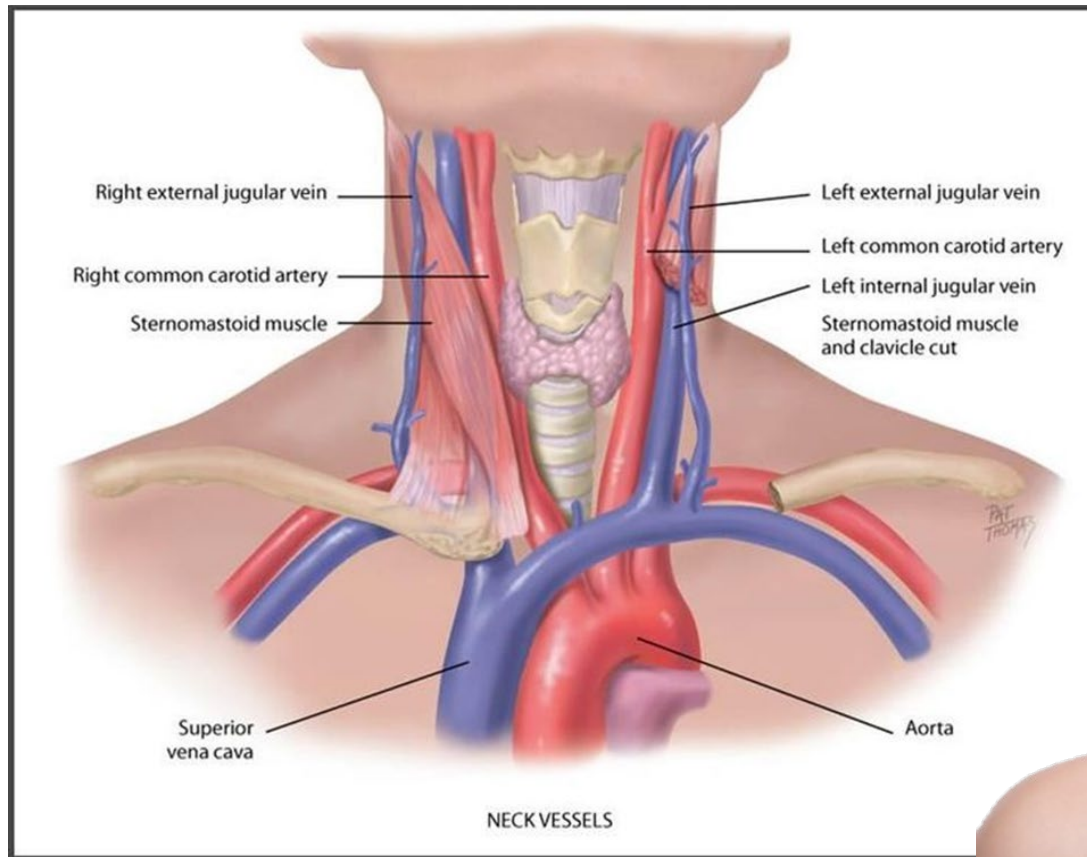
Chronic Traumatic Encephalopathy

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

Strangulation: Power & Control



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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)



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Blows to head
Oxygen
deprivation/strangulation

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



Human Trafficking



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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)).

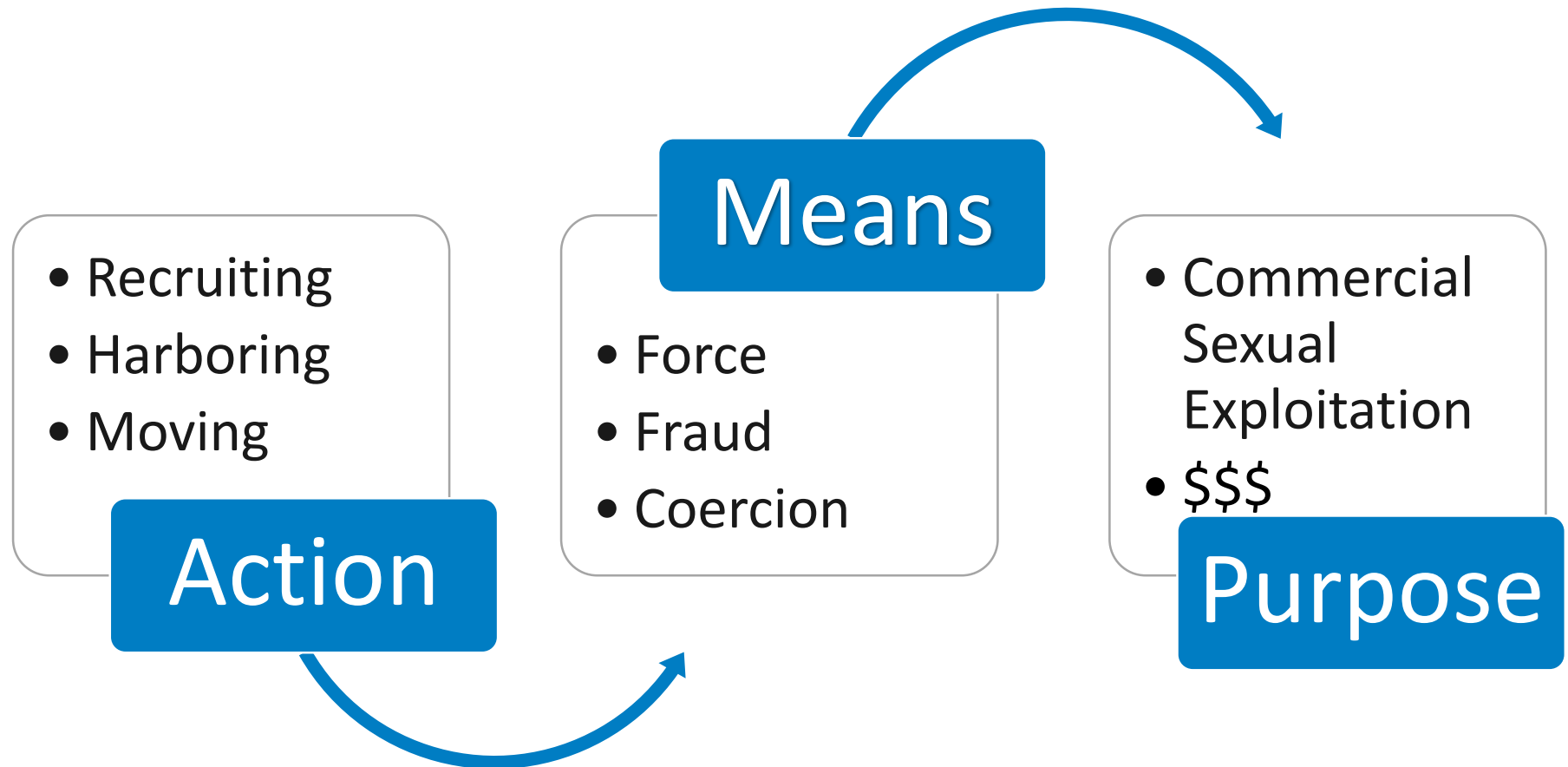
Power and Control Wheel: HT



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Elements of Human Trafficking

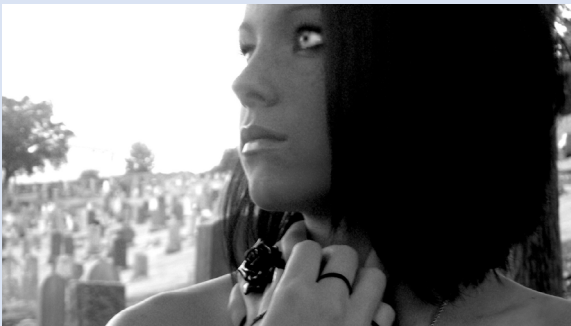


Polaris Project. (2012). Understanding the definition of Human Trafficking: The Actions-Means-Purpose Model. Retrieved from <https://traffickingresourcecenter.org/sites/default/files/AMP%20Model.pdf>

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>

Risk for Being Trafficked

- Children in foster or CPS care
- Abusive family
- Poverty/homelessness
- Addiction
- Lack of education/unemployment
- Legal status



Human Trafficking: Texas



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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**

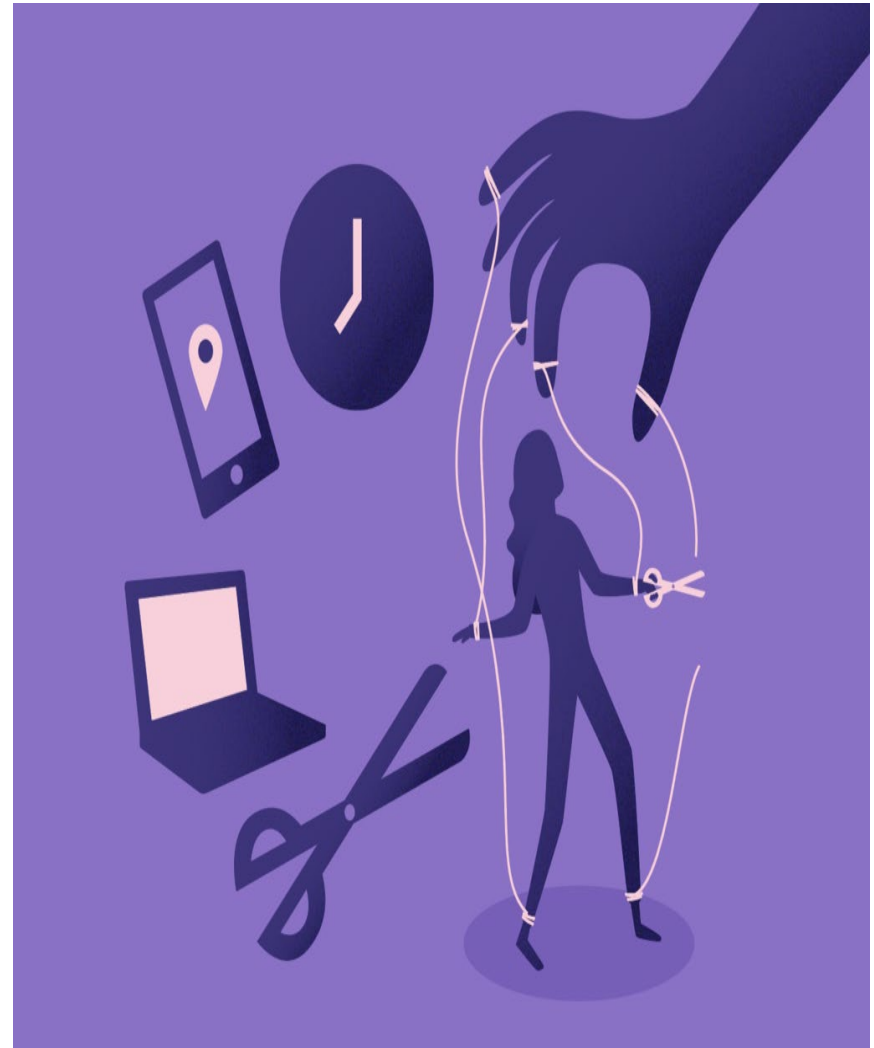


Coercive Control: IPV & HT Victimology



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- Repeated use of force or threats
- Compels a particular response/behavior
- Long-term physical, behavioral, psychological consequences
- Strips away sense of self





Trauma Bonds: IPV & HT Victimology



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Psychological

- Unhealthy Attachment
- False Promises
- Behavior Rationalization

Neurochemistry

- Oxytocin
- Dopamine

A dozen red flags?! I love them!



Past Abuse Screening Tool

12%

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?

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)

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

It Takes a Village



Governor's EMS and Trauma Advisory Council



Introspection



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Implicit bias

Uncomfortable
asking the
questions

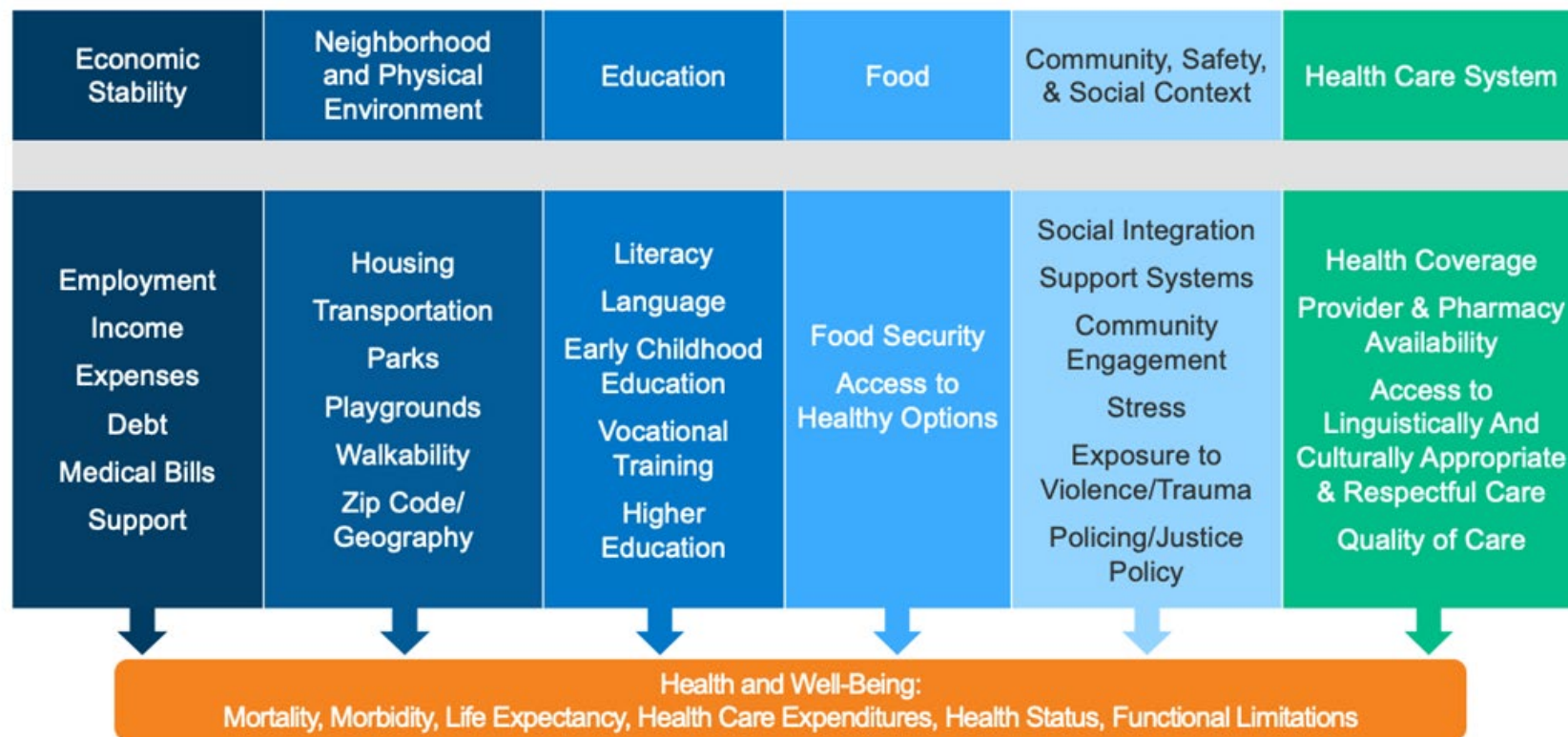
Personal history
regarding IPV



Consideration

Figure 1

Social Determinants of Health





Public Health Consequences of IPV



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Trauma Informed Care

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





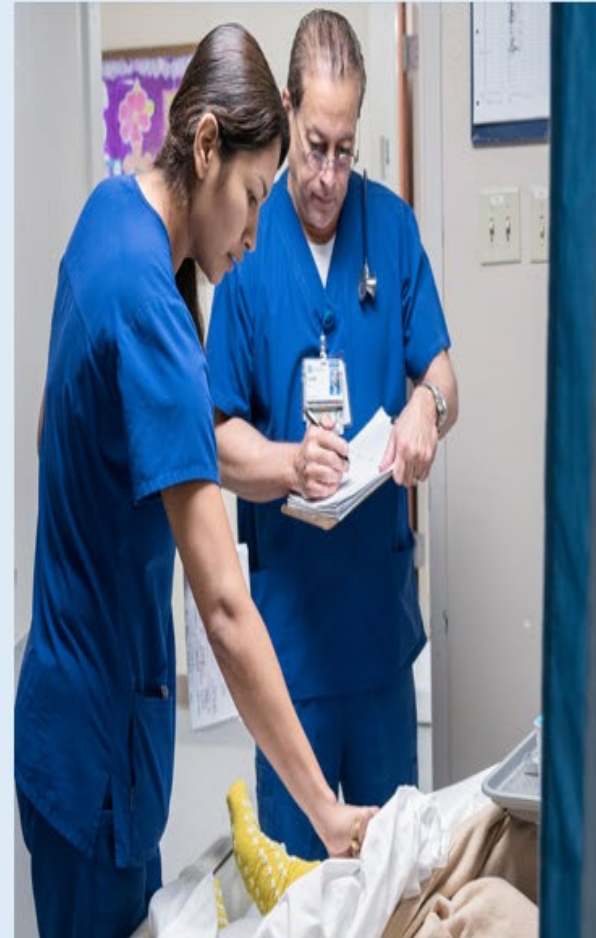
Trauma Informed Care

- 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
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Centered in Care
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SafeHaven (817-535-6462)

24-hr hotline: 1-877-701-7233

National Human Trafficking

Hotline: 1-888-3737-888

BeFree SMS

Text 233733

For patients aged 17 and under, call the police (911) and notify CPS

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 Screening

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?

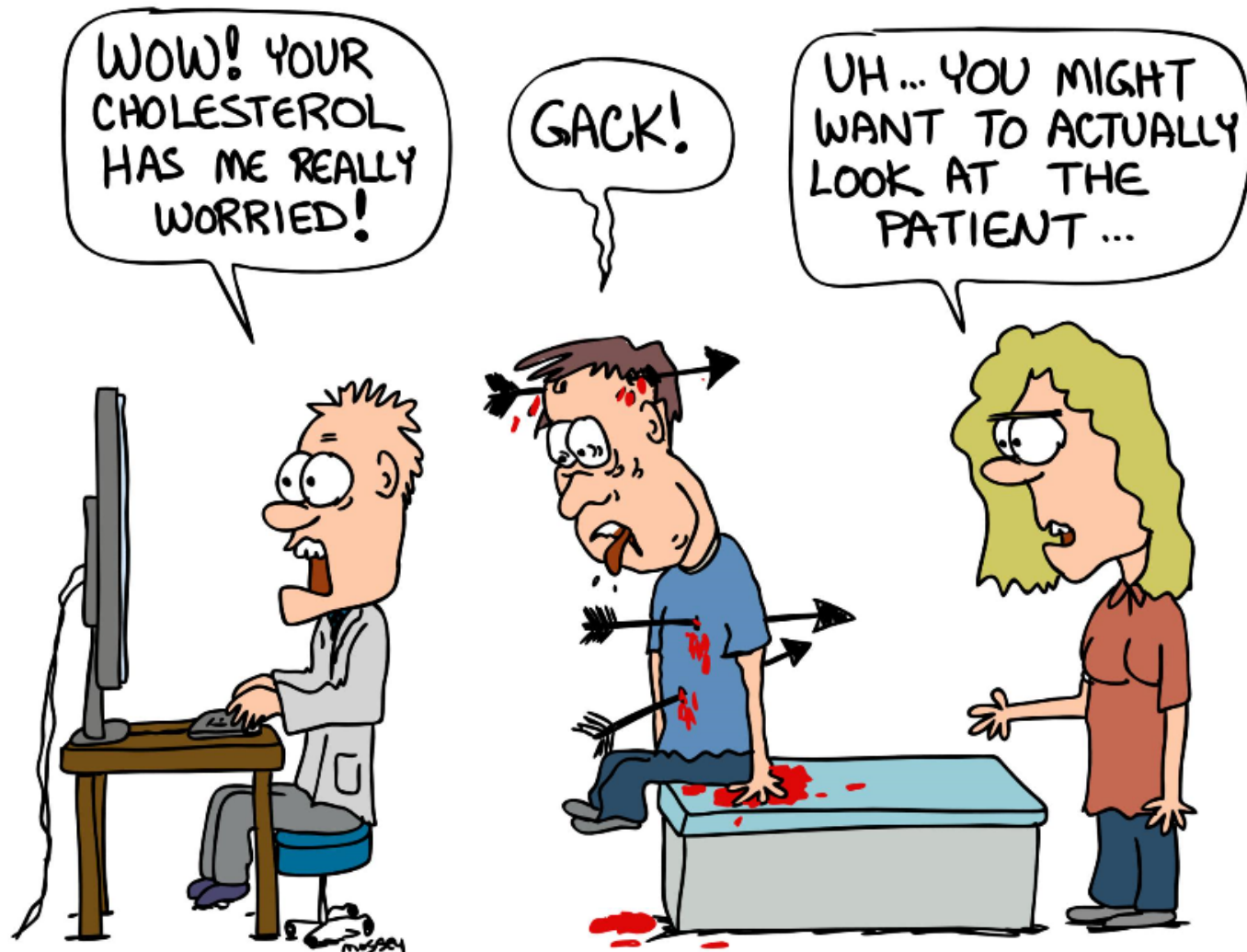


HITS SCORE

Connect to Your Patient



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IPV/HT Screening: EHR



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

Time taken: 1023 5/29/2018

Show: ☒ Row Info ☒ Last Filled ☐ Details ☐ All Choices

Values By Create Note

▼ 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
3=Sometimes
by Richardson, Tiffany, RN
at 05/25/18 1346

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."

How often does your partner threaten you with harm? ☐ 1=Never ☐ 2=Rarely ☐ 3=Sometimes ☐ 4=Fairly often ☐ 5=Frequently
4=Fairly often
by Richardson, Tiffany, RN
at 05/25/18 1346

How often does your partner scream or curse at you? ☐ 1=Never ☐ 2=Rarely ☒ 3=Sometimes ☐ 4=Fairly often ☐ 5=Frequently
3=Sometimes
by Richardson, Tiffany, RN
at 05/25/18 1346

How often does your partner physically hurt you? ☐ 1=Never ☐ 2=Rarely ☒ 3=Sometimes ☐ 4=Fairly often ☐ 5=Frequently
3=Sometimes
by Richardson, Tiffany, RN
at 05/25/18 1346

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



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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.

▼ Strangulation and Choking

Has your partner ever used their body or any other object to forcibly strangle/choke you? ☒ 1=yes ☐ 0=no

Did you experience any of the following during/after strangulation/choking?

☐ difficulty swallowing ☐ neck tenderness ☒ voice changes ☐ loss of bladder or bo... ☐ loss of memory ☐ loss of consciousness

"Your answer regarding strangulation is concerning. People who are strangled are 700 percent more likely to die as a result of violence".

Notify provider of the occurrence of strangulation to determine if further diagnostic tests are required.

HT Screening RAFT Tool-*framing*



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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)?

Joint Commission Regulatory Requirements



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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.

Source: Scott, C.J., and Matricciani, R.M., Joint Commission on Accreditation of Healthcare Organizations standards to improve care for victims of abuse. Maryland Med Journal, 1994. 43(10): p. 891-8.

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JPS IPV and HT Screening Policy



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Procedure #: PC 2501 Care of the Suspected Victims of Human Trafficking and Intimate Partner Violence
Originating Department: Provision of Care, Treatment and Services
Effective Date: 01/21/2020
Page 1 of 4

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 subjection 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



**Intimate Partner
Violence
Screenings**

**Positive
Screening
Results**

**Referrals to
Community
Resources**

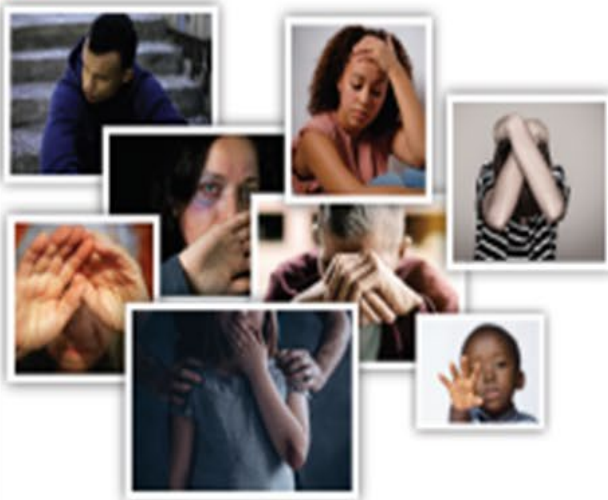


JPS IPV and HT Best Practice



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ACS TRAUMA QUALITY PROGRAMS BEST PRACTICES GUIDELINES FOR TRAUMA CENTER RECOGNITION OF Child Abuse, Elder Abuse, and Intimate Partner Violence



Appendix C-1. Screening for Intimate Partner Violence or Sexual Trafficking



1. Use the Hurt, Insult, Threaten, Scream (HITS) tool (See Table 12, page 76)

2. Strangulation questions

☐ Has your partner ever used their body or any other object to forcibly strangle/choke you?
If Yes

☐ Did you experience any of the following during/after strangulation/choking?

☐ Difficulty swallowing, neck tenderness, voice changes, loss of bladder or bowel,
loss of memory, loss of consciousness, patient denies listed symptoms.

Say to the Patient "Your answer regarding strangulation is concerning. People who are strangled are 700 percent more likely to die as a result of violence."

3. Human Trafficking

Questions	Yes = 1	No = 0
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?		
Have your identification documents been taken from you?		
Is anyone forcing you to do anything you do not want to do?		

Courtesy of Mary Contreras and Heather Scroggins

Physician Patient Interaction

[Scene 1](#)

[Scene 2](#)

*Do over

[Scene 1](#)

[Scene 2](#)





Plant a Seed, Build Trust



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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**

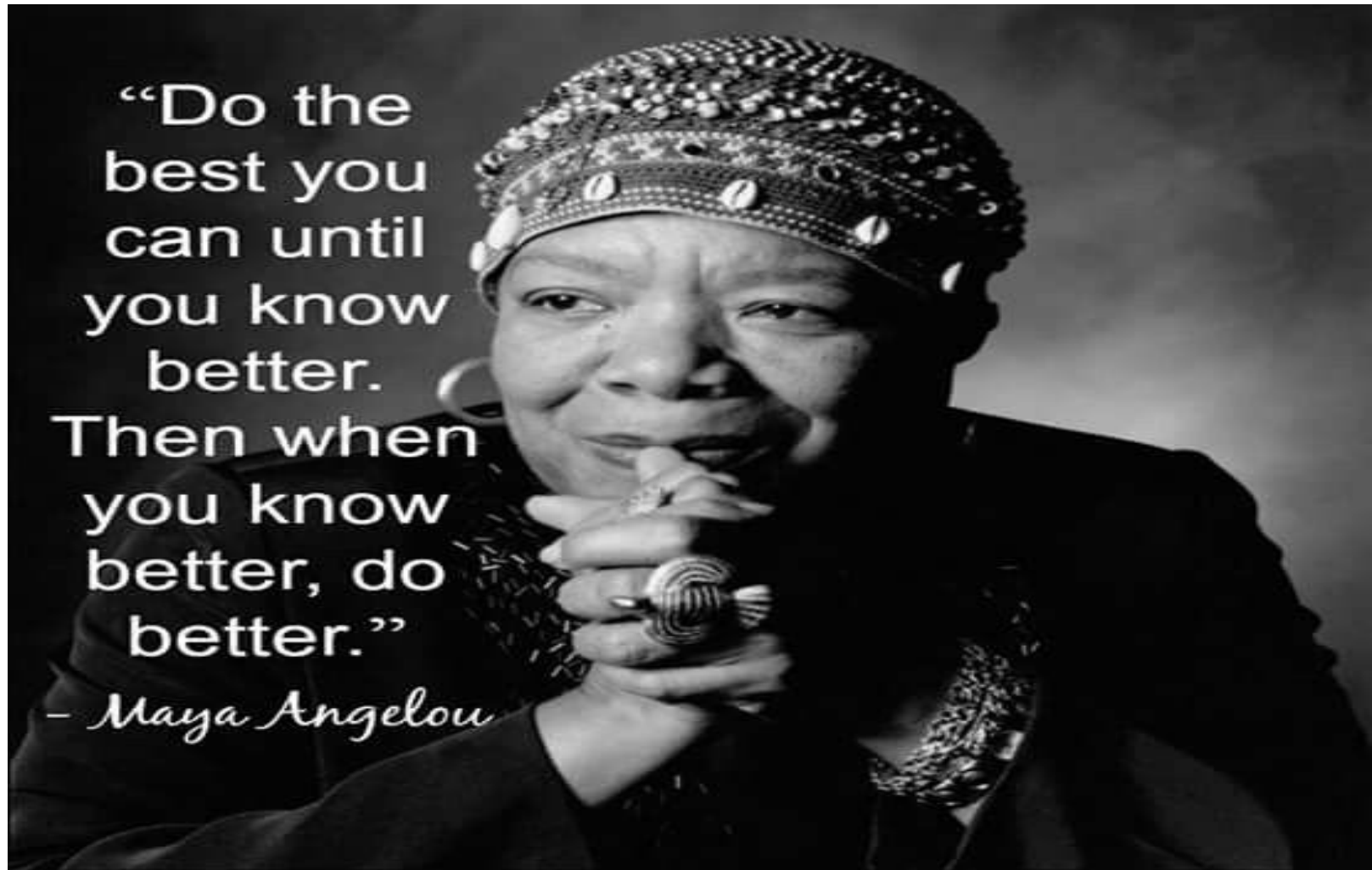
- IPV and HT is about the abuser using **power and control**
- COVID has increased control opportunities for abusers
- Healthcare professionals have an **opportunity** to screen/refer
- We have **community resources** to share with patients/victims
- Strangulation occurs in over half of all IPV relationships
- **Chronic TBI**: Victims can be impulsive, confused, have poor recall with a memory that isn't succinct or ordered

- 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**

Conclusion



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Fort Worth, Texas



Evaluation





Questions?

Mary Ann Contreras RN

MContr01@jpshealth.org

817-702-8814