

HOSPITALS AGAINST VIOLENCE



www.aha.org/violence



HAV Framework



Dedicated website for collecting and sharing resources

Educational offerings via webinars, podcasts, and other resources

Conducted research to quantify the cost of violence to the hospital field



**American Hospital
Association**

#HAVhope: Day of Awareness

#HAVhope

Working together
to prevent violence.



www.aha.org/PreventViolence

Human Trafficking 102: Victim-Centered and Trauma-Informed Care

January 25, 2018

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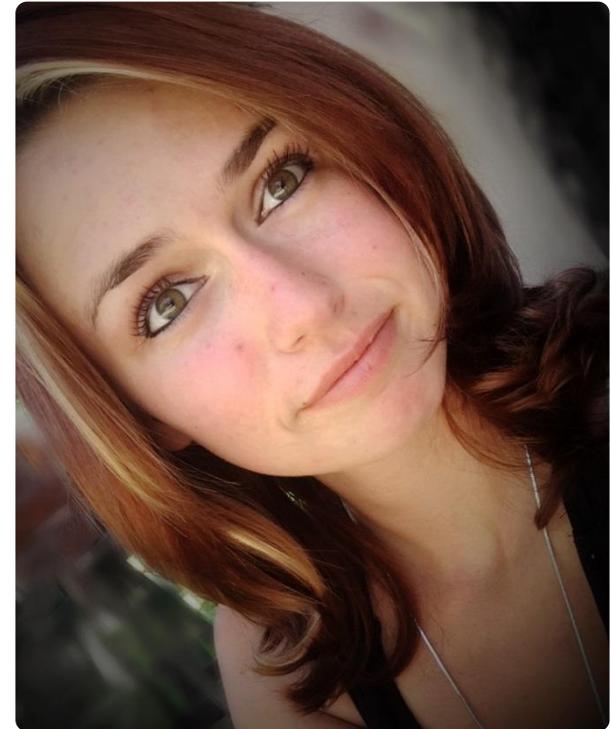


Dignity Health[™]

Holly Gibbs and Annika Huff



Holly Gibbs, HT Response Program
Director, Dignity Health



Annika Huff, Subject Matter
Expert and Consultant

Learning Objectives

The learning objectives for this educational module are to:

- **Provide victim-centered approach** to care and services
- **Incorporate trauma-informed practices** into normal patient care



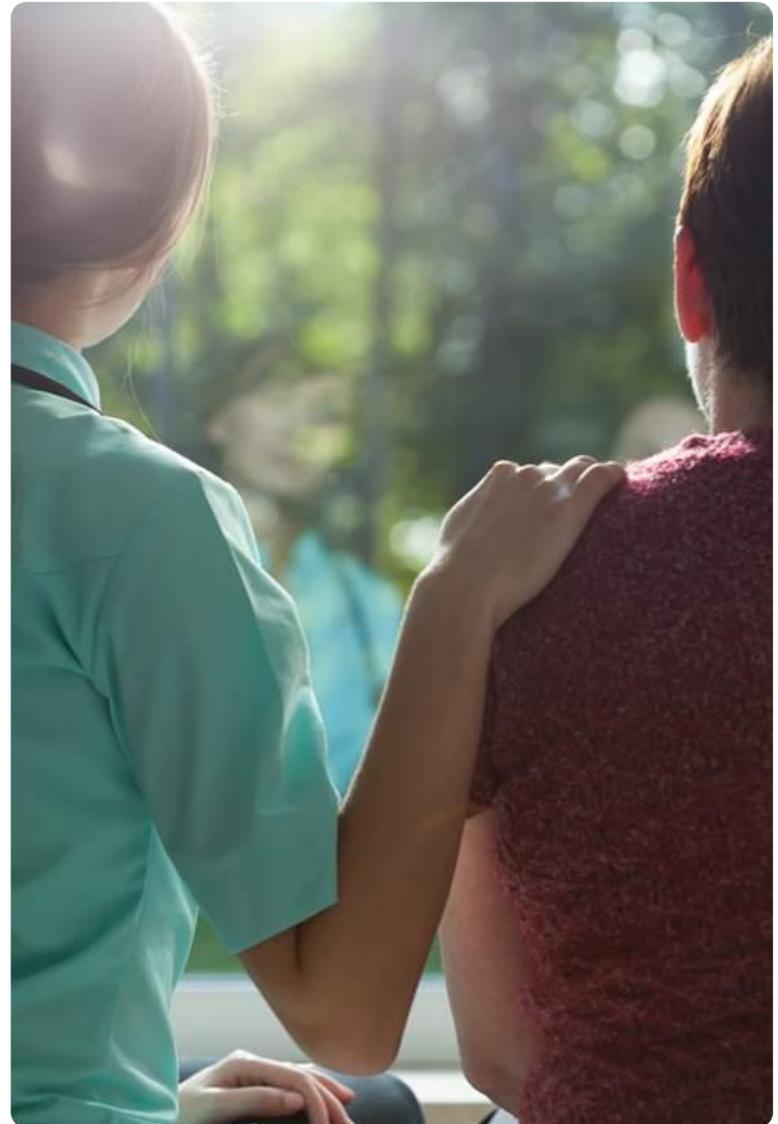
Provide Victim-Centered Approach

Victim-Centered Care Is Essential

Victim-centered approach:

wishes, safety, well-being take priority in all matters.¹

- Especially important for this victim population
- By focusing on needs, concerns of patient, we ensure patient feels **safe, empowered**²



Annika Huff, Survivor of Sex Trafficking

www.AnnikaHuff.com

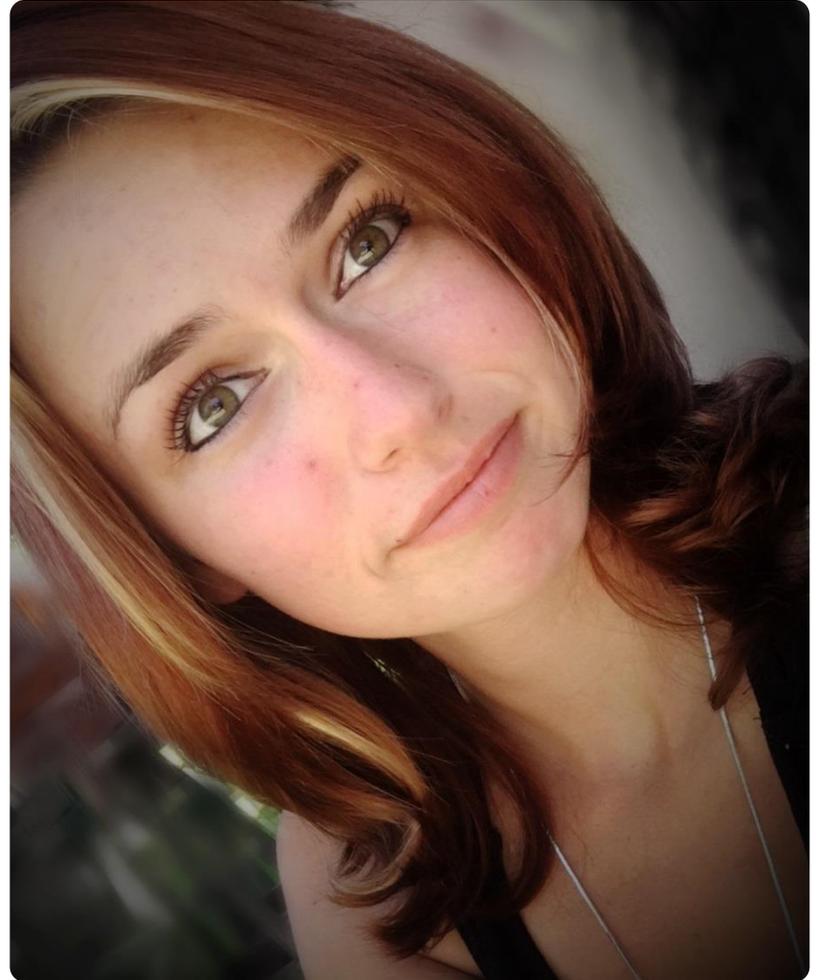


Photo provided by Annika Huff

Maximize Patient's Input

Includes seeking, maximizing input in all decisions, including if and when to contact **LE**.

- **May be fearful of disclosing**
- Leaving abusive partner is **most dangerous time** for victims of DV.³



Disclosing PHI Against a Patient's Wishes

Mandated reporting:

PHI must be disclosed **with or without permission**.

- Explain limits of confidentiality
- Do not discourage disclosing

Victim-centered approach:

Advocate on behalf of patient's needs, concerns.⁴



HIPAA and Mandated Reporting

Disclosures must comply with and be limited by requirements of HIPAA and other laws.

- **Suspicion** of abuse against adult **may not** be sufficient to require report **against victim's wishes**
- Important to understand mandated reporting requirements!

HIPAA
COMPLIANT

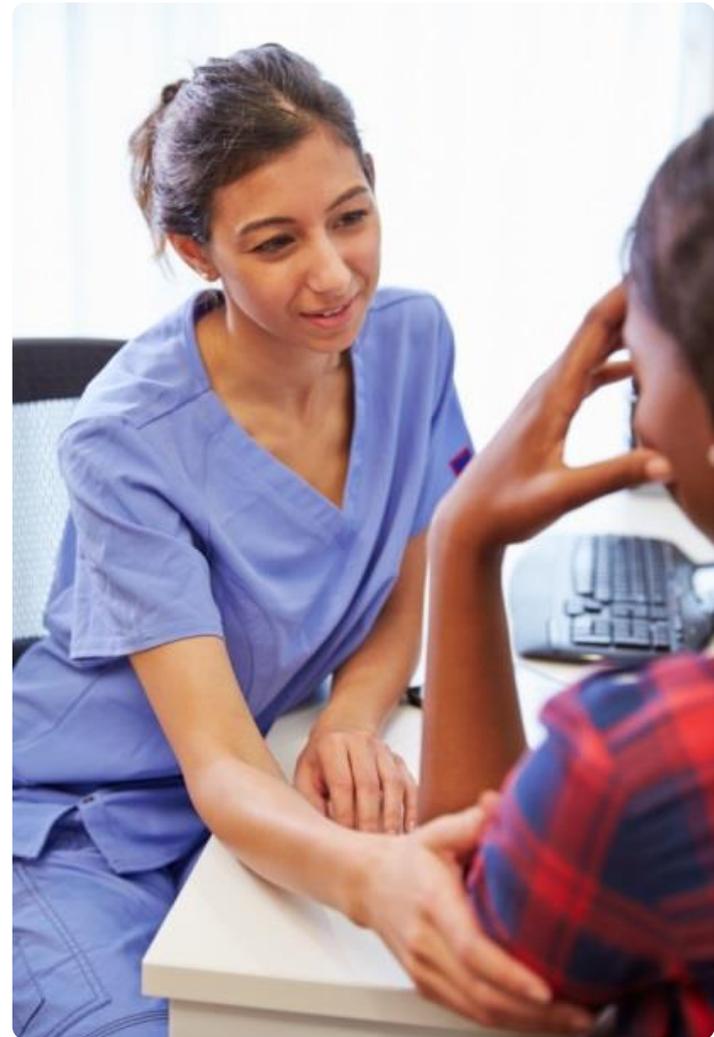


Educate and Offer Assistance

Regardless of requirements, **stay focused on needs, concerns** of patient.

Goal not to “rescue” or gain disclosure. Instead, create safe, **nonjudgmental** space to:

- **Build rapport**
- **Educate** – HT/DV, rights, resources
- **Offer assistance**



Respect Patient's Decisions

Victims may need **several offers of assistance**.⁵

Our goal at Dignity Health?
Create an experience in which
this person would feel
welcomed back at a later time.⁶

Offer **compassion, respect**
regardless of decision to accept
help. Don't be discouraged –
you are making a difference!



Wendy Barnes, Author of *And Life Continues*

Wendy Barnes:

*Hearing a question as simple as ‘Are you okay?’ was and is powerful—it **plants a seed of dignity**. For me, it planted a counter-narrative to what [my abuser] was saying all along—that nobody in the world cared about me.*

*A [victimized] person **may not respond** at that moment, **but each respectful, caring encounter**...encourages that planted seed to grow, which in turn creates a **foundation for personal strength and hope**.⁷*



Wendy Barnes (left) with her daughter, Latasha. Wendy is author of *And Life Continues: Sex Trafficking and My Journey to Freedom*

Crisis Hotlines

Offer resources:

- National **Human Trafficking** Hotline at 1-888-373-7888
- National **Domestic Violence** Hotline at 1-800-799-SAFE (7233)
- National **Sexual Assault** Hotline at 1-800-656-HOPE (4673)
- National **Teen Dating Abuse** Hotline at 1-866-331-9474
- National Runaway Safeline for **Runaway and Homeless Youth** at 1-800-RUNAWAY (786-2929)



Small pamphlets/materials, like National HT Hotline “shoe card”, can be offered to patients who decline assistance. These cards are available from [Blue Campaign](#).

Document Signs and Symptoms

Take detailed notes of statements, conditions.⁸

- Document injuries using body maps
- Write legibly (poor handwriting can affect admissibility)
- Describe patient's demeanor (*patient is crying*)
- Clearly differentiate between observations and patient's statements, (*patient seems fearful vs. patient stated "I am afraid"*)
- Use medical terms, avoid summarizing report of abuse. Example: "Patient is a battered woman" would be inadmissible
- Record time of assaultive/abusive incident, time of examination, and time of patient's statements

Incorporate Trauma-Informed Practices

A Trauma-Informed Approach

Trauma-informed approach = understanding physical, social, emotional impact. OVC:

- Realize **prevalence, widespread impact** of trauma
- Recognize **signs, symptoms** of trauma in patients, visitors, caregivers
- Respond by putting knowledge into practice to **prevent re-traumatization**⁹



Prevalence of Trauma

Traumatic events are common.

Most experience at least one traumatic event¹⁰ (e.g., witnessing car accident, violence, natural disaster).

- Any patient may have experienced traumatic event
- **Same true for colleagues**



Definition of Trauma

SAMHSA frames concept for **trauma**: event, experience of event, effect(s). Individual trauma results from an **event** (or series of events, set of circumstances) that:

- is **experienced** by individual as physically/emotionally **harmful or life threatening**
- and has **lasting adverse effects** on mental, physical, social, emotional, spiritual well-being.¹¹



Individual and Widespread Impact of Trauma

Two persons can **experience** same **event**, different **effects**.

- Example: Street riot could be exciting or frightening.

Traumatic event can also have **widespread impact**. Can affect those who experienced it first-hand and those who witnessed or heard about event.¹²



Vicarious Trauma

Healthcare professionals see, hear effects of traumatic events

- Can be overwhelming, lead to similar feelings as survivors.¹³

Vicarious trauma = indirect exposure to traumatic event.

Repeated exposure can lead to compassion fatigue, burnout.¹⁴



Continuum of Complexity

Exposure occurs along “continuum of complexity”.

- **Less complex**= single adult-onset incident.¹⁵
- **More complex**= **repeated**, intrusive trauma frequently of **interpersonal** nature, often involving **stigma, shame**’’.¹⁶ Includes childhood abuse, neglect, witnessing family violence, **sexual exploitation**.¹⁷



Widespread Impact of Complex Trauma

Complex trauma can affect child's emotions, ability to think, learn, concentrate. (National Child Traumatic Stress Network)

- Linked to range of problems, **addiction**, homelessness, chronic physical conditions, **depression**, **anxiety**, **psychiatric disorders**
- Carries high costs for society: Child who cannot learn may grow up to be adult who cannot hold a job¹⁸



Targeted by Predators

Persons suffering from complex trauma vulnerable to trauma bonds,¹⁹ targeted by predators like **traffickers**.²⁰

- Victims of sex trafficking often have long history of risk factors and traumatic events, including **physical and sexual abuse** in childhood, separation from family members, sexual exploitation.²¹
- Re-victimization by predators results in additional trauma for victims, further shame, stigma, isolation from society.



Trauma Bonding

Victims of DV, incest, cults, kidnapping, HT develop **trauma bonds** (Stockholm syndrome).

- Sharie Stines, PsyD: Environment necessary to create trauma bond involves intensity, complexity, inconsistency, **promise**. Victims stay because holding on to 'promise' or hope.²⁰
- DV, promise that partner will change. HT, promise of better future. Cult, promise of salvation.



Avoid Re-Traumatization

Refrain from judgment.
Healthcare professionals can **inadvertently re-traumatize** or trigger victims.

OVC: key triggers include:

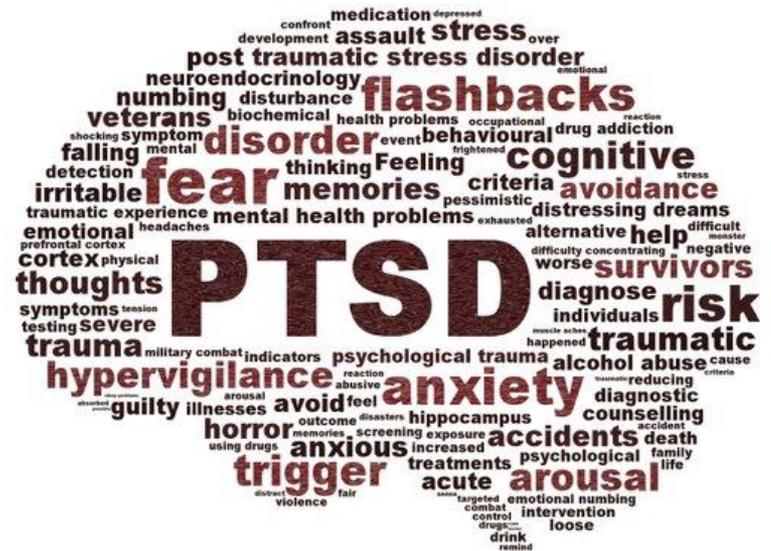
- Feeling a **lack of control**
- Experiencing **unexpected change**
- Feeling **threatened** or **attacked**
- Feeling **vulnerable** or **frightened**
- Feeling **shame**²³



Watch for Trauma Triggers

Victims can develop **PTSD**.

- **Any person** can be survivor, important to observe all persons for **trauma triggers**.
- Trigger = any experience that “re-triggers” trauma in form of **flashbacks, overwhelming feelings of sadness, anxiety, anger**.²⁵
- Ex: Person who smelled incense during rape may have panic attack anytime s/he smells incense.²⁶



Physical Reactions

Physical signs, symptoms of person being triggered:

- aches and pains like headaches, backaches, stomach aches
- sudden sweating and/or heart palpitations (fluttering)
- changes in sleep patterns, appetite, interest in sex
- constipation or diarrhea
- **easily startled by noises or unexpected touch**
- more susceptible to colds and illnesses
- **increased use of alcohol** or drugs and/or overeating²⁷



Emotional Reactions

Emotional signs or symptoms:

- shock and disbelief
- fear and/or anxiety
- **hyper-alertness or hypervigilance**
- **irritability**, restlessness, **outbursts of anger or rage**
- worrying or ruminating
- nightmares
- feelings of helplessness, **panic**, feeling out of control
- need to control everyday experiences
- tendency to isolate oneself; detachment
- emotional numbing
- **difficulty trusting** and/or feelings of betrayal
- difficulty concentrating or remembering
- feelings of shame, self-blame and/or survivor guilt
- diminished interest in everyday activities or depression
- **suicidal thoughts**
- loss of a sense of order or fairness in the world
- anger towards religion or belief system; loss of beliefs
- desire for revenge²⁸

Refrain from Judgment

Can be frustrating. Advice from Savannah Sanders:

Trauma-informed approach = recognizing behavior, choices may be influenced by trauma as opposed to assuming someone is **deliberately difficult, uncooperative**.²²

Complexity of trauma underscores importance of victim-centered care. Focus on patient needs, ensures **sensitive** delivery of services.²⁴



Savannah Sanders, author of *Sex Trafficking Prevention: A Trauma-Informed Approach for Parents and Professionals*, is a survivor and victim advocate currently living in **Phoenix, AZ**. (Photo courtesy of Savannah Sanders)

Incorporate Trauma-Informed Practices

Incorporate trauma-informed practices into normal patient care, services in order to avoid re-traumatization.

- Implement structure for debriefings to support staff



Annika Huff, Survivor of Sex Trafficking

www.AnnikaHuff.com

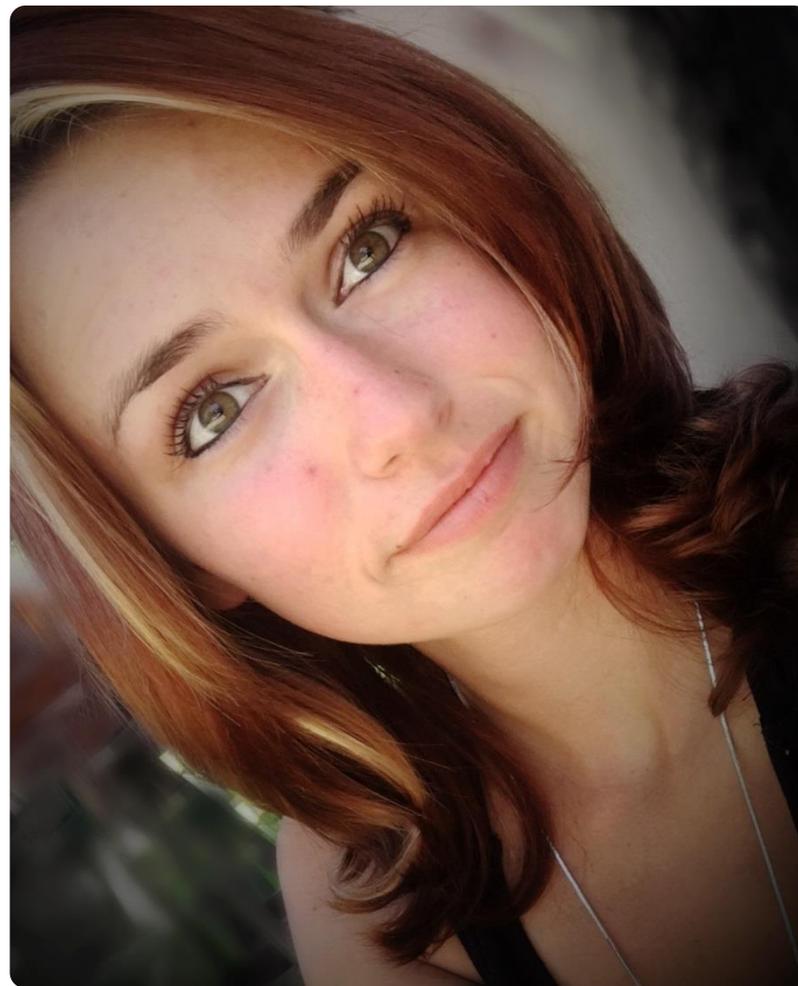


Photo provided by Annika Huff

Additional Tips for Trauma-Informed Care

- **Give patient personal space**; not all victims find comfort in being touched (e.g., ask permission to hold hand).³⁰
- **Be conscious of cultural considerations.**³¹ (**NOTE:** Do not assume patient's submissive demeanor is due to culture, particularly if abuse suspected.)
- **Don't make promises you can't keep.** Includes promises of services, housing, safety.
- Listen to patient. **Be present.** Focus on patient, not computer screen or clipboard.³²
- If patient refers to abuser as “boyfriend” or “friend”, then use same terms. **Meet your patient where s/he is at emotionally.**³³
- **Avoid statements/questions wrought with judgment** (e.g., *Why would you do this to yourself? Don't you want a better life?*).³⁴

Contact Info / Additional Resources

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