

Working with Victims of Abuse through a Trauma Informed Lens





Disclosure

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Victims of Abuse

Sexual Assault

Domestic Violence

Human Trafficking

Elder Abuse

Child Abuse

Intimate Partner violence

SANE

A sexual assault nurse examiner (SANE) is a registered or advanced practice nurse who has received specialized training to provide comprehensive, trauma-informed, patient-centered care to survivors of sexual assault.



Forensic Nurse

- Receive specific education & training to provide specialized care for patients who are experiencing acute and long term chronic health consequences associated with victimization or violence.
- Who may have unmet evidentiary needs relative to having been victimized or accused of victimization .
- They also provide consult and testimony for civil and criminal procedures relative to nursing practice, the care given, and opinions rendered regarding findings.

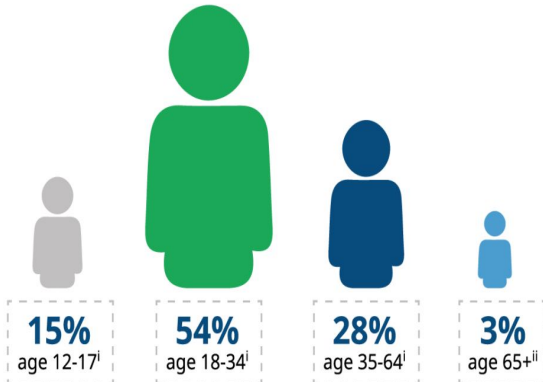
Are specifically trained in

- Medical - forensic history taking & interview
- Medical - forensic injury evaluation
- Hymen Morphology & variants, and susceptibility to injury
- Forensic Photography
- Evidence collection
- Strangulation assessment
- Danger and Lethality Assessment
- Victim behavior
- Prophylactic medications, STI assessment and evaluation, including HIV
- State statutes as they apply to varying types of abuse
- Appropriate Resources for safety planning
- Testifying in court

Sexual Assault

Every 68 seconds an American is sexually assaulted - RAINN

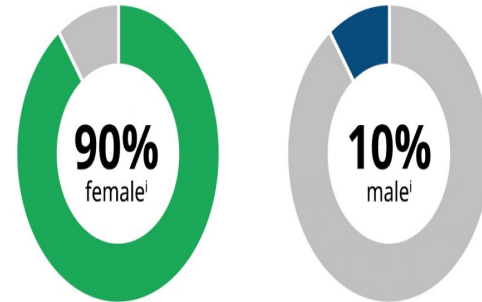
THE MAJORITY OF SEXUAL ASSAULT VICTIMS ARE UNDER 30



RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/victims-sexual-violence for full citation.²

9 OUT OF EVERY 10 VICTIMS OF RAPE ARE FEMALE



17.7 million American women as of 1998ⁱ

2.78 million American men as of 1998ⁱⁱ

RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/scope-problem for full citation.³

Best Practices for working with SA victims

- Give SA victims priority as emergency patients
- Ensure patient privacy and patient safety
- Integrate medical and evidentiary procedures when possible
- Accommodate patients request of a support person, family, friend , advocate
- Avoid any chance of retraumatization by having them repeat their assault details to numerous people.
- Maintain evidence integrity as much as possible
- Respect right to have LE involved or not, unless a mandatory report.
- Let the appropriately trained staff (SANE/FNE's) explain options of care, sane exam and evidence windows.
- Understand and perform trauma informed care

A National Protocol
for Sexual Assault
Medical Forensic
Examinations
Adults/Adolescents
Third Edition

U.S. Department of Justice
Office on Violence Against Women

September 2024

NCA 228119

Domestic Violence

A pattern of coercive controlling behaviour that can include emotional, verbal, physical, sexual and financial abuse. It can include

threats, harassment, putting someone down ,
pressuring sex, or controlling finances and other tactics
to gain power and control





Intimate Partner Violence

A Pattern of abusive behavior or coercive control that can happen in a:

dating, marital or live in intimate partner relationship





Domestic Violence / Intimate Partner Violence

1 in 3 Women

1 in 4 Men

Over half of LBGQTQ+ people





Reasons for staying in a DV relationship

- Fear and Intimidation- fear of death, use of children, other family members, pets
- Feelings- strong intimate feelings, keep family intact,
- Lack of Resources- 99% abusers use economic abuse to control their victims
- Impact of emotional abuse - gaslighting , trauma bond
- Long term health effects- takes a physical and emotional toll
- Marginalized background or identity- immigration, culture, religion

DV presentations in ER

Most common injuries include the head , face neck, and bite marks

Strangulation , Stroke, TBI

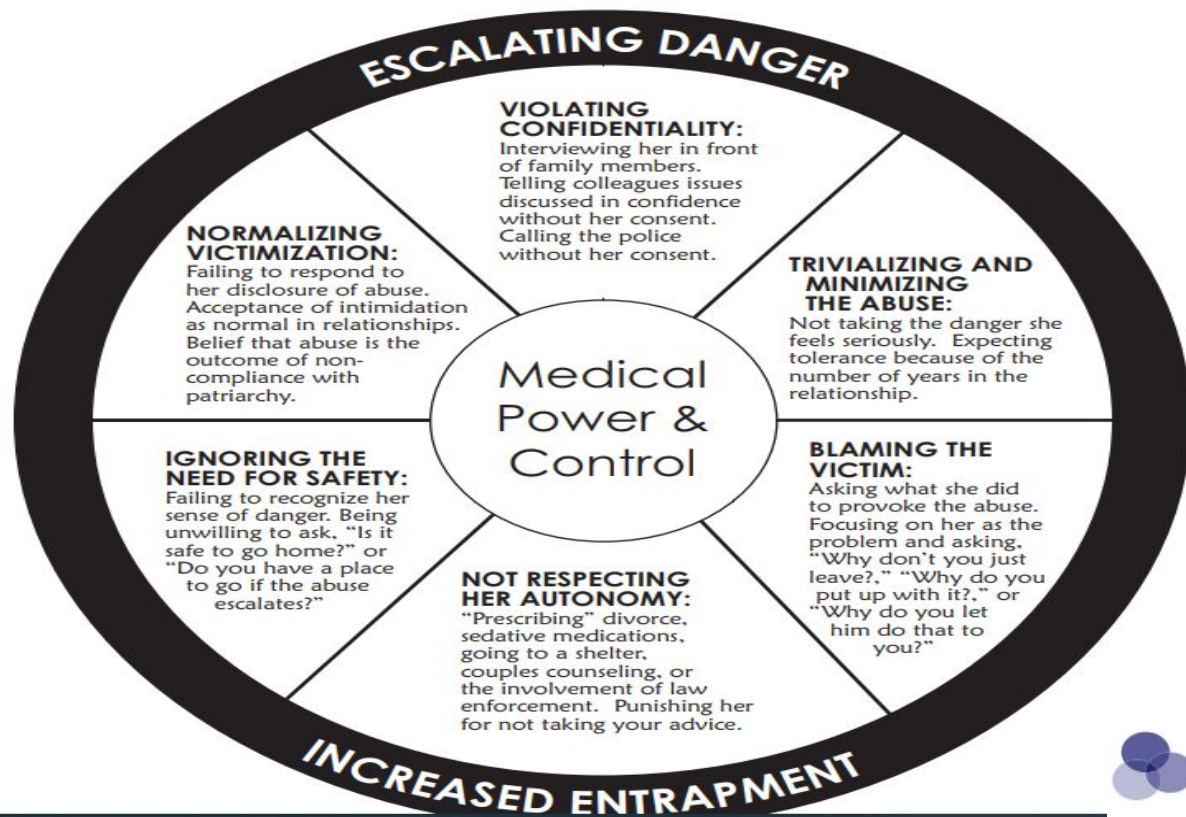
Suffer from GI disorders, Anxiety & Depression, Suicide Ideation
Substance Abuse, Chronic pain, Migraines, chest and back pain.

Multiple pregnancies and pregnancy complications , STI's

DO THE APPROPRIATE SCREENINGS, USE the BEST RESOURCES!



MEDICAL POWER & CONTROL WHEEL



NATIONAL CENTER
on Domestic and Sexual Violence
training • consulting • advocacy
4612 Shoal Creek Blvd. • Austin, Texas 78756
512.407.9020 (phone and fax) • www.ncdsv.org

Human Trafficking



Human trafficking is a crime that involves compelling or coercing a person to provide labor or services or engage in commercial sex acts for profit or gain.

This does NOT need to be monetary it can be ANYTHING of value

The Coercion can be subtle or overt, physical or psychological

Exploitation of a minor for commercial sex IS Human trafficking regardless of any force , fraud or coercion was used.

Prosecuting HT

ACTION

Recruiting

Harboring

Transporting

Providing

Obtaining

Patronizing

Soliciting

Advertising

BY

MEANS

Force

Fraud

Coercion

FOR

PURPOSE

Commercial
Sexual
Exploitation

Forced
Labor



**FIGHT TO END
EXPLOITATION**

MEANS

FORCE

- Sexual Abuse
- Forced Use of Drugs
- Threats with Weapons
- Denial of Medical Care
- Confinement

Minors are **always** considered a victim of human trafficking, regardless of Means.

FRAUD

- Promises of Valid Immigration Documents
- Promises of Money
- Misrepresentation of Work Conditions
- Grooming through False Romantic Relationships

COERCION

- Threats of Harm or Blackmail to the Victim or Family
- Control of Communication or Money
- Control of Children
- Verbal or Psychological Abuse

Labor trafficking

Racine County, Wisconsin International Labor Case



Investigation involving over 100 migrant workers
hired through farm labor contractors

ACES

ADVERSE CHILDHOOD EXPERIENCES



ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION
Physical Emotional Sexual	Physical Emotional	Mental Illness Parent/Guardian Treated Violently Divorce Substance Abuse Incarcerated Relative

THE IMPACT OF ACES

BEHAVIORAL	PHYSICAL AND MENTAL HEALTH	
Lack of Physical Activity Smoking Alcoholism Drug Use Missed Work	Severe Obesity Diabetes Depression Suicide Attempts STDs	Heart Disease Cancer Stroke COPD Broken Bones





Childhood trauma can also look like

- A parent denying your story / truth
- Being constantly criticized / belittled
- Lack of affection physical / verbal - You did not feel seen / heard
- Your sibling being favored - being compared to your sibling
- Your feelings being consistently dismissed or ignored
- Witnessing constant parental arguments

TEENS

High Risk for Trafficking

YOUTH WHO ARE VULNERABLE TO TRAFFICKING AND EXPLOITATION:



Homeless, runaway or "throwaway" youth



LGBTQ Youth



Youth with a history of child abuse, neglect and maltreatment



Youth with a history of systems involvement (e.g., juvenile justice, child welfare) and who experience stigma and discrimination

Full list from: <https://youth.gov/youth-topics/trafficking-of-youth/sexual-exploitation-and-sex-trafficking>

The Push and the Pull



PUSH Factors

The risk factors for running away from home or state care are multifaceted, and there is **no typical Endangered Runaway.**

The following factors may put youth at an increased risk of running away or becoming homeless:

- Physical or sexual abuse
- Family conflict
- Lack of acceptance of gender identity or sexual orientation
- Struggling to manage mental health
- Substance abuse
- Medical issue/Pregnancy
- Chronic absenteeism/Truancy
- Online enticement
- To be with a friend, romantic partner, or biological family
- Gang activity, youthful offender
- Child sex trafficking
- Social rejection or bullying
- Physically or mentally disabled and dependent upon an agency or another individual for care

PULL Factors

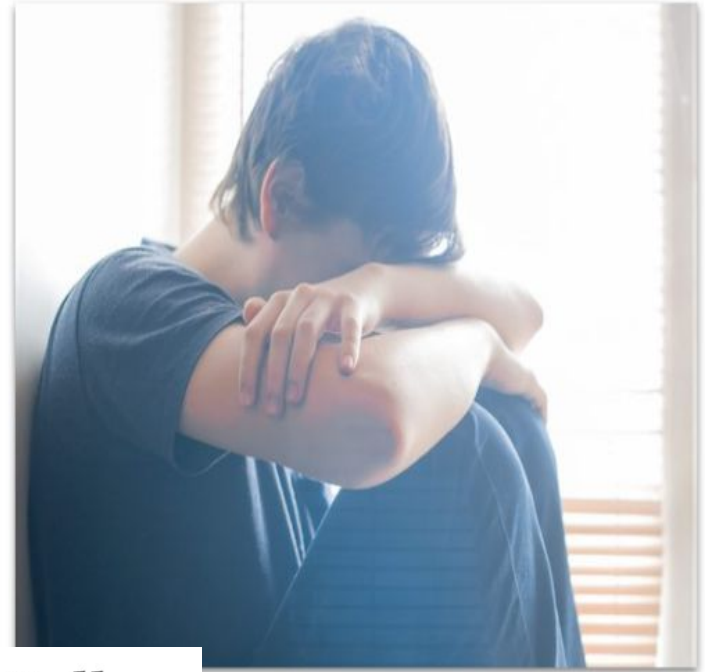


- Freedom and Independence
- Peer Influence
- Perceived Opportunities
- Escaping Immediate Danger
- Substance Use Communities
- Online Connections

Survival Sex

“Survival sex,” or sex in exchange for food, clothing, and shelter, is common practice among homeless youth.

In fact, the **Polly Klaas Foundation** estimates that many runaways, especially young girls, often engage in survival sex within 48 hours of leaving home.



What is prostitution?

The ACT of exchanging sexual activity

For money or any other payment

In some societies it is being part of a recognized profession

In others , prostitutes are shunned, reviled or punished



How is Trafficking different

People who are Trafficked are:

- Being sold or traded by a trafficker or pimp in exchange for money, drugs, or to have basic needs met
- Usually through Force, Fraud or Coercion
- Little or none of the money being exchanged is given to the trafficked person, “dates” are arranged , punishment is given or basic needs withheld if non compliant
- Pimp or trafficker controls who they talk too, when & how much they work, and where they go



Types of Sex Trafficking & Exploitation in the United States

Familial; within families

Survival Exploitation

Gang Controlled

Illicit Massage Industry

Pimp Controlled

Clubs, Bars, Cantinas

GROOMING

Phase 1

The Lure

Targeting a Victim, Gaining Trust and Information

The Honeymoon Stage

Filling a Need and Creating Isolation

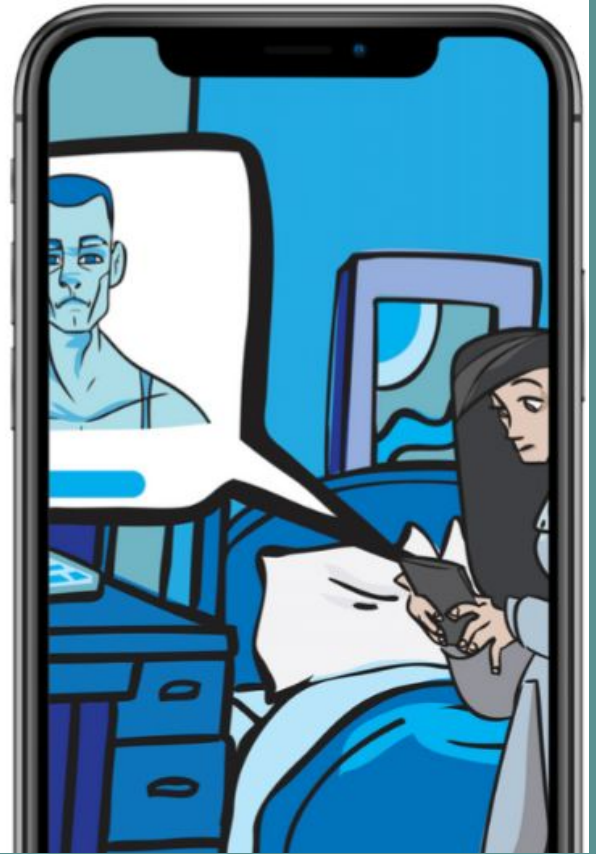
Phase 2

Coercion and Manipulation

The Abuse Begins

Exploitation

Maintaining Control



**FIGHT TO END
EXPLOITATION**



Why Victims Stay

- ❖ Provides a sense of security and stable home life
- ❖ Social Isolation
- ❖ Trauma Bond
- ❖ Perceived inability to escape
- ❖ Promises of love, security, income, opportunity, adventure and/or drugs in exchange for loyalty
- ❖ Withholding perceived love, affection and attention
- ❖ “Burned Bridges at Home” - no other option

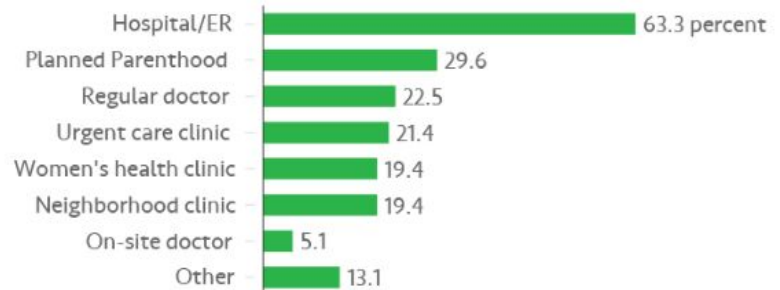
Healthcare workers are in a unique position to help

Health care providers have the best chance to come into contact with victims of human trafficking.

A majority of these victims are not recognized.

87.8%

of sex trafficking victims say they had some contact with health care while being trafficked



Source: Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking."

HT Indicators

- Signs of abuse / physical trauma
- Frequent STI's & pregnancies
- Report of multiple sexual partners
- Malnutrition, dehydration, exhaustion
- Inconsistent presentation with history
- Sexual assaults
- Illness with late presentation
- Overdose / suicide attempts
- Mental health / substance abuse evals
- Strangulation



HT Indicators /Flags

- Inconsistent or scripted history
- Multiple cell phones
- Someone does the talking for them
- Poor eye contact /appears anxious
- Unable to give address or knows current city
- Displays or expounds on expensive material possessions
- Does not have control ID, insurance card
- Speaks about a boyfriend much older than themselves
- Not able to come and go on their own free will



Understanding Victim Behavior

Violence leaves more than just physical scars

Trauma manifests in many ways

Physical

Emotional

Psychological

Social

There is **NO COMMON** or **EXPECTED** reaction



Many presentations

TRAUMA - TIC

What Trauma Looks Like

- Hyperarousal, hypervigilance
- Dissociation, denial
- Feeling helpless, immobile
- Sensitive to light and sound
- Nightmares, with exaggerated emotion and startle responses
- Abrupt mood swings
- Exaggerated or diminished sexual activity
- Self mutilation, fear of dying
- Shame, lack of self worth
- Decreased ability to handle any type of stress
- Anxiety/phobias
- Mental blankness
- Avoidance behaviors
- Attraction to dangerous situations
- Addictive behaviors
- Unable to make commitments
- Chronic fatigue



Chronic Trauma

Trauma that has been happening over a long period of time

Complex trauma

A person that experiences multiple forms of trauma over a period of time.

Neurobiology of Trauma

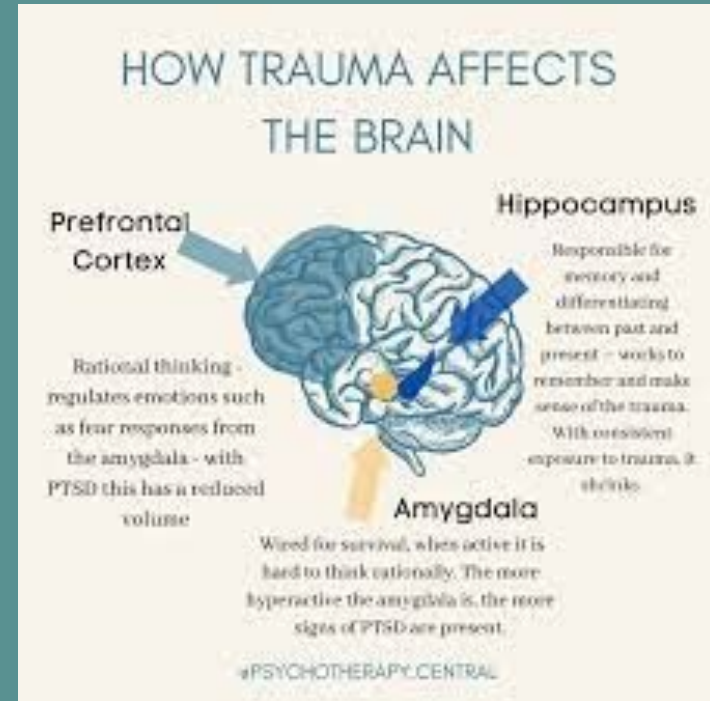
Normal functions of the Brain

Prefrontal cortex- personality center

Complex thinking, self control, execute a behavior , decision making

Amygdala- link emotion to memory
Sense threat and initiate survival instincts

Hippocampus - processing memory,
learns and stores memory, encodes it,
consolidates it from short term to long
term memory



Brain during Trauma

Prefrontal cortex -hypoactive

- This becomes impaired or shuts down entirely
- Any deliberate decision making is slowed down

Amygdala -hyperactive

- Fear circuitry takes over- surge of hormones catecholamines/ adrenaline / cortisol
- Initiates behaviors associated with Fight , Flight, Freeze and Fawn

Hippocampus- memories not encoded normally

- Focus on details not central to survival (hearing, seeing, feelings, smelling)
- NOT the central details WE want them to recall
- Memories are fragmented, no linear recollection





Trauma Survival Behaviors

Fight - aggressive reaction to a threat, become angry, erratic, confrontational

Flight- feel anxious, panicked, urge to run and flee

Freeze- allows body to become immobile and conserve energy

- Tonic immobility- body is unable to move or talk but is aware of what is happening
- Collapsed immobility - loss of muscle tone or control , may faint or pass out

Fawn- involves people pleasing behaviors to avoid conflict and perception of danger, a way to assure their safety



Trauma Informed Care

Far too many survivors of violence are harmed or retraumatized by insensitive, uninformed or inadequately trained healthcare, community and criminal justice responses.

Connect reactions and behaviors to trauma instead of to attitude, guilt, or compliance

This - avoids misinterpretation

- Prevents retraumatization

Center responses around unique needs, wishes of the patient = healthcare over legal response



Safety



Choice



Collaboration



Trustworthiness



Empowerment



Definitions

Ensuring physical and emotional safety

Individual has choice and control

Making decisions with the individual and sharing power

Task clarity, consistency, and Interpersonal Boundaries

Prioritizing empowerment and skill building

Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Best Practice approaches - with patients experiencing Trauma

SAMSHA's 4 R's

Realize- trauma has an impact on everyone

Recognize- unique symptoms of trauma and how it manifests
in the here and now

Respond- have procedures, practices, policies in place for
individuals, depts., organizations

Resist Retraumatization - do no more further harm



PEARR Tool

Table 2

The PEARR Tool: A trauma-informed approach to victim assistance

Step 1: Provide privacy	<ul style="list-style-type: none">• Provide the patient with a safe and private setting• Consider strategies to separate the patient from their companion in a non-threatening manner• Explain any limits to confidentiality (eg, mandatory reporting for minors)
Step 2: Educate	<ul style="list-style-type: none">• Educate the patient about abuse, neglect, and violence in a nonjudgmental manner that normalizes sharing information• Provide the patient with educational brochures/contact information (eg, local service providers, national hotlines)
Step 3: Ask	<ul style="list-style-type: none">• Screen the patient for abuse, neglect, or violence• If there are risk factors/indicators of victimization, ask about these concerns
Step 4: Respect and Respond	<ul style="list-style-type: none">• If the patient denies victimization or declines assistance, then respect their wishes• Offer the information about resources that can assist the patient in the event of an emergency (eg, local service providers, crisis hotlines)• If the patient accepts help, consider referral to local resources, and provide information for local/national resources as appropriate



Best Practices of TIC


- Ask Permission, build trust and rapport
- Use interpretation
- Do not give false hope
- Supply them with options and honor their choice
- Inform them of your next steps and the purpose behind it
- The patient is an active decider in their care and what is documented
- Ask questions that address their medical needs & safety,
- not to investigate - goal is not disclosure
- Provide resources, plant the seed



In summary

Absence or presence of trauma symptoms are just that - does not mean trauma happened or not...try to always start with believing or listening to your gut

Be cognizant of your facial expressions, your language, shared statements with coworkers that could be overheard by the patient...you always want to build trust



Everything you say,
everything you do is a chance
to help me or hurt me.

Make the choice to help.
Please help me.

Compassion Fatigue

A State of Emotional, Physical and Mental Exhaustion caused by prolonged exposure to the suffering and trauma of others





What Compassion Fatigue looks like

- Decline in the ability to feel sympathy or empathy, therefore, act in a compassionate way
- Increasing negative emotions
- Quality of care declines = damages trust , can cause poor outcomes
- Difficulty with decision making or missteps in clinical judgement
- Unpredictable work habits and patterns
- Some develop an exaggerated sense of responsibility - inflated sense of importance
- Using substance to cope

Compassion fatigue disturbs our ability to think clearly, modulate our emotions, feel effective, and maintain hope

How to take care of yourself

-
- Self Care
- Setting boundaries
- Seeking support
- Focusing on Compassion satisfaction
- Reflective Practices
- Healthy lifestyle
- Positive thinking
- Resilience training
- Professional support







THANK YOU!

Contact Information -

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