

IPV/Human Trafficking in Rural Communities Webinar

November 15, 2022 3:00-4:00 PM EST

Transcript

So you can start the recording

Well, good afternoon and welcome to today's event on intimate partner violence and human trafficking in rural communities.

I'm Nancy Mautone-Smith I'm the director of the HRSA office of women's health.

We're so excited for this event today. and it was developed in collaboration with HRSA's Federal office of rural health policy, and as part of the office of women's health leadership series. Next slide please. During today's

event you will hear about intimate partner violence, or IPV,

and human trafficking among rural communities from our panelists at the national domestic violence Hotline, Samaritan health services, the Linn/Benton anti-trafficking coalition and futures without violence. Presenters will

share data on experiences of IPV and human trafficking and the unique obstacles that rural survivors face.

You'll also learn about community resources to leverage when supporting those experiencing IPV and human trafficking.

We we've also set aside a few minutes for questions at the end. So please use the chat box to raise any questions throughout today's presentation.

The presentation and the transcript will be made available on our website after today's event, and we'll end today's sessions with closing remarks from the HRSA Federal office of Rural Health policy.

next slide. Our event today is being held in recognition of National Rural Health Day, which is this Thursday, November the seventeenth.

This observance showcases the effort of those dedicated to addressing the unique health care challenges that rural citizens face today and into the future.

We're also recognizing national domestic violence awareness month a national observance held every October to raise awareness and unite advocates, community members, and organizations to prevent, to end domestic violence.

Next slide. So before we get started with today's speakers I'd like to briefly share a bit about our agency, and as you get to know us, please help us get to know you by adding to the chat, your name,

your organization, and where you're joining us from. The health resources and services administration, or HRSA, is an operating division of the U.S.

Department of Health and human services, and we support a broad range of programs to provide health care to people who are geographically isolated, economically or medically challenged.

And every year HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.

And specifically my office, the office of women's health, provides leadership on women's health and sex and gender-specific issues to improve the health wellness and safety of women across

the lifespan. And our partner today, the Federal office of rural Health policy, works to increase access to care for underserved people in rural communities.

Next slide, please. I think we have Kris on the. Yes, 5.

Okay, do want to miss them. Okay, I'm so honored to start the introductions for our speakers today, and they all have a breadth of experience working in intimate partner violence and human trafficking prevention.

So our first amazing speaker is Kris Thomas. Kris started with the national Domestic violence hotline as an oversight, as an overnight phone services aDVocate in 2014, and then joined the training department in July of 2018, and they currently work as the hotline's curriculum and instruction senior manager where they co-facilitate the hotline's

95-hour domestic violence, aDVocacy, training program develop and maintain the hotline's online training curriculum and facilitate trainings on domestic violence and healthy relationships for various professionals around the

country. Next slide, please, and our next speaker will be a Elizabeth Bauermeister and Elizabeth is the coordinator for the new anti-trafficking coalition in Linn/Benton County, Oregon.

And she's worked as a social worker in the human trafficking field for almost 10 years.

Next slide, please, and then our final speakers will be Anna Marjavi and Surabhi Kukke, and as a director at futures without violence, Anna leads the HRSA-funded national technical assistance and training partners

health partners on IPV and exploitation with a focus on community health centers.

So working across public health and health delivery systems for over 20 years, Anna has developed national campaigns, academic conferences and multi-state initiatives.

She's provided technical assistance and Program Development Consultation to cities, States and American Indian/Alaska Native communities across the United States on IPV, Human trafficking, exploitation, and prevention.

Surabhi Kukke, a consultant for futures without violence, focuses on capacity building and resource development for health care workers on assessment of response to intimate partner violence and the intersections between IPV, Reproductive health, and HIV. She's based in Austin, Texas, where she was formerly director of prevention programs at the Texas Council on family violence and facilitated statewide

efforts to improve the public health response to intimate partner violence and strengthen violence

Prevention programs. next slide, please. Last, but not least, HRSA is on 4 social media platforms, and we encourage you to follow along and share our content on Twitter, Facebook, LinkedIn, and on Instagram to stay up to date with the latest HRSA news. Our account handle in each platform is at HRSA.gov.

Additionally, we do also encourage you to sign up for HRSA E-News, a bi-weekly email of comprehensive news about our agency and to sign up for our HRSA press releases.

You can also visit our website at HRSA.gov for more information about all of our programs.

I'm now so pleased to Turn things over to Kris Thomas from the national domestic violence hotline. Over to you, Kris.

Alright, Thank you so much, Nancy, and thank you Everyone for being here with us today.

We have a lot of ground to cover today, so I'm going to be speaking very quickly.

And flying over information that I normally could talk about for hours.

But I do want to note that there are a lot of hyperlinks and my portion of the presentation.

I really encourage all when you get the pdf click on those links, reach out to the hotline to learn more about what we don't have time to get into today.

I do also want to preface everybody's presentations with just a trigger warning.

Obviously we are here today to talk about very difficult topics and issues.

We all try very hard not to include content that is going to be too triggering, but everybody's personal experiences are different.

So we all encourage you throughout this presentation today. Please be mindful of yourselves.

Check in with yourself. if you need to step away or do some breathing.

Please take care of yourselves throughout this presentation. With that being said I am going to be talking about and intimate partner violence in rural areas.

How this intersects with trafficking as well.

Again. My name is Kris Thomas my pronouns are they/Them/theirs And I am the curriculum and instructor, senior manager for the national domestic violence hotline.

So we're gonna break this up into 3 very quick parts we're gonna talk about the basics, we're gonna go a little deeper, and we're gonna talk about what what we can do in response to domestic violence.

So we'll be talking about statistics, definitions, warning signs, and types of abuse.

We're gonna talk about IPV and rural areas, IPV and native survivors, and IPV and human trafficking pause, real quick to say, IPV is an abbreviation of intimate partner violence.

It is another term for domestic violence and we'll be getting into that, too.

So what do we do? We're going to talk about how do we support survivors?

How do we get involved, and how the national domestic violence outline can help survivors and people who are supporting survivors.

So the basics of Intimate partner violence. We always want to start by looking at the statistics understand the scope of intimate partner violence.

We know that one in 4 women and one in 7 men ages 18 and over in the US have experienced severe physical violence by an intimate partner at some point in their lifetime.

We also know that one in 3 women and one and 4 men in the US will experience great physical violence and or stalking by a partner in their lifetime.

When we're looking at the lethality of domestic violence.

Women are 500% more likely to be killed if guns are present in a DV, or domestic violence, situation, and more than half of women who are killed by guns are killed by a partner.

And then we also know that strangulation is a less talked about, but also very serious and very deadly issue with, that survivors deal with.

And with strangulation is present and an abusive relationship , the risk of death to the victim increases by a 1,000 percent.

I also don't have a time to get into statistics on intersectionality, but I do want to take a moment to acknowledge that all of

these numbers get worse when we layer on identities of marginalized groups, because we see the impact of things like racism, homophobia, transphobia, sexism, really multiplying when it comes to how intimate partner violence

impacts individual survivors, so that's always something to keep in mind as well.

When we're looking at domestic violence the common definition that we typically use, is, it is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. A lot of people

think it's about emotion, it's about anger but really, when we look at abuse is about our in control at its core, and how those tactics and options and behaviors are used to maintain power and control

over one partner and a relationship. So when we're talking about warning signs and types of abuse, really common warning signs that we see I'm just gonna highlight a couple on the side. Isolation is a big one, excessive

jealousy, wanting to know someone's locations or company at all times, wanting for them to account for their time are big red flags

that a relationship is abusive, controlling behaviors.

Pushing boundaries and moving their relationship too quickly. The "Jekyll/Hyde" quality where someone has one face on the outside, and then one face on the inside of the relationship.

So often people outside the relationship don't see the abuse, only the survivor does.

Love bombing, or extreme displays of affection, especially early on in the relationship to kind of throw someone off guard, or to make them fall in love before the abuse really starts to begin or become more noticeable. when

we're looking at the different types of abuse, there are 5 main types of abuse that we look at at the hotline - physical abuse which could be like hitting, kicking, punching, strangulations, also sleep deprivation, anything that has a physical impact on a survivor; emotional and verbal abuse, which include things like threats and insults, gas lighting, which is making someone doubt the reality or feel like they are, are crazy, or something is wrong with them by lying or denying things or kind of changing their environment

Without acknowledging that it's changed. We also see a lot of sexual use which really is people not asking for or ignoring consent, pushing sexual boundaries, also reproductive coercion, which is forcing someone's, choices when it comes to to reproduce. Financial abuse it's extremely widespread, more so than people realize, and it's really controlling access to shared finances putting someone on an allowance, making them account for every penny they spend and just controlling their finances.

And then digital abuse is things like pressure to share passwords or access to phones, computers, social media accounts.

It could be GPS or location tracking. It could also be constantly texting or calling someone.

And as we see technology evolved, we also see the types of digital abuse

involved with the technology. So when we take a little bit deeper into into the partner violence and we look at intimate partner violence in rural areas, even though it's often not talked about or acknowledged, we know that it occurs

at the same rate or higher rate than in urban areas.

But a lot of attention and a lot of resources are focused on urban areas instead of rural.

We also know that rural survivors are more than 2 and a half times more likely to experience damage than survivors in urban areas which can really make it an issue for people who are already experiences financial abuse and have

you know, property damaged. and then suddenly that financial abuse is just exponentially worse.

And then rural women, and IPV situations are actually more likely to be killed by their partner than their urban counterparts.

So it's really important to acknowledge that this is a serious issue everywhere in the country,

Not just the cities. Factors impacting rural survivors include isolation, telecommunication issues.

You know cultural issues that make folks skeptical of government or sources of help.

The prevalence of traditional beliefs, higher rates of poverty.

Fewer economic opportunities, you also have transportation issues.

Financial issues. Fewer liquid assets. Rural providers often struggle with funding, and one funding.

Is that a lot of times world providers are the first hit by that and a lot of times providers in rural areas are asked to do more with less, and that is also good.

I also want to take a moment to talk about native survivors, because we know that the rates of violence against native men and women and native people are extremely high.

More than 4 in 5 native American & Alaska native men and women have experienced violence in their lifetime includes 56% of women and 43% of men experiencing physical violence by their intimate partner, and 66% of women in 73% of men are experiencing psychological aggression.

Those numbers are extremely high. Because of this there exists the StrongHearts Native helpline.

They're culturally responsive peer run helpline based in Minnesota for native American and Alaskan native survivors.

So they can help work with survivors around some of the unique obstacles that native survivors face, including the impact of historical and generational trauma,

discrimination, lack of resources, mistrust of services because of generational trauma.

Mistreatment by the government, and also really complex jurisdictional and sovereignty issues, so that culturally responsive peer run help line can be very, very helpful for native survivors.

When it comes to IPV and human trafficking, the proportion of reported trafficking situations where the victim was recruited by an intimate partner with from 22% in 2019 to

27% in 2020. So we see the numbers actually rise. and we know that it's significant, considering that the average person thinks of a trafficking situation as someone being grabbed off the street rather than someone being

trafficked by a family member and intimate partner, someone that they actually know intimately. We know that in sex trafficking situations 39% were recruited by an intimate partner

via marriage proposition. in contrast, Recruitment by intimate partner

via marriage proposition only represented 5% of labor trafficking reports in 2020.

So it's more significantly represented in sex trafficking. but it is still a part of labor trafficking too.

A lot of the warning signs that we talk about when it comes to intimate partner violence are also warning signs of trafficking. things like love bombing, gaining trust, isolation, and extreme control.

So those things overlap quite a bit. What do we do when we are supporting a survivor?

One of the first things we can do is learn more about what we're talking about. learn about domestic violence, learn about healthy relationships, and share information with with folks about domestic violence, and healthy relationships because there's

a lot of lack of education out there around these topics.

Most importantly be empathetic, be nonjudgmental, and believe them. Most survivors cite not being believed as a primary obstacle to talking to people about abuse is, and then you can also follow their lead. You

know not every survivor is going to see leaving the situation as the solution.

It's important to remember that they are the experts in their own situation.

So when it comes to how we support survivors, we want to ask survivors, what do you need?

What do you want to do? and how can I support you

in taking those actions, and how can I do it in a safe and supportive way?

So finally, when it comes to getting involved, you can support survivors by learning information by reaching out to places like the national domestic violence hotline.

You can contact local programs DV programs in your area, sexual assault programs in your area to learn what services are around you, so that if you do talk to someone who is experiencing IPV, or if you yourself are experiencing, IPV,

you know what options are around you to support you, and you can amplify the message.

A lot of times domestic violence legislation comes up.

It always helps for people to be proactive and talking about it. and in getting the message out there, not just about the laws around domestic violence. But the fact that this happens, and it happens a lot more than people realize. I'm going to close with

just a quick note of what the hotline does, we're available for anyone to

chat, text, call. Love is respect is our healthy relationships Preventative Project also available for anyone to chat, text, call.

Our aDVocates are highly trained, they're compassionate,

we do a lot of safety planning. We provide people connections with resources in their area, as well as education and emotional support

and just a lot of information. So with that I am going to turn over to Nkem for our next person.

Thank you all so much for letting us be talk you through this.

Thank you, Kris, I'm gonna turn it over now to Elizabeth Bauermeister.

Who will talk about settings. Yes, thank you so much. Hi!

I'm Elizabeth and I'm the anti-trafficking coordinator here in Linn/Benton County and I'm today here today to specifically talk about human trafficking and how it presents in

our rural communities. The number one question I think I get in my job is probably, "Do we have human trafficking here?", or even more disheartening to me, People saying, "You know we don't have human trafficking here."

So I am here to talk a little bit about what it is.

And I'm gonna go through some definitions how it presents in our communities.

What it looks like practically, and I always like to leave on a little bit of a hopeful note.

So I'm gonna talk about what we can do about it and some just practical steps that we can take going out of here today.

Next slide. The overarching definition of human trafficking is the exploitation of people using force, fraud, or coercion.

And we have identified 2 main ways that this presents and that's in sex

trafficking, which is a commercial sex act, induced by force, fraud, or coercion, or in which the person induced to perform such an act, has not attained 18 years of age, or labor trafficking, which is the

recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force.

Broader coercion for the purpose of subjugation to involuntary servitude. Peonage, that's bondage or slavery, and I'm gonna break both of those down in the next slide.

But I really quickly wanted to point out, under the definition of sex trafficking, that they call out

Anybody under the 18 years of age, and that is because we identify that anybody under the 18 years of age

who is the minor automatically, if they are engaging in a commercial sex act, is automatically a human trafficking survivor, because they cannot consent to the act.

So I just wanted to point that out real quickly, and also say that labor trafficking can also have elements of sex trafficking involved in it.

So you might have somebody who's working some physical labor job during the day, and then the forced to perform sexual acts for the owner or other workers in the evenings.

So we can go to the next slide. So I'm gonna break down those definitions really quickly.

Sex trafficking is the exchange of the sexual act or favor

for money or goods, and then labor trafficking is exchanging a physical labor job for money or goods.

And I wanted to pause really quickly. and you know, I know that we did kind of a general trigger warning, but I will also be going into some trends that we see which might be particularly affecting so I wanted to call

that out right now, and let you know that the content I'll be talking about is is pretty rough to hear.



But I'm gonna explain some of the trends that we see I don't really go into individual cases or anything like that.

But some of the main trends that we see in trafficking are mainly homeless youth that encounter a trafficker, and the trafficker might provide a place to stay and food and develop a relationship with them and

then later on, in their relationship, they might say hey? you know now I've done this for you.

I need you to do this in exchange and then they might coerce them to perform sexual acts.

Like Kris highlighted. it can be present in domestic violence relationships where partners might say, Hey, we need to,

you know, we need to make the bills this week, so you know Why don't you go out and make some money?

Take care of our family. it might present in familial situations where parents or other family members might traffic their children in order to pay their bills, or, if there's like some kind of substance use disorder involved, they might exchange for drugs

or other substances. and this is, we live in a college town.

So this is something that we see, unfortunately, like college students who are, you know, paying for college. in debt, needing to make rent.

They might be drawn into Sugar Daddy, or Only Fans, or some kind of site like that, in order to pay their bills.

And be exploited that way. And then I always like to point in this last one, too, because there are a lot of vulnerabilities involved in human trafficking.

But one thing that we do see as well is youth that are lonely and go online to chat with friends, just to make friends, if they don't have friends in real life or in the in the physical world, and they might stumble

upon an older boyfriend, who, you know, creates this relationship, finds out what their vulnerabilities are, really creates

this this intimacy, and then they might encourage them to run away and will exploit them.

So those are all kind of some of the main trends that we are seeing right now. and

The main point that I want to take away from all those scenarios are that traffickers are master manipulators, and there's almost always some form of manipulation and coercion involved in these cases which

is what makes it so hard to identify, and also what makes it hard for survivors to self-identify.

So we can go on to the next slide. So the reason we're here?

Does it happen in rural communities? And the answer is, Yes, absolutely trafficking happens everywhere.

Every state, city, and community. I always say that like anywhere

there is poverty present, anywhere there is isolation or desperation,

there is going to be exploitation. And I like to point out to that online exploitation has become an increasing concern, especially among minors, and especially during the last few years, when most of our lives have become online and every

teenager nowadays has a phone, and every teenager mostly has access to the Internet.

And so that makes it a concern among rural populations.

Because so much of it is online nowadays.

And I also wanted to point out that even if the trafficking doesn't take place in rural communities.

It is essential for us to be educating within rural communities, because if people move from, say, rural community to an urban community or moving around, we need to make sure that we are community.

We are educating the rural communities as all about what it looks like, how it can present, so that later they know what to look out for if they themselves are being targeted. And some of the industries that we identified within our

own personal communities are the fishing industry for labor trafficking.

The farming industry for labor trafficking, illicit massage parlors, online sites like I mentioned Sugar Daddy, and Only Fans, or the restaurant industry.

Those can all all be hubs for trafficking.

So next slide. So why are we all here today? Why are we all learning about this?

I like to throw out the statistic of only one percent of trafficking.

survivors are identified, and that's really hard I think as providers for us to swallow.

But it's just incredibly hard to identify these cases, because of those underlying vulnerabilities, and how they are so

So in the shadows, and I think there are 2 main reasons that it's hard to identify. The first one being that it can be really hard to identify those red flags.

A lot of these survivors might be accessing services and we're identifying them as a child abuse case or a sexual abuse case, or poverty or domestic violence.

But being able to see those red flags and take that this next step of Oh, I I get that.

This is a a trafficking, you know it's I think it's really hard for providers to see all those really little red flags, and also because of the intricacy of these situations I think that it's

also hard for survivors to self-identify. We see this very media portrayal of, you know, can connect and and being held in a hotel room.

But at the end of the day, if a survivor says like Oh, well, I'm not experiencing that so I can't be trafficked. then.

You know they might not be able to identify so that's another reason why education about this topic is so incredibly important.

And next slide, and I'm going to show you all the story I can talk about all day about this, but I I always love to elevate survivor voices because they are the lived experience experts and this is a story of

Rebecca Bender, who is an incredible entrepreneur and survivor who has agreed to let her story be told.

So I'm gonna turn it over to her

I was born and raised in a small town in southern Oregon, and I was a good kid in school.

I grew up in a normal middle class family, I got great grades.

I was really active in sports, and I even graduated a year early.

I was accepted into Oregon State University, and I had my dorm room already assigned, and I was really excited to move up to Corvallis.

But that summer I got pregnant by my boyfriend, and I had to make a real tough decision whether I was going to keep my baby and unenroll from university or getting abortion and keep it all a secret that was a

really tough summer for me. After I had the baby. I had some friends that had gone up to Youovo to go to college, and they had an extra room in one of their apartments.

It was at that time that I met a boy or a guy who pretended to take interest in me.

I really thought he liked me, and we got along really well.

It was really funny and charming, and he had a nice car, and he he always picked up the tab.

He had nice clothes, and he told me He was a record producer that he had a band up in Portland, and that's why he frequently went out of town.

There's a saying that says when you take a child by the hand, you take the mother by the heart, and I really think that's what happened for me, because I had this new little girl, and this man who showed this desperate attention towards

her like he wanted to really help make this family that I really wanted for my daughter, and he invited me to move in with him.

After about 6 months of dating, and I was really excited when I brought him down to Southern Oregon to meet my family, and everything seemed fine until we arrived in Las Vegas.

He said we were moving there because that was the entertainment capital of the world, and being a record producer and having a band that that's where they were going to get the most gigs and the most jobs and that's where his

job was leading him, so I desperately wanted to go with him, to be with him, and to start this family that that he promised me.

He pulled up to an escort service, and he said this is how it works in Vegas.

I've spent a lot of money to get you here but first in last, on an apartment.

I filled your fridge up with food, and you're gonna need to get run that money back, and I felt felt trapped.

I felt like how am I gonna get out of this and you didn't know if you were going to live or die, you didn't know what he was going to do or what he was capable of and so it's it was really

scary. I can remember just running through the casino, thinking, These people don't even have a clue

What's going on, they're just you know chitching to chain Las Vegas yay and they're doing all this stuff, and I'm running for my life I'm running from a man that has forced

me into doing things that I didn't want to do when you have a and trafficker.

It's we waiting at home with your child and says if you don't bring home \$1,500.

You're going to find your daughter out on the corner. I Think I was probably more frightened to go home than I was to be in the room, because if you got robbed, it was your fault for being stupid if you got raked. It was your fault for not watching your back.

Anything that happened to you was typically your fault, and you incurred more punishment for allowing those things to happen to you.

So it make you always walk in fear of your trafficker

That is really rough to here, but I do want to give a little hope to that as well.

She is thriving, and her daughter is a track star, and is just doing amazing as well.

So there is hope at the end of the tunnel and I think that that's one thing that we can also empower our survivors with is hope.

There is life after the life and we can go to the next slide.

So just to kind of summarize everything we do and everything we've talked about :traffickers are master manipulators.

We saw how the the trafficker that was working with her was, you know, put 6 months into their relationship before the trafficking even occurred.

They're master manipulators, and know how to prey on vulnerabilities.

And we have, like identified specific, vulnerable populations.

I like to say that, you know trafficking can come in many different scenarios.

We, every survivor is as unique as their scenario.

But we do see a few trends in vulnerable populations.

Especially LGBTQ+ members and especially if they don't have community or are not accepted by their families.

Unhoused residents, people experiencing extreme poverty, immigrants, people suffering from substance use, survivors of sexual assault and background.

Indigenous people of color, I mean, I think we could probably do a whole presentation just on the vulnerabilities, and how those play out.

But those are some of the the trends that we see.

But again, trafficking can come in so many different scenarios, and each one is unique.

Traffickers use manipulation, violence, and coercion to keep survivors in the life.

But it is not all dire. I firmly believe that we can all work in solidarity to stop this cycle.

Starting with you all being here. Thank you so much.

Education is absolutely crucial, and I could only touch on so little of this topic.

I wish that I had all day to talk to you. but

I do encourage you after this to go and visit the national human trafficking hotline, and they have some amazing information and mythbusting, and they have a little training that you can take that goes deeper into some of those red

flags to look out for that, Kris kind of touched on.

And yeah, I hope that you all just can leave and continue your education.

And start doing some research about this, and how we can all work together to stop the cycle.

So thank you all so much. You can go to my last slide and I'm gonna turn it over to our next presenters

Thank you, Elizabeth. Turning it over now to Anna and Surabhi from Futures Without Violence.

Thank you so much, and thank you and Nkem, and thank you, Nancy, and all the HRSA Staff for coordinating this webinar today.

And thank you also to the presenters who just spoke and really important content that you were bringing up.

So I'm Anna Marjavi. I direct health partners on IPV and exploitation, and I'm joined by my colleague, Surabhi Kukke, and we'll be co-presenting

to talk more about intimate partner violence for all communities and touch on some of the dynamics and challenges, as you heard them earlier, and we'll expand a little bit on those and we're also gonna offer some resources and other

opportunities, especially around partnerships between community-based organizations and health programs or health centers. next slide, please.

Futures without violence is the national nonprofit organization, and we operate 2 training and technical assistance centers.

The first is the National Health Resource center on domestic violence, which supports a range of different health care

professionals from different health settings and systems, and as well as domestic violence

Experts, advocates, coalition leaders, survivors and policymakers, and we have a range of different tools and toolkits to lift up the opportunities for health care to improve their response to domestic violence. And that's funded

through the family violence and prevention and services program at ACF.

We also have a training and technical system center called Health partners on IPV

and exploitation, which is funded by HRSA's Bureau of Primary Health Care to specifically work with community health centers to support staff, who may also experience these issues as well as to support them to know how

to help their patients around this, and to build partnerships and we're going to talk more about that. Next slide please

Pass it to Surabhi

Oh, Surabhi, we don't hear your audio

Hi! again!

Do you want to try one more time to connect or change your audio, and maybe I'll start this slide and you can jump in when you're when you're back.

So we know that rural women experience higher rates of intimate partner violence, and greater frequency and severity of physical abuse.

Yet live farther away from available resources, and you heard that from our previous speakers as well, social factors, including traditional gender roles and a high degree of social cohesion in rural communities, can also make it difficult

for women who are experiencing IPV to obtain assistance, and especially, when there may be a small community, folks can be related.

They may know the folks that you know, who are in different systems, who might be there to support them.

And so sometimes that can be a barrier. Rural women who have experienced intimate partner violence also report having less social support than urban women, and certainly less access to resources.

And there may be fewer resources right there in their community.

They might have to go to outline communities to access resources.

In addition to a national hotline, and thinking about farm workers for an important rural population.

You know many lack workers' rights and endure exploitation in the workplace.

They may be fearful of what will happen if you know they raise the issue with others.

They may be concerned about their immigration status, may be concerned about what can happen to children.

They may have unstable work options, and also language and cultural barriers that can keep folks from accessing support.

And women in this community may experience even higher rates of sexual abuse at home and in the workplace.

Goodbye! How's it going?

No, not yet, sorry. Next slide, please. So this is a great resource the rural health information Hub, and it's something I had a chance to work on some years back.

There's a lot of rich information here, especially their page on violence and abuse in rural America.

If you're interested in a deeper dive, definitely check this out as a great resource for different statistics as well as links to key resources.

Next slide, please. And so, some key considerations, you know, you really have to think about confidentiality.

Confidentiality is incredibly important. You know when especially when it comes to smaller communities, tribal communities, folks living more rural where there's just fewer people and and much more people know each other.

You know, and they might be related as well. So these small communities can present challenges for survivors seeking health services, for example, real or imagined concerns about being known by all the Health Center staff may inhibit survivors from seeking support.

And so in our work with health systems, one of our key systems changes,

a formative change is to have a policy to always see patients alone for part of every visit, and when the provider is meeting one on one with that patient, that's when they can provide universal education about intimate partner violence and have conversations

privately with their patient, if they do want to talk about what's going on in their relationship.

So it's really key before you start screening or doing universal education

to put a policy in place to always see patients alone for part of that visit, and then just to couple that you know, when sharing information about domestic violence support national hotlines.

It's really important to do that one on one and to always use professional interpreters not to rely on children or other family members, or you can also use a language line. So we have a sample protocol for health seminars

that looks at the intersectionality of both intimate partner violence, and human trafficking, and it has recommendations in terms of how health centers can begin initiating these conversations.

So there's a link on the bottom of the slide and you'll have that when we share the deck after the presentation. next slide, please.

So we're gonna invite all of you to consider a partnership.

If you're working at a health center, or a health system, identify the available resources right there in your community, you might have a domestic violence program.

You might have an LGBTQAI program.

You might have programs for youth or elders and so thinking about the opportunity to partner up and really think about the way that you're promoting bi-directional warm referral to each other's

Programs. We're thinking about clients and patients and we're also thinking about staff.

We want to increase the same access both for staff and patients who need similar support.

We all need to support with our relationships and we all need support with our health.

So it's a really critical opportunity to expand these these partnerships to You'll hear, see on the slide the the links to different resources.

So you can identify your State or Territory coalition.

Your tribal coalition. you can. I can identify a local health center, and then we have an MOU that you can adapt to formalize this partnership.

Next slide, please. So you heard Kris talk about all of the benefits of both the national domestic violence hotline, as well as the StrongHearts native helpline.

So just know that those are 2 really important resources for your staff to know. And for your patients to know. and the national indigenous women's resource center also has a lot of training and technical systems support specifically

for tribal programs, tribal health, so check that out as well, they're a great resource. Next slide. So, thinking about the benefits that come with partnerships.

You heard me mention that we're really thinking both about staff and patients, and you know, Health center staff also need safety referrals.



They need support for themselves, for people that they're close to friends, relatives, as well as knowing how to impart that information for their staff.

Something else to want to think about is increased health enrollment, for clients and staff, whether they're sick or not.

And any children. So when you think about clients who are going directly to domestic violence programs or shelters, we know typically they have a lower access to health care.

They, because of the control they've been experiencing, may not have been able to prioritize their health, or maybe didn't have access or didn't know where to go if they didn't have health coverage so it's a

really unique opportunity as your Health Center and your DV program

think about partnering to increase that enrollment year-round for survivors of domestic violence.

Survivors of domestic violence can enroll in health care at any time which is really unique.

They're not just isolated to that enrollment window that most people are.

They qualify for enrollment year-round. and we have some new memos just on that you'll see the link on the bottom of the slide.

So check those out if that topic interests you. and then also, you know, helping folks establish a primary care provider moving away from emergency level care.

And, you know, introducing them to a medical home, finding a provider that they're comfortable with. and of course we just experienced in the pandemic.

Really the important opportunity for health centers to increase access to COVID testing, vaccinations, distributing masks, and treatment.

And this was a really key benefit during the pandemic, both for clients at domestic violence programs as well as for staff.

Next slide, please. So these goals align with American rescue plan priorities to provide access to COVID-19 testing, vaccines, mobile health units for domestic violence programs. So whether you're from a domestic

violence coalition or local program, or you're from a primary care association, or health center.

You may have received some American rescue plan funds to increase access for folks, and to really make sure we're reaching folks who are underserved and and increasing their access to health

services, and for the first time both of these partners on both sides have funding to do this work, and a lot of your goals are intersectional.

So it's a really unique opportunity to Reach out connect you know, with your health center or local program.

See what they're doing around their ARP work and Maybe you can connect up and really complement the work that you're that you're doing with these similar funds, next slide.

So unfortunately Surabhi's audio wasn't working but she and I are both available for additional questions or comments.

Our emails are here and I'm gonna turn it back over to Nkem.

And we're gonna do some Q&A. thank you thank you everyone I'm gonna enable

Okay.

Okay, So are there. Thank you everyone for those wonderful presentations.

We We definitely want to hear from all of you. if you have any questions about any of the presentations, directed to any of the presenters, about any of the presenters.

Please go free to put it in the chat.

I do have yeah questions. Thank you again for those wonderful presentations.

Is, are there when it comes to addressing, you know, human trafficking IPV.

In rural communities versus urban communities. Are there any major differences or considerations that need to be made?

So effectively, address these issues in rural versus urban communities, and that could be answered by anybody.

Oh, go ahead, Kris. I was gonna say, go ahead, Elizabeth.

I could just say real quick from the IPV end.

Access to resources is one of the biggest obstacles that we see when it comes to IPV

in rural communities versus urban communities. So, things to, I think kind of be aware of when it comes to providing services in rural communities is that people are probably going to need other enabling services like transportation, financial assistance, probably

translation, depending on what's available out there and so, not just providing them with like a DV

Specific resource or a trafficking specific resource, but also thinking about, how can we help them get there?

How can we help them find childcare? so that they can actually utilize these resources?

It's a much more complex web I think for folks in rural areas in urban areas.

Elizabeth, would you like to add to that? Yes, I was just gonna say

I moved down here from the Portland area just right in the heart of it.

And the biggest thing that I've noticed is this additional safety layer that Anna I think really touched on.

But the idea that in a smaller community everybody knows everybody and especially with like housing.

And if you have a client who really needs to leave their situation, housing can get a little bit tricky, because you know, everybody knows what every house belongs to who.

So keeping that layer of confidentiality and safety, is a little bit trickier in a rural area.

But it can be done it. It just really having to think about that, and how you're going to maintain confidentiality while also working with high-risk populations.

Thank you. and I have a question that came in to my direct message.

So it says, I find myself getting frustrated with the focus on human trafficking from the law enforcement perspective rather than from a victim services, survivor, perspective.

What strategies have you used to shift from the mindset of put all traffickers in jail? So let's tackle the issues at the root problem like racial justice, income, integrity, housing etc.

This is just such a fantastic question. I love this so much.

Yes, I think that a lot of the focus really is on traffickers and the individual person.

When I like to say that all these issues, they're societal issues, they are ingrained in our society.

And so, unfortunately, I think it really has to come from the top down or the bottom up, whichever way you want to see it.

So I think the reason I got involved in human trafficking as a social worker was really because I saw as kind of this all-encompassing issue that affects just all these populations.

And I was like, Okay, if we could start addressing the root that leads to human trafficking, then it could really trickle up through all these different issues.

So starting to address on like a legislative level, which is a lot of what our focus is.

In our like task Force network is looking at legislation, and how we can start changing things from like I said.

The top down at the bottom, up and just starting to tackle instead of the issue itself.

Starting to tackle some of those vulnerabilities that lead people to be safe

Elizaeth, I can add to that, you know when you look at domestic violence,

it's a crime. It's a criminal justice issue but there's only certain dynamics that will have someone arrested, right? There's a criminal definition and there's a public health definition and we

know that folks are impacted in broad ways even if it's not, doesn't rise to the level of a crime.

For example, emotional abuse and financial abuse and other things that might not get someone arrested, but are still impacting someone deeply and impacting their health.

And I think, with human trafficking, it's similar human trafficking is a very specific criminal justice definition.

As we heard, but there's a whole range of experiences including exploitation and wage theft and other kinds of things that happen to folks that might not reach that level of trafficking.

But they're still being exploited and it's still affecting them.

And you know their children, and and actually might then lead later to crimp to the criminal justice level of human trafficking.

So by having a broader public health definition and thinking about those kinds of you wage that's and other kinds of exploitation and intervening earlier and really making sure that we're holding businesses accountable as well, and thinking

about living wage and fair, fair wages is really important also to prevent trafficking to prevent it from reaching that level.

So I really appreciate that point, and the need for all of us to really think about that spectrum of experience and and reaching folks early. Agreed.

So in a rural setting, How do you encourage law enforcement?

First responders and other health care professionals and other agencies, to identify tribal, LGBTQ, minorities, and other marginalized individuals in a respectful and appropriate way and order to provide them

with the best available services

I think that is always a challenge. you know we can provide training and technical systems and general education and knowledge.

But it's also, I think incumbent upon communities to make sure that they're demanding that of their law enforcement in their area, because ultimately it does come down to the individual, you know,

officers and workers, and how they respond to that. And so of the challenges in general, when it comes to getting more culturally responsive law enforcement responses, is getting the buy-in from you know the actual folks that we're

trying to train, and then just making sure that it is something that is continuously talked about and address, it's not just a onetime training

And then you met your hours, and we never talk about it again. Like this is something that we need to always kind of keep on the radar and continue to talk about and try to hold people accountable where we can.

Hey? Kris. So how do you start a conversation with stakeholders and service providers around human trafficking and IPV awareness and messaging? so like, How do you broach those conversations? especially and up communities Where it's Not

really talked about and it's sort of under the radar rural settings.

I think, going back to the earlier question, I think that it's human trafficking is just a symptom of, you know, underlying issues, and if you can tackle those underlying issues, you can affect a lot of the other issues that people are really concerned about. For example, a community might be more concerned about homelessness.

They might be more concerned about you know crime like in that kind of crime.

But if you can get bind with your stakeholders of you know, if we start tackling this issue at the root and start doing some of this preventative work that will trickle down through all of these other issues that you are concerned

about like we are trying to affect all of these vulnerabilities.

Which seems really huge. But But yeah, I think that approaching it from that direction of like human trafficking, is one piece of this big puzzle, and the vulnerabilities are really what we need to be focusing on. And I

think another addition to that is that both intimate partner violence and human trafficking have a real health impact, You know, both in terms of restricting folks access to care, but also just their overall health.

And you know how they're feeling and other chronic health conditions that they may have, and the ability to to treat that and for them to to get well.

And so I think, for health systems, once they learn about that health impact that's part of the motivation.

You know for better understanding how to initiate conversations and give them give patient safety resources, because it does have a direct impact on their health and well-being.

And one additional thing is that in 2020 the Bureau of Primary Health Care at HRSA instituted New UDS measures on intimate partner violence and exploitation. And so, some administrators now are really wanting to be mindful of how they should change their system to be more responsive to those measures.

And we have tools to help promote that systems change and you'll see it on our website.

We have a number of different resources. but that's another piece for community aDVocates, as they're you know, knocking on the door of that health center to remind folks that these are new indicators.

And there are good responses that we can put in place to support patients.

Thank you. Alicia asks. Are there resources, for example, coercion, gaslighting that specifically tie in conversations around consent that have become more common in recent years? Yeah.

So I'll drop a link from the hotline on consent.

There have been a lot of conversations around consent that have really come to light over the last 5 or 6 years, especially as me, too, has really come into the spotlight, and there are a lot of resources around there just depending on what kind

of conversations you're looking to have when it comes to consent.

I think the Hotlines website has different articles on consent and different aspects of consent.

I shared one of our main ones there in the chat. Our project,

Love is Respect, also includes a lot of information on consent from the perspective of healthy relationships,

not necessarily domestic violence. There are also other great resources out there, like Scarlett team, which is heavily focused on issues of boundaries. Consent tends to be more youth focused than other resources.

But there are a lot of options out there. if you just kind of start in like one place.

You'll usually see threads that will lead you to other places as well.

Thank you, Kris, and thank you, Jane, for dropping those resources.

In the chat as well. There any other questions? on a drop?

The key resource as well in the chat. Thank you for that.

But if there are no other questions questions I know we're at the top of the hour. I did want to sort of just close out by saying, thank you to the office of women's health for your partnership on this and for

including this in your women's health leadership series. Thank you to our wonderful presenters

For shedding a light on how IPV, human trafficking, and other forms of violence and trauma are connected to behavioral health.

And how these public health issues affect the rural communities, which are often misconceived, as as was stated in the presentation as safe.

You know these are really critical problems in the United States affecting the most marginalized and vulnerable populations.

And effectively addressing trafficking in rural communities requires a collective response,

creative solutions, and cross-sector collaborations, and continued conversations like this that can ultimately lead to action.

So I, my hope is that we continue to have these conversations on these important issues with the goal of creating positive, sustainable change in rural communities.

So thank you all so much for joining, and thank you again to all of our presenters and to all of you for joining us today.

I hope you all have a wonderful rest of your day. Thank you.

END OF TRANSCRIPT