

Mandatory Reporting of Child Abuse; Rape, Incest, and Human Trafficking

**Satellite Conference and Live Webcast
Wednesday, June 29, 2011
2:00 - 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Professional Affiliations

- **Hinds Community College, Associate Degree Nursing Program: Instructor**
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Disclosure

- **The following people have no personal, professional or financial relationships to disclose:**
 - **Faculty: Elise J. Turner, MSN, CNM, SANE-A**
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Disclosure

- **Reviewer: Dana Peebles, MPH**
- **There are no commercial supporters of this activity**

Objectives

- **Review the guidelines, rules and laws that apply in abuse, neglect and trafficking**
- **Define child abuse/neglect and identify common myths about abuse**

Objectives

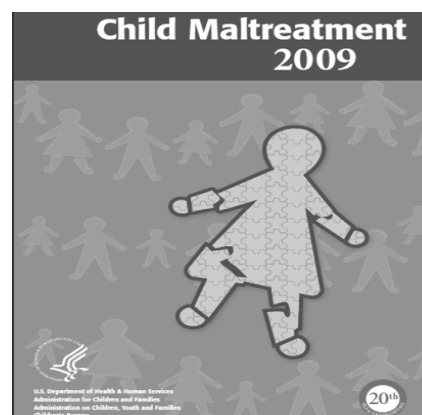
- Describe at least three common presentations of child abuse, exploitation, and neglect in the public health clinic
- Review the steps of reporting child abuse/neglect as required by Alabama statutes

Objectives

- Describe at least three actions to take to aid a victim of human trafficking

Why ME?

- Violence/abuse is a public health problem
- You are seeing victims and survivors of all ages NOW
- Sexual assault affects many areas of a person's health AND his/her ability to cope with health stress
- To be able to provide effective, evidence-based care

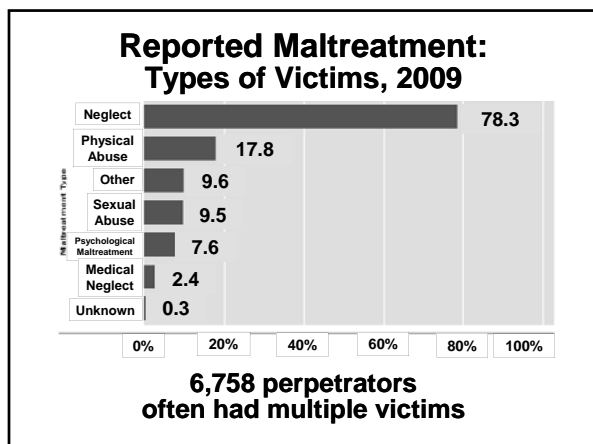


Does Child Abuse Happen?

- In Alabama:
 - Total reports in 2009: 38,937
 - 48% screened in
 - 52% screened out
 - Only about 8% of reports come from us

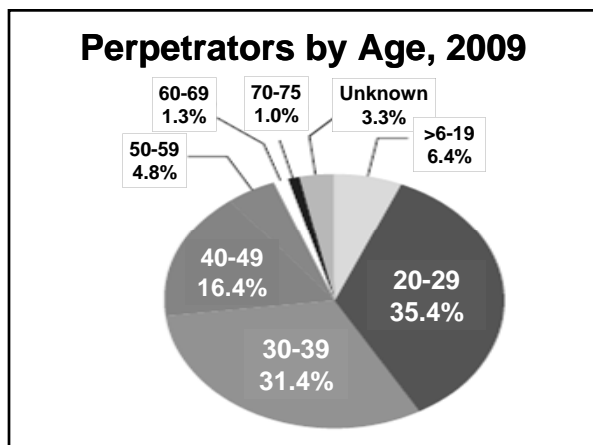
Does Child Abuse Happen?

- Substantiated: 5,804
- Unsubstantiated: 11,891
 - Only 33% substantiated!
- Average response time: 24 hours
 - Average nationally: 69 hours
 - 16% re-victimized



Child Abuse Deaths

- 14 children were found to be murdered
 - How many more were not identified as homicides?
- Who is killing the children?



Title X Clinics: Who's There?

- Adult survivors
- Adolescent victims
- Adult perpetrators
- Adult co-victims
- Adult non-offending parent

Does Child Abuse Matter?

- Does reporting do any good?
- Can the child “get over it”?
- What are long-term consequences?
- Is child abuse a public health problem?
- Does child abuse affect adult health?

Q: Why Study Neurobiology?

- Answer
 - To better understand changes wrought by early abuse/neglect, so we can
 - Teach foster/adoptive/biological parents to
 - Minimize future harm to victims, and even

Q: Why Study Neurobiology?

- Prevent future abuse
- Identify and help adult survivors

Neuroendocrinology

Stress



Hypothalamic/pituitary stimulation



Adrenal cortisol release

Neuroendocrinology

- Cortisol “Stress Response”
 - Increased blood glucose
 - Increased blood pressure
 - Impaired immune response
- Chronic cortisol elevations lead to brain changes, habituation

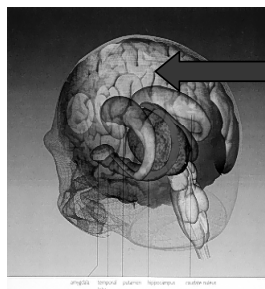
Neuroendocrinology

- Symptoms of “stress response”
 - Irritability
 - Hyperarousal
 - Dysregulation of affect
 - AKA: “behavior problems”

Events Alter Neuronal Growth by Affecting:

- Size
- Number
- Sensitivity
- Communication

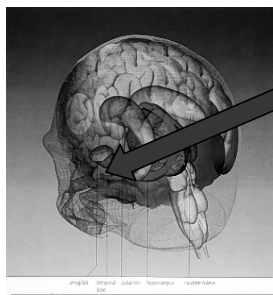
The Brain: Targets of Stress



- Cerebral cortex
 - EEG changes
 - Smaller callosum

Stirling, 200724

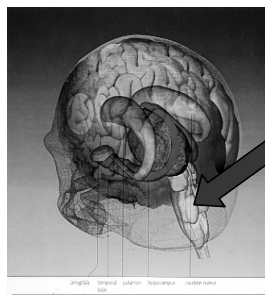
The Brain: Targets of Stress



Stirling, 200725

- **Limbic system**
 - Neuronal changes
 - Decreased size

The Brain: Targets of Stress



Stirling, 200726

- **Brainstem/
Cerebellum**
 - Altered transmitters

Post Traumatic Stress Disorder (PTSD)

- **Criteria include:**
 - Numbing of affect
 - Intrusive memories
 - Persistent arousal
 - Avoidance of “trigger” events
- **Do you see patients like this?**

Maltreated Kids May Have...

- **Persistent fear/alert state**
- **Poor differentiation of affect**
- **Dysregulation of affect**
 - May avoid intimacy
- **Do you see patients with many sexual encounters without intimacy?**

Types of Attachment

- **Secure**
 - Expectations rewarded, comfort available
- **Avoidant**
 - Rejects caregiver
- **Anxious**
 - Clings, fearful of separation

Types of Attachment

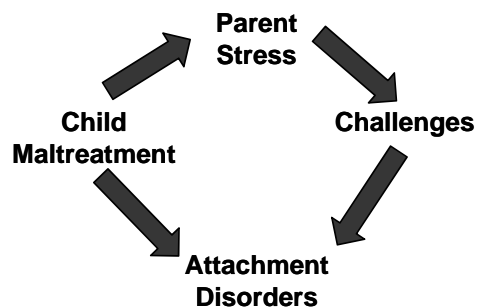
- **Disordered**
 - Approach/avoidance

Types of Attachment

- | | | |
|----------------|---|----------------|
| • Child | | • Parent |
| – Secure | ↔ | – Nurturing |
| – Avoidant | | – Dismissive |
| – Ambivalent | | – Preoccupied |
| – Disorganized | | – Disorganized |

Are you looking for vulnerable families who need help?

Even More



Comorbidity and Differential Diagnoses

- Complex PTSD
- Attention-Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Major Depression or Bipolar Disorder
- Autism Spectrum Disorders
- Reactive Attachment Disorder

Therapeutic Implications

- Learning difficulties?
 - A different world
 - Reward system “out of synch”
- Poor therapy subjects
 - It’s all about learning
 - Access problems

Now Think About Your Patients...

- Career success and productivity?
- Mature, caring relationships?
- Personal and emotional stability?
- Responsible healthy sexuality?
- Symptoms of PTSD
- Chronic illnesses

Let’s Talk About Adult Survivors

- Really can’t be lumped all together
- Depends on:
 - Who abuser was
 - When abuse occurred
 - Type of abuse
 - Length of abuse
 - Severity of abuse

Effects

- Relationship problems
- Low self esteem
- Self sabotage
- Sexual problems
- Social alienation
- PTSD
 - Physical and emotional

Post Traumatic Stress Disorder

- Affects many aspects of life
- Long-term, perhaps permanent effects
- Affects ability to form and maintain relationships
- Affects concentration, vigilance

Post Traumatic Stress Disorder

- Physical affects
 - Sleep disturbances
 - Eating disorders
 - Hypertension
 - Headaches
 - Abdominal/back pain

The Adverse Childhood Experiences (ACE) Study:

Bridging the gap between childhood trauma and negative consequences later in life.

What is the ACE Study?

The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. Led by Co-principal Investigators, Dr. V. J. Felitti, MD, MS, and Vincent J. Dube, MD, the ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life.

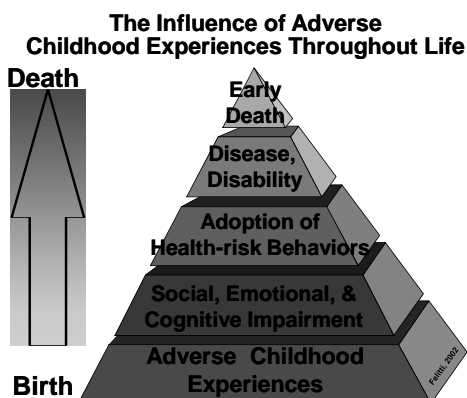
What's an ACE?

Growing up experiencing any of the following conditions in the household prior to age 18:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcoholic and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional or physical neglect

The ACE Score

The ACE Study used a simple scoring method to determine the extent of each study participant's exposure to childhood trauma. Exposure to one category (not incidents) of ACE, qualifies as one point. When the points are added up, the ACE Score is achieved. An ACE Score of 0 (zero) would mean that the person reported no exposure to any of the categories of trauma listed as ACEs above. An ACE Score of 5 would mean that the person reported exposure to all of the categories of trauma listed above. The ACE Score is referred to throughout all of the peer reviewed publications about the ACE Study findings.



Pregnant Women

- Pregnancy the result of sexual assault or mate rape?
- History of assault and effect on health practices?
- Self medication?
- Risk for postpartum depression?
- Parenting issues?

Male Survivors

- Report years later or never
- Great shame
- Often have a sexual response
- Self medication
- Sexual identity concerns

Adults with Military Service

- Assault: 7%
- Harassment: verbal 66%; physical 33%
- Female veterans: 23% while active
- More severe effects than civilian?
- Assaults happening in VA agencies too

Mature Women (Like ME!)

- Not thought of as “typical” victim
- Suffer in silence
- Shame or disgust with oral/anal penetration
- Mate rape
 - Straight or same sex
- Look at chronic complaints

How Do You Find Out?

- Introduce the topic
- Ask directly during interview
- Observe body language
- Ask before touching
- Ask before pelvic

History

- Avoid terms like rape or sexual assault
- Have you ever experienced unwanted sexual attention?
 - Touching, remarks, pressure for sexual favors?
- Has anyone ever used force or threats to have sex with you against your will?

Disclosure

- Listen impassively
- THANK YOU for trusting me
- What happened was NOT your fault
- It is important for us to talk about this
 - Sexual assault can affect your health and wellness in many ways
- How is this affecting you now?

“I’m Fine Now...”

- What kinds of professional help?
- What distress dealt with?
- Has patient built her life around accommodating the trauma?
- “I forgot all about it.”
- What happens if you think about it?
- To whom do you talk about this?

“Still Suffering...”

- Sounds like you’ve had to change the way you live since then?
- You don’t deserve to live with this pain/fear/anxiety
- There is FREE help available for you
- Working on with this will improve your overall health and happiness
- Let’s map out a plan...

Make a Plan

- Rape crisis center
- Mental health center
- Pick someone who is skilled in the care of sexual assault survivors
- Map of how to get there
- Appointment time/date
- What will happen at appointment?
- Follow-up plan

How Can I Help?

- Listen, not judge
- Offer help
- Be available
- Give comfort
- Blame the perpetrator
- Encourage action
- Accept choices

But Especially...

- **IT IS NOT ABOUT YOU!**

Victims Need to:

- Feel safe
- Be believed
- Know it was not their fault
- Be in control of their own lives
- Possibly address health/mental health needs

FP/OB Visit

- Assess sexuality/relationship issues
- Assess for psychiatric/physical disorders
- Assess for self harm, harm to others, self medication with drugs/alcohol
- Offer referrals to local resources

Please...

- Only refer clients to professionals who specialize in these issues
- If you are not skilled in this area, leave the work to those who are
- If you have an interest, get trained and join the effort!

Teens (Guys and Gals)

- Coercive sex
- Dating abuse
- Statutory rape
- Prostitution
- Exploitation
- Incest
- Photos/videos

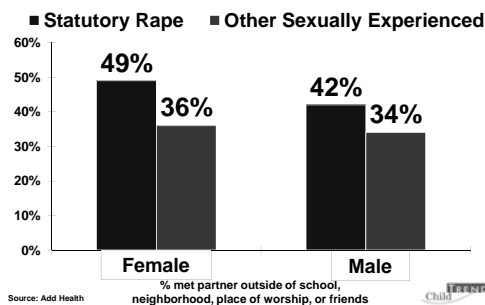
Voluntary vs. Consensual

- Voluntary actions are those taken willingly
- Ability to consent is determined by law
- Statutory rape is voluntary, but non-consensual under the law for persons in certain age brackets

But... We're in LOVE!!!



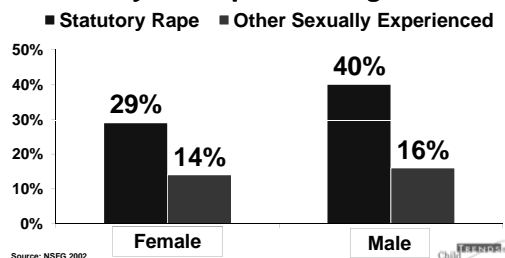
Teens in Statutory Rape Relationships Are More Likely to Meet Partner Outside of Social Networks



Adult Partners of Teens

- Low self esteem
- Low level of education
- Emotional immaturity
- Irresponsibility
- Lack of proper male/female role models
- Lack of resources to care for possible offspring

Females and Males in Statutory Rape First Relationships are More Likely to Drop Out of High School*



*Measured as males and females aged 20-24 who completed less than 12 years high school and did not complete a GED

Psychosocial Issues

- Worry
- Regret/guilt
- Loss of self respect
- Debasing of sex
- Fear of commitment
- Anger over betrayal
- Ruined relationships
- Escapism: self medication

He's 13... She's 34... Dad's 14



• Married 2005

– He's 22, she's 43

– Two children

He's 13... She's 34... Dad's 14

- In 2006, Vili sentenced for drunk driving
 - “Plans to get his GED, and is negotiation with an art gallery to show his work”
- Recent
 - TV appearances
 - “Hot for Teacher” nightclub events

Female Offender on Males Effects

- Victim is in submissive position
 - May be a threat to the victim's masculine gender identity
- May result in exaggerated masculine role characteristics
- May become more aggressive and dominant in intimate relationships with females

Female Offender on Males Effects

- May have inappropriate sexual relationships with other females and females in authority
- Compulsive masturbation behaviors as teens
- Most report being shy and awkward around women

Post Pubescent: Granny Suspects!

- Voluntary exams ONLY
- Cannot tell if virgin
- Social services referral
- Explain the limits of your exam
 - Detection of injuries
 - STD screening
 - Pregnancy screening

Service Providers Hesitate

- Fear of breaking confidentiality with teen
- Fear of causing teen to abandon services
- Belief that prosecution is not the answer
- Belief that nothing will be done

Service Providers Hesitate

- Overwhelmed by parents' approval
- Don't think reporting is required

Screen for Abuse

- Are you being hurt/threatened?
- Is someone in your household being hurt/threatened?
- Are you being forced to hurt or abuse someone?
- What could you do if you felt unsafe?
- Give basic information

Teen Family Planning and OB

- Age of partner/position of influence
- Discuss reasons for older partners
- Discuss your concerns about that
- Report if neglect/abuse/exploitation suspected

Teen Pregnancy

- 161 babies were born to girls 14 and younger in Alabama during 2009
- According to the reproductive health literature, at least 60% are statutory rape cases



How to Decrease Teen Pregnancy??

- The fathers of teen mothers' babies average 3-6 years older than mom!
- Address statutory rape issues!!

Adult Co-victims

- Domestic violence setting
- May witness abuse of child
- May be forced to participate in abuse
- Abuse of child used as control mechanism

Disclosure of Child Abuse

- Post notices that you are required by law to report all known or suspected child abuse
- Tell patient what you can hold in confidence and what you must report
- REPORT

Sexual Behavior

- The behavior does not respond to limits
- A child appears to be interested in sexual behavior to the exclusion of other activities
- Complaints from other children that the sexual behavior is upsetting or uncomfortable to them

Sexual Behavior

- The sexual behaviors increase in intensity and frequency over time
- Bribes, threats, or manipulations are used to coerce other children into sexual behavior
- The behavior is accompanied by shame or embarrassment

It's Just A Divorce Thing Myth??

- Separation of parents changes environment
- Intimidation??
- Feelings of responsibility for family
- Loyalty to abuser
- Coaching by parent can often be detected by forensic interviewer
- How was abuse reported/discovered?

Non-offending Parent

- Encourage parent to support child
- Educate the parent
- Assist parent identify her strengths
- Encourage parent to make decisions
- Discuss stages of grief

Non-offending Parents Wonder About...

- Child's sexuality
- Whose fault is it?
- Did the child enjoy it?
- What about siblings?
- What should I do??
- Why am I angry at/jealous of child?

Alabama Department of Human Resources

Home Counties Contact Us Search

Child Abuse/Neglect Reporting

Report Child Abuse and Neglect to Your County Department of Human Resources
(County Contact Information)

The number of children reported as abused or neglected has increased dramatically in Alabama. Your help is needed to ensure that these children receive adequate protection and services.

Please call your County Department of Human Resources or local law enforcement agency to report suspected abuse or neglect. Do not send reports of suspected abuse or neglect via email.

Alabama law is clear on reporting abuse and neglect of children under the age of 18. If you are someone who comes in regular contact with children -- physician, a teacher, social worker, nurse, or day care worker, for example -- you should be aware of your legal obligation to report incidents of suspected or obvious child abuse or neglect. If you are a concerned citizen, neighbor, friend or family member who is aware of such incidents, you should make a report to those who can take

News Announcements

World Elder Abuse Awareness Day to be observed on June 15, 2011
SCHAUSCAUSEY On June 15, 2011, "World Elder Abuse Awareness Day", the entire world will focus on the erasing awareness of elder abuse that often goes undiagnosed and unreported. Each year hundreds of thousands of elder Americans are abused, neglected, and exploited. Nationally, elder abuse and neglect is estimated to cost \$60 to \$90 billion annually in health care, social services, medications and legal costs.

DHS to Issue Some June Food Benefits Early in Disadvantaged Counties
SCHAUSCAUSEY As part of the state's response to the tornado relief effort, current food assistance recipients in the 42 disaster-designated counties will receive their June benefits early if they regularly receive their benefits after the 15th day of the month.

What Happens Next?

- Forensic interview
- Forensic medical exam
- Investigation by DHR/LE
- Case disposition
 - Dismissed
 - Punishment
 - Assistance

Forensic vs. Medical Interview

- Forensic interview obtains information of the abuse in a manner that can assist investigation and withstand legal scrutiny
- Medical history is a background of health information against which to evaluate current symptoms and physical findings

The Forensic Interview Is IT!

- Forensic interview is different from medical interview
- Forensic interview considers development, validity, details, coaching, possibility of scenario
- Forensic interviewing is a clinical specialty
 - Special equipment and setting is needed

Forensic Aspects

- Questions are as important as answers
- Questions are research based
- Interviews should be videoed
- Forensic interview will not contaminate child's testimony
- If worker is not a forensic interviewer, STOP!

How Do I Get a Forensic Interview?

- Call local children's advocacy group
- Still MUST report to DHR/LE
- Child should be rested and fed!
- Some police investigators and DHR investigators are trained as well

The screenshot shows the ANCAC website. At the top right is the ANCAC logo: "ANCAC Alabama Network Of Children's Advocacy Centers". Below the logo is the "Administrative Office" contact information: Phone: (205) 334-8543/3468 (O), Fax: 334-824-3469, E-mail: info@alabamacacs.org. The main content area features a "NEW INITIATIVE!" banner with a photo of a hand holding a smartphone displaying the word "SEXTING". Below the banner is a paragraph: "The Alabama Network of Children's Advocacy Centers, Inc. (ANCAC or The Network) is a not-for-profit organization whose mission is to promote the multi-disciplinary process in fostering an abuse-free society for Alabama's children and support the development of the children's advocacy center model through public awareness, training and collaborative partnerships." Below this is another paragraph: "The Network achieves this mission through 28 full-member advocacy centers and one pilot project that serve 54 counties with forensic interviewing, evaluations and counseling." At the bottom is a final paragraph: "The individual centers are located throughout the state and operate as separate, private, non-profit agencies. However, the centers do come". On the left side of the page is a sidebar with navigation links: Home, Welcome Message, What is a CAC?, Our Network, Our Members, Our Work, Our Legislation, Annual Reports, Employment, Donate, Links, Contact Us.

Strategy of the Medical History

- Establishes rapport between examiner/child/parent
- Frames the exam experience in a typical medical visit format

Strategy of the Medical History

- Approaches abuse from the viewpoint of possible medical consequences
 - Complements, but does not duplicate the forensic interview
 - Informs examiner about past health history

What Needs to Happen Before Physical Exam?

- Forensic interview
- Determination of urgency of exam
- Unhurried, peaceful environment
- Preparation of child and caregiver
- Preparation of exam room and supplies
- Scheduling of examiner

Indications for STD Testing

- Genital contact
 - May be oral, anal, or vaginal
- Evidence of vaginal or anal penetration
 - Acute or chronic
- Vaginal discharge
 - Also seek routine pathogens

Indications for STD Testing

- Unknown contact/unknown perp/pre-verbal child with suspicion of genital contact
- Presence of STD, sibling with STD, family concerns

Timing of Examination Following Sexual Abuse

- Immediate
 - Incident occurred within past 72 hours
 - Current history of genital or anal bleeding
 - Other injuries

Timing of Examination Following Sexual Abuse

- Next day
 - STD symptoms
 - Incident occurred > 72 hours but < 2 weeks

Timing of Examination Following Sexual Abuse

- Elective
 - History of sexual abuse > 1-2 weeks earlier
 - Child with history of STD, examine for injury following treatment of STD
 - Behavioral symptoms

Timing of Examination Following Sexual Abuse

- Myth:
 - After the exam, we'll know what happened
- Therefore:
 - You can tell from the genital exam if penetration or fondling has occurred
- NOT TRUE!

It's NORMAL to be NORMAL!

- There are many normal variations in genitals
- Size of openings is often not a reliable predictor
- Healing is quick, and scarring infrequent
- Many abusers don't injure their victims

It's NORMAL to be NORMAL!

- Children reach puberty and estrogen changes the genitals

Diagnostic for Abuse

- Semen, sperm, or acid phosphatase
- Pregnancy
- Fresh genital injuries without an adequate accidental injury explanation
- Certain STDs (not perinatal)
- HIV (not perinatal or IV drug use)
- HISTORY IS WHAT MATTERS!!

Nonspecific Genital Findings

- Findings that often have other causes
 - Erythema
 - Labial adhesions
 - Vaginal discharge, not further specified
 - Obesity-related changes

Nonspecific Genital Findings

- Anal fissures
- Warts in a child under 2 years

Forensic Medical Examiners

- Experience/knowledge about child abuse
 - Training in pediatrics
 - Understand child abuse dynamics
 - Know variations in genital findings
 - Skilled in utilizing specialized techniques

Forensic Medical Examiners

- Qualify in court as an expert witness
 - May be MD, NP, PA, CNM, RN with MD

Department of Child Abuse & Neglect Prevention
Children's Trust Fund

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[Please click HERE to make a donation to the Department of Child Abuse and Neglect Prevention.](#)

Mission Statement
The Department of Child Abuse Prevention, (DCAP) secures

Specialty Car Tag
A Specialty Car Tag is available for purchase at your local Probate Office. It's tax-deductible and proceeds directly fund community based prevention programs. Thinking about a Personalized tag for your car? Click



Identifying Victims of Human Trafficking

- Is potential victim accompanied by another person who seems controlling?
- Does person accompanying potential victim insist on giving information to health providers?
- Can you see or detect any physical abuse?

Identifying Victims of Human Trafficking

- Does potential victim seem submissive or fearful?
- Does potential victim have difficulty communicating because of language or cultural barriers?
- Does potential victim have any identification?

Identifying Victims of Human Trafficking

- Is potential victim suffering from common health problems experienced by trafficking victims?

Health Issues Associated with Victims of Human Trafficking

- Victims suffer from host of physical and psychological problems stemming from:
 - Inhumane living conditions
 - Poor sanitation
 - Inadequate nutrition
 - Poor personal hygiene

Health Issues Associated with Victims of Human Trafficking

- Brutal physical and emotional abuse
- Dangerous workplace conditions
- General lack of quality medical care

Health Issues Associated with Victims of Human Trafficking

- Preventive health care virtually non-existent
- Health problems typically not treated in early stages
 - Tend to fester until they become critical, life-endangering situations

Health Issues Associated with Victims of Human Trafficking

- Health care frequently administered, at least initially, by unqualified “doctor” hired by trafficker with little regard for well-being of “patients”
 - Even less regard for disease, infection, or contamination control

Health Issues Associated with Victims of Human Trafficking

- Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma, and urinary difficulties
- Unwanted pregnancy resulting from rape or prostitution
- Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions

Health Issues Associated with Victims of Human Trafficking

- Infections or mutilations caused by unsanitary and dangerous medical procedures performed by unqualified individuals

Health Issues Associated with Victims of Human Trafficking

- Chronic back, hearing, cardiovascular, or respiratory problems from endless days toiling in dangerous agriculture, sweatshop, or construction conditions
- Eye problems from working in dimly lit sweatshops

Health Issues Associated with Victims of Human Trafficking

- Malnourishment and serious dental problems
 - These are especially acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth

Health Issues Associated with Victims of Human Trafficking

- Infectious diseases like tuberculosis
- Undetected or untreated diseases
 - Such as diabetes or cancer

Health Issues Associated with Victims of Human Trafficking

- Bruises, scars and other signs of physical abuse and torture
 - Sex-industry victims often beaten in areas that will not damage their outward appearance
 - Like lower back

Health Issues Associated with Victims of Human Trafficking

- Substance abuse problems or addictions
- Psychological trauma from daily mental abuse and torture
 - Depression, stress-related disorders, disorientation, confusion, phobias, and panic attacks

Health Issues Associated with Victims of Human Trafficking

- Feelings of helplessness, shame, humiliation, shock, denial, or disbelief
- Cultural shock from finding themselves in strange country

U.S. Department of Health and Human Services
Administration for Children & Families

ACF Home | Services | Working with ACF | Policy/Planning | About ACF | ACF News | HHS Home

THE CAMPAIGN TO RESCUE & RESTORE VICTIMS OF HUMAN TRAFFICKING

Rescue & Restore Campaign Tool Kits

For Health Care Providers

- [Resource Overview](#) (pdf - 54KB)
- [Tips for Identifying and Helping Victims of Human Trafficking](#) (pdf - 66KB)
- [Screening Questions to Assess Whether a Person is a Trafficking Victim](#) (pdf - 49KB)
- [Understanding the Mindset of a Trafficking Victim](#) (pdf - 53KB)
- [Communicating with Victims of Human Trafficking](#) (pdf - 57KB)
- [Health Problems Seen in Trafficked Victims](#) (pdf - 49KB)
- [PowerPoint Presentation for Health Care Providers](#) (ppt - 142KB)
- [Health Care Provider Poster](#) (pdf - 92KB)
- [Health Care Provider Brochure](#) (pdf - 82KB)
- [Health Care Provider Pocket Card](#) (pdf - 249KB)
- [Rescue & Restore Logo](#) (pdf - 210KB) / [Logo Image](#) (jpg)

Ask...

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?

Ask...

- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?

Ask...

- Do you have to ask permission to eat, sleep, or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?

Ask...

- **Is anyone forcing you to do anything that you do not want to do?**

Tell...

- **We are here to help you**
- **Our first priority is your safety**
- **Trafficking Victims Protection Act of 2000**
 - **Victims of trafficking can apply for special visas or could receive other forms of immigration relief**

Tell...

- **We can help you get the medical care that you need**
- **We can help you find a safe place to stay**
- **You have a right to live without being abused**
- **You deserve the chance to become self-sufficient and independent**

Victims of Trafficking and Their Needs

- **There are four general areas of victim needs:**
 - **Immediate assistance**
 - **Housing, food, medical, safety and security, language interpretation, and legal services**

Victims of Trafficking and Their Needs

- **Mental health assistance**
 - **Counseling**
- **Income assistance**
 - **Cash, living assistance**
- **Legal status**
 - **T visa, immigration, certification**

Getting Victims of Human Trafficking the Help They Need

- **If you think you have come in contact with a victim of human trafficking, call:**

**National Human Trafficking
Resource Center
1.888.3737.888**

Getting Victims of Human Trafficking the Help They Need

- This hotline will help you:
 - Determine if you have encountered victims of human trafficking
 - Identify local community resources to help victims

Getting Victims of Human Trafficking the Help They Need


- Coordinate with local social service organizations to help protect and serve victims so they begin process of restoring their lives

Getting Victims of Human Trafficking the Help They Need

- For more information on human trafficking visit:

www.acf.hhs.gov/trafficking
- Call local police if victim at risk of imminent harm

1.888.3737.888



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Invisibility Study Released

Please click on the links below for a PDF version of the study. *Invisibility: A Study of Commercial Sexual Exploitation of Children in Jefferson County, Alabama*. For more information as to how to FTY efforts to address human trafficking issues in the Greater Birmingham area, please visit: <http://www.thefreedomstothrive.org>

YFSN and the Freedom to Thrive Coalition thanks The Women's Fund of Greater Birmingham for its generous donation of funding for this study.

[Invisibility \(Complete Study\)](#)
[Invisibility \(Executive Summary\)](#)

April 29, 2011 - Event Cancellation

We hope that you, your family, and friends are safe during this time. The devastation and loss in Alabama is shocking to us all. Freedom to Thrive leadership and the Youth and Family Services Network have decided to cancel the Invisibility Photo Competition announcement event that was scheduled for April 29th at 6:00 p.m. so that all of the community efforts can go towards urgent recovery and volunteer efforts for the greater Birmingham area. Please continue to check www.thefreedomstothrive.org for more information.

Photography Competition winners for the Invisibility Competition will be announced on this website next week.

Invisibility: A Study of Commercial Sexual Exploitation of Children in Jefferson County, Alabama will be released as a March issue by The Women's Fund of Greater Birmingham.

Special thanks to the photo contestants that provided incredible artistic expression, the professional photographers who served our program, their patients, and upon all those who have been the victims, the survivors, supporters and/or for making this effort possible for this issue, and The Women's Fund of Greater Birmingham for

Freedom to Thrive

LOOK BENEATH THE SURFACE

HUMAN TRAFFICKING IS MODERN-DAY SLAVERY

A victim of trafficking may look like many of the patients you see daily.

Ask the right questions and look for clues. You are vital because you may be the only outsider with the opportunity to speak with a victim.

There are safe housing, health, immigration, food, income, employment, legal and interpretation services available to victims, but first they need to be found.

If you think someone is a victim of trafficking, call 1.888.3737.888

For more information about human trafficking visit www.acf.hhs.gov/trafficking.

