

Preventing Exploitation and Substance Use in Adolescence

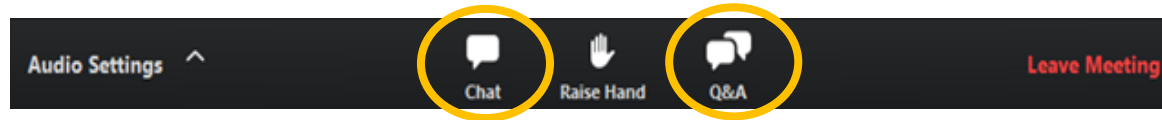
Date: December 3, 2025

Time: 9am HST/12pm PST/1pm MST/2pm CST/3pm EST

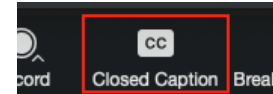
Welcome & Housekeeping

REMINDERS

- All attendees are in listen-only mode.
- To ask a question during the session, use the “Q&A” icon that appears on the bottom of your Zoom control panel. To share ideas, use the “Chat” function.



- To turn on closed captioning, click on the “CC” button.
- Please complete evaluation poll questions at the end of the presentation.



Learning Objectives

At the end of this webinar, participants will be able to:

1. Explain how adolescent substance use and exploitation/ relationship abuse are inter-related;
2. Identify several strategies to promote healthy relationships, reduce risk for substance use, and prevent abuse and exploitation.



HEALTH PARTNERS

ON IPV + EXPLOITATION

Led by Futures Without Violence (FUTURES) and funded by HRSA's Bureau of Primary Health Care to work with health center staff to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff free educational programs including:

- ➔ Communities of Practice on key topics for small groups
- ➔ Webinars + YouTube archives
- ➔ Clinical and patient tools; EHR smart tools for eClinicalWorks and OCHIN Epic

Learn more: www.healthpartnersipve.org

The School-Based Health Alliance

Since 1995, the School-Based Health Alliance has worked to increase access to health care for children through school-based health care.

By offering expertise, driving innovation, measuring impact, and more, we aim to increase the number of school-based health centers and improve the quality of services they offer.

Learn more at our website: www.sbh4all.org

Today's Presenters



Emily A. Baldi, MSW
Senior Manager
School-Based Health Alliance



Liz Miller, MD, PhD
Professor of Pediatrics
University of Pittsburgh
and Consultant,
Health Partners on IPV +
Exploitation



Jake Sese, MPH
Program Associate
Health Partners on IPV +
Exploitation

Today's Guest Speakers



Liz Stein

Survivor Mentor/Child Policy Associate
Support Center for Child Advocates

Diamond Mackey

Member, Youth Survivors Advisory Board
Support Center for Child Advocates

Exploitation, Relationship Abuse, Substance Use, and Adolescent Development

Teen Dating Violence Affects Millions of Young People Each Year



Unhealthy Relationship Behaviors

- One person using a **pattern** of methods and tactics to gain and maintain **power and control** over a dating partner.
- Abusers use jealousy, social status, mental health, money, technology, substances, and other tactics to be controlling and abusive.
- Sleep disruption, substance use coercion, and physical abuse are not uncommon strategies used by people who use violence and exploit others.



What is Human Trafficking?

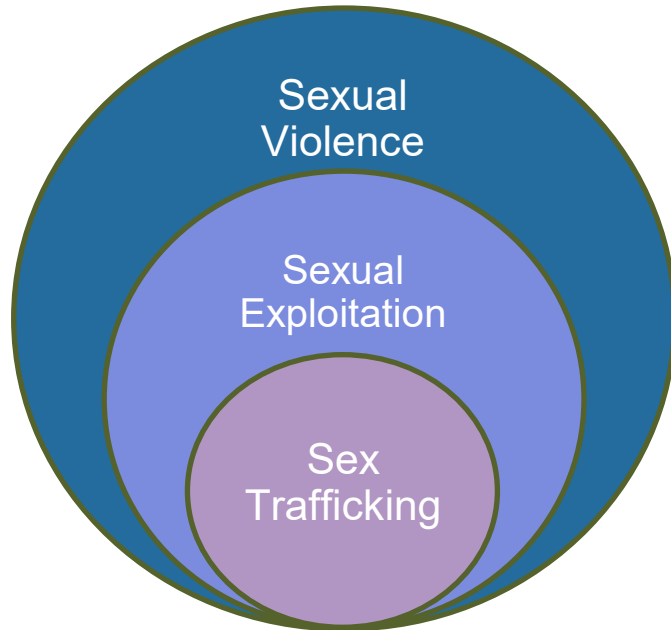
Trafficking Federal Legislative Definition

Victims of Trafficking and Violence Protection Act of 2000 (TVPA)

- A. **Labor Trafficking:** The *recruitment, harboring, transportation, provision, or obtaining* of a person for *labor or services*, through the use of *force, fraud, or coercion* for the purpose of subjection to *involuntary servitude, peonage, debt bondage, or slavery*.

- A. **Severe Forms of Sex Trafficking:** The *recruitment, harboring, transportation, provision, or obtaining* of a person for
 - 1. A *commercial sex act* induced by *force, fraud, or coercion*,
 - 2. Or in which the person induced to perform such act has *not attained 18 years of age*

Sexual Violence, Sexual Exploitation, Sex Trafficking: A Spectrum of Experiences



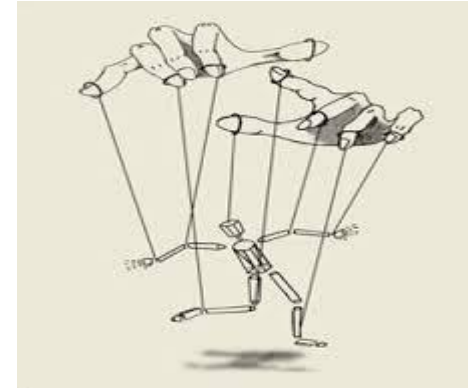
Sexual Violence: includes rape, sexual assault, sexual harassment, nonconsensual image sharing, incest, child sexual assault, public masturbation, watching someone engage in private acts without their consent, unwanted sexual contact/touching

Sexual Exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exchanges:

- Coercion from employers/workplace
- Coercive rent/debt exchange
- Trading drugs

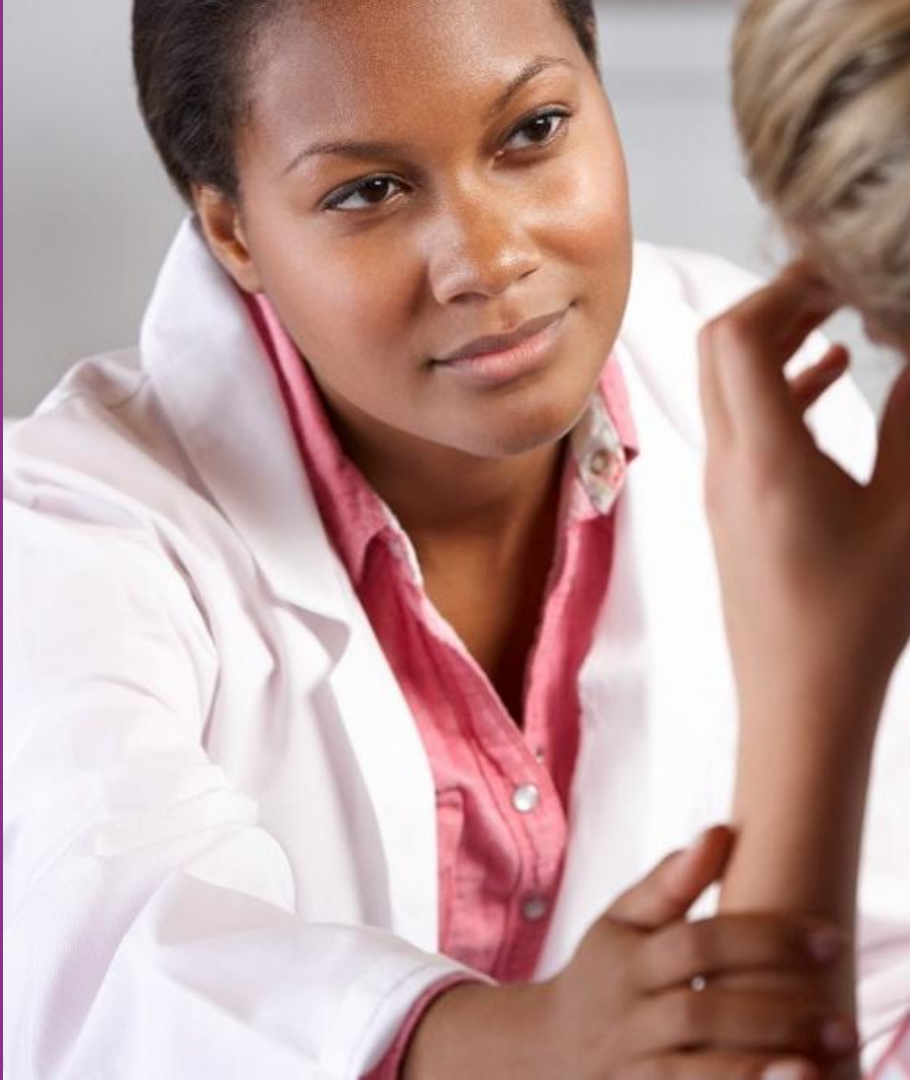
Shared Dynamics: Intimate Partner Violence and Human Trafficking

- ✓ Physical and sexual violence
- ✓ Restrictions on freedom of movement, control
- ✓ Isolation
- ✓ Financial control
- ✓ Intimidation, fear
- ✓ Coerced drug and alcohol use



Often, if there is a person exploiting a young person, it is a romantic partner, family member, caregiver, or someone in their social network.

Report: Bigelsen, Jayne. "Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York", 2013



Case Study: Daniela

Health Issues that Lead to Encounters with Healthcare for ARA/HT Victims

- **Emergent medical conditions**
 - Bleeding or pain from beating or forced termination, injury on a job site, or complications during pregnancy, such as an ectopic pregnancy
- **Severe wound infections**
- **Gynecological services for sexually transmitted infections**
- **Late or no prenatal care**
- **Substance use and addiction**
- **Mental health conditions**
- **Somatizing of mental distress (head/stomach aches, fatigue, dizziness)**
- **Dental emergencies**
- **Musculoskeletal injuries**

Intersection of Human Trafficking and Addiction

- **Traffickers target young people who are dependent or addicted to illicit or prescription drugs.**
- **Substance use coercion is not uncommon as a method for maintaining control.**
- **Stigma towards substance abuse often prevents law enforcement, healthcare providers, and other potential helpers from seeing signs of human trafficking**
 - Self-stigma also deters victims from seeking help
 - Staff should undergo trainings to reduce stigma and establish standards of non-judgmental, patient-directed care

(Office to Monitor and Combat Trafficking in Persons, 2020)

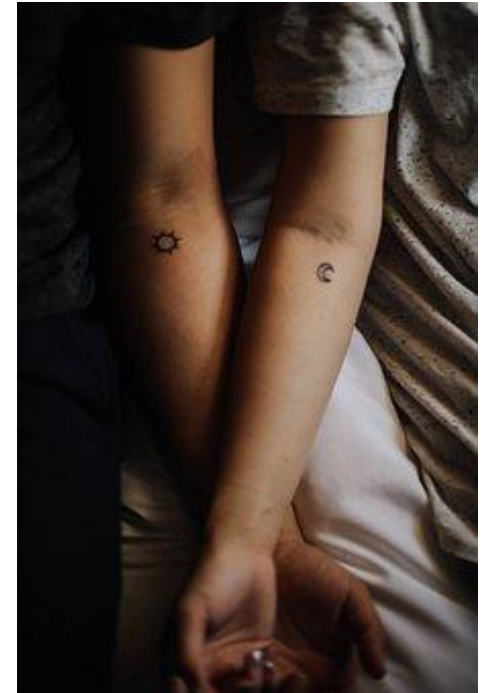
Substance Use Coercion

- Traffickers often introduce victims to illicit substances or use existing drug or alcohol addictions to force them into exploitative circumstances.

(Litam, 2017)

- Drugs and alcohol were commonly used by **28.0%** of individual traffickers and **62.6%** of gang-organized traffickers to control victims.

(Roe-Sepowitz, 2017)



Health Programs are Essential for Addressing ARA/HT

- ARA/HT are rarely identified in clinics serving adolescents, despite the prevalence among adolescents seeking clinical services.
- Adolescent girls using teen clinics, school-based health centers, and reproductive health clinics report higher rates of ARA than adolescents in the general population.
- In adolescent clinic-based samples, the lifetime prevalence of ARA is 1.5 to 2 times greater than population-based estimates, ranging from 34-53%.
- Prevalence estimates for HT/exploitation are more challenging to obtain - includes youth engaging in survival sex; overlap with ARA.

Why might a young person choose not to disclose?

- Judgement and stigma
- Lack of recognition that the behaviors are abusive and controlling
- Fear of child welfare and/or police involvement
- Not knowing what is going to happen with the information
- If someone is controlling/exploiting them, fear that they may find out about the disclosure
- Lack of awareness of rights

CUES Intervention

Confidentiality – Protecting confidentiality to build trust

Universal Education – Providing healthy relationship education to all students

Support – Offering continuous support and access to resources to ensure that teens make healthy choices and seek help

- CUES infographic: healthpartnersipve.org/resources/addressing-ipv-and-exploitation-in-health-centers-cues-infographic/
- CUES online training: <https://storage.googleapis.com/cues-modules/CUES%20Modules%202025%20Captions/index.html#/>

Welcome Liz and Diamond!

Compassion as Clinical Practice: Supporting Trafficking Survivors in Healthcare Settings



Support Center for Child Advocates: Project PROTECT and the Philadelphia Juvenile Anti-Trafficking Coalition

- 143 Members from over 50+ Organizations in the Philadelphia area.
- Formed Youth Survivor Advisory Board, so voices of lived experience guides the work.
- Create and Distribute tangible resources such as: Red Flag Infographics for Professionals & Youth, Philadelphia Human Trafficking Social Services Directory, Human Trafficking Training Catalog, and Human Trafficking Screening Tool & Referral Flow Chart.
- Convene annual Juvenile Anti-Trafficking Summit, a symposium that brings together professionals, community members and those with lived experience to discuss Human Trafficking in our city.
- From 2022-2025 we conducted trainings for more than 1,000 participants in various aspects of Human Trafficking.



Philadelphia Juvenile Anti-Trafficking Coalition: Who is at the Table?

Child Advocacy
Center

Behavioral Health
Providers

Children's Hospitals-
CHOP, St.
Christopher's

Public Defenders

Medical Professionals

Juvenile Probation

School District
Counselors

Youth Survivor
Advisory Board
Members

Trauma Therapists

Child Welfare
Professionals- case
managers,
investigators,
attorneys

Youth Homelessness
Service Organizations

FBI

Family Court of
Philadelphia

WOAR- Philadelphia
Center Against
Sexual Violence

The Salvation Army-
New Day to Stop
Trafficking

Structure of Youth Survivor Advisory Board

8 HT survivors
between the ages
of 18 – 26

6-month terms with
option to remain on
Board until aging
out

Compensated for
their time + labor

Initial orientation
period

Monthly board
meetings, coalition
meetings

Speaking
Engagements

Team building
activities & social
events

Survivor
Mentorship for
emotional support



What Support Looks Like in a Clinical Encounter

- Between 70 to 88% of Human Trafficking survivors had contact with a healthcare provider *during* their exploitation.
- Support is more than medical treatment. It is about respecting autonomy and building both physical and psychological safety with survivors.



Best Practices

Consent: Ask for permission before exams, and offer options to accommodate comfortability.

Transparency: Explain what you are doing step by step. Predictability reduces fear.

Language: Words matter! Focus on survivor's safety and needs and avoid probing or judgmental questioning.

Build Trust: Small acts signal reliability. Remembering a patient's name, asking them something about themselves, offering kindness and following through on what you say you will do will build a relationship based on trust.

Connecting Survivors to Services

- Warm Handoffs can increase follow through rates by 50% or more.
- Warm Handoffs to trusted providers communicates care and continuity to survivors. This is especially important to those who have experienced chronic abandonment.
- Build networks with other service providers in your community who can address other needs survivors have, thereby seeing the survivor as a whole person.
- Give options, not orders: Would you like me to connect you now, or would you like the information to decide later?
- Offer to make the first call together to introduce the survivor by name, and provide information about expectations you have of that provider.

Why Words Matter



- Use words and phrases that signal safety: You deserve care. You are not in trouble. You are in control of what happens here.
- Avoid deficit-based and stigmatizing terms.
- What you say can determine whether the brain hears safety or threat.
- Survivors want clarity, not pity. They value honesty and transparency. They want to be treated as whole people.

Why Privacy and Environment Matters:

Surroundings shape trust and safety perceptions

- Posters and pamphlets about consent and resources, soft lighting, comfortable furnishings can all help survivors feel respected and supported in clinical settings.
- Safety is both physical (private exam rooms, secure spaces) and emotional (affirming visuals, respectful tone).
- Privacy is a safety measure, *not* a courtesy. Traffickers oftentimes accompany survivors to appointments to control what they disclose and to whom. Confidential one on one time with a survivor allows for authentic disclosure.



Missed Opportunities and Lessons Learned: A Survivor's Perspective

“Every encounter is a chance to notice, validate, and connect. Even if disclosure doesn’t occur, the interaction can still build a sense of worth and agency for the survivor”



Action Steps

- **Partnerships**
- **“Take it Down”**
- **Alternatives to Suspension**
- **Partnering with Youth**

Protective Factors among Adolescents

INDIVIDUAL

Temperament

Individual temperament or sense of humor



Understanding

Ability to make sense of their experiences

Relationships

Ability to form relationships with peers



Mastery

Opportunities to experience mastery



Expression

Opportunities to express feelings through words, music, etc.



Conflict Resolution

Development of conflict resolution & relaxation techniques



Culture

Strong cultural identity

FAMILY

Role Models

Adults who role model healthy relationships



Supportive Relationships

Positive child-caregiver relationships



Health

Healthy caregivers



Stability

Stable living environment

Networks

Relationships with extended family members and others



COMMUNITY



Access to Services

Basic needs, advocacy, health



School

Positive school climate and supports



Mentors

Role models & mentors, i.e. coach, faith leader



Neighborhood Cohesion

Safe & connected communities



Get started at www.PromisingFuturesWithoutViolence.org

National Domestic Violence Hotline: 1-800-799-7233 (SAFE)

National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

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Community Partnerships

Partnerships with Community Organizations that expand basic needs support for patients can help prevent human trafficking:

- Food banks
- Career services
- Housing organizations
- DV programs
- Legal aid services
- Youth specific services



Domestic/Sexual Violence Programs

Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- Crisis safety planning (usually 24/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, labor
- Support groups/counseling
- Children's services
- Employment support



Community Partnerships with Legal Aid

- **Patients who are at risk of HT or are currently being trafficked may require legal services, including:**
 - Criminal justice legal aid
 - Civil legal aid (family, employment, public benefits eligibility assistance)
- **Civil legal aid services improve access to health care, housing, education, employment, and benefits**
 - May be the most important service for preventing HT on an individual level

School-Based Health and Legal Aid

- Partnerships between school-based health centers and legal programs can increase student access to legal services
 - Lawyers can provide services to help students and families secure better housing conditions, gain access to food assistance, and ensure emergency access to insurance benefits
- Robust screening for non-medical drivers of health can identify which services can best decrease student vulnerability to trafficking and exploitation.
- Learn more about school-based health centers and legal aid programs [here](#).

The Heart of the Model: Building Meaningful Partnerships

Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.



Partnership Benefits

- Support for health center staff + patients who experience HT and safety planning.
- Facilitate health enrollment for clients and staff.
- Help establishing a primary care provider (PCP) – moving away from emergency-level care.
- Providing warm referrals.
- Emergency preparedness collaboration.

Partnership Resources

- <https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>
- <https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>
- <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>

Healthcare.gov Enrollment for Survivors of Domestic Violence

People who have experienced intimate partner violence (IPV) have unique health care needs, making insurance that covers comprehensive medical and behavioral health benefits all the more critical. Community health centers play an important role in helping survivors enroll in coverage and receive quality primary health and oral health care services. A special enrollment period for survivors makes enrollment possible across the year with additional provisions to make coverage more affordable for survivors.

Community based domestic and sexual violence programs and health centers share goals to advance health equity and health outcomes in medically underserved communities. With current American Rescue Plan (ARP) COVID-19 funding, we now have a unique opportunity for these systems to partner to work together to reach more clients last year the Family Violence Prevention and Services Program (FVPPS) – the agency that funds domestic violence and sexual violence programs nationally – received a historic investment of \$550 million to assist states, territories, and tribes to provide access to COVID-19 testing, vaccines, and mobile health units and specifically for domestic violence programs. Similarly, \$1 billion in ARP funding reached nearly 1,300 HECS health centers across the US and territories to expand health centers, to build new sites and provide mobile health care, and to advance health equity and health outcomes in medically underserved communities, including through projects that support COVID-19 care. These parallel funding streams can be maximized to enroll more survivors of domestic violence and their families so they have long term health care coverage.

Encourage clients to call the toll-free call center (1-800-318-2596) or refer them to local assisters who are trained to help consumers through the enrollment process if you can't help them right away. A good place to start: <https://localhelp.healthcare.gov/>. If the client needs DV related support refer them to a local program, or the National Domestic Hotline 1-800-799-SAFE (7233). For Native American clients contact StrongHearts Native Helpline 1-844-7-NATIVE (762-8483)

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Partnerships between health centers and domestic and sexual violence (DSV) advocacy programs are crucial to support survivors in your community. To start and grow a partnership:

- Assess the needs of your community**
 - Identify community needs and resources
 - Identify community needs and resources
 - Identify community needs and resources
- Identify champions on your health center and community**
 - Identify champions on your health center and community
 - Identify champions on your health center and community
 - Identify champions on your health center and community
- Connect with community-based DSV advocates**
 - Connect with community-based DSV advocates
 - Connect with community-based DSV advocates
 - Connect with community-based DSV advocates
- What are the benefits for staff and patients?**
 - Partnerships between health centers and DSV advocacy programs can benefit for health center staff, survivors, and all patients
 - Increased access to health care enrollment and services
 - Safety planning for survivors and connections to DV services
 - Addressing interpersonal violence, legal needs, legal support and housing
 - Helping staff feel supported and empowered in your role
 - Support for staff wellness and healing
- Define the partnership**
 - Define the partnership
 - Define the partnership
 - Define the partnership
- Promote privacy and confidentiality**
 - Promote privacy and confidentiality
 - Promote privacy and confidentiality
 - Promote privacy and confidentiality
- Develop a memorandum of understanding**
 - Develop a memorandum of understanding
 - Develop a memorandum of understanding
 - Develop a memorandum of understanding

What is a Domestic and Sexual Violence (DSV) Advocate?

DSV advocates are community based providers for and advocates for survivors of domestic and sexual violence. They provide 24-hour crisis intervention, safety planning, legal advocacy, and referrals to community resources, legal info, and more.

DV/SA Programs are the Experts

Remember, they can also help problem solve and give you additional ideas about how to support your patients.

Domestic violence and sexual assault programs have vast experiences working with survivors of violence.

They assist survivors who have experienced ARA or HT to think and act in a way to increase personal safety while assessing the risks.

The TAKE IT DOWN Act

- Implemented in May 2025
- Prohibits the nonconsensual online publication of intimate visual depictions of individuals, both authentic and computer-generated
 - Requires certain online platforms to remove them within 48 hours' notice of their existence
- Also made it illegal to threaten to publish deepfakes or intimate depictions of both minors and adults "for the purpose of intimidation, coercion, extortion, or to create mental distress"
- Supplements the protections in the Cybercrime section of the 2022 Violence Against Women Act reauthorization

Alternatives to Suspension

- SBHCs can work with their school partners to offer interventions as an alternative to suspension for substance use, with the goal of addressing students' needs and keeping them engaged in school.
- If your SBHC is implementing alternatives to suspension for substance use, consider opportunities to incorporate conversations about relationship safety into your intervention.

Ways SBHCs have partnered with youth for healthy relationship promotion

- Focus groups in health classes to learn what students know and need related to healthy relationships
- Partnering with existing clubs to promote healthy relationships
- Incorporating healthy relationships content into small group education sessions
- Development of a youth advisory council
- Working with existing youth advisory councils to incorporate healthy relationship promotion activities into their scope
- "Office hours" where teens interested in healthy relationship promotion can gather

Key Resources

Youth with Disabilities and Human Trafficking (Educational Brief)

HEALTH PARTNERS
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Youth with Disabilities and Human Trafficking (Educational Brief)

Authored by: Anna Marjavi, Erica Monasterio, MN, FNP-BC,
Elizabeth Miller, MD, PhD, and Megha Rimal, MSW

Introduction

Youth with disabilities face countless barriers in everyday life, including an often-overlooked adversity: human trafficking (HT) and exploitation (E). Studies show that disabilities can drastically increase the risk for both sexual and labor exploitation among youth. Youth with disabilities may be at higher risk of HT/E due to increased dependence on others, communication and language barriers, and social isolation, making it essential for professionals across health care, education, youth services, and victim support to recognize signs and intervene early.

This educational brief is intended for health care professionals, practitioners and administrators working in health centers and primary care associations, educational settings, youth-serving professionals, victim service agencies, and community advocacy programs to raise awareness and inform both prevention and intervention efforts.

Definitions

Human trafficking (HT) is the exploitation of individuals through force, fraud, or coercion for the purposes of labor, services, or commercial sex whereas **exploitation (E)** more broadly refers to the unfair treatment of a person for personal or financial gain.¹ According to the **Trafficking Victims Protection Act of 2000 (TVPA)**, there are two primary forms of human trafficking:

- **Sex Trafficking:** Defined as recruiting, harboring, transporting, providing, or obtaining a person for a commercial sex act, through force, fraud, or coercion. Exploiting a minor for commercial sex is sex trafficking, regardless of whether force, fraud, or coercion was used.
- **Labor Trafficking:** Defined as recruiting, harboring, transporting, providing, or obtaining a person for labor or services, through force, fraud, or coercion, for the purposes of involuntary servitude, debt bondage, peonage, or slavery.²

Adolescent Safety Card Tools (CUES Intervention Tools)





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