An Action Research and Public Health Collaborative: Engaging Communities in Prevention of Trafficking and Gender-Based Violence

Learning Objectives
Participants will learn top findings from a research study on intersections of sexual violence (SV), domestic violence (DV), and sex trafficking. Participants will develop skills around deepening primary prevention strategies to SV, DV and trafficking through a research/community engagement process. Participants will learn top prevention strategies developed in community contexts to prevent sexual violence, domestic violence and sex trafficking.

Statement of Purpose
Too often, research is conducted and disseminated with minimal community outreach and engagement efforts. These are missed opportunities. Through a collaborative partnership, staff from Minnesota Department of Health’s Sexual Violence Prevention Program (MDH SVPP) and University of Minnesota’s Urban Research and Outreach-Engagement (UROC) developed a cyclical process of research and community engagement around prevention of trafficking, sexual violence and domestic violence. The team approached this from the foundation that the best prevention solutions come from community.

Methods
In alignment with action research principles, university researchers and public health practitioners collaborated to surface themes on the intersections of sexual and domestic violence with sex trafficking with the purpose of catalyzing community engagement around prevention. This project had three phases: 1) secondary data analysis of qualitative interview data from two studies on trafficking and commercial sex in Minnesota; 2) facilitation of community roundtables presenting research findings alongside an adapted design-thinking process to create community-driven prevention solutions; 3) synthesis of prevention solutions into a report. Phase one data analysis consisted of 176 interviews with 246 stakeholders including victim advocates, youth workers, health professionals, law enforcement, and more. The data surfaced trends and themes related to sexual violence, domestic violence, and sex trafficking. Community roundtables consisted of nine workshops with over 200 multi-sector attendees.

Results
UROC and MDH SVPP synthesized roundtable solutions into a report to continue to guide prevention. Each community identified unique strategies based on their community strengths and needs. Key areas for prevention work include housing, poverty, social norms, systemic oppressions, and isolation from community. MDH SVPP continues to support communities to build on, implement and evaluate new prevention strategies.

Conclusions
Research plays an invaluable role to preventing complex and intersecting forms of victimization, such as with sexual violence, domestic violence, and sex trafficking. Typical partnerships with researchers and public health may not approach research dissemination and community engagement as a combined intentional effort. This phased project, which built in research dissemination and community
engagement, is an engaging lesson to other practitioners doing similar work. Presenters will share lessons learned from the design thinking process as a tool for collaborative prevention.

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Christina Melander is a Research Fellow at the University of Minnesota’s Urban Research and Outreach-Engagement Center (UROC). Trained in community-based and participatory research approaches, Christina Melander focuses her research at UROC on human trafficking, sexual exploitation and gender-based violence. Her work seeks to illuminate root causes of oppression and violence, as well as surface community wisdom for solutions. She comes from a diverse background in direct service and community organizing, including working with sexual assault/domestic violence survivors, homeless populations, and immigrants in the Chicago and Twin Cities areas. Christina has a Master’s degree in Social Work from the University of Minnesota and a Bachelor’s degree in Sociology from The University of Chicago.
BRAIN INJURY: A silent epidemic in the domestic violence and sexual violence population

Learning Objectives
Empower D/SV shelter staff to recognize and understand traumatic brain injury (TBI).
Articulate the incidence rate of TBI in sample urban and rural D/SV shelters.
Define a TBI screening tool utilized by D/SV shelter staff.
Identify additional opportunities for use of the screening tool outside the DV/SV population.

Statement of Purpose
TBI research in D/SV is limited. The targeting of head/face in assaults makes the likelihood of TBI greater in those exposed to D/SV. They may also have increased exposure to repeated TBI. TBI has an immediate cognitive, emotional, and physical consequence with lasting and potentially permanent repercussions. Single or repeated TBI may make it more difficult to think effectively, be physically healthy, seek help, identify and utilize resources, make sound decisions, and be interpersonally effective. Individuals with TBI may appear to be disorganized, aggressive, temperamental, or confused and have physical symptoms such as headaches, changes in vision, hearing loss, or difficulty with balance. If these symptoms are misunderstood the individual may not get the needed help or may be inappropriately classified.

Methods
Training on TBI was provided for staff of selected DV/SV shelters. Training covered basic neuroanatomy, effects of TBI, TBI severity, and how to support individuals with TBI. Training was designed to increase staff sensitivity and understanding of appropriate referrals and accommodation.
A TBI screener was also introduced. The staff screened individuals utilizing their services for TBI so prevalence could be calculated.
Training has also begun with staff of probation, law enforcement agencies, and is planned for a women's correctional facility.

Results
Sixty-seven participants from 4 shelters (1 urban, 3 rural) completed the training. All training participants (100%) reported an increased understanding of the challenges facing an individual with TBI and 95.4% reported a good understanding of the screening tool and how to use it.
Ninety-three screens were collected over 4 months. 60.2% of those screens were positive for potential TBI. 90% reported sustaining the TBI due to being hit in the head or strangled and 42.9% endorsed multiple events where their head was struck or they were strangled. 81.2% reported some functional difficulty and/or physical symptomology related to the incident.
Additionally, neuropsych assessments were offered to individuals from two shelter to individuals who screened positive. Results from those assessments are pending and will be available prior to the Safe States meeting.

Conclusions
Potential consequences of TBI is established but there is minimal research (therefore little recognition or resources) to support individuals with TBI who have experienced D/SV. 60% of individuals in this project
screened positive for TBI. This extremely high incidence rate provides strong support for those whom
work with D/SV populations to be given the tools and basic brain injury facts to create and execute a
project such as this in their program. There is a need for further research, increased education, and
allocated resources; as well as work on applying this information to other populations

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