

Post-Visit Patient Needs

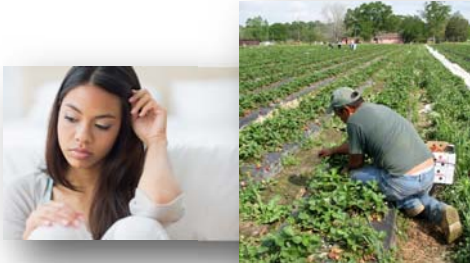
Case management is the cornerstone of intervention. Patients will require a multi-disciplinary approach within the health care setting as well as cross sector collaboration to meet ongoing needs.

Health care partners can include:

- ED providers, infectious disease, trauma surgery, psychiatry, occupational health, addiction medicine, obstetrics/gynecology, etc.

Cross sector collaboration can include patient access to:

- Health care, safety planning, risk assessment, legal services, immigration services, safe shelter, social services, child protective services, etc.



- ⇒ Risk assessment should involve patient-reported indicators of escalating risk, including increase in severity of threats, increase in violent behavior, increasing threats of homicide/suicide, and access to/threats with a firearm or lethal weapon.
- ⇒ Safety planning should include determining documents and resources needed for escape, and planned steps if the patient desires future escape.
- ⇒ Be familiar with state requirements for reporting human trafficking or other forms of violence (child abuse, domestic violence, etc.)
- ⇒ Know and convey that *everyone* has rights in the U.S. if they are being trafficked, even undocumented or non-permanent resident victims.

Working together,
**UNITED AGAINST
VIOLENCE,**
we can make a difference in
the struggle against one of the
nation's most critical public
health concerns.

For more information

Colleen Scanlon, RN, JD
Senior Vice President,
Chief Advocacy Officer

Laura Krausa
Manager, Advocacy
303-298-9100

[www.catholichealthinitiatives.org/
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Advocacy Group
198 Inverness Drive West
Englewood, CO 80112



Addressing Human Trafficking in the Health Care Setting

The Course and the
Quick Reference Guide:
What You Should Know

This educational course for **health providers** has been developed by Catholic Health Initiatives in collaboration with Massachusetts General Hospital Human Trafficking Initiative.



Addressing Human Trafficking in the Health Care Setting

This educational course for health providers includes vital information on victim identification and appropriate response. It is available on CHI's public website, and it is hoped the resource will be shared broadly in the health care community and beyond.

This brochure will provide a brief overview of course contents. The course can be found at: www.catholichealthinitiatives.org/human-trafficking-and-the-role-of-the-health-provider



Course participants will learn:

- Principles of trauma-informed care
- Red flag indicators for various forms of trafficking
- Factors affecting screening
- Considerations for the physical exam
- Post-visit patient needs

Principles of Trauma-informed Care

Under this approach, providers:

- Assume all patients have past trauma
- Recognize that trauma may influence how patients react/interact
- Adjust care accordingly to reduce re-traumatization and promote strengths and recovery



Red Flag Indicators

- Discrepancy in stated history and clinical presentation; scripted/memorized/mechanically recited history
- Accompanying individual controls the encounter; possibly non-guardian adult
- Patient appears fearful, anxious, depressed, submissive, hyper-vigilant, tense, nervous or paranoid
- Patient concern about arrest/ imprisonment
- Patient concern for the safety of family
- Evidence of a lack of care for prior or existing medical conditions
- Tattoos/insignias indicating ownership
- Occupational-type injuries/physical ailments linked to a work situation.
- Sexually transmitted infections
- Multiple/frequent pregnancies and/or terminations (potentially forced)
- Over-familiarity with sexual terms; excessive number of partners
- Material possessions beyond what is apparently affordable
- School truancy; frequent running away

Screening

Considerations:

- Separate victim from accompanying persons, and mobile devices
- Use a professional interpreter for language barriers (not the accompanying individual)
- Frame questions gently/non-judgmentally; start broadly and progress to detail; base questions on type of trafficking suspected
- Be familiar with sample questions and barriers to disclosure for both the patient and provider.

Physical Exam

Findings:

- Evidence of chronic trauma
- Bilateral/multiple injuries incongruent with history
- Protective injuries
- Evidence of rape/sexual assault
- Pregnant woman with injuries
- Occupational injuries not linked to formal employment
- Neglect of acute injuries/illness

Documentation should include:

- Medical history, oral disclosures
- "Suspected human trafficking" as a finding in the chart
- Physical findings with detailed descriptions, body map and photographs (with patient permission)
- If photos are permitted, include the injured body part, patient's face, close views measured by a coin/ruler, and a piece of paper with the date

