Caring for Human Trafficking Victims and Survivors in the Emergency Department Setting

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Why the Emergency Department?

- 87.8% of trafficking survivors reported accessing healthcare services during their trafficking situation. Of this, 68.3% were seen at an emergency department. (Lederer & Wetzel, 2014)

- Only 5% of EM physicians feel comfortable identifying and treating possible victims of HT.
“During the time I was on the street, I went to hospitals, urgent care clinics, women’s health clinics, and private doctors. No one ever asked me anything anytime I ever went to a clinic.” – Lauren, survivor
Patient Barriers

- Shame or guilt
- Fear of retaliation by trafficker
- Fear of arrest or deportation
- Lack of transportation or controlled movement
- Fear of a report to social services
- Lack of understanding of U.S. healthcare system
Common ED Presentations

- Musculoskeletal and ergonomic injuries
- Malnutrition/Dehydration
- Lack of routine screening and preventative care
- Poor dental hygiene
- Untreated skin infections/Inflammations
- Injuries or illness from exposure to harmful chemicals/unsafe water
- Ophthalmology issues or Vision complaints
- Somatization
- Multiple or recurrent STIs
- Abnormally high number of sexual partners
- Trauma to vagina and/or rectum
- Impacted tampon in vagina
- Signs of physical trauma
- Somatization symptoms (recurring headaches, abdominal pain, etc.)
RED FLAGS

• Delayed presentation
• Discrepancy between history and presentation.
• Frequent untreated injuries or infections.
• Scripted, memorized, mechanically recited, or restricted history.
• Reluctance to speak in presence of accompanying individual.
• Overly attentive or hypervigilant companion, reluctant to leave patient, and insists on interpreting/speaking for the patient. May masquerade as a significant other or family member.
• Patient is hypervigilant, fearful, untrusting, or lacks eye contact.
• Does not own/have control of his/her documents or money.
Screening Questions (THRIVE Screening Tool)

• Are you able to come and go as you please?
• Where do you sleep and eat?
• Does someone hold your identity or immigration documents?
• What type of work do you do?
• Have you ever been forced to exchange sex for food or shelter?
• Have you been asked to have sex with multiple partners
• Do you have to meet a quota of money before you go home?
• Have threats from your employer made you fearful of leaving your job?
JMH Emergency Services
Human Trafficking (HT) Algorithm

Is patient medically stable?

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YES

Assess for RED FLAGS:
- Delayed presentation for medical care.
- Discrepancy between Hx and clinical presentation or pattern of injury.
- Frequent untreated injuries or infections.
- Scripted, memorized, mechanically recited, or restricted history.
- Reluctance to speak in presence of accompanying individual.
- Overly attentive or hypervigilant companion, reluctant to leave patient, and insists on interpreting/speaking for the patient. May masquerade as a significant other or family member.
- Patient is hypervigilant, fearful, untrusting, or lacks eye contact.
- Does not own/have control of his/her documents or money.

SCREENING QUESTIONS (interview alone, interpreter PRN):
- Are you able to come and go as you please?
- Where do you sleep and eat?
- Does someone hold your identity or immigration documents?
- What type of work do you do?
- Have you ever been forced to exchange sex for food or shelter?
- Have you been asked to have sex with multiple partners?
- Do you have to meet a quota of money before you go home?
- Have threats from your employer made you fearful of leaving your job?

HT Suspected?

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YES

Contact:
- National Human Trafficking Hotline (1-888-373-7888).
- THRIVE Clinic: Trafficking Healthcare Resources and Interdisciplinary Victim services and Education (305-243-1046).
- Roxcy Bolton Rape Treatment Center (305-585-7273) for advocate and sexual assault nurse examiner if sex trafficking is involved. Do not call for labor trafficking only.
- Local law enforcement.

NO

Resume Medical Treatment

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NO

Does the patient provide consent and accepts assistance?

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YES

Respect patient’s wishes.
- Provide HT Hotline # 1-888-373-7888
- Encourage return to the ED at any time.

NO

• Respect patient’s wishes.
• Provide HT Hotline # 1-888-373-7888
• Encourage return to the ED at any time.

Stabilize patient, then proceed with algorithm
Pearls

• Speak with the victim ALONE.
• Educate the patient on their rights and resources.
• Respect the patient’s wishes. Do not interrogate or re-traumatize.
• Offer and disguise resource phone numbers.
• Encourage them to return to the ED at any time.
• HT Survivors will still present to the ED → RESOURCES.
• EDUCATION of staff is KEY.
Emergency Department Goals

- ED HT Protocol
- Triage Screening Tool
- Staff Education → Hospital Wide → System Wide
- Simulation Training (MDs, RNs, med students)
2010 – PRESENT: (1st THRIVE patient May 2015)

- **74** HT survivors referred to THRIVE.
- **20/74 (27%)** did not utilize ED services at JMH.
- **11/74 (15%)** only began utilizing ED services at JMH after obtaining access to THRIVE.
- **43/74 (58%)** patients utilized ED services.
## JMH ED Experience


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