OCCUPATIONAL PROFILES

Emergency Medicine

Meet Kathryn, a triage nurse.

Kathryn is a triage nurse at the county hospital **emergency room**. County hospital recently implemented a multi-disciplinary anti-trafficking protocol. Kathryn and other nurses are on the frontlines in determining when the protocol is triggered.

In one case, a young female presents with a vague complaint of back and pelvic pain. She enters triage with an older man who claims to be her boyfriend. Her clothes are not seasonally appropriate, and she appears unsteady on her feet. The man answers questions on her behalf. When she does speak, she appears **fearful and submissive**. While taking her blood pressure, Kathryn notices that she has a branding tattoo on her wrist and that she has a limited range of motion in her arm. When Kathryn asks the patient about the injury, the "boyfriend" answers that the young woman recently fell.

Kathryn recognizes many **signs** of human trafficking and triggers the hospital's **anti-trafficking protocol**. A note is made in the EMR. Kathryn personally walks the teenager to a nurse's station to collect a urine sample, temporarily separating the girl from the trafficker and her belongings (which could contain a listening device). Kathryn hands the nurse a generic paper with a blue sticker, signifying to the nurse that this patient shows signs and symptoms of trafficking. The nurse walks the victim to the bathroom and hands the victim a small piece of paper in her language with instructions to place a sticker on the sample cup if she is in physical danger and needs help. The patient returns the cup with the sticker.

Meanwhile, Kathryn has gathered the **multi-disciplinary team** (MDT) huddle including a physician, nurse, social services, and security in a secure location. The MDT begins carrying out their protocol. The trafficker is led to a bedside where he is told the patient will return after she is back from radiology for her arm injury.

While in the radiology department, the patient's medical history is reviewed, and she is discreetly screened by social services with the Department of Health and Human Services Screening Tool embedded in the EMR. Social services had already been notified because the victim is a minor, but they are proactively informed that she **screened** positive for trafficking.

The victim was taken to a secure area separate from the rest of the ER while law enforcement arrived to detain the trafficker without incident.

The MDT huddle briefly checks in with one another and makes a plan to engage the victim with a **trauma-informed** perspective. They aim to keep the number of staff members that interact with the victim to a minimum, and they delegate s omeone to be available to the victim at all times.

The ER protocol at county hospital were rehearsed and coordinated, and the actions were discrete enough that their activities were not visible to non-staff members. By **working together** as a team and by being attuned to needs of the patient, this ER is in position to end exploitation one case at a time.

You can too.

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RESOURCES FOR YOU

Approximately 70% of human trafficking victims will visit an emergency room while they are being exploited. Victims of human trafficking, both for labor and for sexual exploitation, almost never self-identify as a person in need of rescue. Often, traffickers posing as friends, family, or intimate partners accompany their victims to maintain power and control. Emergency room staff play a key role. Your assessments of visual and non-visual information about patients and their surroundings are critical in ending human trafficking.

Consider the following to enhance your training and to equip others:

- Ensure everyone in your department has been trained by another healthcare professional, and that your training is updated regularly. Training goes beyond general awareness and includes specific indicators for a victim's: history, physical, signs, symptoms, diagnosis, treatment, and prognosis. Learn more from HEAL (HEALtrafficking.org) and Physicians Against the Trafficking of Humans (doc-path.org).

- Keep up to date on research and best practices. Many associations and journals have clinical policies, discussion papers, position papers, and resources specific to human trafficking including: American Academy of Emergency Medicine, American Academy of Family Physicians, American Academy of Pediatrics, Emergency Nurses Association, American Nurses Association, National Association of Social Workers, American Psychiatric Association, and more.

- Be sure to include holistic assessment information in determining whether a patient may be a victim of human trafficking, abuse, or exploitation. Patients may present with symptoms related to substance abuse, physical violence, sexual violence, psychological abuse, or simple musculoskeletal pain. Victims may also present in psychosis. Nurses and doctors of all disciplines (ob/gyn, urology, pediatrics, orthopedics etc.), social services, administration, and security should be thoroughly trained.

- The differential for domestic violence, human trafficking, and a benign circumstance is subtle. Additionally, victims in domestic servitude or certain types of labor trafficking may present with far fewer trafficking-specific indicators. It is important that an accurate and thorough history and physical that screens for exploitation and abuse be taken alone with the patient in each case. Embed screening tools such as the HHS Adult Human Trafficking Screen Tool, Trafficking Victim Identification Tool (TVIT), or other statically validated screening tools into the EMR.

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