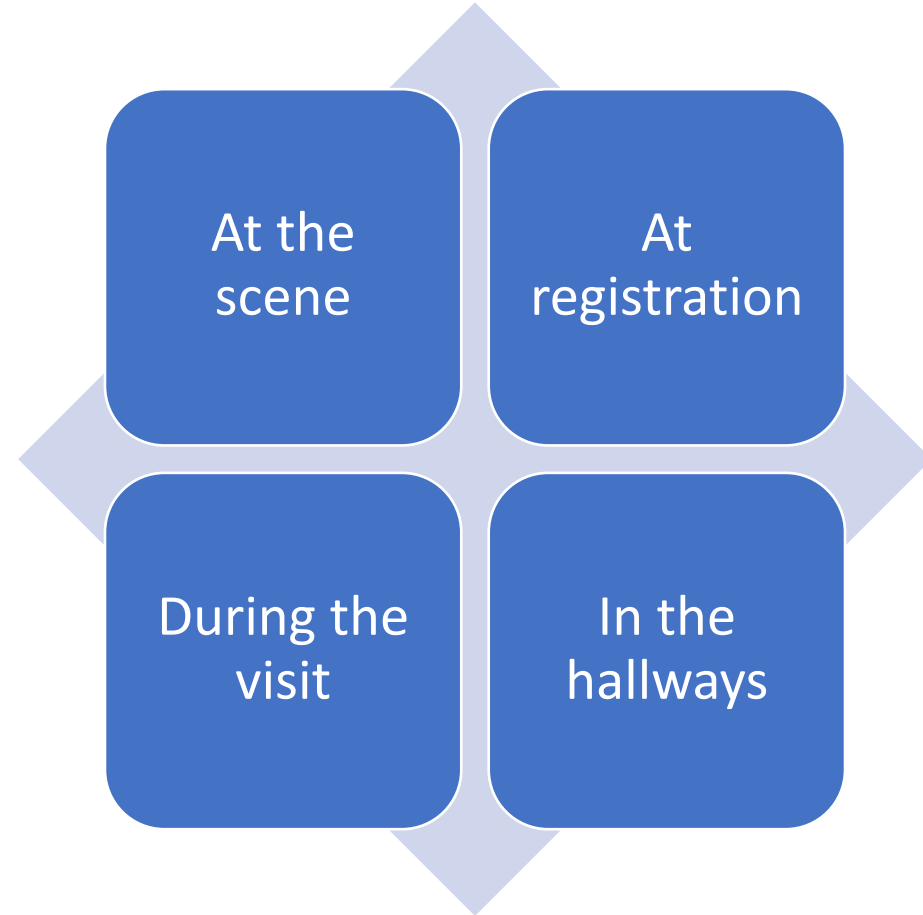


# How to help people who might be trafficked if you aren't a clinical provider

Positioned to care:

Improving identification of victims of labor and sex trafficking in Colorado

There are some red flags that might be identifiable:



# Case study: Visit 1

## Chief complaint

- 16 year old girl was brought in by law enforcement with concern for sexual assault
- Mary was **found by police at a portable bathroom with a 32 year old man**. She told police **she was there with her “pimp”**.

## Social information:

- She was living in **foster care due to prior sexual assault** from her sibling
- **Ran away yesterday** – reports maltreatment of other children in the foster home
- Denies being abused by foster family

# Red flags at the scene:

Unsuitable living conditions

Discrepancy between the presenting complaint and the physical findings or injuries

Unusual findings around the patient

- Lots of cash
- Multiple or no ID
- Multiple mobile phones

Patient defers to someone else for questions

Patient doesn't seem to have appropriate personal possessions

Inappropriate clothing for weather / situation

Multiple teens/children with single adult (in an unusual setting like motel room, MVC, campsite)

# Case study: Visit 2

## Chief Complaint:

- 17 year old girl brought in by law enforcement after asking for help – **told law enforcement she was unsafe and “being pimped out”**
- She tells the front desk that she was raped by a 26 year old man and that she is currently feeling suicidal

## Social History:

- **She ran away from foster care 1 week ago**
- She doesn't have any identification
- She states that she doesn't know how to contact her foster family or her case worker

## Red flags at registration:

- Lack of identification
- Accompanying person controls the information flow despite patient being capable of answering
- Unknown or missing personal /demographic information – ie address, phone, age, DOB of the patient
- False demographic information presented
- Someone other than the patient seems in control of information
- Patient has had multiple addresses/phone numbers in system recently (if multiple visits)
- Patient appears fearful

# Red flags on history (that might come out at the front desk)

## History of Present illness/ Chief complaint:

- History doesn't fit the presentation
- Vague complaints that improve once alone or safe in the ED
- Patient seems coached in their answers
- Reluctance to use translator or insistence on using accompanying person to translate
- Sudden or dramatic changes in behavior

## Past Medical History

- Multiple sexually transmitted infections, pregnancy or abortions
- Multiple prior ED visits for injuries or assaults

## Social History:

- Running away
- Stopped going to school / can't identify their school
- Substance use (not in isolation but may be used to control or deal with current events)

# Red flags on Physical Exam (that might be visible from the door):

- Patient appears disoriented, confused or has other signs of abuse
- Patient appears fearful, timid or submissive or might be very defensive and aggressive
- Signs of physical assault –
  - Signs of being punched, kicked or beaten
  - Bruises or injuries in multiple stages
- Tattoos or other forms of branding



# Share your worries....

## You might be the only one who sees the behavior

- At the registration encounter
- For financial information
- Sometimes folks might not think you are watching

## Immediately tell the medical clinicians and/or charge nurse your concerns

- Be sure to speak only in a private area where you can't be overheard
- Be as concrete in your observations as possible:
  - “Patient in room A gave 2 different last name spellings when I asked for clarification”
  - “The man here with Patient B seemed to be very controlling of the interaction and didn't let Patient B speak when I asked direct questions”
  - “When Patient C was reaching for her wallet – I noticed she had 2 different cell phones in her purse”

# Say it out loud....

(A 14 year old girl was dropped off at a party where she doesn't know anyone by her much older boyfriend who doesn't come in with her. People gave her drugs and when she had chest pain and thought she was dying, they told her to leave the house and walk 2 blocks before calling 911)

## If it doesn't make sense...

Why would her boyfriend drop her at a party where she doesn't know anyone and not come in with her?

Why did they tell her to walk 2 blocks away before calling an ambulance?

## Share your concerns with medical staff

Go to Module 4 for non-clinical learners next