“RED FLAG” Warning signs in a health care environment

* Delayed/lack of medical care for injuries/infections
* Discrepancy between stated history and clinical presentation
* Lack of ID (or the control of their ID)
* Scripted, memorized history
* Unfamiliar with the city they are in, confused on time/date
* Subordinate, hyper-vigilant demeanor
* Reluctance or inability to speak for self
* Companion who refuses to leave and seems controlling
* Evidence of physical violence/torture
* Tattoos or other ‘branding’
* Recurrent STDs
* Multiple or frequent pregnancies
* Frequent or Forced abortions
* Frequent relocation to avoid detection
* Youth who comes with unrelated adults
* Expensive clothing/accessories (that don’t make sense)
* Excessive number of sexual partners
* Runaway youth
* Fearful attachment to cell phone
* Evidence of acute or chronic trauma, especially to the face, torso, breasts, or genitals
* Bilateral or multiple injuries not otherwise explained by the history provided
* Protective injuries
* Evidence consistent with rape or sexual assault
* A pregnant woman with any injury, particularly to the abdomen or breasts or vaginal bleeding
* Occupational injuries not clearly linked to formal employment
* Evidence suggesting neglect of acute injuries or illnesses and chronic diseases

*Complex trauma, defined as a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts (Courtois, 2008, p. 86) Complex trauma has been linked to trauma endured during periods of extended captivity and has been directly associated with human trafficking.  Victims suffering from complex trauma often experience depression, anxiety, self-hatred, dissociation, substance abuse, despair, and somatic ailments.  Individuals exposed to this type of trauma are also at heightened risk for self-destructive and risk-taking behaviors as well as re-victimization, and tend to experience difficulty with interpersonal and intimate relationships (Courtois, 2008).*

**TRAUMA INFORMED CARE**

* 1. Assume all patients may have had past traumatic experiences
* 2. Acknowledge that past traumatic experiences may influence how patients perceive and interact with others in the health care setting
* 3. Adjust patient care accordingly

**TRAUMA INFORMED CARE GOALS**

* 1. Reduce re-traumatization
* 2. Highlight strengths and resilience
* 3. Promote healing and recovery
* 4. Support for the development of healthy short- and long-term coping mechanisms

**SAMPLE CONVERSATION STARTERS**

Ask questions related to the patient’s health problems, clothing or surroundings- natural conversation. Keep voice and face/body language non-judgmental.

1. *You look very pale; can you tell me about your diet?*
	1. *Are you eating well? If no, ask the reason.*
	2. *What have you had to eat this week?*
	3. *Do you get your own groceries? Do you cook your own food?*
2. *Feeling tired can be due to a lack of proper sleep, are you getting enough sleep?*
	1. *What time do you usually go to sleep?*
	2. *Can you tell me about your home and bedroom? Where do you sleep?*
	3. *Do you have to ask permission to sleep, to eat, or go to the bathroom?*
3. *That is an interesting tattoo. Does it have special meaning to you?*
4. *Who takes care of you when you are not feeling well? The rest of the time?*
5. *Is there someone we can call to help you?*

When broaching the question directly – put it into a “normal” context:

* *Sometimes people trade sex for money or because they have to survive, has that happened to you?*
* *I’m wondering if you are in the life? I will not judge you or anything you tell me. I’m here to listen if you ever want to talk or want support getting out.*
* *Has anyone ever forced you to do anything against your will?*

**IN AN EMERGENCY CALL 911**

**Non-Emergency dispatch and ask for the Human Trafficking Detective**

National Human Trafficking Hotline 1-888-3737-888

***Mirror Ministries human trafficking Hotline (509)212-9995***

**Traumatic Responses**

* Has gaps in memory, provides a disjointed timeline, gives narrative with inconsistencies.
* Appears frozen, shut down, or disconnected from the moment
* Appears overwhelmed by a sense of shame, guilt, or helplessness
* Has difficulty concentrating, thinking rationally, following schedules, or making decisions
* Demonstrates hostile or angry tendencies
* Appears distrustful of others, overly reliant on others, shies away from others, or repeatedly pursues unhealthy relationships

**Mitigating Traumatic Responses**

* Provide frequent breaks
* Ask permission! (procedures, touch questions, etc.)
* Practice grounding exercises
* Have sensory items or fidget toys available
* Vary your communication or questions style
* Break tasks into small concrete steps
* Provide information in short, manageable pieces & offer printed resources
* Reaffirm the victim’s strengths
* Avoid negative statements
* Normalize victim reactions
* Demonstrate a consistent, supportive, non-judgmental attitude
* Do not take victim’s reactions personally

**You (they) may only have this one chance:**

* Some patients will be unwilling or unable to return for ongoing or follow up care. For this reason, you should strive to assure patients that they do not deserve to be abused or coerced, that they are not to blame in any way, and that the clinic’s door is ‘always open’ as a source of safe, confidential, and supportive care.
* Attempt to get as much physical assessment done as possible as they are likely to not have another opportunity for care.
* Strive to get needed resources in their hands:
	+ National Human Trafficking Hotline 1-888-3737-888
	+ Mirror Ministries local human trafficking hotline 1(509)221-9995
	+ Community resource information #211

