



Trauma informed screening

Positioned to care:

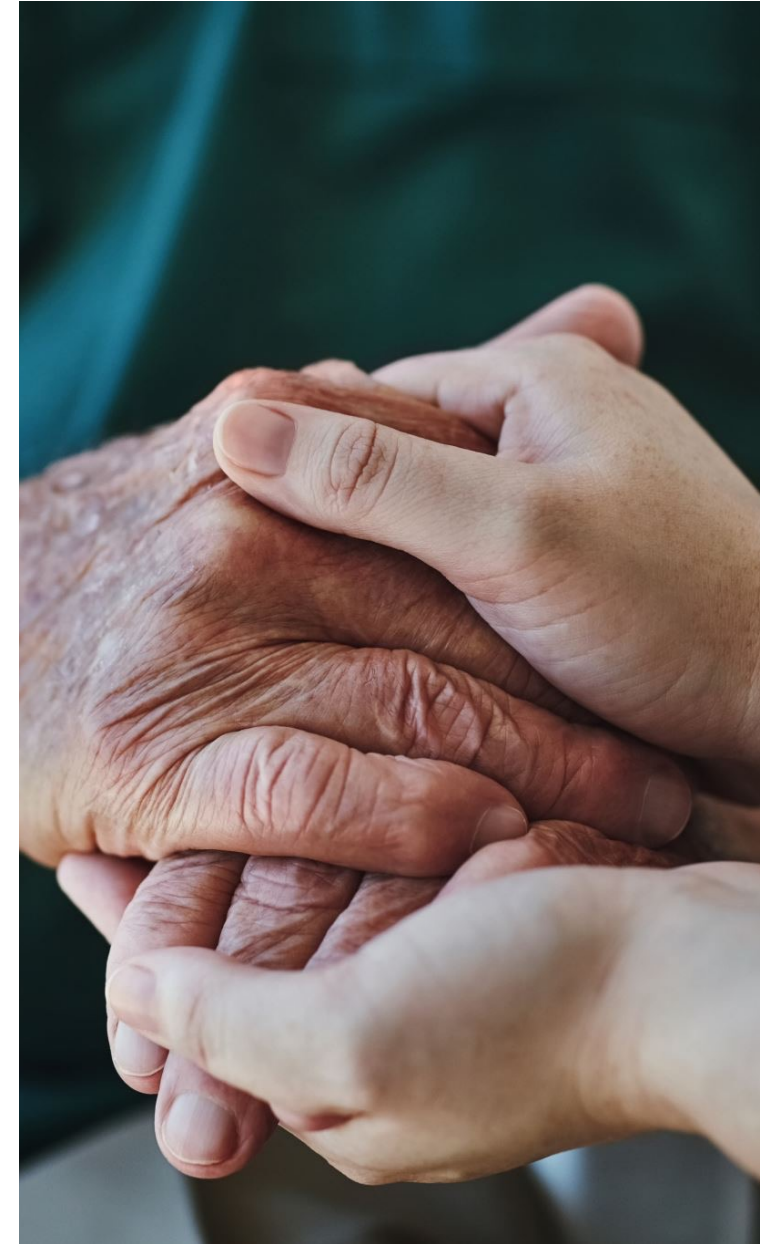
Improving identification and screening of
victims of human trafficking in Colorado

*People who are
surviving
trafficking are
likely to have
suffered
trauma:*

- Physical abuse
- Sexual abuse
- Lack of access to safe food, water or shelter
- Loss of control or agency over their own lives
- Emotional abuse
- Lack of medical care
- Isolation from stable social structures

Trauma informed care

- **Realizes** the widespread impact of trauma and that there are paths to recovery
- **Recognizes** the signs of trauma in patients and other people
- **Responds** by integrating knowledge about trauma and trauma reactions into procedures, policy and day to day operations
- Seeks to actively **Resists** re-traumatization



Trauma Informed approach to trafficking screening:

Safety

- Physical safety
- Emotional safety

Trustworthiness & Transparency

- Don't lie or hide information from the patient
- Don't promise what you can't deliver

Peer Support (this is hard in the ED)

Collaboration & Mutuality

- Partner with the patient
- Level power difference when able

Empowerment, Voice & Choice

- Focus on the patient's strengths
- Allow as much choice as possible
- Hear what the patient is telling you

Cultural/Historical and Gender issues

- These inform experiences of each patient differently
- Recognize that there are historical and current cultural issues that may increase or multiply trauma for patients

What this means for us:

Safety

- Be sure the patient is safe
- Bring food, clothing, water
- May need to involve security
- Speak with the patient alone

Trustworthiness

- Do what you say you will do
- Explain the process of what will happen next
- Explain what you can and can't keep confidentially
- Don't promise what you can't deliver

Collaboration

- Sit down with the patient
- Be respectful and non-judgmental
- Recognize and identify that what you are about to discuss can be hard to talk about

Empowerment

- Allow as much choice as possible for the patient
- For adults – ask what help a patient would like
- Allow patient to remain in own clothing as much as able
- Provide agency in deciding medical treatment

Cultural / Historical / Gender

- Recognize that this may impact how the patient views both medical care and their experiences
- Ask gently if the patient has had prior experiences that are making it more difficult to be in this setting today
- Believe the patient when they tell you their experiences



Trauma Informed Care

1. Key aspect of long term care and rehabilitation
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system and focuses on recovery
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices
4. Seeks to actively resist re-traumatization.

Screening- its 4 questions!

- 1) Have you ever had to have sex in exchange for something you wanted or needed? (Like money, food, a place to stay or to keep yourself or your family safe?)
- 2) Has anyone ever asked you to have sex with another person?
- 3) Have you (or someone you work with) ever been hurt, threatened or felt unsafe at work?
- 4) Has anyone ever taken sexual pictures of you or posted sexual pictures of you on the internet?

Which kids (and adults) should we screen?

ALL pediatric patients who may be at higher risk of exploitation and trafficking:

- a. Patients \geq 10 years of age who are seeking care for a high-risk chief complaint:
 - i. Sexually transmitted infection or pregnancy related concern
 - ii. Drug use, ingestion or intoxication
 - iii. Traumatic injury not related to sports
 - iv. Psychiatric or behavioral health concern
 - v. Interpersonal violence or running away from home/school
- b. Patients \geq 10 years of age who are currently in foster care or living in a group home

Patients who are identified by EMS or other staff as having red flag indicators for trafficking

How to screen a patient

- Speak with the patient alone – as part of routine HEADSS exam
 - Make it a routine part of the confidential HEADSS exam
 - “You are over 10 and so as part of your care today – I’m going to kick everyone else out now for a few minutes”
- Sit down at the same eye level as your patient
- Set the expectations –
 - “I will keep what you tell me confidential with a few exceptions – If someone is hurting you or if you are thinking of hurting yourself or someone else - I’ll need to tell other people. I will let you know if I need to break your confidentiality”
 - “I’m going to ask some very personal questions that I don’t want to ask in front of other people”
- Ask questions without judgement – you can read them off if you aren’t quite comfortable
- Listen when they talk.....




If the patient says “yes” to any question

- If you get a positive response – you can then ask an open-ended question – “Would you feel comfortable telling me more about that?”
- If the patient answers Yes to any of the 4 screening questions – this is a positive screen and needs more investigation



See Module 5 for the next steps



If the patient says “no” to all questions

- Set an open welcome
 - “Thanks for answering my questions today, if you ever find yourself in an unsafe position – we can be a safe place for you.”
 - Document your findings in a confidential note – ie HT screening negative today.
 - Continue to treat the patient with respect and kindness
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