

CASE 3: INSTRUCTOR GUIDE:
What are the next steps after identification of a Trafficked Patient?

- 1) **Roles:** You=EM Attending & Instructor/Teacher
Your Partner = Resident & Learner in the ED
 - 2) **Overview:** Your resident is going to present a 28 y/o woman with history of chronic depression and opiate abuse who presents with a heroin overdose. She is clinically stable and not suicidal. **THIS IS A LEARNING OPPORTUNITY!!**
 - a. You are going to teach about links among mental health challenges, substance abuse, & trafficking and next steps once a trafficked patient is identified.
 - 3) **How to Use This Guide:**
 - a. **YOUR PARTNER STARTS 1ST**
 - b. You will follow Steps 1-6 below and read anything in “quotes” to your partner like a script.
 - c. Prompts for you are in brackets e.g. [Instructor states]:
 - d. All essential learning points are in **Bold & Underlined**.
- 4) **Goals: To Understand and have a Method to Instruct on:**
 - A) Mental health challenges and substance abuse are common among trafficked patients
 - B) The scope of the human trafficking problem in your state.
 - C) How a provider should respond when their patient discloses their trafficking status.
 - 5) **When Can I Use This Exercise?** Whenever a learner presents a patient with mental health challenges, substance abuse or drug withdrawal.

Step1: Recognizing Patterns

- After your partner finishes their case presentation you ask: “What if this patient had **bruises of different ages on her body**, an older **man that won’t leave her side or is controlling** and she has had **recurrent visits to the ED for similar issues**? Is there anything else you would consider?” [wait for your partner’s answer]
 - o Answer: “**These are all red flags for Human Trafficking**” [Instructor continues with Step 2]

Step 2: Mental Health, Substance Abuse and Trafficking

- [Instructor continues]: Do you know why I thought of human trafficking after your presentation? [wait for your partner’s answer]
- Answer: “**Mental health challenges and substance abuse are common in trafficked patients**. Studies have demonstrated that **greater than 40% of trafficked patients have either a mental health or substance abuse** issue. These include depression, attempted suicide, or PTSD and Heroin or methamphetamine abuse.” [Instructor continues with Step 3]

Step 3: Anyone can be trafficked: Need high suspicion!

- [Instructor Starts]: “Although I have reviewed some patterns of trafficked patients and red flags to be mindful of just now, it is very important to realize that **trafficked patients can have regular medical emergencies too. So we have to maintain awareness when seeing all kinds of patients** since studies demonstrate that **greater than 50% of trafficked patients have had contact with an emergency provider.** [Instructor continues to Step 4]

Step 4: Trafficking in Your State:

- [Instructor States]: “Also, **trafficking is an issue in every state**. Let’s take a look at how significant the problem is in our state...”
- [Instructor]: Please raise your hand now and ask your group facilitator for a handout with state specific data. Both you and your partner should receive data on each of your states—Please review and discuss your thoughts with your partner]
- This state trafficking data is available at: <https://www.acf.hhs.gov/otip/resource/profiles>
 - [After you and your partner discuss, Instructor continues to Step 5]

Step 5: Next Steps After Identification:

- [Instructor Starts]: “Lastly, if we identify a trafficked patient let me tell you what options you have:” [Instructors, review the information below]:

THINGS YOU SHOULD DO:

- Consult Social Work: More familiar with resources (may not be available 24 hours)
- Attend to patient’s basic needs and remember to provide standard medical care.
- **IF UNDER 18 y/o**: Follow your state mandated reporting policies.
- **IF 18 y/o or older**: assess patient’s goals and needs (e.g. housing, food, etc) then:
 - **WITH PATIENTS CONSENT**: Contact the National Human Trafficking Hotline for resource and referral information: (888) 373-7888
- Give the Polaris Hotline phone number to your patient

DO NOT:

- Report if pt is 18years or older and does NOT Consent
- Promise that “everything will be OK” or “We will protect you” –these may not be true and then you may be the LAST health care worker that they trust.

Step 6: PLEASE RAISE YOUR HAND AND THE FACILITATOR WILL GIVE YOU ONE MORE PIECE OF INFORMATION

ESSENTIAL LEARNING POINTS:

(All learning points below are **BOLD&UNDERLINED** in Steps 1-5 of the learning exercise

- Substance abuse is common among trafficked patients:
 - Heroin: >50%
 - Methamphetamine >40%
- Mental health challenges are common among trafficked patients:
 - Attempted suicide: >40%
 - Depression >80%
 - PTSD >50%
- Remember that males are trafficked patients too.
- Red Flags for trafficked patients include:
 - Bruises of different ages on their body
 - A partner in the room that won’t leave their side or is controlling
 - Recurrent visits to the ED for similar issues
- Trafficked patients can have regular medical emergencies too (e.g. appendicitis)--So we have to maintain awareness when seeing all kinds of patients
- Greater than 50% of trafficked patients have had contact with an emergency provider
- Trafficking is an issue in every state. See the link below for your state’s statistics:
 - <https://www.acf.hhs.gov/otip/resource/profiles>
- See Step 5 for specific Next Steps to do once a trafficked patient discloses their status

QR or LINK FOR ALL CASES and trafficking resources: <https://bit.ly/3vqod68>



Case 3, Step 6:

Note for the “Instructor”: You just went to see the patient, did all the right things (built trust, kept a high suspicion, looked for red flags) and found out that she is actually ***is*** a trafficked patient!!! (good job!). Please read the following to your learner:

“Hi, I just got finished seeing your patient. It turns out that she actually *IS* a trafficked patient. I try to keep a **high level of suspicion in all patients** and this patient seemed **withdrawn** and some parts of her **history were inconsistent**. I worked hard **to build trust** with her and it turns out that as a teenager, she started using oxycodone pills and then graduated to heroin. She enrolled in various addiction treatment programs over the years but remains addicted. Last fall, as she left a detox facility, she met a man who offered her heroin. Ultimately, the man trafficked Beth, locking her in a motel room nearby for a week. She was forced to have commercial sex with about 200 men. From there she found her way to our emergency department. The shame she had around what happened made her depressed, she felt she didn't want to exist anymore.