



Awareness and Red Flags for Emergency Room Visits and Medical Professionals

- Traffickers send their victims to the hospital as a last resort because they really do not want the victims to be seen by anyone in authority or to question a condition.
- Traffickers tend to “hospital shop”, not returning to the same hospital or clinic to avoid detection/identification.
- Victims will lie, or try to hide evidence of bruising, injuries or illness.
- Stories never vary. Responses seem scripted.
- Overdependence on an accompanying person.
- Injuries in places not visibly noticeable: inside mouth, vagina, anus. These injuries can be the result of a violent encounter, or the result of discipline by the exploiter.
- Missing teeth: Dental assistance may be sought for broken teeth, teeth knocked out, or intentionally extracted as a disciplinary measure.
- Signs of physical abuse: Bruising, burns, cuts/wounds, blunt force trauma, fractures, signs of torture.
- Head injuries and neurological symptoms: Traumatic Brain Injury, headaches/migraines, memory loss, vertigo, which could be the result of continual head injuries.
- Reproductive issues: STIs, genitourinary issues, genital trauma, retained foreign bodies. Repeated unwanted pregnancies and forced abortions may be the result of reproductive coercion.
- Dietary Issues: Malnutrition, dehydration, loss of appetite.
- Gastrointestinal issues that can be exacerbated by stress: IBS, continual diarrhea, severe constipation.
- Mental Health: Depression, PTSD, suicidal ideation, self-harming behaviors (cutting), anxiety, nightmares, flashbacks, hyper-vigilance, feeling of guilt and/or shame, flattened affect, hostility. Attachment Disorder indicators, Dissociation Disorder indicators, Eating Disorders, depersonalization or derealization.
- Traffickers or Bottoms may attempt to remain during examinations to monitor all conversations and/or to interject explanations. Note if accompanying person provides all, or most responses while patient remain silent.
- Strategies that can be used to have alone time with the patient (if the accompanying person will not leave): Explain that the patient must be taken elsewhere for blood work or x-rays, and as per hospital policy, cannot be accompanied.
- Provide the National Human Trafficking Hotline number (888-373-7888) or text to 233733) and have victim memorize the number. Do not provide any information on paper, because if discovered, severe repercussions could occur.

Interviewing Tips:

Victims of trafficking will not often disclose during a first meeting. Therefore, it is critical for medical professionals to not focus upon disclosure, but to provide a safe, non-judgmental environment for conversation that may permit identification of trafficking indicators. Always interview the patient in private, and if the accompanying person will not permit a private interview, provide a strategy that will provide an opportunity to permit a private interview. If the patient refuses to be separated from the accompanying party, do not force them. Maintain an awareness of the red flags for trafficking, and if noted, enact with the patient through trauma informed practice. Provide a space that is safe and conducive to discussing sensitive topics. Develop rapport before bringing up sensitive topics. Always assess safety risks which may result from asking sensitive questions. Despite circumstances which may seem disturbing, especially when a patient is determined to return to an unhealthy situation, your goal is not to rescue, but to best assist the patient.

When a Patient is Under the Age of Eighteen (18) and There is a Reasonable Cause to Suspect Child Abuse or Maltreatment:

Contact the NYS Statewide Register of Child Abuse and Maltreatment (SCR)

All mandated reporters who have a reasonable cause to suspect a child is being trafficked for sex must make a report to the SCR. Physicians and other medical professionals are Mandated Reporters. As per the Summary Guide for Mandated Reporters in NYS: “Mandated reporters are required to report suspected child abuse or maltreatment when they are presented with a reasonable cause to suspect child abuse or maltreatment in a situation where a child, parent, or other person legally responsible for the child is before the mandated reporter when the mandated reporter is acting in his or her official or professional capacity. “Other person legally responsible” refers to a guardian, caretaker, or other person 18 years of age or older who is responsible for the care of the child.”

“A reasonable cause to suspect child abuse or maltreatment means that, based on your rational observations, professional training and experience, you have a suspicion that the parent or other person legally responsible for a child is responsible for harming that child or placing that child in imminent danger of harm. Your suspicion can be as simple as distrusting an explanation for an injury.”

Contacting the SCR launches a child protective investigation that will assess your suspicions, as well as any other safety and risk factors within the family and provide safety and service plans to work towards strengthening the family. To contact the SCR, call: 1-800-342-3720.

As of August 26, 2018, NYS has a new allegation related to child abuse and maltreatment: Sex Trafficking Allegation. If there is a reasonable cause to suspect a child is being trafficked for sex, contact the SCR in reference to the Sex Trafficking Allegation.

