

Table 1. Expert and survivor-informed tenets: caring for a trafficked person General approach

- Do no harm. Remember that the goal is not rescue, but improving health and safety. Prioritize the safety of trafficked persons, yourself, and other staff.
- Provide respectful, equitable, non-discriminatory care.
- Approach interactions with the victim or survivor with respect and kindness. Be empathetic, but not sympathetic, or appearing to pity.
- Recognize that the victim is a human being that has been abused, exploited, and traumatized far beyond what most people can imagine.
- Be aware of nonverbal communication: do not show shock or disgust.
- Be nonjudgmental. Know the basics of the patient's cultural and religious background in order to understand his/ her worldview and to avoid potential offenses.
- Use same-sex staff when possible. Provide a private, warm, quiet, and comfortable place for the interview and exam.
- History-taking Interview the patient alone.
- Adequately select and prepare interpreters and co-workers. Sit, don't stand or hover. Take your time, don't multitask; avoid writing while the patient is talking.
- Avoid asking the same question more than once, which may cause frustration or distrust on the part of the patient.
- Communicate effectively with other members of the care team to avoid repeated interviews with the victim, which may result in retraumatization.
- Listen to and respect each patient's assessment of their situation and risks to their safety. Physical exam Allow the patient to lead or set the pace of the exam.
- Provide assurance that he/she is in control of the exam.
- Ask permission each time you touch the patient. Explain exactly what you are going to do. If it is going to hurt, say it is going to hurt.
- Be gentle, but don't "sugar coat."
- Response Collaborate with multidisciplinary health care team to formulate plan; include patient advocate and social worker where possible.
- Provide information in a way that is understood.
- Obtain informed consent before sharing information about patients or beginning procedures to diagnose, treat, or make referrals.
- Be prepared with referral information and contact details for trusted individuals and organizations that can provide support.
- Never promise more than you can deliver.
- Ensure the confidentiality and privacy of trafficked persons and their families.
- Respect the rights, choices, and dignity of each person by encouraging independent decision making.
- Include the patient in conversations about him/her when present.

Source: AMA Journal of Ethics, ETHICS CASE Human Trafficking, Mental Illness, and Addiction: Avoiding Diagnostic Overshadowing Commentary by Hanni Stoklosa, MD, MPH, Marti MacGibbon, CADC-II, ACRPS, and Joseph Stoklosa, MD, January 2017 Volume 19, Number 1: 1-131, pg. 23-31, <http://journalofethics.ama-assn.org/2017/01/pdf/joe-1701.pdf>