

1 TALK TO THE PATIENT ALONE

If concern that separating patient and caregiver may place patient at risk of harm, consider speaking to patient in the course of their care (on the way to restroom, on the way to imaging, etc.).

2 BUILD RAPPORT WITH THE PATIENT

Ask questions about their likes and interests.

3 USE TRAUMA-INFORMED CARE

- Be fully present in the moment
- Ask open-ended questions
- Use more specific /probing questions only as needed
- Use active listening skills including reflections, summaries, and clarifications when needed
- Provide nonjudgmental support
- Be aware of body language, affect, and tone
- See the youth as an expert in their life

4 AVOID LEADING QUESTIONS

Not:

“Who touched your body?”

Instead:

“What happened to your body?”

5 DOCUMENT WITH QUOTES

Document in the EMR using direct quotes when possible, both your questions and the patient’s responses.

6 GATHER INFORMATION

Gather information needed to guide medical care and make appropriate reports. Defer other questions to investigators.

7 IDENTIFYING TRAFFICKING

Recognize that not all patients who have experienced trafficking or exploitation will identify as victims/survivors of trafficking. All suspicions for trafficking, exploitation, and abuse of minors needs to be reported to children’s services and law enforcement regardless of if the patient identifies with the experience or wants reports to be made.

Reference

Forkey H, Szilagyi M, Kelly ET, Duffee J; COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COUNCIL ON COMMUNITY PEDIATRICS, COUNCIL ON CHILD ABUSE AND NEGLECT, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Trauma-Informed Care. *Pediatrics*. 2021 Aug;148(2):e2021052580. doi: 10.1542/peds.2021-052580. PMID: 34312292.