

# At the Intersection of Healthcare and Human Trafficking

The formation of Cedars-Sinai's  
Human Trafficking Response Taskforce

# Learning Objectives:

1. What Human Trafficking (HT) currently looks like, globally?
2. Why train healthcare providers to identify victims of HT?
3. What does an appropriate or successful intervention within a healthcare setting look like?

# What is Human Trafficking now:

- Fastest Growing Crime in 21<sup>st</sup> Century
- \$150+ Billion Dollar Industry
- 40 Million+ Victims Worldwide (20% minors)
- Old Stereotype: van-without-windows, giving candy
- Now: Use social media; victims lure new victims





# What is the Taskforce? Why is it needed?

## The Intersection of Human Trafficking and Healthcare

- 63% of sex trafficking victims went through the Emergency or inpatient hospitalization while being trafficked. (2014 study)
- 97% of labor and sex trafficking survivors reported that they received no information about HT while at the healthcare setting (2017 study)

## CSMC's Response Taskforce Goals:

- a) Provide training to staff so they can identify HT victimization
- b) Serve an internal experts for staff having trouble with identification
- c) Educate / humanize victims using trauma informed care approach
- d) Warm handoff to an appropriate community resource (if pt is ready)



# Sharing a Memorable Patient/Victim

## First patient confirmed to be involved in HT

- Minor (15, Arizona-based)
- History – many prior elopements, fell into sex trafficking, witnessed trafficker murder, pushed out of moving vehicle for refusing to do sex work
- Trauma then ICU
- FBI and CPS involved

## Lessons Learned:

- a) Recognize world of violence and aggression victims live in; can be hostile, manipulative, not cooperative.
- b) Be empathetic but have boundaries and take precautions like having a buddy/witness. Set expectations for the pt when needed.
- c) Check possessions for contraband (cigarette & lighters near oxygen tanks) and multiple phones (called trafficker, put hospital at security risk)



# How We Measure Success

## Difficulties with measuring success

- Victim identification is a combination of red flags, not always a clear yes/no

## Greater Awareness is success:

- a) Conducted 100+ trainings
- b) Trained 2825+ individuals
- c) Expanded Training to at least 15+ external schools/conferences
- d) Leadership support and allocation of funding for
  - a) victim resources (lip balm with national resource number)
  - b) Continued education for trainers
  - c) transportation expenses to train external audiences



# Reasons For Our Success

1. Multi-disciplinary training team
2. Tailored training for targeted audiences
  - Security or Environmental Services teams look for language/behavior & report up
  - Frontline clinicians trained on physical red flags & how to respond to pt
3. Evolution of training
  - Used to begin/end with Pre & Post Questionnaire → moved to case study
  - Now, start with a video clip of survivor and end with personal survivor story
4. One easy contact to connect with the taskforce : [GroupHTResponse@cshs.org](mailto:GroupHTResponse@cshs.org)
5. Accepted organic growth
  - Not mandatory to so departments had to volunteer for training
  - At least one new training request from every training we conducted



# Starting your own HT Response Taskforce

- Dedicated team members who accept their role & make time for each training:
  - Social Workers: serve as our first line of experts and often asked to go speak with suspected victims
  - Nurse Educator: keeps trainers trained and provides a forensic perspective on the physical and behavioral red flags that are often displayed by victims.
  - Risk Manager: significant time commitment to schedule, coordinate & tailor the presentation for each audience as well as participate in training.
  - Survivor: requested to be part of our presentation in order to share her personal trafficking story
- \* Note that Salaried Volunteers are preferred because of the time commitment
- Immersive training for the core team and continued training to remain experts
- Become very familiar with the community resources for HT victims
- This is a journey not a destination; learn what works best for your organization
- Reasonable expectations; goal is identification; don't expect miracles!



Thank you

Questions

