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 21st 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)
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:**
- Conducted 100+ trainings
- Trained 2825+ individuals
- Expanded Training to at least 15+ external schools/conferences
- Leadership support and allocation of funding for
  - Victim resources (lip balm with national resource number)
  - Continued education for trainers
  - 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

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