Human Trafficking: Identifying & Responding to Victims in the Healthcare Setting

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Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.
Why We Are Here

Healthcare professionals are among the few who will come into contact with victims:

• One study found 88% of survivors reported contact with healthcare while being exploited\(^1\)

• Study reports medical providers often “woefully unprepared” to identify victims

Together, we can make a difference!

(Photo: KatarzynaBialasiewicz / Thinkstock)
Hello humankindness

At Dignity Health, our mission is:

• Deliver **compassionate**, high-quality, and affordable patient-centered care

• Serve and **advocate** for the poor and underserved

• **Partner** with others in the community to improve the quality of life.

Our goal: To share our program with others in healthcare
Program Overview

Dignity Health launched system-wide initiative to identify, respond to victims. Key steps:

- Established program structure: Executive Sponsors, Steering Committee, Program Leadership, Facility Task Forces

- Assigned action items to Task Forces, including implementation of protocols and education, identification of community resources, etc.

(Photo provided by the National Human Trafficking Resource Center)
Basic Education for All Staff

In order to identify victims, staff must be educated on what human trafficking is and isn’t

- Many myths and misconceptions associated with human trafficking, often perpetuated by media
- Unless all staff are educated, victims can and will be missed

Some examples...

(Photo provided by the National Human Trafficking Resource Center)
Victims May Not Self-Identify as Victims

Myth: Victims will self-report and seek help

Truth: Victims may not self-report for many reasons:

- Self-blame
- Lack of knowing rights/options
- Fear of authorities
- Fear of threats/retaliation by trafficker(s)
- Trauma-bonding/Stockholm syndrome

(Photo: Jack Carey / Alamy)
Anyone Can Be a Trafficker

Myth: All sex traffickers are stereotypical pimps

Truth: Anyone can be a trafficker (e.g. family members, friends, neighbors, gangs)

• Family-controlled sex trafficking: potential child abuse or domestic violence

• Pimp and gang-controlled sex trafficking: physical/sexual assault or potential domestic/intimate partner violence

Victor Moreno-Hernandez, 28, was sentenced to 30 years in prison for charges related to selling a 13-year-old girl for sex multiple times out of a strip club in Oregon (KPTV, 2013). Photo used with permission from the Washington County Sheriff’s Office.
Human Trafficking = Sex and Labor Trafficking

**Myth:** Human trafficking refers only to sex trafficking

**Truth:** Labor trafficking often does not get as much coverage in the media

- Victims may be lured with false job
- Victims may be charged a fee
- Victims may work 12+hours/day
- Victims may sleep in workplace
- Victims may not be in control of passports/documents
- Victims may not know rights

(Photo provided by the National Human Trafficking Resource Center)
Basic Education Essentials

Basic education should include:

• Definitions
• Prevalence
• Vulnerable populations
• Survivor stories
• Red flags in healthcare setting
• Roles of front-line staff
• Crisis response resources

Wendy Barnes with daughter, Latasha. Wendy is a survivor, national advocate, and author. (Photo: Wendy Barnes)
Extended education should be provided to those who will oversee patients suspected to be victims. Extended education should cover (at minimum):

- **Victim-centered care**
- **Trauma-informed care**
- **Screening questions for different patient populations**
- **Internal protocols**
- **Case scenarios**
Victim-Centered Care Is Essential

In a victim-centered approach, victim's wishes, safety, and well-being take priority in all matters and procedures. By keeping our focus on needs and concerns of patient, we can ensure compassionate and sensitive delivery of services in nonjudgmental manner.

This approach is essential for this victim population

(Photo: KatarzynaBialasiewicz / Thinkstock)
Whenever Possible, Maximize the Patient’s Input

Seek patient’s input in all decisions, including if and when to contact law enforcement.

- Mandatory reporting laws must be followed at all times for all patients
- Whenever necessary, advocate on behalf of a patient’s needs and concerns with authorities

The key to victim-centered care is to ensure staff understand mandatory reporting laws
Staff Are Not Expected to “Save” Victims

Program designed, not to “save” victims, but to offer a lifeline – an opportunity

- Watch for red flags
- Create a safe and private space
- Notify law enforcement/APS when mandated
- Offer victim-centered, trauma-informed care
- Know community resources

Empower, respect patient

Our goal? To create an atmosphere and experience in which victims feel that they would be welcomed back and assisted.⁹

(Photo: ByeByeTokyo / iStock)
Empowered Survivors

(Photo provided by the Coalition to Abolish Slavery & Trafficking, California)
We Can Make a Difference

With similar programs in place, we increase our chances to:

• Identify victims of human trafficking in any health facility
• Properly care for victims of sex and labor trafficking
• Connect victims with appropriate and vetted community resources
• Make a difference in our communities
Download “Shared Learnings” Manual:
Dignityhealth.org/human-trafficking-response

Thank You

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Notes 1


2. - Removed Slide -

3. - Removed Slide -

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Notes 2


7. Ibid.
