

## New law makes ERs key to helping victims of domestic violence, human trafficking

Under SB 963, health workers are being taught the delicate art of asking adults if they're being harmed



Dr. Sandeep Kapoor moderates a discussion with Jenna McKaye, a human trafficking survivor who describes her “healing journey” and how healthcare professionals can better help future victims. They were at an Orange County Human Trafficking Task Force symposium in Tustin on Saturday, May 3, 2025. (Photo by Mindy Schauer, Orange County Register/SCNG)



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Two depressingly common forms of violence that happen behind closed doors – spousal abuse and human trafficking – could become less easy to hide as a new, victim-oriented reporting law rolls out in California emergency rooms.

Under the terms of SB 963, signed last year by Gov. Gavin Newsom as part of a package of bills aimed at curbing human trafficking, emergency room physicians, nurses and others who provide health care to the public are required to screen

patients for signs of domestic abuse or signs that they're being forced into sex work or other forms of labor by human traffickers.

Once diagnosed – and if the patient agrees to it – health workers are also supposed to provide those victims with help from social services or law enforcement officials who can extricate them from their violent surroundings.

“This (law) is important,” said Sandie Morgan, a professor at Vanguard University and director of the school’s Global Center for Women and Justice, who has led efforts in Orange County to combat human trafficking since the early 2000s.

“I’ve been beating this drum for decades, literally,” said Morgan, who worked as a nurse and public health advocate before being hired at Vanguard. “Health care workers are the first line, the first people who victims are likely to encounter, and certainly the first they’re more likely to trust.”

“So, this law, I don’t think it’ll do anything magical, in terms of solving the problem,” Morgan said. “But it has the potential to help people.”



Jenna McKaye talks about her experiences as a human trafficking survivor during a panel discussion for health care providers in Tustin on Saturday, May 3, 2025. (Photo by Mindy Schauer, Orange County Register/SCNG)

## **Real-life drama**

The bill hasn't been widely publicized, and it's unclear how many emergency rooms have taken steps to enact the new rules. But as they kick in, the mandates of SB 963 could mean changes to many public medical settings.

Under the law, health workers are supposed to make it possible for a patient to disclose that they're being victimized by an abuser or trafficker. This means training health workers – potentially everybody from physicians and nurses to intake personnel – on how to identify victims of violence and how to get them to talk about a topic that many victims are unwilling to broach. The law also requires emergency rooms to provide a secluded spot where those conversations can happen, away from any alleged abuser.

Like Morgan, other trafficking advocates don't see the new law making a huge, immediate dent on the widespread and ancient problems of domestic violence or human trafficking.

But most also welcome the law because it recognizes the clandestine nature of domestic violence and trafficking, and it treats violence as a health care issue, not just a crime.

"We all went into medicine to help people. And that's not just help with the broken bone or the head injury; it's to help with all of a patient's needs," said Dr. Sigrid Burruss, a trauma surgeon at UCI Medical Center who also works with the Orange County Human Trafficking Task Force.

"For some – for a lot more people than anybody realizes, I think – that need is (escaping from) abuse or human trafficking," Burruss added.

If the concept sounds like something out of a TV medical drama (and, indeed, the acclaimed Max show "The Pitt" included a story arc about a female trafficking victim being treated in an emergency room) Burruss and others argue the new rules also are simple common sense.

People harmed by domestic abuse or traffickers are far more likely to seek medical care for their injuries than they are to call police. That's true even when the need to make that call is, literally, life and death. And it means health workers often are

the first people outside a patient's family or friends to learn about domestic violence or trafficking.

"My interest in human trafficking really began with a patient who had suffered severe head injuries as a result of her situation," Burruss said. "I couldn't necessarily help her, but I can help others."

### **Trust matters**

Advocates say victims have an often well-grounded fear of what will happen to them if they have to return to an abuser who knows he's been exposed to police or social service agencies. Retaliation, they say, is real.

It's also why many victims view health workers as offering a safer – and more trusted – escape route.

"As advocates, we've all met victims in emergency rooms. We've also helped escort people to urgent care when they have injuries that require it, which is all too often," said Michelle Heater, program director with Waymakers Orange County, a nonprofit that helps victims of domestic abuse and trafficking escape their abusers and reorient their lives.

"It's a first step. And it usually takes more than one step," Heater said. "But we go back to health care settings because those are the people (victims) will trust the most.

"And trust is key," she added. "It can 100 percent be the difference for the people we're helping."

On Saturday, May 3, Heater and Burruss and dozens of other health officials and victims' advocates met at the Salvation Army's Tustin campus for a half-day seminar on how to talk with victims of violence.

For California health workers, such training isn't entirely new. Most are already mandatory reporters, meaning they're legally required to report signs of physical or sexual abuse they find in any child. In those cases, victim disclosure isn't a necessary requirement to get help; a report is made and social service agencies or

police typically intervene. Medical and nursing schools already include some instruction about how to help child abuse victims.

The new law expands a similar reporting infrastructure to include adult victims – but only to those adults who say they’re willing to seek help.

Those two rules create a high-stakes challenge: Health workers who suspect a patient is being abused or trafficked have to probe for information, but only in a way that encourages the patient to seek safety, not to scare them or inadvertently blame them for their circumstances.

Generally speaking, workers at the seminar in Tustin were taught not to press too hard and to listen more than they talk.

“There are trafficking victims out there who don’t see themselves as trafficking victims, not until they get asked these questions. So it can be a learning process all the way around,” Burruss said.

“But these are dangerous circumstances,” she added. “There are reasons we are doing these questions, and it’s important to realize what the stakes are for the people involved. ... We don’t want to expose them to the risk of retaliation.”

## **Numbers**

The new law does two other things that health workers and advocates see as important.

First, it specifically rules out lawsuits against health workers, hospitals and directors of hospitals (among others) in the event a conversation about abuse eventually turns into more violence. Vanguard’s Morgan, among others, said earlier efforts to create an emergency room-based reporting structure for human trafficking were shut down by hospital lawyers and others who feared potential liability claims.

By including language eliminating that possibility, the law, introduced by state Sen. Angelique Ashby, D-Sacramento, ultimately passed without strong opposition from hospital interests.

Second, the new law also includes language that makes it possible for hospitals to confidentially track demographic information about abuse victims. They can collect data about gender, age, location, race and income. All of that eventually could lead to solid data for a category of crime – domestic violence and human trafficking – in which hard numbers are tough to come by.

Federal health officials estimate that about 10 million incidents of intimate partner violence, child abuse and elder abuse occur each year in the United States. But who those people are and how they came to be victimized aren't totally clear.

What is clear is that those people often wind up in emergency rooms.

In [a 2023 report on the issue](#), researchers with the National Institutes of Health wrote, “virtually all healthcare professionals will at some point evaluate or treat a patient who is a victim of domestic or family violence.”

Data about human trafficking is even murkier.

The FBI estimates that only about 10,000 Americans a year are victims of human trafficking, but advocates say that's just a sliver of a much broader problem. In Orange County, several hundred people a year are believed to be trafficked for sex work, and the numbers are believed to be higher for forced labor.

Over time, broader data about trafficking victims could lead to ways to combat the problem.

“There are many more people who are being trafficked than we are aware of. An estimated 1.1 million might be affected. And I expect that number to grow when we have more information,” Burruss said. “But I also anticipate that the number of individuals who receive support, from all the organizations who are out there to help them, also is going to grow.”