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# Pediatrics and Preventive Care – Establishing a Foundation of Trust

## Key takeaway:

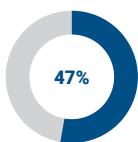
It is critical that young people who are at risk of exploitation have a strong foundation of trusting relationships with health-care providers before, during, and after exploitation. When such a foundation is lacking, it is harder for young people experiencing exploitation to seek needed medical care or disclose information to medical professionals that could increase their safety and support. Training for healthcare workers around commercial sexual exploitation has focused on tools to enhance identification. In this brief, we suggest that young people who experience exploitation are very unlikely to trust healthcare professionals if they do not have a foundation of experiences with medical professionals that fosters trust and communication.

## Methodology of study:

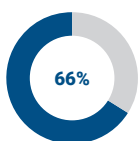
Two main sources of data were collected to understand the physical and psychological health concerns, health-accessing behavior, and challenges to meeting the healthcare needs of young people experiencing commercial sexual exploitation. Quantitative survey data from a large sample of 534 young people across the US between the ages of 13-24 who experienced minor sex trafficking, or who are at high risk for experiencing sex trafficking provide information about the health needs and conditions, health care utilization, and health care experiences for this population. Qualitative data gathered through in-depth, semi-structured interviews of 35 adult survivors of minor sex trafficking provided survivor narratives of their experiences seeking healthcare and meeting their healthcare needs across multiple stages of survivorship.<sup>1</sup>

## Challenges identified in the study

- Young people who experience exploitation:
  - Have a history of engagement with healthcare providers that is largely transactional.
  - Statistical analyses show that CSE is strongly associated with increased medical discrimination as another barrier they are facing.



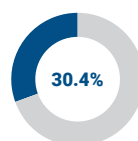
Moreover, out of all our participants, **47%** of survivors felt perceived as unintelligent,



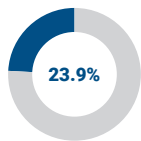
and **66%** stated that doctors or nurses did not listen to them. I did [see a pediatrician regularly] but it was it was one of those situations where it was if we needed to. (Interview #24)

### Lack of trust in healthcare providers

- Individuals who have experienced CSE were also significantly associated with a 196% increased likelihood of experiencing less respect.
- Individuals who have experienced CSE were also significantly associated with a 190% increased likelihood of experiencing a lack of listening from others.
- Experience stigma from healthcare providers across a variety of domains including:
- Lack of cultural understanding and language barriers

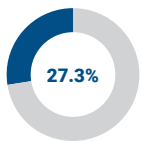


Racism: Race was the most frequently reported identity associated with medical discrimination, experienced by **30.4%** (n=163) of participants.

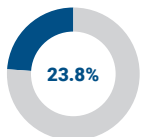


Ethnic discrimination: Ethnicity was a source of medical discrimination for **23.9%** (n=128) of participants.

- Substance use
- Several interviewees noted that medical providers treated them more negatively once they realized they struggled with addiction. One interviewee noted: "She [hospital nurse] just looked at me and generalized who she thought I was and I didn't receive proper treatment. I didn't get an X-ray. I didn't get a CAT scan. I got nothing. She said I was just there drug seeking and there was nothing wrong with me." (Interview #29)
- Lack of gender affirming care



Gender discrimination was reported by **27.3%** (n=146), making it the second most common type of medical discrimination.



Discrimination of sexual orientation was reported by **23.8%** (n=127) of participants.

- Interviewees also noted the lingering pain and distrust associated with medical professionals' failure to recognize their gender identity or provide gender-affirming care.
- Failure to recognize child abuse
  - Some interviewees described situations where pediatricians failed to recognize signs of abuse in the past, which decreased their willingness to disclose exploitation. Others shared a recognition that pediatricians and adolescent health care providers did not understand CSE and were not looking for signs of exploitation. As one interviewee described:



"It's like, you know, you just, when you go, it's like you just don't share everything about yourself, cause a lot of times people really don't understand sexual exploitation and stuff ... So if you start talking about stuff like that, it's like that's going to spook them. They're going to like, "what" like, you know, so you really have to be mindful on what you share" (Interview #10).

## Recommendations

- Foster and reward pediatric practices that develop foundationally healthy relationships with healthcare providers:
  - Providers model communication that is trusting
  - Providers model relationships that are non-transactional
  - Promote individual agency and the importance of self-advocacy around health
- Provide young people with developmentally and legally appropriate opportunities to be "in control" of their health. Healthcare should be seen as a site of agency and control rather than helplessness and stigma.
- Ensure pediatric practices include training of CSE and are survivor informed.

# Serving Survivors of Commercial Sexual Exploitation

## Key takeaway:

Agencies and organizations that provide services to survivors of commercial sexual exploitation work to meet their needs across multiple domains, including safety, housing, education, employment, and relationships. These factors are key social determinants of health and thus, such agencies and organizations also impact survivors' health. However, less common in service delivery is assistance connecting survivors to healthcare professionals who are specifically trained and equipped to provide needed care.

## Methodology of study:

Two main sources of data were collected to understand the physical and psychological health concerns, behaviors related to accessing care, and challenges to meeting the healthcare needs of young people experiencing commercial sexual exploitation. Quantitative survey data from a large sample of 534 young people from across the US between the ages of 13-24 who experienced minor sex trafficking or who are at high risk for experiencing sex trafficking provide information about the health needs and conditions, health care utilization, and health care experiences for this population. Qualitative data gathered through in-depth, semi-structured interviews of 35 adult survivors of minor sex trafficking provided survivor narratives of their experiences seeking healthcare and meeting their healthcare needs across multiple stages of survivorship.<sup>2</sup>

## Challenges identified in the study:

- CSE survivors have numerous serious long-term health concerns that may have been caused or exacerbated by exploitation experiences.
  - Notably, the most common chronic physical ailment reported being frequent or severe headaches (**51%, n=258**), while the most common health condition was reported to be insomnia (**47%, n=239**).
  - Of the serious health conditions measured, asthma was most common within the sample (**25%, n=128**). A smaller proportion of the sample reported having any type of STD (**10%, n=55**) or HIV (**2%, n=11**).
  - Examining our interviews, we found that survivors' post-exploitation revealed significant struggles with both physical and mental health, such as chronic pain, untreated injuries, Hepatitis C, ulcers, depression, and PTSD.
- CSE survivors report primarily negative experiences with healthcare providers that decrease trust and willingness to seek healthcare to meet ongoing medical needs and to provide preventive care.
  - Individuals who have experienced CSE had a **616%** significantly higher likelihood of experiencing others acting afraid compared to those who did not disclose.
- Self-reporting CSE survivorship was associated with an **189%** increased likelihood of receiving poor service.
- Survivors, those who have transitioned out of commercial sex work or situations of exploitation, struggle to find medical professionals who understand their experiences and have specialized training in exploitation and other comorbid challenges such as substance abuse.
  - For example, one survivor felt it was hard to trust doctors, stating "I guess just because of the doctors that I had had encounters with previously, it just deterred me from wanting to go get help for anything." (Interview #15)
  - However, once finding a doctor for their pregnancy seeking healthcare changed:



I trusted [doctor]. He delivered my baby. He was very kind. I saw a therapist through that hospital too. Literally, the best freaking healthcare I've ever received in my life, but it is because of the area. I'm completely convinced it was because of the area." (Interview 15)

## Recommendations

Agencies and organizations that provide services to survivors of commercial sexual exploitation should integrate healthcare navigation into their practices. Healthcare navigation, often led by Patient Navigators, is commonly utilized by health-care systems to support patients in instrumental and emotional ways as they navigate complex health-care needs and to reduce health disparities. Such services are generally less available to individuals in public health insurance systems or without top-quality insurance, or through employee assistance programs. In the context of CSE survivors, navigation strategies would strengthen connections to care for survivors to providers who have experience serving clients with CSE history or

vulnerability, provide emotional support in navigating complex systems, and reduce health disparities experienced by CSE survivors. The navigators could support clients in getting referrals for specialized care and help clients advocate for care services that are specially tailored to meet their needs. Understanding the critical role that survivor peers or mentors play in the transitions that young people undertake to remove themselves from situations of exploitation, it is important to explore the possibility of engaging trained survivor mentors as Patient Navigators who could serve as a critical source of information and support in healthcare navigation.

# Clinics and Emergency Services

## Key takeaway:

Survivors of commercial exploitation have a variety of significant physical and psychological health challenges related to and exacerbated by their experience of exploitation. Survivors most commonly seek healthcare services during periods of exploitation from local clinics, particularly those focused on reproductive health and the emergency room.

## Methodology of study:

Two main sources of data were collected to understand the physical and psychological health concerns, health-accessing behavior, and challenges to meeting the healthcare needs of young people experiencing commercial sexual exploitation. Quantitative survey data from a large survey of 534 young people across the US between the ages of 13-24 who experienced minor sex trafficking or who are at high risk for experiencing sex trafficking provide information about the health needs and conditions, health care utilization, and health care experiences for this population. Qualitative data gathered through in-depth, semi-structured interviews of 35 adult survivors of minor sex trafficking provided survivor narratives of their experiences seeking healthcare and meeting their healthcare needs across multiple stages of survivorship.<sup>3</sup>

## Challenges identified in the study:

- Survivors of commercial exploitation have a variety of significant physical and psychological health challenges related to and exacerbated by their experience of exploitation.
- Survivors most commonly seek healthcare services during periods of exploitation from local clinics, particularly those focused on reproductive health and the emergency room.



Across the sample, **58%** (n=276) of respondents could receive a provisional PTSD diagnosis. However, only 38% reported by diagnosed with PTSD.

When looking at the bivariate relationships, we found that experiencing anxiety was significantly associated with exploitation ( $\chi^2=87.89$ ,  $p<.00$ ), as was depression ( $\chi^2=67.14$ ,  $p<.00$ ).



Among all participants, **35%** reported chronic back or neck pain, with a slightly higher rate in the youth who self-reported exploitation on the survey (38%) compared to non-reported respondents (32%).



Insomnia was significantly more prevalent among survey participants, with 53% of those who self-reported CSE experiencing insomnia compared to 42% in the self-reported group



Among the youth surveyed, **35%** reported visiting the emergency room in the past year. Youth who self-reported CSE were more likely to have visited the emergency room in the last year (44%) compared to youth who did not report experiencing CSE (26%)

- Participants reporting CSE had a 200% increase in the odds of being hospitalized ( $p < .05$ ) and a 207% increase in the odds of receiving inpatient care ( $p < .001$ ), highlighting their heightened medical and mental health needs.
- Although these opportunities for identification and intervention exist, emergency services and clinics are structurally less suited to provide care that might foster disclosure or connection that could improve safety and best meet the medical needs of survivors of commercial sexual exploitation.

## Recommendations:

- Development of training focused on clinic and emergency room practitioner understanding of CSE risk factors and associated care responses.
- Prioritization of meeting immediate medical needs (e.g, reproductive health or emergency health) informed by understanding CSE survivorship's realities. Recognition of comorbid concerns such as substance abuse that both exacerbate health problems and increase risk and also are difficult to manage and interrupt.
- Ensuring clinical and emergency staff at all levels provide care that does not stigmatize CSE survivors and creates space for agency and control that is not transactional.
- Develop innovative health care system navigation models, engaging patient navigators to support CSE survivors in engagement and continuity of care.

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