



The author(s) shown below used Federal funding provided by the U.S. Department of Justice to prepare the following resource:

Document Title: Clinics and Emergency Services

Author(s): Northeastern University

Document Number: 310537

Date Received: March 2025

Award Number: 2020-VT-BX-0111

This resource has not been published by the U.S. Department of Justice. This resource is being made publicly available through the Office of Justice Programs' National Criminal Justice Reference Service.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Clinics and Emergency Services

Key takeaway:

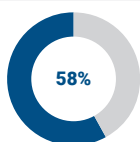
Survivors of commercial exploitation have a variety of significant physical and psychological health challenges related to and exacerbated by their experience of exploitation. Survivors most commonly seek healthcare services during periods of exploitation from local clinics, particularly those focused 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.³

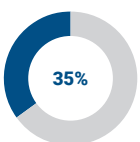
Challenges identified in the study:

- 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.

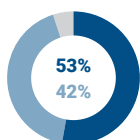


Across the sample, **58%** (n=276) of respondents could receive a provisional PTSD diagnosis. However, only 38% reported by diagnosed with PTSD.

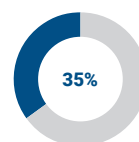
When looking at the bivariate relationships, we found that experiencing anxiety was significantly associated with exploitation ($\chi^2=87.89$, $p<.00$), as was depression ($\chi^2=67.14$, $p<.00$).



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.

³ This project was supported by Award No. 2020-VT-BX-0111, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice. The project was approved by the Northeastern University IRB (IRB#2021- 04-06).