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Establishing a Foundation of Trust**

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Pediatrics and Preventive Care – Establishing a Foundation of Trust

Key takeaway:

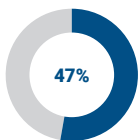
It is critical that young people who are at risk of exploitation have a strong foundation of trusting relationships with health-care providers before, during, and after exploitation. When such a foundation is lacking, it is harder for young people experiencing exploitation to seek needed medical care 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:

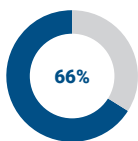
Two main sources of data were collected to understand the physical and psychological health concerns, health-accessing behavior, and challenges to meeting the healthcare needs of young people experiencing commercial sexual exploitation. Quantitative survey data from a large sample of 534 young people 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.¹

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.



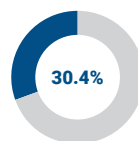
Moreover, out of all our participants, **47%** of survivors felt perceived as unintelligent,



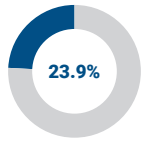
and **66%** stated that doctors or nurses did not listen to them. I did [see a pediatrician regularly] but it was it was one of those situations where it was if we needed to. (Interview #24)

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

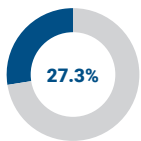


Racism: Race was the most frequently reported identity associated with medical discrimination, experienced by **30.4%** (n=163) of participants.

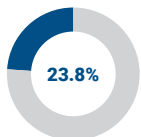


Ethnic discrimination: Ethnicity was a source of medical discrimination for **23.9%** (n=128) of participants.

- 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.