

Youth Survivors of Human Trafficking: Improving Healthcare Access and Treatment

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San Diego

- San Diego: 13th for CSEC. “The Juvenile Blade”
- Average age of entry **16.1 years**, most <25 years
- **20 high schools***: **100%** involvement in **CSEC** (commercial sexual exploitation of children)
- Youth are vulnerable. Childhood is marked by
 - innate dependence on adults
 - Impulsivity
 - approval-seeking behaviors
- 68-88% adult victims reported seeing a healthcare professional (HCP) while being trafficked.
- Barriers: misperceptions limit identification in healthcare settings.

Objective

- Identify themes in healthcare experiences, barriers to health care access, and ongoing healthcare needs for youth victims of HT.

Methods

- Multi-methods study
- Snowball recruitment
- Survey questions + anonymous, online, semi-structured interviews via Zoom



Analysis

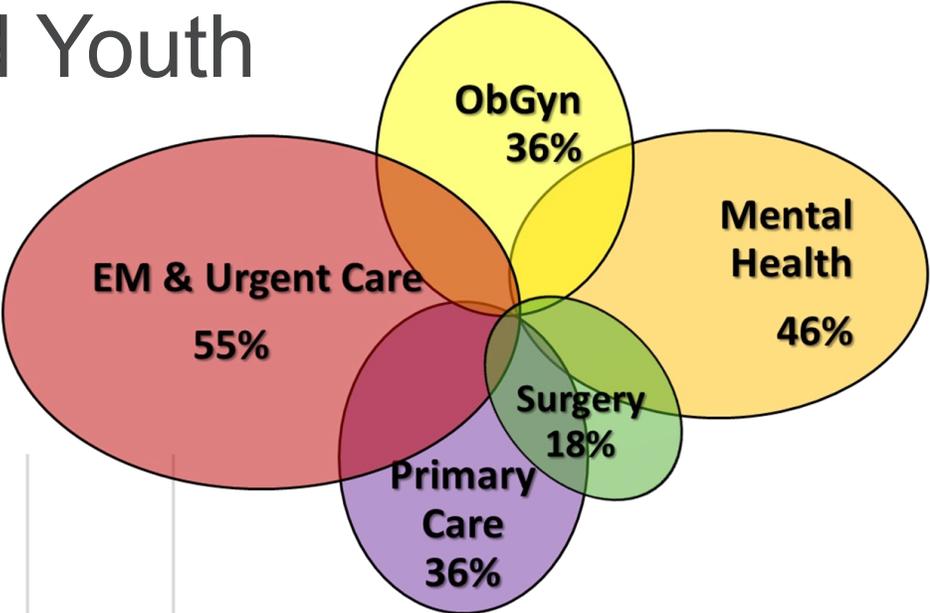
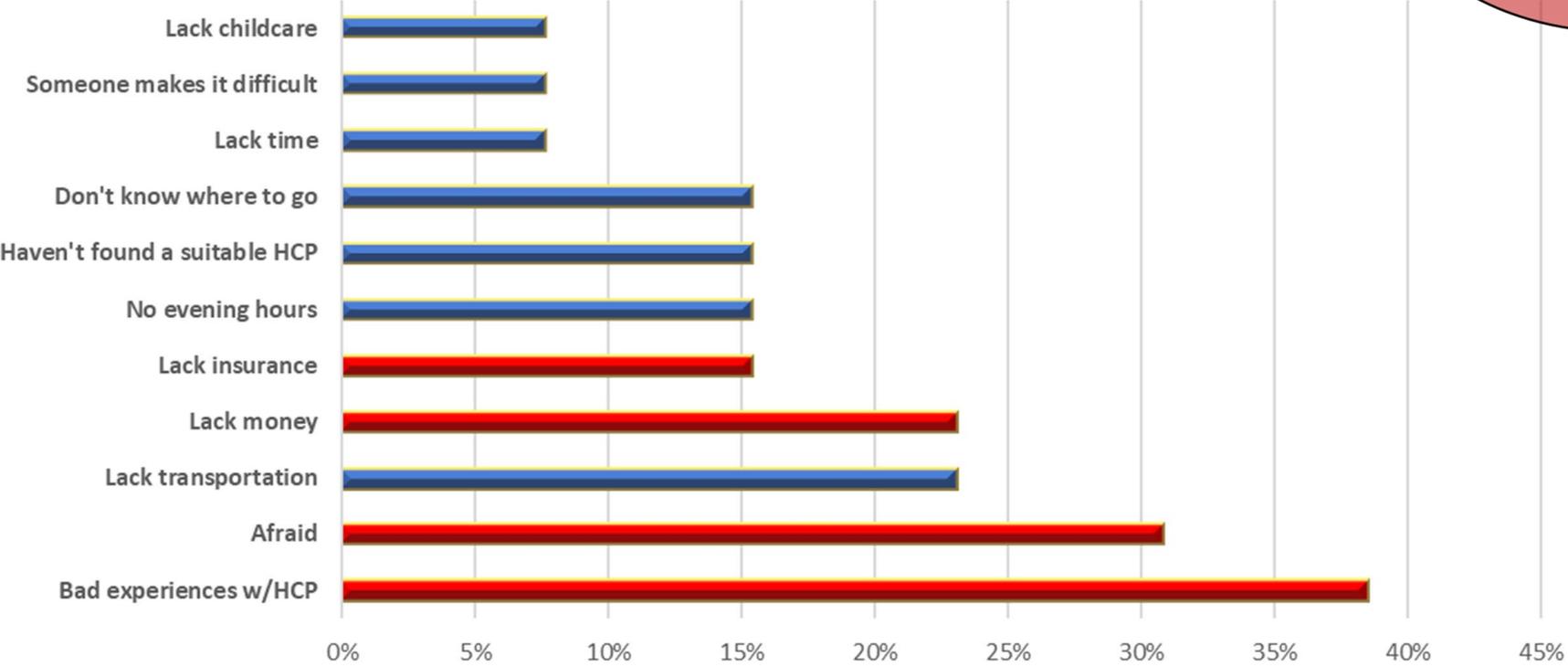
- **Quantitative:** Categorical comparisons with Fisher's Exact tests
- **Qualitative:** 4 independent coders, grounded theory method

Participants

- **24 completed surveys, 9 interviews**
- **75% female, 12.5% male, 12.5% trans/nonbinary/other**
- 25% trafficked <14 yrs old, **54.2% 15-17 yrs**, 20.8% >18 yrs
- **37.5% LatinX**, 29.2% Black, 12.5% Mixed, 12.5% White, 4% Native
- **62.5% juvenile justice system**
- **45.8% youth victims saw a healthcare professional (HCP) while being trafficked**

Health Professionals Seeing Trafficked Youth

Reasons Why Youth Survivors of HT Find It Hard to See A HCP



Domains explored in trafficked youth interviews

Risk Factors	Access to Health Care	Barriers to Identification	Mental Health	Need for Health Care Resources	Trauma Informed Care	Unmet Needs - Socioeconomics
Young age at first trafficking	Lack of awareness or stigma/fear of human trafficking	Involved in other illicit activities (e.g. drugs sales)	Futility of therapy	Need for condoms & contraception	Lack of consistent HCP/medical home	Perceived benefits of HT: money, sense of family, promise of safety, promise of fame
Isolation from family/friends/ community	Complex emotional trauma bonds with human trafficker	Patient driven barriers	Need for therapy	Need for medication	Patients feel judged by HCP	Need for safe housing
Lack of family support	Misperception that insurance or guardian is needed for healthcare	Denial of HT/ exploitation	Desire for normalcy & kid/teen activities	Need for substance use rehabilitation	Patients don't want to be asked too many questions	
Judgmentalism & punishment by authority figures rather than curiosity and support	Trafficker control	Gave "fake" answers to screening questions		Need for regular & balanced nutrition	Patients want to be asked questions in the right ways	
		Lack of education/ knowledge about HT Trauma & fear of reprisals Lack of education about HT		Need for pregnancy care & prevention Need for STI testing		
		Unaware of signs in patient history Unaware of physical signs consistent w/HT		Desire for resources, medical community partnerships, survivor-led support groups/programs		

Patient Voices

Code	Definition	Subcode	Exemplar
Patient-focused barriers	Barriers originating from a patient's belief or one that is in the patient's control; barriers arising from patient's circumstances that a healthcare provider or healthcare system could not change	Lack of awareness or stigma/fear of human trafficking	"No one told me what was happening to me." -Participant 2
		Complex emotional trauma bonds with human trafficker	"When I was being exploited... I was told I didn't need no doctor to try to fix me up 'cause he can fix me up and he had everything for me." - Participant 5
		Misperception that insurance or guardian is needed for healthcare	"I didn't see a doctor at all because I didn't have the money or the insurance at the time to go get checked out... my mom wouldn't hand over the insurance." – Participant 7
Healthcare system-focused barriers	Barriers or areas of improvement that are in the control of the healthcare system or healthcare provider	Put off by human trafficking screening process	"It makes me defensive... It starts feeling like I'm being interrogated." - Participant 1
		Need for consistency in healthcare providers	"I would ask beforehand, 'Hey, I would like to be seen by this doctor,' and more often than not she would be there..., she like rarely ever like called out or missed work. But it was just that one time [she wasn't there]! And that really turned me off. It really did." -Participant 4
		Desire for resources, medical community partnerships, survivor-led support groups/programs	"Looking at someone who has been in the life and already is doing good for themselves, it makes you go 'ok, if this person could do it then I could do it too'" - Participant 6

Conclusions

- 46% of youth survivors reported seeing an HCP during their exploitation.
- Youth HT survivors falsely believed they could not access healthcare without a legal guardian or insurance.
- Youth challenged mental health service paradigms that apply adult interventions to them.

Future Directions

- Multi-site, larger sample size
- Non-traditional MH therapy modalities

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Thank you!

Questions?

