Mitigating Barriers in Order to Create and Effective Healthcare Model for Previously Sexually Exploited Women

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The Problem
• Women who have been previously sexually exploited often lack access to adequate healthcare leading to increased emergency room use and greater likelihood to suffer from exacerbation of treatable diseases.

Background
• “A practice by which a person achieves sexual gratification, financial gain or advancement through the abuse or exploitation of a person’s sexuality by abrogating that person’s human right to dignity, equality, autonomy, and physical and mental well-being; i.e. trafficking, prostitution, prostitution tourism, mail-order-bride trade, pornography, stripping, battering, incest, rape and sexual harassment”.
• The sexually exploited population usually encompasses women who are victims of sex trafficking, homeless, previously incarcerated and many involved in the criminal justice system.
• There is a severe dearth of research concerning best practices for treating women who have been sexually exploited.
• In 2014 the Worcester Alliance Against Sexual Exploitation (WAASE) was created to address the needs of sexually exploited individuals and combat sexual exploitation in Worcester.

Causes
• Sexual exploitation is a lucrative and covert business leading to isolation and vulnerability of victims.
• Sexually exploited women often suffer from co-occurring disorders and trauma of abuse and exploitation can present barriers to accessing help.
• Many clinical settings in the Worcester area are too spread out for the women to feasibly access services and providers may not be informed on caring for the sexually exploited.

Summer Assistantship Work

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Clinic Model
• Operating out of one of the community health centers in Worcester
• Referrals to the clinic could be done through LIFT, law enforcement, Pathways for Change and other agencies serving or encountering members of this population
• Clinic could operate one to two afternoons per week at first

Services
• Primary care (vaccines included)
• Urgent care
• Substance abuse care
• Case management
• Testing
• Service referrals
• Health education

Staffing
• At least two physicians: taking appointments for urgent and primary care
• Case manager/community health worker: working to integrate services for each patient
• Peer mentor: may accompany patients to appointments, call patients reminding them of upcoming appointment, support

Countermeasures
• Creation of a clinic catering specifically to the sexually exploited population including primary care, behavioral health and mental health services.
• Foster a partnership with the Worcester Alliance Against Sexual Exploitation.
• Work toward engaging previously exploited women in primary care.

Future Goals
• Primary: establish a clinic solely for the purpose of treating previously sexually exploited women of the Worcester area.
• Secondary: engage women of the sexually exploited population in continuous primary care and reduce ER use and dependence.

Future Plans
• Conduct a focus group concerning healthcare needs with clients at LIFT.
• Write grants and establish funding.
• Establish partnership with WAASE.

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