

The Ethics of Providing Psychiatric and Substance Use Treatment for Women Affected by Commercial Sexual Exploitation (CSE)

Additional references upon request*

Introduction

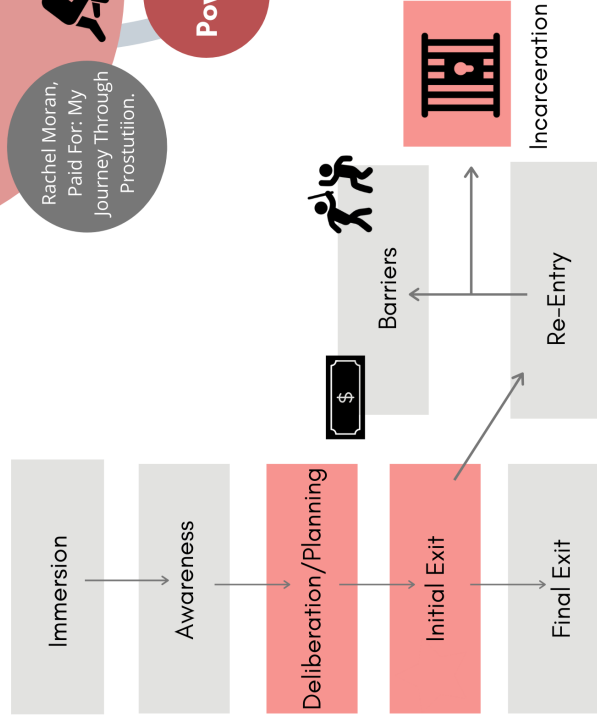
Women impacted by Commercial Sexual Exploitation (CSE) – a term that refers to the entire continuum of sex trading, prostitution and sex trafficking—have high rates of opioid use disorder (SUD) and complex mental health concerns. Many women exiting CSE initially seek help for substance use treatment, but clinics are ill-equipped for their complex and unique needs.

Although women of color are disproportionately affected by the intersection of OUD/CSE, they are less likely to disclose CSE due to experiences of racism in healthcare (Valandria, 2007). Black women in particular report additional judgment and reluctance to discuss CSE with clinicians due to racial bias and provider stigma (Gerassi et al., 2017). Women of color are also less likely to access SUD care, including OUD (Hansen et al 2013).

Purpose

- 1) identify and **explore the ethical issues** of providing mental health care and SUD treatment to patients with past or current CSE, with a focus on **autonomy**.
- 2) describe a **clinical setting** (MGH SUD Bridge Clinic) where an ethically optimal approach is under implementation.

How Patients Exit CSE



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Results

Transitional outpatient clinics like the MGH Bridge Clinic provide low-threshold treatment that engages survivors as staff members and integrates community partners. This positions the physician to be in a dynamic relationship with the CSE patient's changing personhood and **developing autonomy**.

From a Foucauldian perspective this includes understanding the **power dynamics** between the patient, exploiter(s), and provider, the **Foucault's "ethic"** (the ontology of physician practice) and understanding **discourses of truth** within SUD clinics, the media and the law on criminalizing the sex trade and substance use.



Future Directions

Additional data are needed to support organizational changes that could enhance the ability to provide this **autonomy-promoting care**.

