

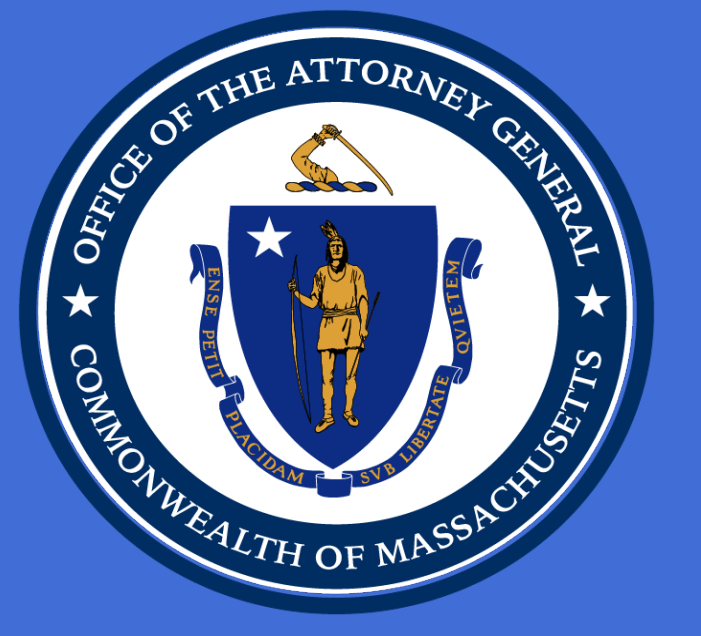
Reimagining Support for Women at the Intersection of CSE and SUD: An Innovative Model



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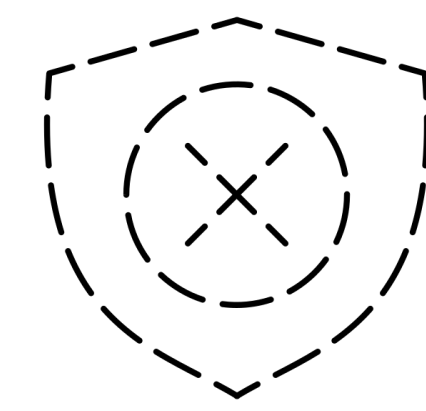
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St. Anthony Shrine

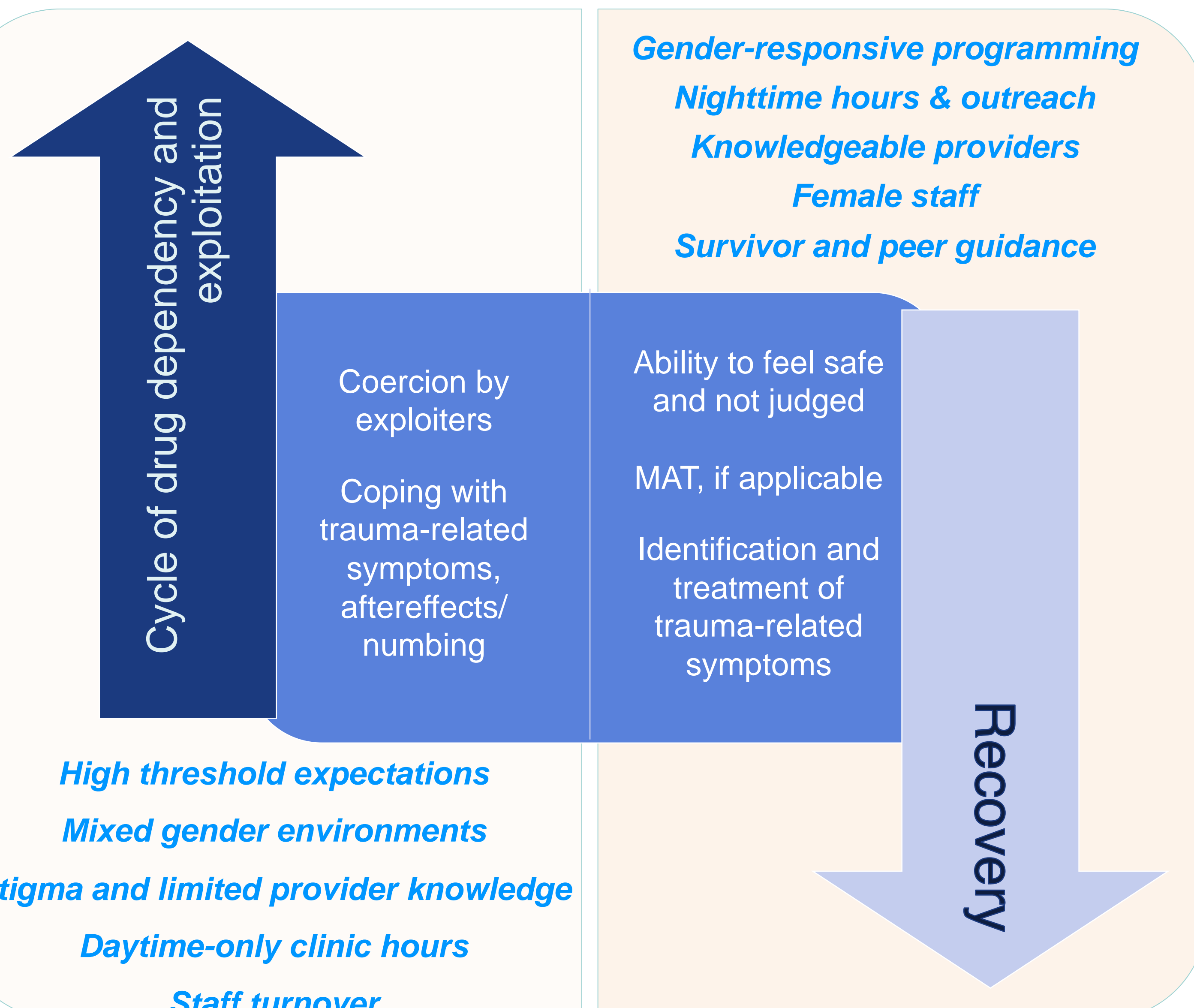
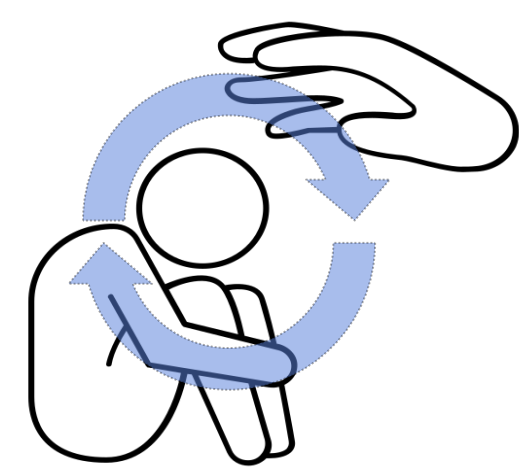


Introduction

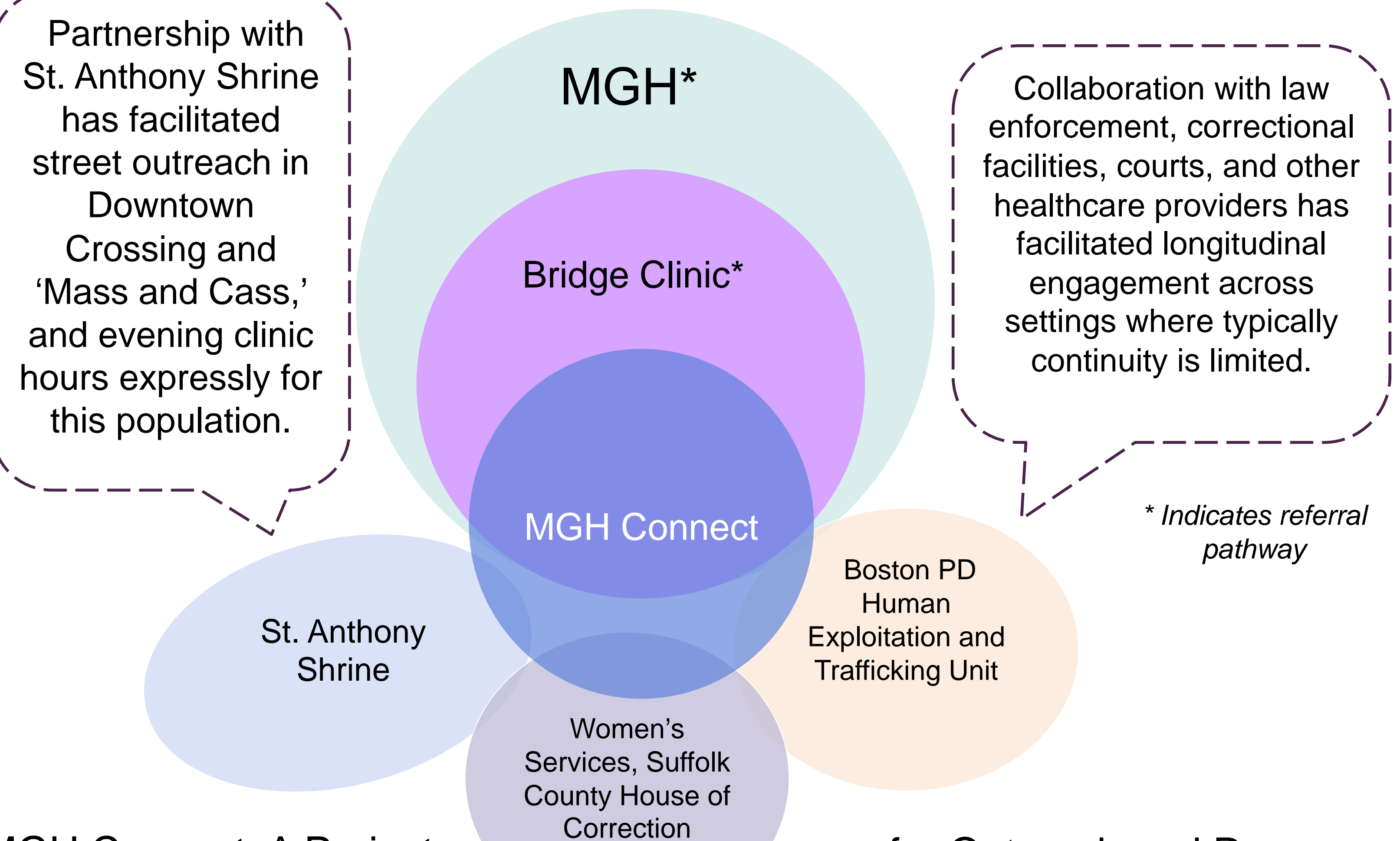
- Nearly half of women who present for substance use disorder care have a history of lifetime commercial sexual exploitation (CSE), a term which refers to the entire continuum of sex trading, survival sex, prostitution, and sex trafficking. The needs of women at this intersection are poorly understood, and most clinic-based psych models are not readily accessible or relevant.
- Women at the intersection of substance use disorders (SUD) and CSE are:
 - More likely to be structurally vulnerable, in terms of race, education, housing, and employment status
 - Exposed to high rates of prior trauma
 - Often are first exploited before age 18
 - Tend to have more severe addiction, a high psychiatric burden (especially PTSD), and worse health outcomes
 - Often living in situations of high, chronic risk



Individual trajectories of co-occurring SUD and CSE are mutually reinforcing. For some, addiction precedes CSE (vulnerability/dependency creates opportunities for exploiters). In other cases, substance use can result from involvement in CSE, to help women survive and numb trauma-related symptoms.



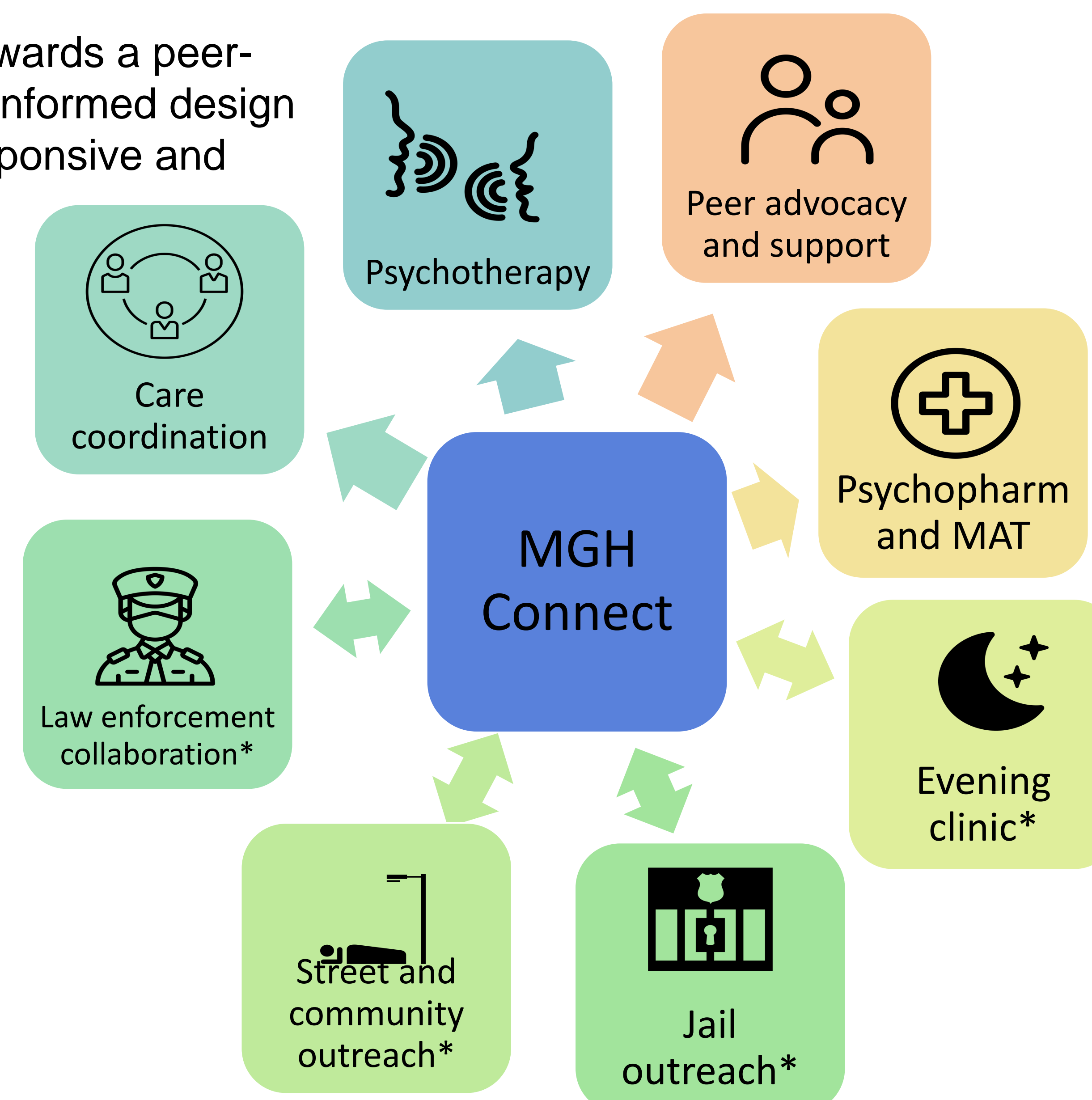
Methods: Designing the Project



MGH Connect: A Project for Outreach and Recovery is staffed by a psychologist, a peer advocate, and a psychiatry resident, and it is grant-funded by the office of MA Attorney General Maura Healey. Our aim is to provide low-barrier peer- and psychological support to women at the intersection of SUD and CSE, particularly women of color.

This approach:

- Is oriented towards a peer- and survivor-informed design
- Is gender-responsive and trauma-informed
- Emphasizes the unique needs, roles, experiences of women and cultivation of safety, choice, autonomy, and trust



Results

- Our model has been under development since 2016
- Since 2021, our first year of grant funded expanded outreach, MGH Connect has worked with 23 women

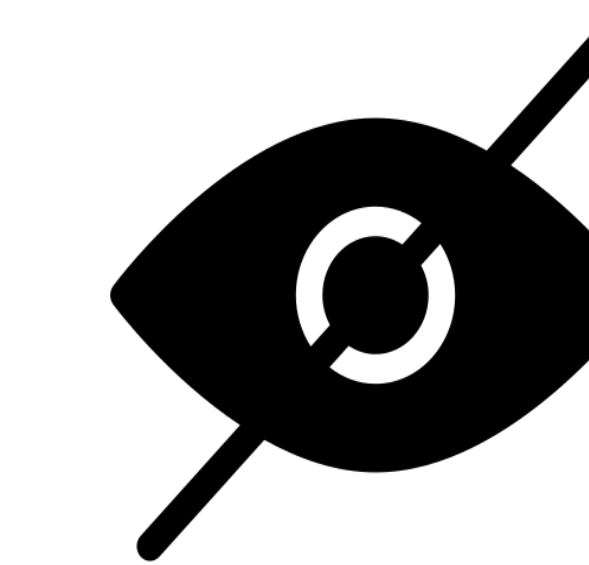
This is not an area of practice that has been systematically studied, yet we hypothesize the model may lead to greater utilization of care, more consistent engagement, or improved outcomes. Additional benefits may include opportunities for interprofessional education/workforce development and larger-scale dissemination of best practices based on the experience of the MGH Connect providers.

Conclusion/next steps

Although not well researched, we have observed benefit of cross-sector collaboration for this population, especially between groups that are historically siloed and where there may be deep mistrust, including education for law enforcement and correctional staff on addiction and exploitation, and increased coordination/continuity when women move between settings.



Challenges/limitations for both research and clinical care stem from the underground nature of the sex economy. We rely heavily on word-of-mouth referrals that result from cross-sector collaboration and relationship building, but our model may not be accessible to all women affected by CSE and OUD.



Future steps may include developing a logic model for our approach and a descriptive, survivor-centered evaluation of this model's feasibility and acceptability. Sustainability of our approach requires continuous, non-RVU based funding and hiring additional staff.

Works Cited:

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- Jeal N, Macleod J, Salisbury C, et al Identifying possible reasons why female street sex workers have poor drug treatment outcomes: a qualitative study BMJ Open 2017;7:e013018. doi: 10.1136/bmjopen-2016-013018