



# YOUTH PERSPECTIVES ON HEALTH & HEALTH ACCESS IN TIMES OF COVID-19

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A WEBINAR HOSTED BY THE REPRODUCTIVE HEALTH EQUITY PROJECT FOR FOSTER  
YOUTH AND UCLA COMMERCIAL SEXUAL EXPLOITATION RESEARCH GROUP

DECEMBER 10TH, 2020



# PRESENTERS



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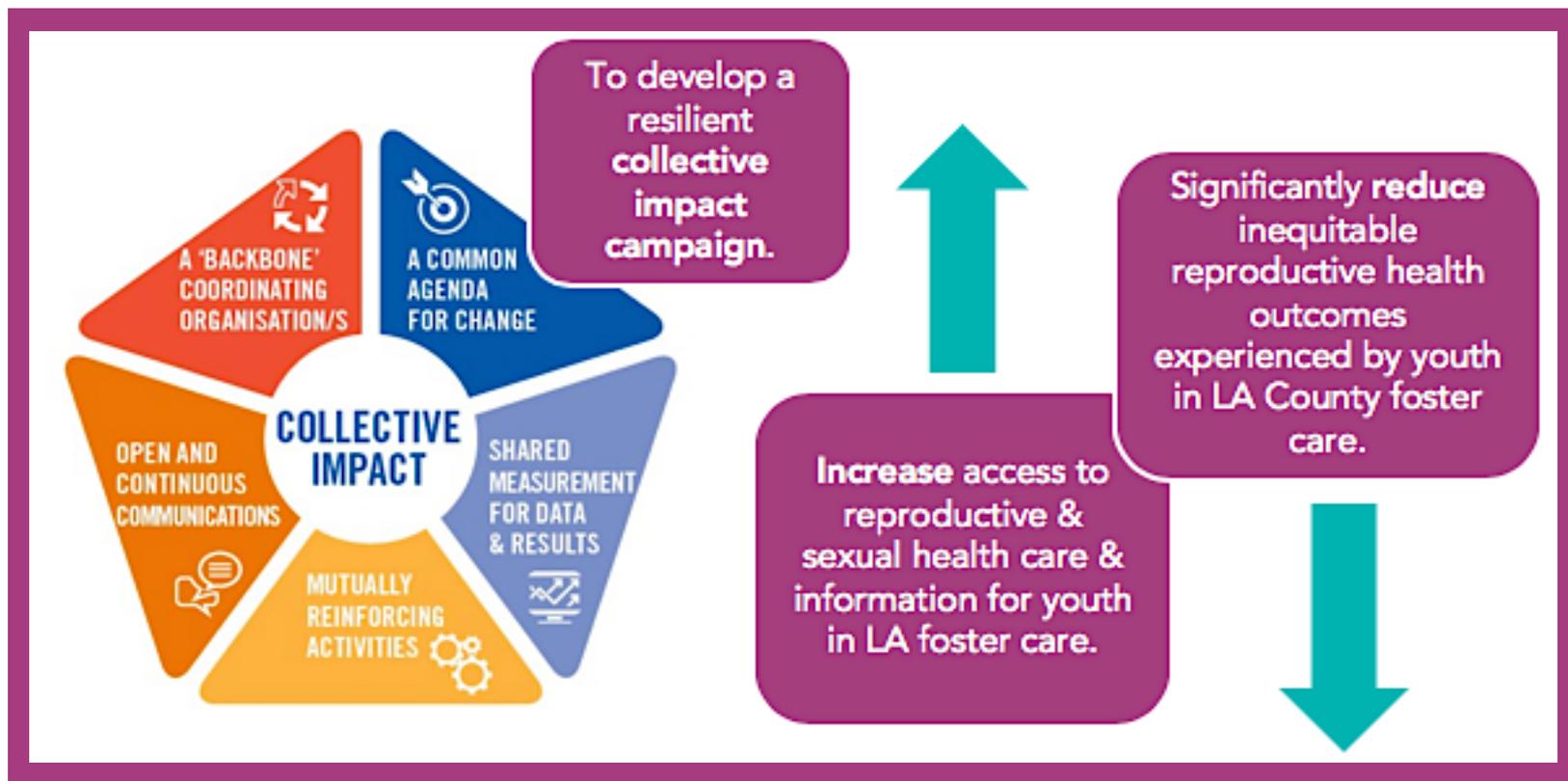


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Youth Advisory Board Member  
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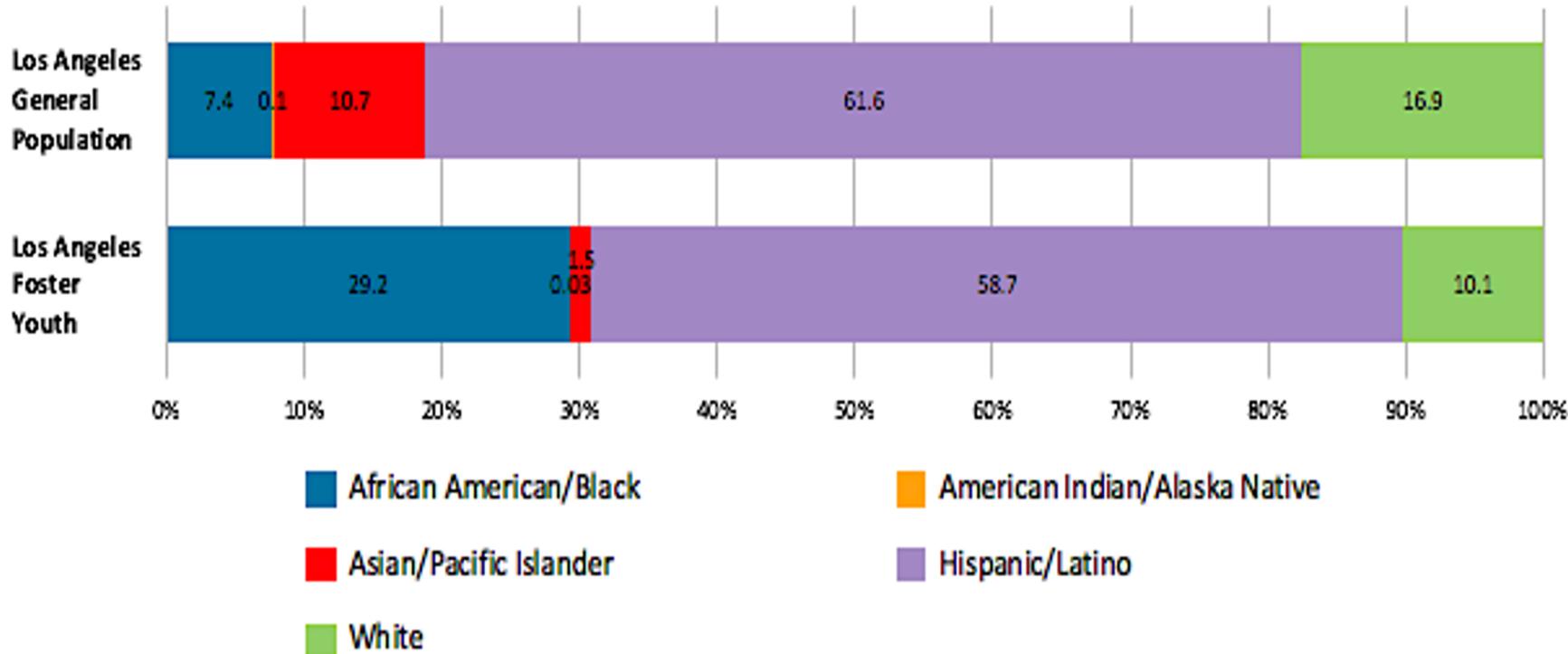
**Liz Wolf**  
Youth Advisory Board Member  
Reproductive Health Equity  
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# REPRODUCTIVE HEALTH EQUITY PROJECT FOR FOSTER YOUTH (RHEP)



# Demographics: Race & Ethnicity

90%+ youth in Los Angeles foster care are youth of Color.



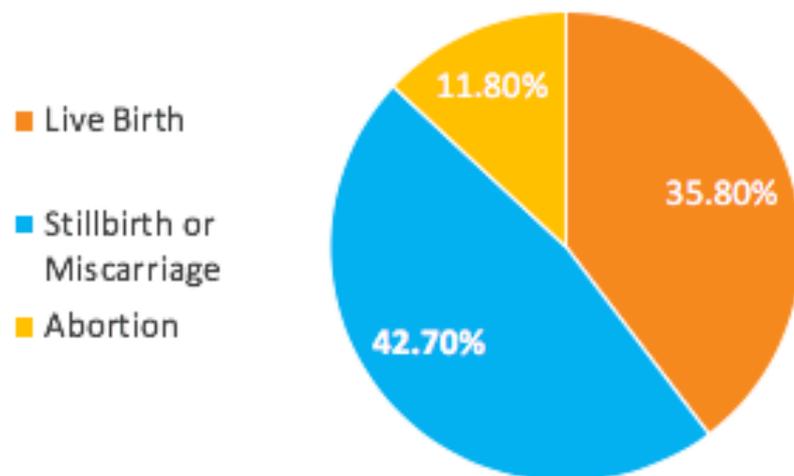
# Demographics: Race & Ethnicity

- Nationwide, **22.8%** of children in the foster care system identify as LGBTQ
- A study of foster youth in LA found that the percentage of those who are LGBTQ is approximately **twice** that of youth not in foster care
  - Often due to discrimination\*
- Within LA County, **83% of LGBTQ foster youth were black or Latino**
- LGBTQ youth are **2x more likely to be placed in a congregate care setting**
- **56% of LGBTQ youth in out-of-home care** spent some time without stable housing because they **felt safer on the streets than in group or foster homes**



# Youth in CA foster care also have disproportionately poor prenatal outcomes.

Of foster youth surveyed at 17 who reported pregnancy:



**\*42.7% had a stillbirth or miscarried**

**\*20.7% never received prenatal care**

# Sexually Transmitted Infections (STIs)

## Compared with peers:

- At least 3 times more likely to have certain STIs
- Young women: Chlamydia, gonorrhea, trichomonas, genital herpes, genital warts
- Young men: Chlamydia, gonorrhea
- Possible increased risk of HIV for certain populations

## Unique factors place youth at risk for STIs



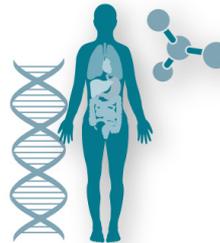
### Insufficient Screening

Many young women don't receive the chlamydia screening CDC recommends



### Confidentiality Concerns

Many are reluctant to disclose risk behaviors to doctors



### Biology

Young women's bodies are biologically more susceptible to STIs



### Lack of Access to Healthcare

Youth often lack insurance or transportation needed to access prevention services



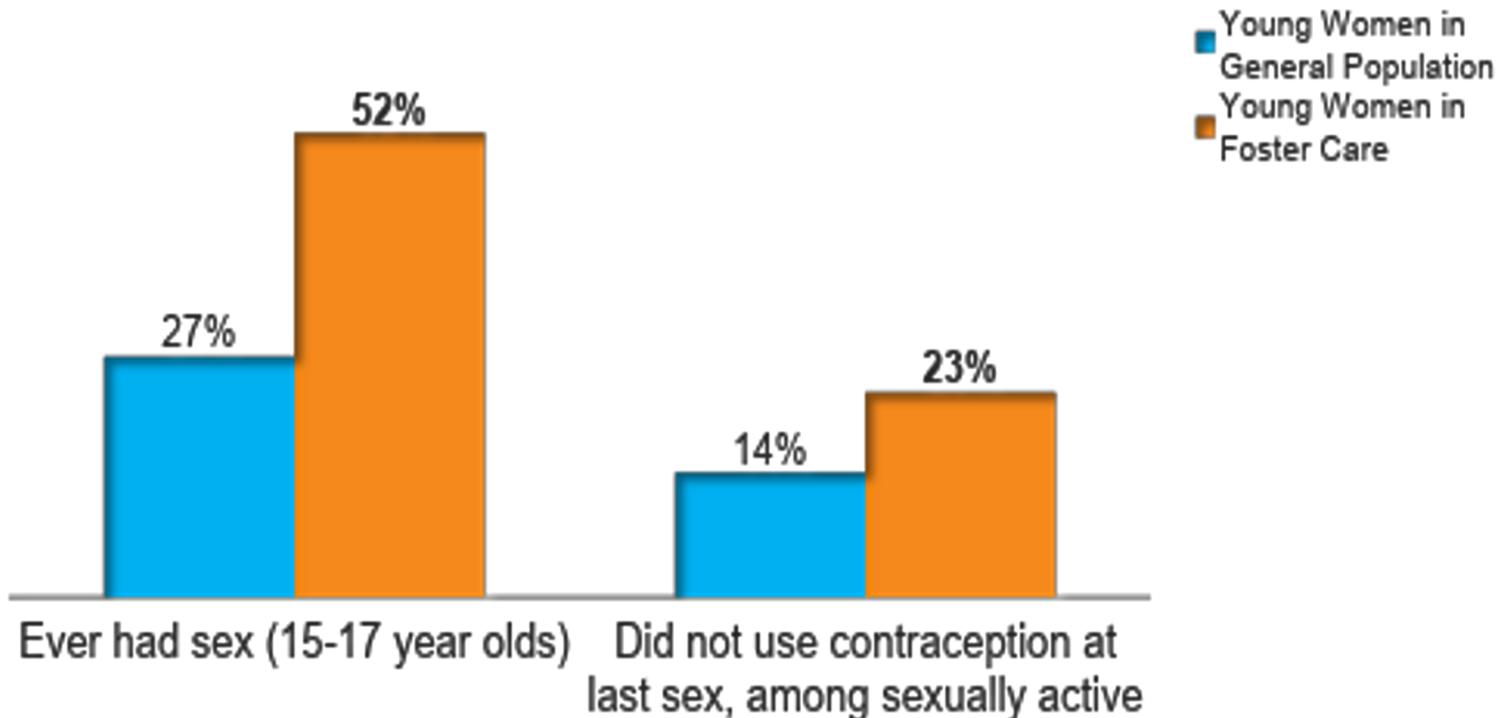
### Multiple Sex Partners

Many young people have multiple partners, which increases STI risk

# Reproductive Health & Foster Youth

When compared with peers:

- Earlier sexual debut
- Less likely to use birth control
- Decreased condom use



# Youth in foster care experience unique barriers to care...



Logistical barriers, such as transportation

Practices that actively infringe on youth rights and access

**Structural Barriers to Care**

Inconsistent access to comprehensive sexual health education & care due to placement change

Lack of policies and training lead to agency & caregiver fear, as well as confusion about reproductive rights & responsibilities



# Social Determinants of Health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

# UCLA Commercial Sexual Exploitation (CSE) Research Group

Eraka Bath, MD | Georgia Perris | Mikaela Kelly |  
Mikiko Thelwell



## We are committed to:

- Conducting community-driven research that aims to reduce disparities and increase access to health and social services for youth impacted by CSE
- Partnering with local service providers and community members in an effort to create lasting solutions
- Serving a highly vulnerable but promising group of young people through the development of meaningful data that meets their needs



# Overall Research Questions and Goals

How can we center the voices and perspectives of youth with lived experience?

Do specialty courts reduce recidivism among youth impacted by CSE?

How can we address CSE barriers to healthcare and common misconceptions about sexual health among youth impacted by CSE?



# DATA RESEARCH

## PREGNANCY OUTCOMES

- Case file review of all participants between 2012 and 2016
- Among the 360 biological females ages 12-19
  - 31% had ever been pregnant
  - 18% had multiple pregnancies
- This study was the largest study of pregnancy outcomes among girls in the U.S. impacted by CSE

## Pregnancy Outcomes Among Girls Impacted by Commercial Sexual Exploitation

Elizabeth S. Barnert, MD, MPH, MS; Sarah M. Godoy, MSW; Ivy Hammond, MSW; Mikaela A. Kelly, BA; Lindsey R. Thompson, MS, MPH; Sangeeta Mondal, MS; Eraka P. Bath, MD

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The authors have no conflicts of interest to disclose.

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Received for publication July 9, 2019; accepted December 6, 2019.

### ABSTRACT

**OBJECTIVE:** We measured pregnancy rates and pregnancy outcomes among girls with histories of commercial sexual exploitation (CSE), and then quantified the associations between the outcome of pregnancy with: a) girls' exposure to childhood adversity, and b) their behavioral health. This is the largest study of pregnancy outcomes and associated factors among girls impacted by CSE in the United States.

**METHODS:** We reviewed court files of participants in a juvenile specialty court for youth impacted by CSE, between 2012 and 2016. We collected data on pregnancy, health, and social factors. Data were updated through 2018 and descriptive statistics were calculated. Two-sample tests for equality of proportions explored associations between pregnancy with adverse childhood experiences and the girls' behavioral health profiles.

**RESULTS:** Among the 360 biological females, 31% had ever been pregnant. Of the girls ever pregnant, 18% had multiple

pregnancies. Outcomes for the 130 reported pregnancies were: 76% live births; 13% therapeutic abortions; 5% miscarriages or stillbirths; and 6% of pregnancies were ongoing at case closure. Parental incarceration and histories of maternal substance abuse were both associated with pregnancy.

**CONCLUSIONS:** High pregnancy rates among girls with histories of CSE suggest the importance of applying a reproductive justice approach to deliver reproductive education, family planning services, prenatal care, and parenting support to girls impacted by CSE.

**KEYWORDS:** child sex trafficking; commercial sexual exploitation of children; commercial sexual exploitation of youth; pregnancy

**ACADEMIC PEDIATRICS** 2019;XXX:1–5



# DATA RESEARCH (cont'd)

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Report to Congress: The Child Welfare System Response to Sex Trafficking of Children

## Children in sex trafficking experience immediate and long-term health impacts

### ❖ Short Term:

- Injuries from violence
- Reproductive health problems
- Unplanned pregnancies
- Infectious diseases including human immunodeficiency virus (HIV) and other sexually transmitted infections

### ❖ Long Term:

- Cardiovascular problems, gastrointestinal issues, and headache and other pain syndromes
- Elevated rates of depression, anxiety
- Substance abuse
- Self-destructive behavior
- Suicidality



# DATA RESEARCH (cont'd)

## RECOMMENDATIONS FOR PROVIDERS

- ❖ Commercially sexually exploited youth are at risk for a variety of health and mental health issues
- ❖ A trauma-informed, multidisciplinary approach incorporating evidenced-based practice and comprehensive case coordination is necessary
- ❖ Techniques providers should use with these youth include:
  - Establishing a safe environment by interviewing youth alone
  - Providing an empathetic, nonjudgmental approach
  - Avoiding discussions that could revictimize youth

## Understanding and Responding to the Needs of Commercially Sexually Exploited Youth



### Recommendations for the Mental Health Provider

Roya Ijadi-Maghsoodi, MD<sup>a,b,\*</sup>, Mekeila Cook, PhD<sup>c</sup>,  
Elizabeth S. Barnert, MD, MPH, MS<sup>d</sup>,  
Shushanik Gaboian, MSW<sup>e</sup>, Eraka Bath, MD<sup>f</sup>

#### KEYWORDS

- Commercially sexually exploited children
- Commercial sexual exploitation of children • Sex trafficking • Human trafficking
- Exploitation

#### KEY POINTS

- Mental health providers may encounter commercially sexually exploited youth in various health care settings, emergency rooms, the juvenile justice system, and child welfare system.

*Continued*

# Liz Wolf

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YOUTH SPEAKER

How has COVID-19 impacted youth health and health access?

# Alexis Obinna

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YOUTH SPEAKER

How has COVID-19 impacted youth health and health access?

# THEMES

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BASED ON YOUTH  
EXPERIENCES

# CONTINUITY OF CARE



*“COVID has affected how our needs are being met. I don’t think they (health providers) realize that we get attached to our therapists and if we’re switching therapists constantly then it’s not really helping.”*

*“My therapist sessions went from 2x a week to once a week, then less and less. My therapist was also switched halfway through, which was frustrating; telling people what support you need and doing the same process over and over. It’s like you keep peeling the same band aid off with a different therapist.”*

*“We as foster youth deserve a warm handoff to another resource.”*

## MENTOR ROLE & RESPONSIBILITY



*“My hours with my mentor were shortened and I’m not sure why. I don’t really see him anymore...I don’t see anyone anymore.”*

*“When the George Floyd riots began, I turned to my mentor and she couldn't see my perspective. She didn't know what I needed at that time... I need someone to be there for me unconditionally and that's what she said, “I am here for you unconditionally” but you're not.”*

*“Mentors need to understand the role that they play and the toll that it takes on us when they don't show up.”*

## INCONSISTENCY IN SERVICES & COMMUNICATION



*“I went to planned parenthood and they turned me away when I said my medication wasn’t working. They referred me to a doctor but when I went to the doctor he wasn't there.”*

*“I don’t have access to the health center anymore. They try to send me documents but I haven’t accessed it. It’s hard...I don’t want to jump through hoops to get information.”*

*“People have stopped communicating with me and I don’t know why. COVID has been a roller coaster in all aspects of my life.”*

## ACCESSIBILITY LIMITATIONS



*“I like Zoom, but I don’t always have electricity. My teachers don’t care. My teacher said that I don’t take self-accountability.”*

*“Teachers need to understand that this has affected everyone differently and they need to be more understanding. I shouldn’t have to tell you my entire story for you to feel bad or understand.”*

*“Technology is an issue because I do everything on my phone and sometimes the internet signal is not good. There’s definitely a gap with my school counselors and mentors.”*

## NEED FOR HUMAN CONNECTION



*“I feel like I had more partners than I would have if it wasn’t for Covid.”*

*“I like human connection. I miss connecting with people and telling them good morning. I miss giving people hugs.”*

*“You get zoom fatigue... I just got out of a two-hour meeting then I had this meeting.”*

# FIVE TAKE HOME POINTS

(SOLUTIONS FROM OUR YOUTH LISTENING SESSION)



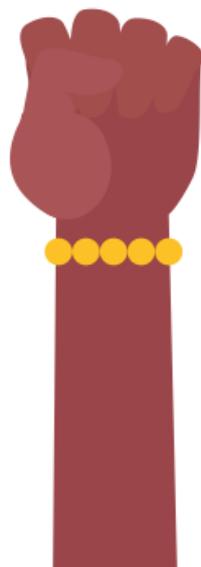
1. *Healthcare providers, advocates, social workers and caregivers should be communicating their COVID-19 limitations before starting services.*
2. *The primary focus should be establishing consistent communication between provider and client; building trust is more essential than ever.*
3. *Healthcare providers and other supportive roles should be open and understanding to different youth's struggles; create space for the young person to share their intersectional experiences, especially pertaining to COVID-19.*
4. *Support the youth in expanding their networks; provide young people with additional resources and/or connect them to other services and professionals.*
5. *Schedule regular check-ins with youth and offer alternative ways to connect with them (via text, phone call, email versus only Zoom).*



THE REPRODUCTIVE HEALTH EQUITY PROJECT  
FOR FOSTER YOUTH IN PARTNERSHIP WITH  
THE UCLA COMMERCIAL SEXUAL EXPLOITATION  
RESEARCH TEAM PRESENTS:



## A Youth Discussion: Racism's Impact on System-Involved Youth in the Wake of Black Lives Matter and COVID-19



In this webinar, we will dive into a dialogue primarily focused on how racism permeates through foster care, juvenile justice and other social systems and how the experience of system-impacted youth has changed in the age of Black Lives Matter and COVID-19. All youth are welcome join the conversation!

**Date:**  
**December 17th, 2020**

**Time:**  
**12:00 PM- 1:00 PM**

### REGISTRATION LINK:

<https://bit.ly/rhepyouthdiscussions>

*For questions please contact Felicia Reyes,  
freyes@youthlaw.org*

*Visit [fosterreprohealth.org](http://fosterreprohealth.org) for more reproductive and  
sexual health resources.*



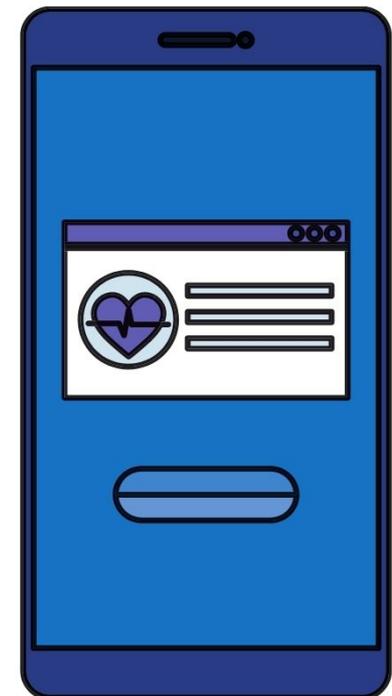
**UPCOMING  
WEBINAR**



## ADDITIONAL RESOURCES:

- LA RHEP's [COVID-19 Resource Guide for Youth in Foster Care](#)
- CDSS [Know Your Sexual and Reproductive Health Rights](#) brochure (also available in Spanish, Tagalog, Vietnamese, Hmong)
- CDSS [Healthy Sexual Development website](#) has many resources, including “Talking Points for Case Workers about Reproductive and Sexual Health”, practical guidance for caregivers and STRTPs with case studies, and information about the law.
- The LA RHEP website [Fosterreprohealth.org](#) includes many other resources, such as a data snapshot of the Sexual and Reproductive Health Needs of Youth in Foster Care in California
- [UCLA CSE Research Group](#): <https://cseresearch.semel.ucla.edu/> Instagram: [@uclacseresearchgroup](#)
- [Rights4Girls Organization](#): <https://rights4girls.org/>

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**THANK YOU!**

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**QUESTIONS?**