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113. Human Trafficking: Voices from the Field

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We aim to co-develop a TP prevention program that responds to rural needs. The transcreation implementation science (TIS) framework includes engaging community and academic partners to jointly co-develop an intervention, building upon evidence-based interventions (EBI). Incorporating TIS, we engaged partners to build a co-development team and collect input using an iterative process to adapt curricular core content, format, and delivery of an EBI.

Methods: Building on existing networks, we engaged community members in 3 Latino communities in isolated, rural Kansas.

Phase 1: (Community Engagement/Recruitment) Supported by community consultation (community health workers, a pediatric nurse, and a priest), we coordinated a kickoff event at a rural church ;> 50 youth and adults attended. We introduced the team, discussed the sensitive topic of TP, and reviewed the proposed project and efforts to engage the target community. Those interested in participating in Phase 2 were recruited and participated in the first co-development session.

Phase 2: (Co-development sessions) Teens participated in 7 weekly one-hour sessions to provide feedback on curricular content, format, and delivery of an existing TP prevention program developed for urban Latino teens ("Cuidate"). Additionally, adults participated in 3-hour sessions. Open-ended question prompts explored which core material should be retained, changed, or adapted. Participants received $45 gift cards per Phase 2 session.

The initial sessions were conducted in person, while subsequent sessions occurred via videoconference. We collected Demographic data on participants and audio-recorded all sessions.

Data analysis: Demographic survey data were analyzed. Trained bilingual staff transcribed the audio-recorded sessions and summarized common themes and feedback regarding program content, format, and delivery

Results: 16 Hispanic teens (mean age 16 years, 11 females at birth, 10 heterosexuals, 9 White, 1 American Indian, 6 other) provided feedback on "Cuidate". They judged content as appropriate and interesting, suggesting updating the format to include additional videos and interactive material. They preferred programs delivered in person, encouraging active participation within a confidential environment. Nineteen adults (mean age 46 years, 17 females at birth, 13 heterosexual, 17 Hispanic, 11 White and 8 other) including 6 community health workers, 4 parents, 3 community leaders, including a priest, a nun, and a nurse) participated, expressing interest in being part of the program. They voiced TP programs were were particularly needed (due to lack of educational and clinical sexual and reproductive health resources) and should not only include cultural values, but also mental health and healthy relationships education and resources.

Conclusions: Our work offers key insights and stakeholder guidance to co-create a novel TP program that optimally fits the needs of rural, immigrant Latino populations.

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HUMAN TRAFFICKING: VOICES FROM THE FIELD

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Purpose: Given their innate dependence on adults and developmentally appropriate impulsive and approval-seeking behaviors, youth are especially vulnerable to the tactics of human traffickers. Multiple studies demonstrated that trafficked persons routinely present to health care while being trafficked. Barriers to care for trafficked youth include misperceptions about labor and sex trafficking which limit identification of trafficked youth in health care settings. We sought to identify barriers to access to health care for exploited youth in San Diego County, as well as strategies for overcoming these barriers.

Methods: This was a mixed-methods study of youth survivors of domestic U.S. human trafficking. Youth < 26 years old were invited to participate in an anonymous online survey sent to nonprofit organizations serving trafficked youth in San Diego, CA. Participants were verified as survivors oftrafficking by experts at these organizations and by answering the query, "Are you a survivor of slavery, or were you made to work or made to do sexual acts?" Survey questions - including basic demographics and health care encounters - were developed from previously published studies and were revised via collaboration with survivor-advocates.

Survey respondents were then invited to participate in anonymous, online, follow-up interviews conducted via Zoom videoconferencing. Three independent researchers reviewed the interview transcripts to identify major themes. Analysis continued as an iterative process through discussions and refining of the major themes. Subthemes were established using a method of constant comparison to break down higher-level codes (themes) into smaller categories within the framework. Data was coded in Dedoose software to facilitate the reporting of common themes and supporting quotations for constructing the conceptual framework. Techniques to ensure trustworthiness included use of a coding framework, triangulation of data analysis by multiple coders, theory triangulation and member checking.

Results: Seventeen youth with experience of human trafficking completed the survey, and nine of these youth participated in 40-minute, follow-up interviews. Through ongoing discussion and consensus building, investigators noted that emerging themes mirrored variables in the Health Care Access Barriers Model, which was therefore selected as a conceptual model to explain barriers to healthcare for survivors. Emerging themes (and subthemes) included: barriers to identifying trafficked youth (patient driven, provider driven, and lack of signs/features); cognitive barriers (navigating health care systems, lack of awareness of exploitation or mental health needs or substance use disorder needs); financial barriers (gaps in health insurance, housing needs, and the lure of money); structural barriers (lack of medical home, trafficker control, transportation, and lack of ID); and the need for trauma informed care (continuity of care, disclosure, and resilience).

Conclusions: Teens and young adults with lived experience of labor and sex trafficking can and should provide guidance to health care professionals about barriers trafficked persons encounter when seeking health care and recovery, and strategies for overcoming these barriers.

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THE CONTRACEPTIVE EXPERIENCES AND DESIRES OF YOUNG PEOPLE IDENTIFYING AS BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC)

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