What led to your interest in the health issues of youth?

I first went into nursing with an interest in adolescent health. Initially, I was interested in becoming a nurse-midwife, and working with pregnant teens. At that time teen pregnancy was, as it still is, a significant public health issue in the US. But during my nursing degree at the University of Minnesota, I developed a keen interest in public health nursing and, more specifically, health equity for marginalised groups. Within my degree I was also involved in nursing research with adolescents, which I really enjoyed. So, while working as a public health nurse and nurse manager of a maternity service for homeless and incarcerated pregnant teens in Seattle, I started graduate school at the University of Washington School of Nursing. It was here I completed my master’s and PhD.

How has your nursing experiences working with pregnant and parenting teens influenced your work over the past 20 years?

In doing that early work, there were a few things that struck me. First, homeless pregnant teens often had profoundly troubling histories of violence, abuse and trauma. They often dealt with stigma and discrimination. Yet, despite enduring experiences I’m not sure I could have survived, they were surviving, and some were even doing well. So, I wanted to know how protective factors in their environments, their relationships and within young people themselves help foster resilience in spite of trauma.

Second, I noticed that the young fathers of young babies were often still in the young women’s lives, but health services didn’t reach out to them the same way. In fact, some services seemed to deliberately exclude the dads, and try to separate them, or place obstacles in the way of their relationship.

Which areas in particular are you focusing on at present and what are the key goals of this work?

One of our teams at the Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) is focusing on sexual exploitation amongst boys and young men. There is very little research out there to guide health services.

Within this topic we are examining four major areas: What are the contexts in which boys are exploited, and how are they the same or different compared to girls? What do the health consequences of exploitation look like amongst boys compared to girls? What protective factors appear to foster resilience amongst vulnerable youth? And ultimately, what interventions will be needed to address their health issues and support resilience among sexually exploited boys?

In your day-to-day work, what inspires you?

I am inspired by the youth I have worked with over the years. They have both amazing strengths and cool ideas, but at the same time incredible vulnerabilities. They are our future, and I enjoy working with them. Whenever we are doing research that produces really bleak findings, I see the faces of the young people I have worked with faced huge challenges, yet with support, respect, and human caring, they blossomed. So I know what is possible.

The people who use our research to change practices, laws, and ultimately lives also inspire me. Research can take a long time to influence practice, but we’ve seen our work get taken up by the media again and again, and it has changed the way people think about young people. Ultimately, if it is making things better, especially for some of our most vulnerable young people, then our research is an incredible success.
Challenging stigma and gender stereotypes

Research carried out at the Stigma and Resilience Among Vulnerable Youth Centre in Canada has changed perspectives about adolescent victims of sexual exploitation, leading to better targeted and more effective health initiatives.

WHEN YOU HEAR of sexual exploitation, the trading of sex for resources (eg. money, drugs, food and shelter), what is the first image that comes to your mind? For many, it will be a girl or young woman, perhaps standing on the street corner, wearing high heels and a short skirt. Whilst men are often considered the perpetrators of sexual exploitation, boys are very rarely thought of as victims. Even if people do recognise that boys are exploited, the expectation is they’re a much smaller group than girls. This gender stereotype is as pervasive as it is misleading, and has resulted in a lack of social support systems for boys and young men.

WHAT ABOUT THE GUYS?
Dr Elizabeth Saewyc from the University of British Colombia, Canada, has been working with the Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) to try and tackle this imbalance, and improve public services and research about sexual exploitation among boys and young men. Much of the research carried out at the SARAVYC is focused on stigmatised youth, including, but not limited to, sexually exploited and abused youth, lesbian/gay/bisexual/transgender/questioning (LGBTQ) teens, homeless and street-involved youth.

In the early stages of her career, identifying links between sexual abuse and teen pregnancy, Saewyc noticed that there were very few studies about the young dads she was encountering in her clinical practice: “I remember I was asked, at a key moment in my work, ‘But what about the guys? What leads them to become teen dads? And what do they need to help them do well as fathers?’ It struck me that most of the things I had learned focused on girls’ traumatic experiences, while boys were invisible”.

SURPRISING FINDINGS
In subsequent research, Saewyc focused some of her work on young men and boy’s experiences of sexual exploitation, along with the services they use and how these can be improved. One of these investigations involved a 9-city study of street-involved youth ages 12 to 18 in Western Canada, which revealed some unexpected findings.

It appeared that boys were just as likely to be sexually exploited as girls, and that among the younger street-involved youth, a greater percentage of boys were exploited. Another surprising finding was who these young people traded with. More than three out of four homeless and street-involved boys in the survey had traded sex with women. Even more surprisingly, the majority of boys had traded sex only with women – a finding most people would not initially expect.

WHAT’S NEXT?
This research has set the stage for the development of interventions to help both boys and girls who have been sexually exploited. “We’ve been doing a lot of research to understand the contexts, the influences, the resilience factors, and the health issues among stigmatised youth, which is an important first step before being able to take action,” Saewyc explains. “In more recent years we’ve begun to put more emphasis on interventions – developing them or evaluating existing programmes – to learn what works, and for whom.” Moreover, by looking at how existing interventions aimed at girls might be tailored for boys and transgender youth, the team at SARAVYC is paving the way for programmes of support and much needed changes in policy.