Residential Programming for Commercially Sexually Exploited Youth: Successes Identified and Lessons Learned

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Objectives

• Participants will be better informed on the programming needs across the mental health continuum for survivors of exploitation.

• Participants will gain a better understanding of therapeutic interventions and models of care/service utilized with this population.

• Participants will learn of successes identified and lessons learned in working with survivors in a residential setting.

• Participants will learn what outcome data to collect that may be helpful to determine effective programming for survivors.
CSEC is....

The commercial sexual exploitation of children (CSEC) is:

- Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons.
- The child is treated as a commercial and sexual object.
- CSEC is a form violence against children.
Child Trafficking Industries

Women were referenced as victims in 85% of sex trafficking cases.

Men were referenced as victims in 40% of labor trafficking cases.

Top 10 Child Trafficking Industries
1. Pimp-controlled prostitution
2. Peddling rings
3. Pornography
4. Escort service/Delivery service
5. Commercial-front brothel
6. Residential brothel
7. Traveling sales crew
8. Domestic work
9. Restaurant/Food service
10. Hostess/Strip club

Source: Polarisproject.org
CSEC in the United States

Runaway Youth

• Nine percent of 1600 runaway youth surveyed reported to have engaged in survival sex and some point in their life.


• A NY City provider of services to homeless youth found that 1 in 4 had been a victim of sex trafficking or had engaged in survival sex, and 48% engaged in commercial sex because they didn’t have a safe place to stay.

What is Your State’s “Grade”? 

http://sharedhope.org/what-we-do/bring-justice/reportcards/
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http://sharedhope.org/what-we-do/bring-justice/reportcards/
This bill expands the current public records exemption for certain criminal intelligence and criminal investigative information to include identifying information of a child victim of human trafficking for labor or services, as well as any victim of human trafficking for commercial sexual activity. The bill also creates a public record exemption for this newly described criminal intelligence or investigative information relating to human trafficking victims that is expunged or ordered expunged under s. 943.0583, F.S.

Such information is confidential and exempt from public record requirements, except that the information may be disclosed by a law enforcement agency.

The exemption applies to information held by a law enforcement agency before, on, or after the effective date of the exemption.
Florida Report Card 2016

The human trafficking law includes sex trafficking of minors without regard to use of force, fraud, or coercion to cause the minor to engage in commercial sex act. Child victims are protected from being criminalized for prostitution and have access to specialized services through child welfare as a sexually exploited child.

Final Score: 94
Final Grade: A

10 | 20.5 | 15 | 6 | 27.5 | 15
Florida Legislation

- Florida Safe Harbor Act (2013)
- Florida House Bill 7141 – Human Trafficking (2014)
- Florida House Bill 989 – Victims Rights (2014)
- Florida House Bill 467 Expungement (2015)
- Florida House Bill 5845 – Re-classes HT offenses and removes minors from prosecution (2016)
Devereux Florida offers a full continuum of care through several different programs and services including:

- Intensive Residential Treatment Center/ Children’s Specialty Hospital
- Statewide Inpatient Psychiatric Program (SIPP)
- Autism & Intellectual/Developmental Disabilities Program
- Residential Group Care
- Specialized Therapeutic Group Homes
- Intensive Behavior Group Homes
- Child Welfare Services
- Foster Care & Adoption Programs
- Family Counseling Center
- Abuse and Neglect Prevention Services
Devereux has implemented a specialized treatment model on our Viera Campus in either our locked or unlocked program to meet the unique needs of this population. This is a 136 bed residential campus serving individuals with mental health and/or intellectual disabilities. It is an all inclusive campus setting where all mental health, medical, educational, milieu and nursing services are provided on site.

Specialized therapeutic services to address the unique needs of survivors of sexual exploitation are now available to youth who are placed in Devereux Florida’s Specialized Therapeutic Group Homes. This is a community based group home where individuals reside in the group home and receive mental health services but attend school in the community.
DELTA Treatment Tracks

• Devereux Florida’s DELTA Foster Care Program is available for children in traditional, therapeutic and specialized therapeutic levels of foster care, focused on the individual needs of youth.

• The Devereux Family Counseling Center provides outpatient therapeutic services to survivors of commercial sexual exploitation, as well as therapeutic counseling and support for family members, through the DELTA Counseling Program. The program offers intensive wraparound services.
Why a Continuum?

• Not all children exploited need residential care.
• Not all children exploited can remain safe in outpatient or community based services.

A continuum provides the service provider the opportunity to be able to treat the needs of exploited children with multiple varying needs in the least restrictive setting possible as well as provides the exploited child to remain with the same service provider throughout treatment (thus providing a continuity of care --- and avoids re-traumatizing exploited children with this continuity).
Goals of Programming Across Continuum…

- Regain a sense of safety
- Identify and process symptoms related to complex trauma reactions
- Increase internal insight into emotions associated with the trauma
- Increase personal coping skills
- Develop an individualized wellness recovery/relapse prevention action plan
- Demonstrate clinically significant improvements in functional level
- Successful discharge to a lower level of care or maintain stability in a community-based setting
Wounds to Treat...

- Drug/alcohol addiction
- Physical injuries
- Traumatic Brain Injury
- Memory loss
- Dizziness
- Headaches
- STDs
- Infertility
- Trauma of miscarriage/abortions
- PTSD
- Anxiety
- Insomnia
- Depression
- Hypervigilance
- Persistent self-loathing
- Shame
- Self-hatred
- Grief
- Fear
Treatment

• Treatment Modalities

• Treatment Types/Services

• Outcomes
What We Think Works: Treatment Modalities

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Motivational Interviewing (MI)
- Applied Behavioral Analysis (ABA)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Specialized CSEC Group Curriculum
- Art/Expressive Therapies
- Movement Therapies
What We Think Works: Treatment Interventions

- Individual Therapy
- Group Therapy
- Family Therapy
- Recreational Therapy
- Movement Therapy
- Peer Support
- Case Management
- Substance Abuse Services (if needed)
- Psychiatric Services
What We Think Works: Assessment and Outcomes

Global Assessment:
- Child Behavioral Checklist for Children (CBCL)
- Youth Self Report (YSR)
- Teacher Report (TRF)

Trauma Screening:
- Child and Adolescent Needs and Strengths: Commercial Sexually Exploited Child (CANS:CSE)
- Trauma Symptom Checklist (TSCL)
- UCLA PTSD Index for DSM
- Adverse Childhood Experiences Questionnaire (ACES)
What We Think Works: Assessment and Outcomes

Symptom Specific Assessment:
- Adolescent Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2)
- BECK Inventories (Primarily Anxiety and Depression)
- University of Rhode Island Change Assessment Scale (URICA)
- Psychological Testing as indicated

Post Service Information
- Post treatment collect via interview or survey
  (return to exploitation, living situation, incidents of running away, quality of life indicators)
Lessons Learned…
(what we wish we would have known!)

We’re not as smart as we thought we were!
Everyone has to be on the same page.

Don’t make assumptions…ever!

Language is truly important.

Ensure training and education is delivered at all levels and with all that will come into contact with victim/survivors.
For adolescents, what needs are being “met” by being in “the life”? 

leader survivor independent engaging 

successful advocate determined 

dedicated vibrant
DELTA

advocate

empowered

triumphant

empowering

mindful

beautiful

unstoppable

inspiring

truthful

independent

women

caring

strong-willed

strong

survivors

leader

courageous

positive

proud

intelligent

encouraging

supportive

funny

honest

dedicated

determined

smart

dependable

powerful

loyal

loving

faithful

confident

persistent

ambitious

trustful
Did you see the moonwalking bear?
Environmental Scanning/Set Up is Key!

- Look at your “rules”, policies and procedures and insert some flexibility.
- Decide how room assignments are going to look.
- Look at the pictures on your walls.
- Listen to the music that you play.
- Think about the movies, television shows and books that will be available.
- Think of those things in the environment that could be trauma triggers or reminders.
Understand Trauma Reactions!

- Victim/Survivors most often experience COMPLEX TRAUMA involving multiple or prolonged traumatic events, inner-generational trauma, resulting in emotional dysregulation, loss of safety, direction and the inability to detect or respond to danger cues.

- Children that are abused, react to different things in their environments in a variety of ways due to their history of abuse. All professionals need to be able to know and identify when this is happening.

- Educate physical safety versus psychological safety.
PTSD & Memory

The amygdala is part of our ‘threat system’. Its job is to keep us safe by alerting us to danger. It does this by setting off an alarm in our body: by triggering the ‘fight or flight’ response it gets us ready to act.

Unfortunately, it isn’t very good at discriminating between real dangers ‘out there’, or dangers that we are just thinking about: it responds in the same way. This means that it can set the alarm off when we are thinking about an unpleasant memory from the past, even though the danger has passed.

The hippocampus helps us to store and remember information. It is like a librarian, and it ‘tags’ our memories with information about where and when they occurred.

When our ‘threat system’ is active the hippocampus doesn’t work so well. It can forget to tag the memories with time and place information, which means they sometimes get stored in the wrong place. When we remember them it can feel like they are happening again.
Take the WHY? Out of your vocabulary!

ALWAYS your BRAIN wants to:
1) Avoid pain
2) Experience pleasure
3) Connect with others

Ask:
Who?
What?
When?
How?
To get the full story...
Survivors are not MANIPULATIVE!
They are SURVIVING…

“I’m so tired”

“I need help”

“I’m scared”

“If he finds me, he’ll kill me. How do I get out of here?”

“These people don’t know me or where I’ve been. They won’t be here tomorrow.”
Survivors are NOT Lazy – They lack motivation

“I’m so tired”

“I’ve tried so many times before and nothing good happens”

“I need help”

“I’m scared”

“I can’t do this by myself”
One Word: BOUNDARIES!

Wouldn’t it be great if it were only this simple???
Success and Safety Planning

- Safety planning is going to look different depending on the level of care, where the survivor is living, and the needs of the individual survivor.

- Safety plans should always be developed with the survivor and should be “held” by the survivor.

- Safety plans should be modified as needed --- think of it as a fluid document.
Take Away Plan for Wellness and Safety Support

This is a short plan that you can reference for safety and share with those that you trust to help keep you safe.

These are people who I can trust and this is how to get hold of them:

________________________________________________________________________

________________________________________________________________________

If I find myself in an unsafe situation, this is what I can do:

________________________________________________________________________

________________________________________________________________________

If that doesn’t work, I can do this:

________________________________________________________________________

________________________________________________________________________

These are places that I can go that I know are safe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

These are friends that are safe:

________________________________________________________________________

________________________________________________________________________

Always remember to **TRUST YOUR GUT!** If you don’t feel safe, let someone know or call 911 immediately.
Take Away Plan for Wellness and Safety Support

These are resources in my community that I can access:

_________________________________________________________________________

Or I can contact the National Human Trafficking Resource Center (NHTRC) 24-hour hotline at 1-888-373-7888 to obtain local referrals for shelter or other social services and support.

These are affirmations that help me make good choices:

_________________________________________________________________________

_________________________________________________________________________

These are my short and long term goals that I am going to continue to focus my energy on:

_________________________________________________________________________

_________________________________________________________________________

I will remember:

<table>
<thead>
<tr>
<th>This is my trigger</th>
<th>This is the coping skills I am going to use</th>
<th>This is who can help me</th>
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Always remember to **trust your gut**! If you don’t feel safe, let someone know or call 911 immediately.
Case Study Ginny

Special thanks to Erin Wirsing, DELTA Program Manager and Patrick Guckian, Orlando Police Department/ Metropolitan Bureau of Investigation who worked closely with Ginny and shared this synopsis of investigation and treatment.
Case Study: Ginny

Bio-psychosocial information:
• 14 years old when first entered programming
• Oldest child living in home
• African American
• Divorced parent
• Parent remarried and had “second family”
• Mother worked full time and was often out of the home for a few days at a time.
Case Study: Ginny

First exposure to commercial sex industry at age 14

• Street walking
• Internet based prostitution
• National hotel chain
• Raped by traffickers and others
• Multiple offenders and locations
• Gang related
• Recruited by adult female
• She did not know the suspect’s name or where she lived
Case Study: Ginny

- Adult female introduced her to the gang.
- Was taken to the gang “house”.
- Provided with the drug Molly.
- Made to sleep on floor.
- No use of phone.
- Had to stand in the bathroom all night when the gang left.
- Runs from house and finds a nearby family.
- She wasn’t convinced she was a “victim”.
Case Study: Ginny

• After interviewed by law enforcement placed at Devereux Viera locked campus.
• Stay of 6 months.
• Per therapist: She was able to make parallels to various stories from Rachel Lloyd’s book “Girls Like Us” and able to identify that she was taken advantage of.
• Scared and adamant about not testifying or even talking about the exploitation.
• Easy to talk to and build rapport.
• Used sexuality to gain access to needs and wants.
• Several months of social skills trainings via role play, coaching and redirection.
Case Study: Ginny

After interviewed by law enforcement placed at Devereux Viera locked campus.

Treatment:

• Per therapist: She was able to make parallels to various stories from Rachel Lloyd’s book “Girls Like Us” and able to identify that she was taken advantage of.

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Case Study: Ginny

Barriers to Treatment:
• She was in love with one of her traffickers.
• She was fearful of the gang and them hurting her.
• She was loyal to the adult female recruiter.
• She had a poor relationship with her biological mother.
• Her use of drugs as a means of coping.
• Her feelings of entitlement due to her looks.
Case Study: Ginny

Discharge:
- Bought into treatment and made progress.
- Became a leader in STRIVE group.
- Assessed and ready for a lower level of care.
- Outpatient referrals made
- Returned home to mother and family.
Case Study: Ginny

Out of Treatment:

- No outpatient services in place.
- She began leaving home at night periodically.
- Was scared about being sent back to treatment.
- Offered a ride to Miami.
- After about a month, she was found by law enforcement.
- Brought back to residential treatment facility.
Case Study: Ginny

Second Stay per Therapist:

- Intensive individual, family and group therapies.
- Easy to build rapport with, very talkative and open.
- Initially presented at the Pre-Contemplative stage.
- Very focused on earning money.
- Later on in treatment was able to realize how “the life” was negatively affecting her own life as well as her family.
- Went from COMPLETELY resistant to fully engaged.
Case Study: Ginny

Second Stay per Therapist:
- Her way of looking at “the life” changed from her first time in treatment.
- Continued use of flirting, innuendos, etc.
- Got involved in extra curricular activities on campus. Reported that choir and God were things that really helped pull her out of that way of thinking her second time in treatment.
Case Study: Ginny

Barriers to Treatment:

• ANGRY
• Believed that she was a star and the sex industry was her best option.
• Believed that tricking and taking care of herself without parents was the best option for her.
• Belief that she was “better” than all the other kids.
• Preoccupation with being the prettiest.
• Preoccupation with clothing, shoes, hair, etc.
• At first, she showed up for required services, but showed little buy in.
Case Study: Ginny

Discharge:
- Bought into treatment and made significant progress.
- Graduated STRIVE group.
- She did not want to go home.
- Mom did not want her to go home.
- Suggested she step-down to a lower level of care before going home.
- Admitted to our STGH program.
Case Study: Ginny

STGH therapist:

- Going back to “the life” was still in the back of her head.
- A powerful breakthrough moment was when she testified against her perpetrators.
- She felt empowered and proud that she was able to face them.
- By sentencing, she was told a lot more of what happened. Anger switched to traffickers.
- Toward the end of treatment, she was able to focus on her own educational goals and returning to her family.
Outcomes: CBCL

Competence Scores

Social Competence
- Admission: 34.46
- Discharge: 40.6

School Competence
- Admission: 34.73
- Discharge: 39.36
Outcomes: CBCL

Syndrome Scores

- Anxious/Depressed
- Withdrawn
- Somatic Complaints
- Social Problems
- Thought Problems
- Attention Problems
- Rule Breaking
- Aggressive Behavior
- Total Internalizing Problems
- Total Externalizing Problems
- Total Problems

Comparison between Admission and Discharge.
Outcomes: CBCL

DSM Oriented Scales

- Affective/depression
- Anxiety
- Somatic Complains
- ADHD
- ODD
- Conduct
- SCT
- OCD
- PTSD

Admissions vs Discharge
Outcomes: TSCC

TSCC Scales

Anxiety  Depression  Anger  Posttraumatic Stress  Disassociation  Overt Disassociation  Fantasy Disassociation  Sexual Concerns  Sexual Preoccupation  Sexual Distress

Graph showing outcomes for TSCC scales with bars representing admission and discharge levels.
Outcomes: CANS - CSE

CANS Needs Scales
Life Domain Functioning

Social Functioning
Recreation
Developmental
Legal
Sexuality

Admissions
Discharge
Outcomes: CANS - CSE

CANS Needs Scales
Education

Bar chart showing educational outcomes for admission and discharge.
Outcomes: CANS - CSE

CANS Youth Strengths Domains

Interpersonal  | Leadership  | Optimism  | Educational  | Vocational  | Talents and Interest  | Creativity and Imagination  | Spiritual and Religious  | Self-Expression  | Life Skills  | Peer Relationships  | Involvement in Recovery  | Relationship Permanence  | Resilience  | Resourcefulness  
Admission  | Discharge
Outcomes: CANS - CSE

CANS Youth Behavioral and Emotional Needs

Psychosis  Impulse  Depression  Anxiety  Oppositional  Conduct  Adjustment to Trauma

Admission  Discharge
Outcomes: CANS- CSE

CANS Youth Risk Behavior

- Admission
- Discharge
Contact Information

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