



Turning CSEC Survivors into CSEC Thrivers in Residential Treatment

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Objectives

- Identify and understand CSEC and domestic sex trafficking happens everywhere;
- Describe 5 ways in which symptoms can manifest and what could be going on behind the behaviors;
- Describe 3 ways in which a holistic model of treatment will lead to an increase in positive outcomes;



Definitions

- **Human Trafficking**: the action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labor or commercial sexual exploitation.
- **CSEC**: Commercial sexual exploitation of children (CSEC) is a commercial transaction that involves the sexual exploitation of a child, such as the prostitution of children and child pornography





KidsPeace Corporation at a Glance

- Founded in 1882 during smallpox epidemic
- Services in ten states and D.C.
- Range of services
 - residential treatment, 228 beds in PA
 - free-standing psych. hospital, 120 beds
 - accredited educational services
 - foster care
 - community-based treatment
 - JCAHO Accredited
- Received Evidenced-Based Program Designation by EPIC in Philadelphia for our use of TF-CBT in 2018 and re-certified in 2019

KidsPeace



Perception

What does a Pimp look like?



What about in real life?



Perception

What does a prostitute look like?



What about in real life???

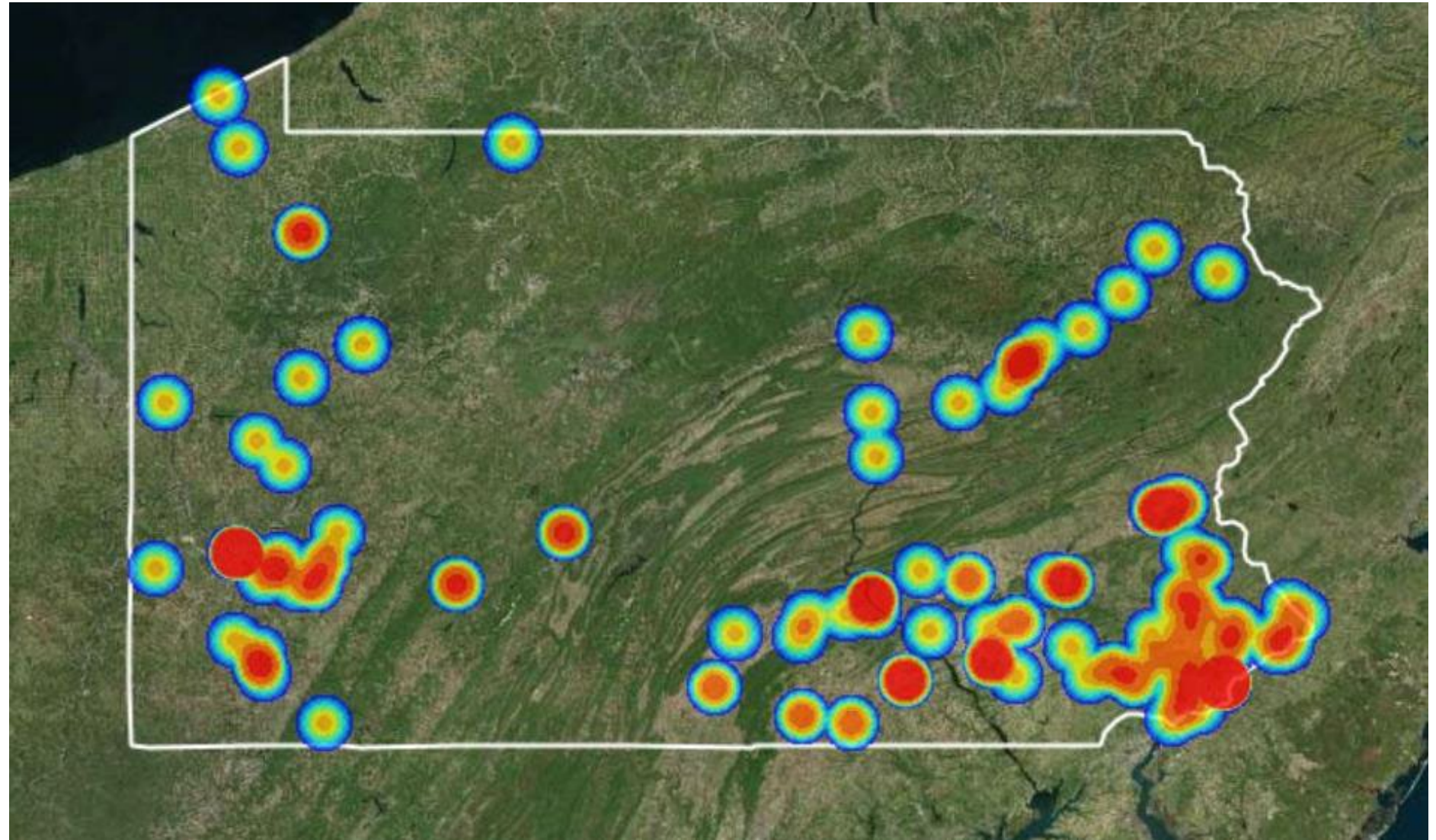


What is the Problem?

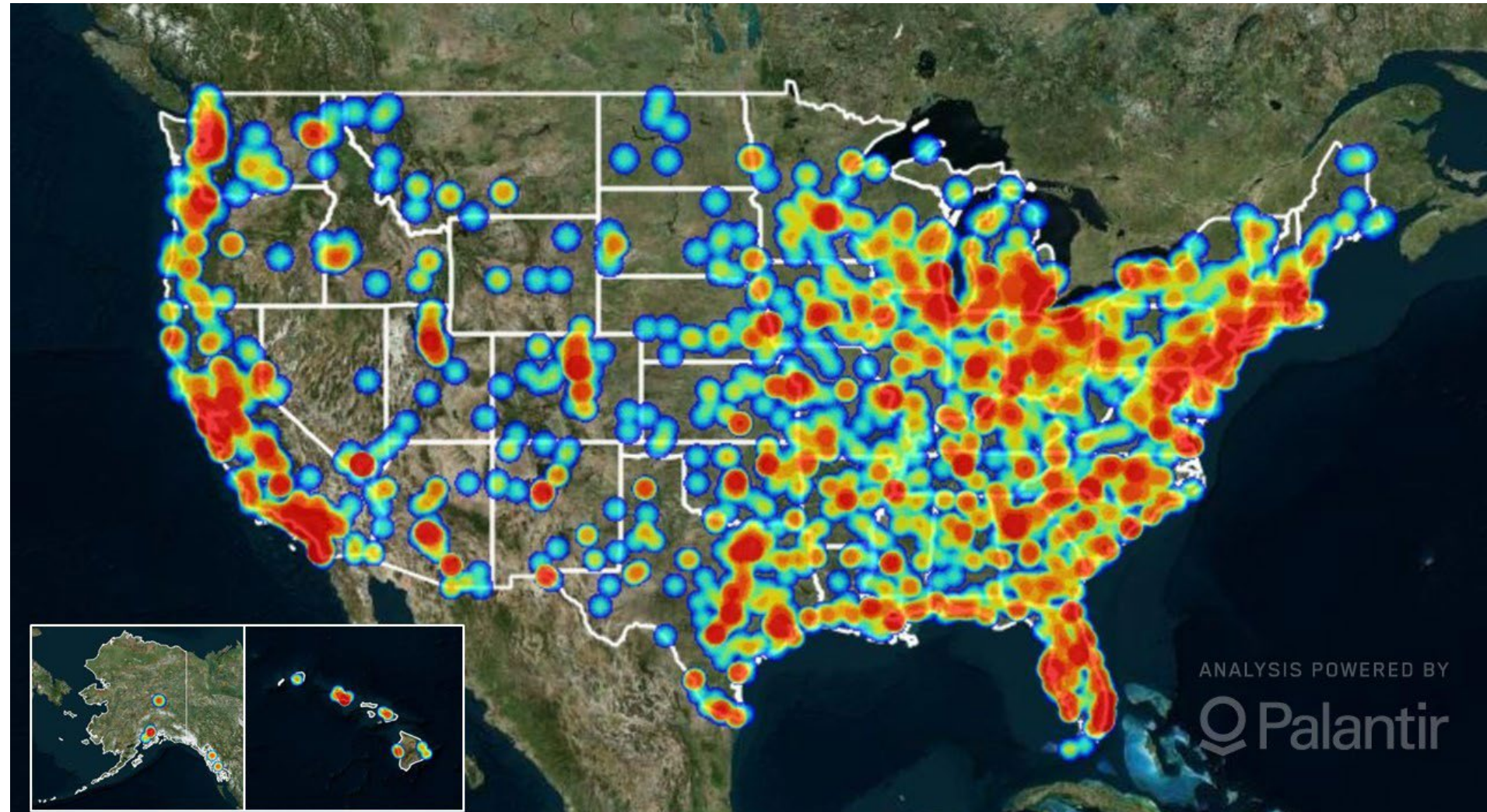
- Young women and male/female children are the targets
- 12-14 average age a child is exploited through prostitution
 - (*We have seen males targeted at younger ages)
- 90% of victims are under the control of a pimp
- 98% of trafficked victims are physically abused
- 92% are raped beyond defined coercion
- Death rates of victims are 200x higher than normal; they die of homicide, suicide, drug overdose, and diseases like HIV
- 71% of trafficking victims are suicidal
- 25% increase in suspected cases from 2017-2018

National Human Trafficking Resource

Prevalence



Prevalence



Risk Factors

- **Foster care/Child Welfare Involvement**
- Familial dysfunction
- Familial substance abuse
- Abuse or neglect
- Witnessing domestic violence
- Homelessness or Separation from home and family
- Recent move
- Mental Health Diagnosis
- Sexual orientation or transgender identity



Where Trafficking Occurs

- Online
- Hotel/Motels
- Massage Parlors
- Truck Stops
- Strip Clubs
- Bars
- Group Homes



How Does It Happen?

- Dating and Manipulation
- False advertising
- Peer recruitment
- Online Chat and Forums
- Pornography
- Parents offering children
- Kidnapping, Assault and/or abuse



How Does It Happen?

- The “A.I.D.E.” Approach
 - Attract
 - Invest
 - Depend (promise and deliver based on individual needs)
 - Enslave



Happens to Boys Too

- Social constructs of masculinity – socially acceptable masculinity has been severely compromised
- Early exposure to porn: role confusion, sexual violence normalized, and age-inappropriate contact promoted
- Media: focuses on girls, especially white girls
 - Focuses on boys as exploiters, pimps, and buyers
 - Boys as powerful perpetrators and only girls are weak victims
- Lack of intimate relationships to discuss feelings
- Re-traumatization, can create damaging self talk
 - Law enforcement officers, “Why couldn’t he get away? He’s a boy!” and “He must be a sex addict.”



Happens to Boys Too

- Perception that boys have agency to participate in CSE and therefore are sex workers, not victims
- Criminality focus on boys who engage
- Disclosure fears related to being perceived as gay
- Lack of screening and outreach to boys on the streets and venues
- Limited outreach to venues KNOWN for male prostitution
- Increased market demand and secrecy for boys – these “specialty” buyers don’t want to be found out
- Notable increase of male victims being identified over the past few years



Why do they stay or refuse help

Traffickers are master manipulators and groomers. Traffickers employ tactics designed to lure victims. Then they exploit the trauma bonds with physical violence, deprivation of basic necessities, threats of death and death.

Traumatic bonding occurs as the result of ongoing cycles of abuse in which the intermittent reinforcement of reward and punishment creates powerful emotional bonds that are resistant to change.



Why do they stay or refuse help

Trauma Bonding

- Hyper vigilant to exploiter's needs
- Tries to get inside pimps'/traffickers'/ buyers' heads
- Sees world from exploiter's perspective
- May or may not have own perspective
- Experiences sense of self through pimps'/traffickers'/buyers' eyes
- Sees outside authorities/people trying to help as bad guys
- Sees pimp as good person for meeting needs or protector
- Seeks to keep exploiter happy to keep perception of needs being met and decrease violence
- Grateful pimp/trafficker/customer has not killed them



Have You Seen These?

“Things go in one ear and out the other”



- Difficulty retaining material
- “I just told you 10 minutes ago we are going to the pool tonight”

What might be going on?

- Trauma results in attention to THREAT!



- Only things that are tagged for danger are important or attended to.

Have You Seen These?

“She just can’t make any friends. Nobody likes her!”

NOBODY LOVES ME.



- Poor social skills
- Difficulty in relationships
- “Right Notion, Wrong Motion”

What might be going on?

- Trauma causes **disrupted attachments**

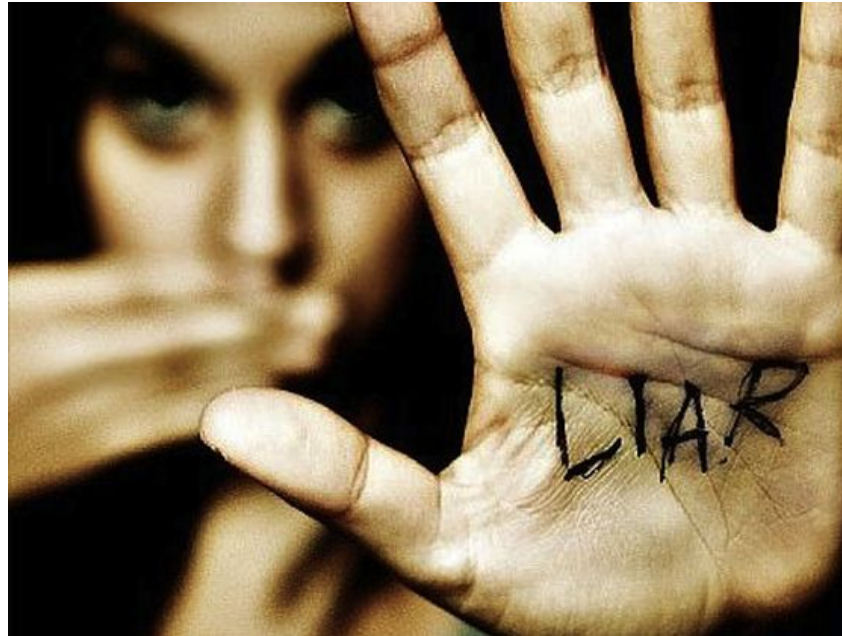


- If loving and trusting leads to pain, don't do it!
- Survival skill gone wrong



Have You Seen These?

“She is a pathological liar!”



- Stories don't make sense
- Not a very good liar- gets caught a lot!

What might be going on?

- Trauma causes gaps in memory known as **DISSOCIATION**.



- We need things to make sense. We need to learn from our experiences. When we are missing pieces, we fill them in.
- **CONFLATION**: when the identities of two or more individuals, concepts, or places, sharing some characteristics of one another, seem to be a single identity.

Have You Seen These?

- “It doesn’t take anything to set her off”



- Hair-trigger temper
- Reacts immediately to the slightest provocation
- “NO”-refuses seemingly mundane tasks.



What might be going on?

- Trauma results in attention to threat!



- When tagged for danger, heightened responses will occur.
- **Hyper Vigilance:** Brain is responding to everyday directives as threats.

Have You Seen These?

- “It’s like a tornado hits wherever she goes!”



- Causing chaos
- Provoking others
- “I’m gonna turn up tonight”



What might be going on?

- Trauma results in addiction to endorphins



- Adrenaline kicks in to give us extra strength and speed
- Survival skills gone *wrong!*

Primitive Survival Responses



- **Fight**- hyper vigilance on conscious and unconscious levels, prepared to attack; flooding of physiological changes related to aggression.
- **Flight**- blood flows to the limbs preparing to run; flight is often thwarted, giving no relief or outlet to a primed nervous system. Avoidance, dissociation, hiding and other psychological “flight” behaviors can also become disruptive.
- **Fright**- responding with a state of terror, often to seemingly benign triggers; fright and anxiety permeates all areas of life. Shortness of breath, startle responses, sleeplessness and inability to focus or think clearly.
- **Freeze**- response observed in animals, accompanied by slowed and shut down metabolism. Can also be a learned response as an attempt to remain safe and invisible; paralyze the victim ----actually making them more vulnerable and reinforcing helplessness in each new situation.

Additional Responses

- **Flail**- Perceived as aggression, but physical movement, such as flailing of the arms, is meant to create a safe space around the body rather than connect with a target. As when some animals puff up or fan out to keep aggressors from closing in.
- **Shield**- Protective--- like flailing, shielding and raising hands over head and body make it physiologically prepared for injury. Trauma survivors may shield in response to noises or non-violent conflict.
- **Flirt**- particular to some female clients who survived sexual violence in childhood. Instinctive placating behavior for little girls who were sexualized in violent homes.
- **Submit**- Renders the victim vulnerable, but more in control. Animals will submit to predator if flight is impossible. Submission and under arousal in the face of danger may be labeled “risk taking” behavior.



What We Have Seen

Trauma History Questionnaire (THQ):

A 24-item self-report measure that examines experiences with potentially traumatic events such as crime, general disaster, and sexual and physical assault using a yes/no format.

In 2019, our youth self-reported living through an average of 10 traumatic categories prior to admissions

Examples of Typical Endorsed Questions:

- Have you ever been unexpectedly separated from someone who takes care of you or someone who is close to you?
- Has anyone ever made you watch or do something sexual?
- Has a caregiver or anyone important to you repeatedly told you were no good, repeatedly yelled at you in a scary way, or threatened to abandon you, leave you, or send you away?
- Has someone ever physically hurt you (e.g. hit, kicked or punched), or threatened to hurt you?
- Has there ever been a time in your life when an adult wasn't taking care of you?

Universal Practices

Universal Precautions at **EVERY LEVEL**

Treat every client as if they have a trauma history...

Assessments- This may be just the tip of the iceberg, we must understand where the behaviors are coming from...





Universal Trauma-Informed Practices at **EVERY LEVEL**

- Establishment of a safe, comfortable environment
- Address THE YOUTH's perceived needs for safety
- Reflect their language
- Respect their culture
- Give them choice
- Work to have them trust us, not expect it
- They will probably not self-identify as “victims”
- Treat every youth as if their behaviors are survival responses from their history of trauma

Paradigm Shift

Trauma Informed Care Shifts the Question from...

“What’s wrong with you?”

to

“What happened to you?”

Survivors are doing the best they know how to do, to keep SURVIVING.

OUR GOAL IS TO HELP THEM MOVE FROM JUST SURVIVING TO THRIVING



Culture Of Safety



A woman with long dark hair, wearing a blue sleeveless top, is smiling and looking at a tablet held by a young boy. Another child is visible in the background. In the foreground, a hand is painting a colorful mural on a wall. The mural features several circular icons with text: 'TRAUMA-INFORMED CARE', 'MODEL OF CARE', 'CULTURAL COMPETENCE', 'QPR', 'SCM', 'LSCI', 'ABA', and 'EVIDENCE-BASED'. A blue brush with the word 'UKERU' written on it is being used to paint. The KidsPeace logo and tagline 'Hope. Help. Healing.' are also visible.

UKERU

Applying programs that enhance the **KIDSPeACE CULTURE OF SAFETY**

 KidsPeace®
Hope. Help. Healing.

TRAUMA-INFORMED CARE

MODEL OF CARE

CULTURAL COMPETENCE

QPR

SCM

LSCI

ABA

EVIDENCE-BASED

We respect our client's privacy. The model(s) represented in this publication is (are) for illustrative purposes only and is in no way represent or endorse KidsPeace. 001-012564

Culture of Safety

The KidsPeace Culture of Safety is our initiative to integrate all of our resources to improve safety for all staff, kids and families. This is done using the following:

- Youth and Family Inclusion
- Staff Development and Retention
- KidsPeace Model of Care and Cultural Competency
- UKERU and Trauma-Informed, Evidenced-Based Interventions
- Life Space Crisis Intervention
- Question Persuade Refer
- Applied Behavior Analysis
- Data-Collection and Progress Monitoring Tools
- Safe Crisis Management

Engagement

Engagement is a key to long term success

- **Family/Community Engagement**
 - **“Family/Community Time”** to Replace “Therapeutic Leave/Visit” terminology
 - KidsPeace encourages Family/Community Time as often as possible from admission. This is facilitated through:
 - Transportation financial assistance
 - Phone sessions
 - Flexibility around the family’s availability
 - Use of non-traditional transportation services
 - Video Conferencing when available
 - Campus Wide Activities (Inner Beauty Pageant)
 - KidsPeace works to identify local community supports including Big Brother/Big Sisters, YMCA, Spirituality Programs, local club or school extracurricular activities.



Affirmation of Youth and Families

Engagement demands Affirmation of Youth and Families

- Youth Advisory Council:
 - Includes a House of Representatives and Center Wide Senate
 - Change food menu
 - Change clinical forms
 - Emotion rating scales to help build relationships
- Clients interact with all levels of KidsPeace Staff from the CEO to the Executive Director to the Mental Health Technician
- Football Camp, Basketball Team, Dance Team, and other inclusive activities to build and model strong and healthy therapeutic relationships

Affirmation of Youth and Families

- Culturally and Linguistically Focused Care
- “Family/Community Time” has replaced “Therapeutic Leave/Visit” terminology
- KidsPeace encourages family time as often as possible.
 - Transportation financial assistance
 - Flexibility around the family’s availability
 - Family/Community Time (Accessible from time of admission)
 - Use of non-traditional transportation services for family (Lyft/Uber)
 - HIPAA compliant Video Conferencing
- Changed how we speak with our customers
- KidsPeace works to identify local community supports including Big Brother/Big Sisters, YMCA, Spirituality Programs, local club or school extracurricular activities.

Clinical Way

Synthesizing TF-CBT, Motivational Interviewing and Community Living to create individualized treatment

- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
 - Clinical leadership have become or are in process of becoming Nationally Certified Trauma Therapists (TF-CBT)
 - TF-CBT offers opportunity/flexibility to individualize care to include other interventions as necessary to truly meet the need of youth and families
- Motivational Interviewing
 - Help youth and families identify a need to change
 - Motivate through engagement to increase inclusion
- Community Living
 - Preparing Adolescents for Young Adulthood Curriculum
 - Community Inclusion Activities
- Individualized Treatment Planning
 - Youth and Family Driven
 - Incorporate the tools: Scorecard and Clinical Data to inform decision making
 - Targeted interventions to attempt community reintegration as first priority in discharge planning



The Clinical Program Targets

- Safety: Healthy Relationships/Sexual development
- Emotional Regulation/Expression
- Cognitive Processing and Coping Strategies
- Self Empowerment
- Family/Support relationship building
- Community Living





Safety: Healthy Relationships/Sexual Development

- Puberty
- Relationships
- Sex
- Body Image
- Masturbation



Safety: Healthy Relationships/Sexual development

Survey of high school students:

- ___% of the girls and ___% of the boys believed forced sex was acceptable under some circumstances
- ___% of the boys and ___% of the girls said forced sex was acceptable if the boy, "spent a lot of money" on the girl
- ___% of the boys and ___% of the girls said it was acceptable for a man to rape a woman with past sexual experience
- ___% of boys and ___% of girls said sexual assault was acceptable if the man and the woman were married
- ___% of the boys and ___% of the girls said it was acceptable for a boy to rape a girl if they had been dating for more than six months



Safety: Healthy Relationships/Sexual development

Survey of high school students:

- **56%** of the girls and **76%** of the boys believed forced sex was acceptable under some circumstances
- **51%** of the boys and **41%** of the girls said forced sex was acceptable if the boy, "spent a lot of money" on the girl
- **31%** of the boys and **32%** of the girls said it was acceptable for a man to rape a woman with past sexual experience
- **87%** of boys and **79%** of girls said sexual assault was acceptable if the man and the woman were married
- **65%** of the boys and **47%** of the girls said it was acceptable for a boy to rape a girl if they had been dating for more than six months



Safety: Healthy Relationships/Sexual Development

MIT College Survey

- **20%** of female and **25%** of male college students agree or strongly agree with the statement “When someone is raped or sexually assaulted, it’s often because the way they said ‘no’ was unclear or there was some miscommunication.”
- **15%** of female and **25%** of male agree or strongly agree that “A person who is sexually assaulted or raped while she or he is drunk is at least somewhat responsible for putting themselves in that position.”
- **31%** of female and **35%** of male agree or strongly agree that sexual assault and rape happen because men can get “carried away” in sexual situations once they’ve started.

Emotional Expression/Regulation

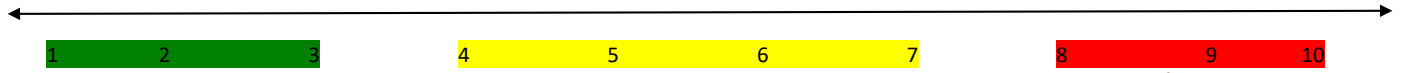




Emotional Expression/Regulation

Emotion Regulation Scale

Jim's coping skills: External - take a time out, go for a walk, play gameboy, talk to staff, appropriate drawings
Internal - deep breathes, count to 10



Calm

- Calmly talk to others
- Ask questions
- Respectful
- Follow expectations
- Low energy level
- In Control
- Low need for coping skills

Frustrated/Agitated/Hyper

- Arguing
- Making Demands/Impatient
- Not Following Expectations
- Consequences
- More energy
- Not as in control
- More need for coping skills

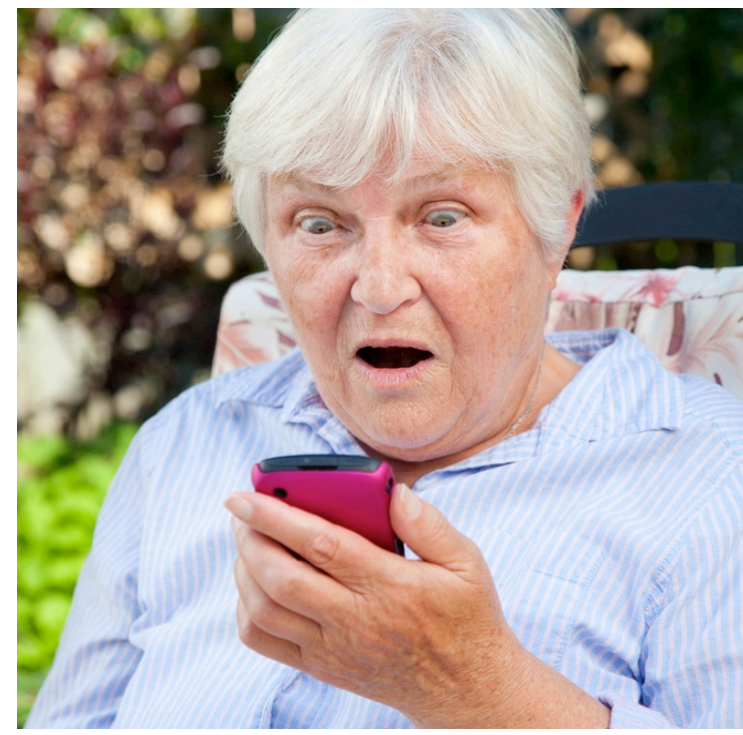
Crisis/Angry

- Out of Control
- Yelling, Screaming
- Punching Kicking
- Damaging objects
- Restrained
- Unable to use coping skills well



Cognitive Processing and Coping Strategies

Imagine giving a group of elderly people a cell phone and telling them to text a friend...

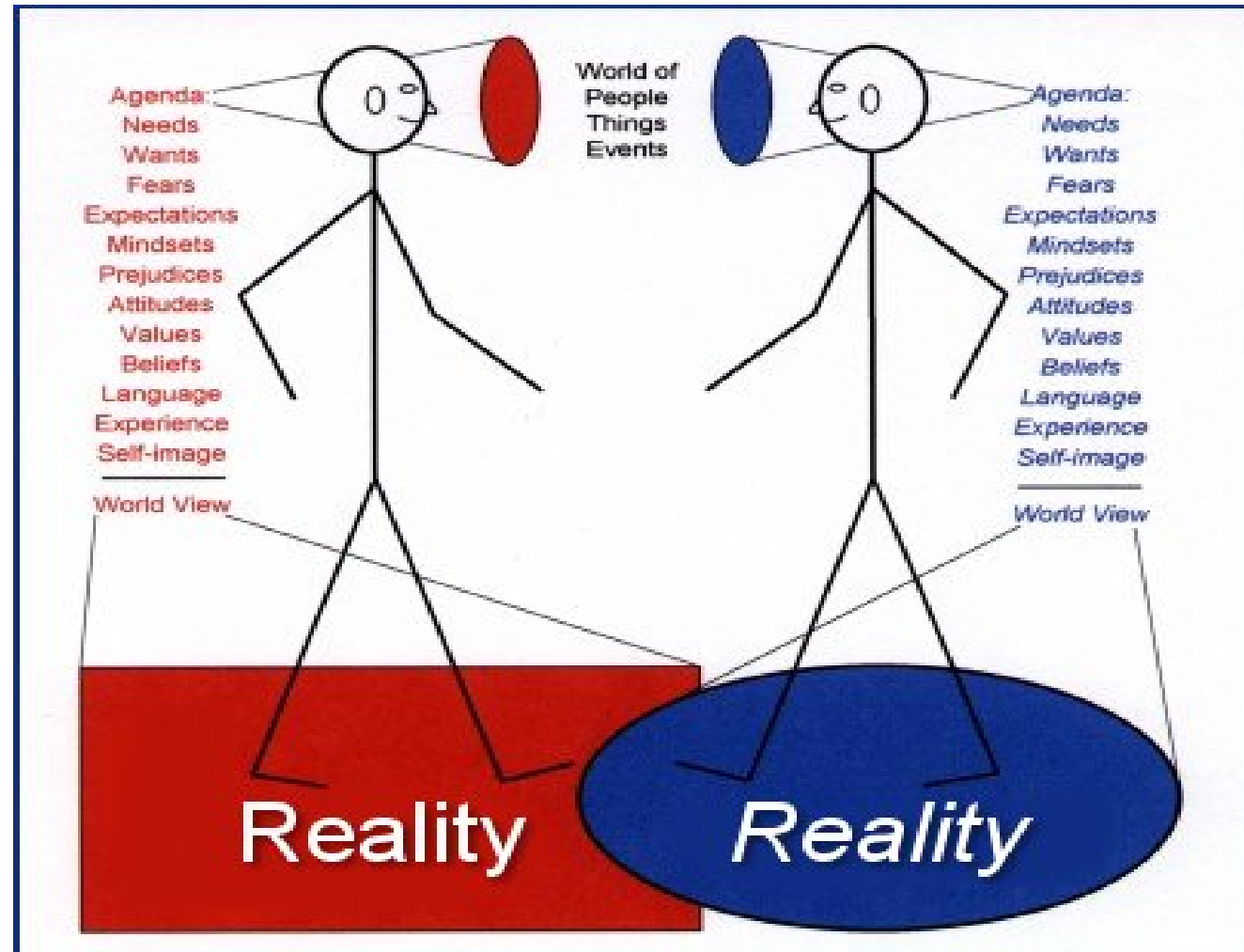


Cognitive Processing and Coping Strategies



SIMON SAYS

Cognitive Processing and Coping Strategies



Self Empowerment

- How do we learn to be “US”?
 - TV (Reality TV?)
 - Social media
 - Magazines/Websites
 - Pornography
 - Friends
 - Family-- less accessible and valued by individuals now



Self Empowerment

- Offering CHOICES where possible to EMPOWER the individual to do what is right
 - Saying things like:
“Do you want to go to your room to help you stay safe, or would you feel more safe here?”
- Remaining respectful- never getting loud, sarcastic or demeaning
- The minute you try to “CONTROL” the client you lose your ability to help them



Family Support/Relationship Building





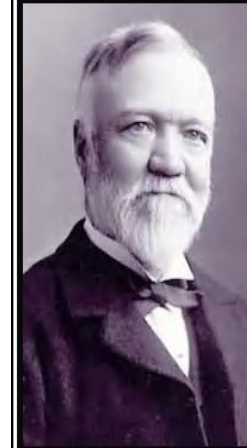
Family Support/Relationship Building

- “Family” (client identification)
- Family members
- County members (CYS, JPO, MHID)
- Insurance and court representatives
- School district

Community Living

The term 'Community Living' refers to skills you need to make the most out of life.

- Daily living
- Communication
- Self-Care
- Work and study skills
- Social relationships
- Community



There are obviously two educations. One should teach us how to make a living and the other how to live.

(James Truslow Adams)

Community Living

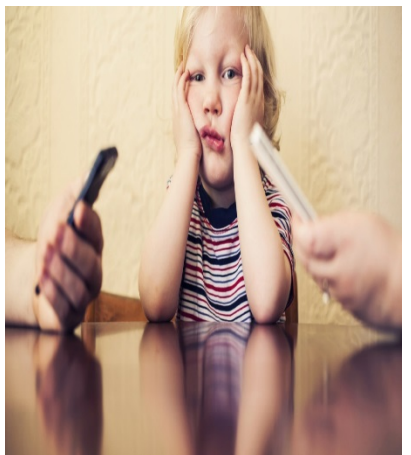
- Recognize situational, emotional, and cognitive factors that might contribute to a re-emergence of inappropriate behaviors
- Identification of connection (trauma to choices)
- Methods to avoid high-risk situations
- Demonstrate appropriate community reintegration skills.
- TEACH



Life Skills Development

Then

Now



Why is Community Living so important?

- Safety
- Health
- Self-esteem
- Independence
- Self-Advocacy
- Self-Regulation



Community Re-Integration



- Positive family support
- Continued trauma therapy
- Medication management
- Community supports
 - Religious affiliations, YMCA, support groups, living skills program, etc.
- In-home services

Why discharge anxiety?

RTF

- Housing secured
- 3 meals per day
- Allowance
- Organized schedule
- Built-in time management
- Supervision at all times
- Built-in services
- School on campus

Community

- New environment
- Responsible for healthy choices
- No allowance (job)
- Must have personal time management
- Services are voluntary
- Responsible for going to school
- New relationships
- Independence





It Takes Strong Roots to help Youth Thrive

We have created strong local partnerships and alliances to help sustainability

- MCOs and County Agencies for TF-CBT Training
- Valley Against Sex Trafficking (VAST)
- United Way of Lehigh Valley-Women's United
- Crime Victims Council
- Lehigh Valley Chamber of Commerce
- Itty Bitty Kitty (Animal Shelter)
- BB&T Bank
- Villanova Law Institute to Address Commercial Sexual Exploitation
- More being added each week

Data-Driven Clinical Decisions

Data-Collection and Progress Monitoring Tools are utilized individually and aggregately for data-driven decision making

- **Trauma History Questionnaire (THQ) (All Clients)**
 - The Trauma History Questionnaire (THQ) is a 24-item self-report measure that examines experiences with potentially traumatic events such as crime, general disaster, and sexual and physical assault using a yes/no format.
- **The Brief Psychiatric Rating Scale – Children (BPRS-C) (All Clients)**
 - The BPRS-C is a validated, 21-item clinician-rated, clinical symptom monitoring measure.
- **Childhood PTSD Symptom Scale- 5 (CPSS-5) (Male/Female Trauma Program)**
 - The CPSS is a 26-item self-report measure that assesses PTSD diagnostic criteria and symptom severity in children ages 8 to 18.
- **Casey Life Skills (CLS) Assessment (Life Skills Program)**
 - Casey Life Skills (CLS) (Previously Ansel Casey) assesses the behaviors and competencies youth need to achieve their long term goals.



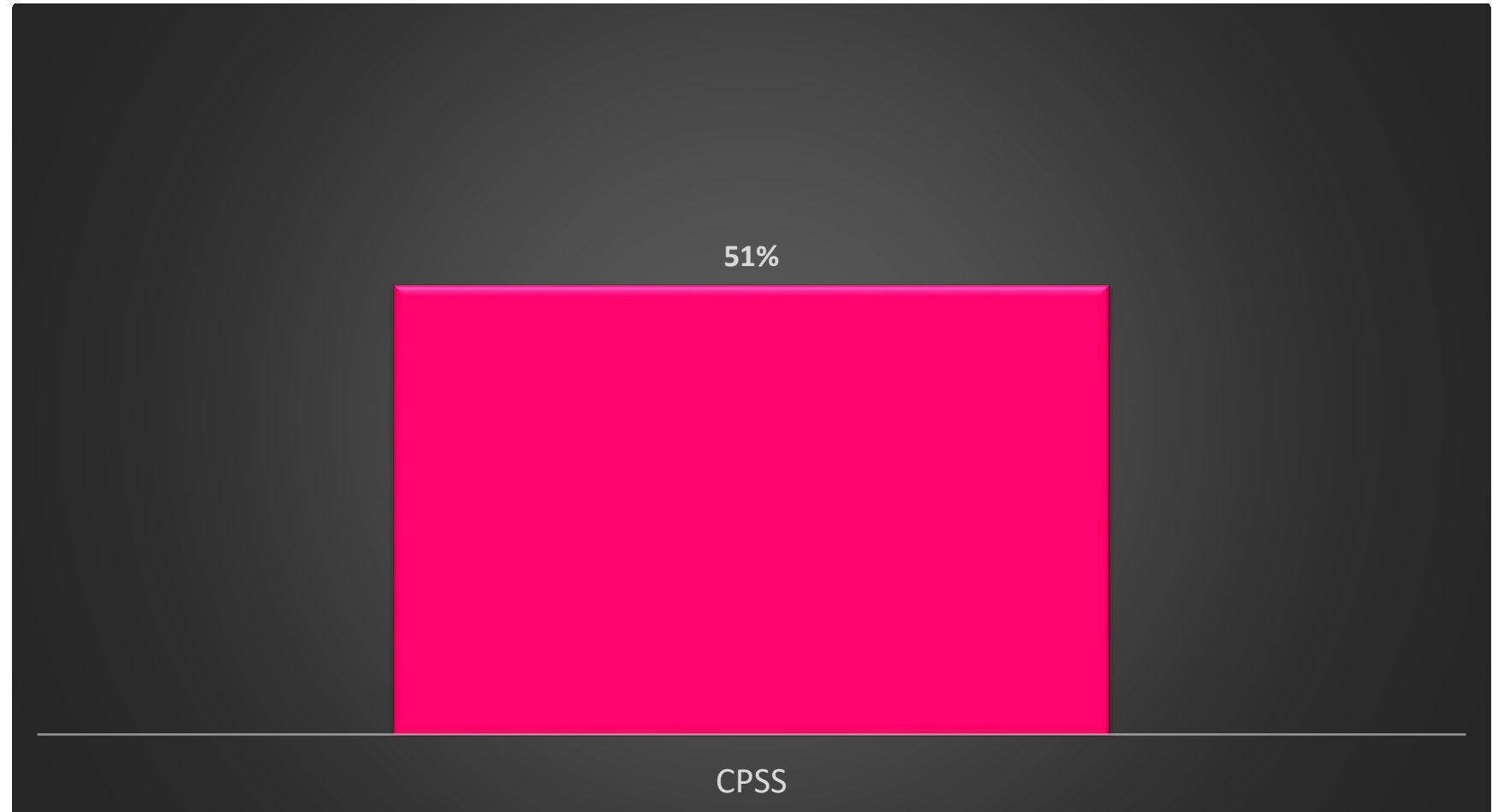
Data-Driven Clinical Decisions

- Individualized Score Cards with Graphing Capabilities
 - Data by: day, time of day, over time, and total score
- Empirically Validated Progress Monitoring Tools
 - Individual and Program Reviews
 - Admission, 90 day, Discharge
- Client High Risk Behaviors
- Clinical Treatment Benchmarks
- Discharge Disposition and Post Discharge Follow Up
- Length of Stay
- KidsPeace utilizes a dashboard to visually display residential data over time



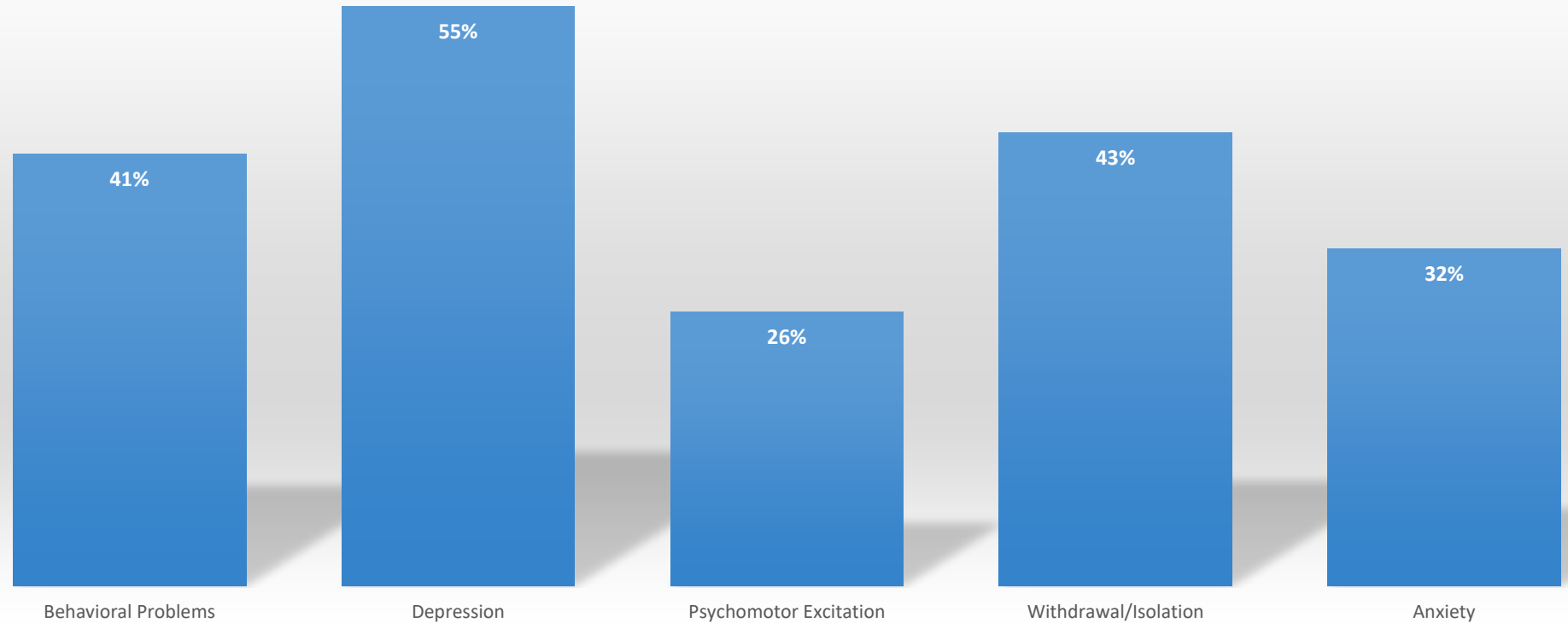


Trauma Symptom Improvement 2019



2019 Symptom Improvement BPRS-C

Symptom Improvement





Changed to Drive Successful Outcomes

- Change to Youth and Family Driven Resiliency based language
- Evidence-Based Practice (TF-CBT) and Community Inclusive activities to increase readiness for success
- Discharge planning begins prior to admission and is discussed during every Treatment Team Meeting
- Aftercare Specialists are involved throughout care
- Formal discharge planning meeting at initial re-authorization meeting with recommendations
- Each youth's discharge plan is unique to their needs
- Utilization of the minimum 30 day Community Based aftercare overlap



Outcomes

- Received Evidenced-Based Program Designation by EPIC in Philadelphia for our use of TF-CBT in 2018 and 2019
- Clinical leadership team and many clinicians are or will be Nationally Certified in TF-CBT through collaboration with local partners (MCO and Children and Youth)
- Invited to speak at National and Local Conferences and give trainings on effective utilization of Trauma-Informed Care to improve Residential Treatment.
- Program Leadership Given “2018 Freedom Award” for extraordinary commitment to justice.
- Lowered LOS and aftercare follow up: 7, 30, 60, 90, 180 days post d/c
- Commitment to use data individually and aggregately for continuous quality improvement



Outcomes

As a result of KidsPeace: (From Youth Surveys)

- *“I was able to begin to trust others.”* He identified future goals, and took the necessary steps to reach those goals. Following discharge, he has thanked us and said *“I am very happy and safe.”*
- Referral packet stated “numerous failed placements, elopement, aggression, self harm, and significant trauma, KP only program in state accept.” She discharged directly home successfully stating *“The most helpful recovery process is the staff at Crockett. The staff at Crockett are really nice and help me reach my goals. They really sit down and talk to me about what’s going on and it’s a safe place”*.



“It took me a long time to believe there were people in the world that would want to help me without wanting something in return. In that life, everything has a price and everybody wants something for what they give you. I’m learning now as an adult that’s not the truth. There are good people out there doing good things just for you without wanting anything in return.”

Source: <http://www.houstonchronicle.com/local/gray-matters/article/trafficking-Q-A-5994616.php>

Questions





Contact Information

If you have additional or future questions about the workshop:

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