

CENTER
for HEALING
— *at* JCCA —

CFHNY.org

CSEC & IDD:

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN WITH
INTELLECTUAL & DEVELOPMENTAL DISABILITIES



YOUR TRAINERS

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AGENDA

- Review CSEC
- Provide an overview of intellectual and developmental disabilities (IDD)
- Assess increased risk factors
- Understand IDD youths' position of vulnerability
- Introduce tools and discuss application
- Practice!

GROUND RULES



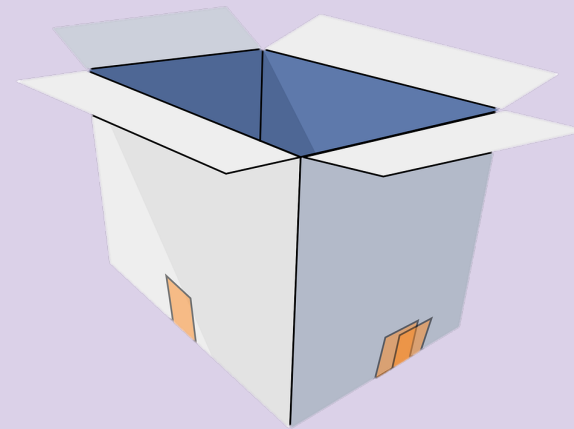
- **One Mic**
- **Use “I” Statements**
- **Respect Confidentiality**
- **“Assume Nothing, Except Good Will”**
 - **Ask Questions**

TRIGGER WARNING!!!



Today's Challenge

- Think outside the box
- Think like an insensitive person
 - Drop your Social professional, compassionate hat
- What do some people think of people with disabilities?



What is a Developmental Disability?

- Large category of disabilities
- Begins during the developmental period
- Impacts day-to-day functioning
 - Impairment in physical, sensory, learning, communication, or behavioral function
- Expected to last throughout lifetime

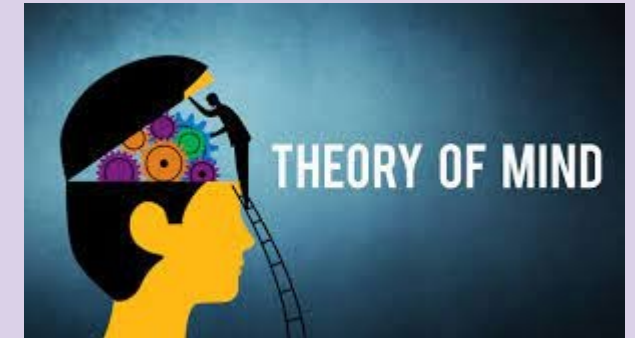
Autism Spectrum Disorder (ASD)

Primary Components:

- Impairment in **social communication and social interaction**
 - Ability to accurately express what you mean and understand what others mean
 - Ability to use appropriate social skills
 - Ability to develop and maintain healthy relationships
- **Repetitive behaviors** (“stimming” to self-regulate), restricted interests or activities (hyperfocus)
- **Sensory sensitivity** – hyper- or hypo-sensitive (can feel overloaded or overstimulated by their senses)
- May or may not include intellectual disability
 - only about 1/3 of individuals with autism also have intellectual disability

Theory of Mind

- Ability to “read” another – emotions, desires, beliefs, knowledge
 - We use Theory of Mind to guess others’
 - Motivation
 - Intention
 - Truthfulness
- Assumes that others know what’s in your mind
 - Assume we’re all on the same page
 - Start story in the middle
 - Talk about people you don’t know
 - Leave out important detail in a story
 - Assume others know how you feel and you know how they feel



MYTH BUSTERS



MYTH BUSTERS

- People with disability don't benefit from therapy
 - **FICTION**
- People with disability don't experience trauma like typical people
 - **FICTION**
- People with disabilities are asexual/hypersexual
 - **FICTION**
- People with disability don't get sexually assaulted
 - **FICTION**
- Victims usually know their traffickers
 - **FACT**
- A person can participate in a commercial sex act without it being human trafficking
 - **FACT**

WHAT IS CSEC?



CSEC

- Commercial Sexual Exploitation of Children:

A range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person, OR in exchange for anything of value (**monetary and non-monetary**).



WHAT IS CSEC?

- Child sex trafficking
- Child sex tourism
- The commercial production of child pornography
- The online transmission of live video of a child engaged in sexual acts
- Internet-based marriage brokering
- Selling legal guardianship
- Early marriage
- Children performing in sexual venues.

WHO AND WHERE?

- Porn Industry
- Strip clubs
- Massage Parlors
- Escort services
- Gang and organized crime
- Residential placements
- Home health aids
- Private parties
- Familial exploitation
- Internet-based exploitation
 - Facebook/Instagram
 - Backpage
 - Craigslist
 - OnlyFans
 - Online gaming

Online Gaming



Autism and Cyber Use

- Youth with ASD spend the majority of their time on screen-based technology



RISK FACTORS: WHO ARE THESE KIDS?

- Average age of entry for girls into the commercial sexual exploitation is **12 to 14**
- Average age at which boys and transgender youth first become victims is **11 to 13***
 - **70 – 90%** of children who are victims of CSEC were sexually abused previously (Murphy, 1993). *
- Runaways are especially vulnerable because of their circumstances:
 - Shelter
 - Love
 - Trauma
 - Home life
 - Survival Sex



RISK FACTORS: WHO ARE THESE KIDS?

- People with autism and other DDs are **over-represented** in at risk groups
 - **LGBTQ youth (disproportionate number of youth with autism)**
 - Children in the foster system
 - **30-40 percent of foster youth are in special education**
 - Child abuse can cause disability (physical, head injury, mental health)
 - Runaways (**disproportionate number of kids with DD or autism**)
- More easily recruited by peers due to difficulties in recognizing others' motivations/intentions/manipulative behavior
 - Disability is considered a risk factor
 - Lack of sexual education
 - Social isolation

IDD Vulnerabilities to Sexual Abuse

- Dependence on multiple caregivers for meeting their basic needs
 - No sense of right to bodily autonomy
- Socialized to comply – “**Learned acquiescence**”
- Limited education about sexuality and healthy relationships
- Limited social and/or communication skills
 - Failure of others to recognize behavior as communication of fear or discomfort
 - May not be able to communicate a disclosure effectively

What Can Make Children with Disabilities More Vulnerable to CSEC?

- Seen as unreliable reporters due to communication and comprehension challenges
- Law enforcement may have limited knowledge or training on how to appropriately identify and/or interview youth with disabilities
 - Hx of being marginalized, disparaged, disbelieved by the police and others
 - not viewed as credible
- Behaviors
 - Behavior being attributed to disability, as opposed to anger, fear, confusion
- Placement
 - Studies have shown that children in placement may have a higher likelihood of being victimized
 - Increased number of service providers and access
- Due to social isolation, they may feel an increased need for connection, friendship, acceptance
- Poor comprehension of dangerous situations, struggle to discern motive in others (getting into cars with strangers)

Review: Red Flags

- Changes in physical presentation
- Social interactions
- Financial changes – having more or less
- Peer relationships
- Questionable romantic relationships
- Frequent running away
- Spending time in hotels/motels especially with adults

- Curfew violations
- Slang and Body Language
- Piercings
- Tattoos (especially of a person's name)
- Strange stories about room and board
- Online relationships



Disability as a Compounding Risk Factor

• Physical Changes

- Due to lack of education on healthy sexuality, may be acting out more sexually (lack of understanding of boundaries, public/private and consent)
- More easily manipulated in engaging in sexual behaviors

• Social interactions/Peer relations

- More likely to experience social isolation, bullying, rejection due to deficits in social skills and social stigma about disability
- Theory of mind and communication challenges
- Craving relationships with peers just like anybody else but not always as successful in making and maintaining

• Questionable romantic relationships/online relationships

- Easily manipulated, don't always learn from previous mistakes
- Online relationships- they cant imagine the other person isn't who they say they are or are not telling the truth

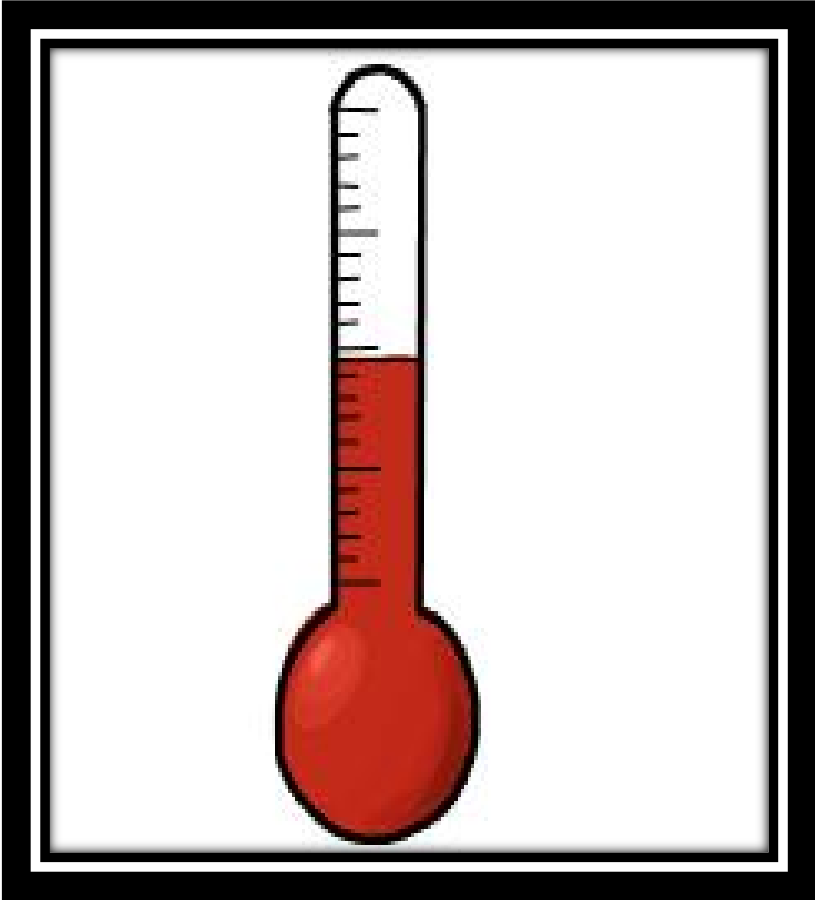
• Financial changes – having more or less

- Quick to give away their belongings or money to “make friends”

LET'S TAKE A BREAK



CHECK IN:



GROOMING

- **Exploiter engages in deliberate and purposeful actions to:**
 - Build trust
 - Establish an emotional connection.
- **WHY?**
 - Break down the youth defenses
- **HOW:**
 - Buying things
 - Promising a loving relationship
- **WHEN?**
 - Occurs before the trafficker's reveals the true intent.

STOCKHOLM'S SYNDROME

For this to occur the following MUST be present:

- An uneven power relationship in which the other person dictates what the victim can and cannot do.
- The threat of death, physical injury or extreme loss to the victim at the hands of the other person
- A self-preservation instinct on the part of the victim



The Ugly Truth

- Some offenders specifically target this population because they are:
 - Vulnerable
 - Unable to seek help (and/or get away),
 - May not know that they are **allowed to say no**
 - Cannot or will not report the crime
 - Perpetrators know that **they will not be believed** even if they do report
 - Dependent on them
- **Exploitation has the potential to be prolonged** (maybe due to lack of understanding about sexual relationships, considering pimp to be boyfriend, easily manipulated)
- All these factors raise the risk of victimization exponentially.

NOW WHAT?



WHERE TO START

- BE GENUINE
- DO NOT READ FROM A FORM!!!
- PRIORITIZE BUILDING TRUST
- DON'T PATHOLOGIZE EVERYTHING THEY DO!
- REMEMBER IT'S NOT PERSONAL
 - They've been through a lot
 - They will test you, patience is key
- DON'T TRY TO BE THE SAVIOR
 - Boundaries
 - Burnout
 - Self-awareness



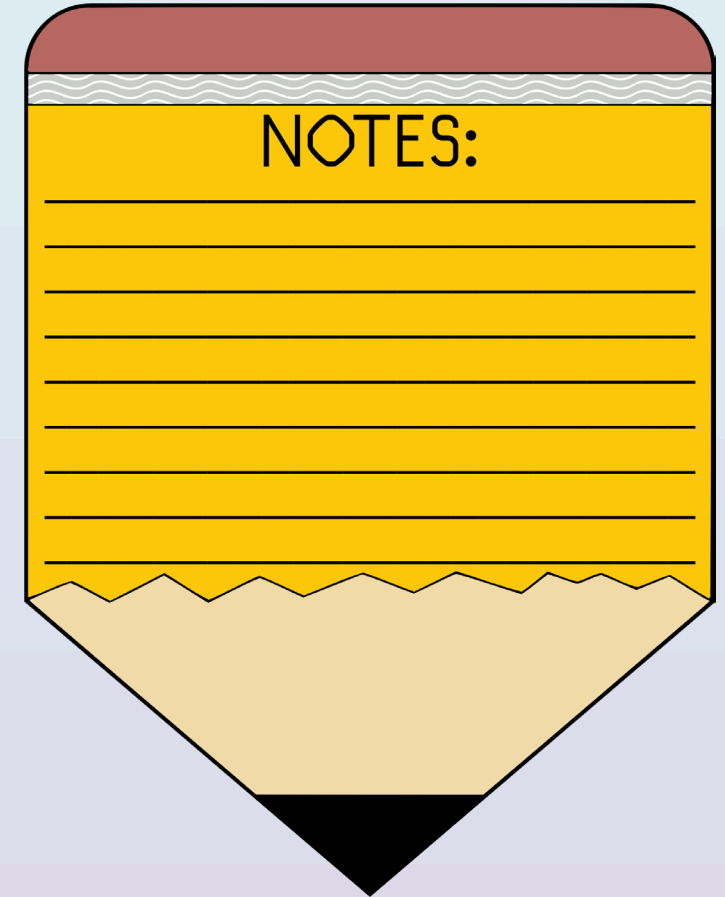
TRANSPARENCY IS YOUR FRIEND

Initial Sessions

- If you are aware of an intellectual or developmental disability, **educate yourself prior to the first session!**
- Assess your facility/meeting space for accessibility
 - Mobility (Can they get in the front door, is there space in the meeting room, can they get into your office easily)
 - Sensory (Is it loud, distracting, is the lightening going to trigger someone with a sensory sensitivity)
 - Have sensory regulating tools available
- Rapport Building
 - Use this time to **assess for communication challenges**
 - **Attention span**
 - Build trust
 - Assess for emotional vocabulary

TREATMENT PLANNING & NOTES

- **Healthy sexuality**
 - **Healthy boundaries and body autonomy**
- Self esteem building and combating stigma
- Expressing individuality
- Peer relationships
- Intimate partner violence
- Trust
- Do **NOT** use the word “prostitute” in your notes



Communication Considerations

- Limited verbal skill does not mean low IQ
 - Example: Cerebral palsy, selective mutism
- Am I describing things literally and concretely or am I being too conceptual?
 - Don't use idioms such as “the birds and the bees”
 - Avoid ambiguous language such as “kind of,” “maybe,” “we'll see,”
 - Avoid superlative language such as, favorite, most, best, worst, last
- Less is more in terms of concepts
- Circular learning
 - Reinforcement of key concepts throughout treatment while introducing new information

Communication Considerations Cont.

- Verbal and Non-verbal
 - Parts of non-verbal communication include things like facial expressions, body language, tone of voice, context
 - Verbal and non-verbal communication clarifies what we mean
 - Example: someone says “come on” to you
 - **Some people with autism and DD struggle to read or use non-verbal communication**
- Processing delays
 - If someone has a receptive or expressive processing delay it may take them longer to respond
 - Resist temptation to fill in the blanks
 - May disrupt expressive language processing
 - Ex. “Paul...penis...touch.” What did this child mean?

Communication Considerations Cont.

- Learned Acquiescence – tendency to “go along to get along”
 - Risk factor for trafficking- may not understand what is being said to them or motives behind it. Don't want to look “dumb” and want to have a friend
 - Behavioral plans may reinforce this because kids aren't given permission to say “no” or disagree.
 - Example: Goal on a behavior plan is to “always follow directions” which makes them vulnerable and susceptible to perpetrators due to operant conditioning
 - Ability to appear to understand “Smile and nod”
 - Check and double check understanding of words and concepts

Emotion Identification and Regulation

- Limited emotional vocabulary (happy, mad, sad)
- Difficulty recognizing emotions in themselves and others
- May not be able to identify where in their body they feel emotion
- Expanding on emotion vocabulary
 - Frustrated- I can't figure something out
 - Solution: Need help – ask for help
 - Disappointed- I wanted something I couldn't get
 - Solution What do I need to put in place so I can get it next time. Acceptance skills
- Emotion regulation skills
 - **Not different, just may take longer to develop**
 - Some kids are neurologically challenged in emotion regulation, their impulse control is impaired (fetal alcohol spectrum disorder, trauma, autism, IDD)

Middle Phase of Treatment

- It's not different!
 - Slower
 - Circular Learning
- May need to be more creative
 - Play therapy
 - Sand tray
 - Art as means of communication
- Remember your communication considerations:
 - Am I describing things literally and concrete or being too conceptual
 - Less is more in terms of concepts but more is better in terms of time

How Many Can You Name?



Healthy Sexuality

- Complete Education

- Children with IDD are often excluded from education on healthy sexuality and relationships both by their families and their schools. You may be the first one teaching them about this
- Be creative- books and visuals, videos

- Healthy Relationships

- Limited opportunity to experience a full range of healthy relationships (friendships or groups, teams, dating, work) due to social stigma and isolation

- Boundaries and Body Autonomy

- Body Parts
- Okay vs not okay touch
- Public vs Private

SAFETY PLANNING

- Be creative
- Be realistic
- Personalize!
- Be developmentally appropriate
- Give resources
 - Safe Horizon Streetwork Project
 - The Door
 - Hotlines (check them periodically)
 - National Human Trafficking Hotline 888 373 7888 TEXT: 233733
 - NYPD Human Trafficking Hotline (646) 610 7272



Activity

- Jane's scenario
- John's scenario



John is a 14 year old boy with an intellectual disability who has been in residential for 6 months. John recently returned from being AWOC for 2 weeks. At first, John wouldn't tell anyone where he was staying, but his staff notices that there is something different about him. John will only shower at night when everyone else is asleep, and he makes sure that his back is to the wall when he is in a room with other people. John has always had issues with hygiene but he had resolved them months ago. He also barely sleeps at night and will now only wear baggy clothes. One night, John is talking to his favorite staff, Karl, when he reveals that while he was AWOC, he stayed with a friend named Hunter in the park. According to John, they took care of each other and they "partied" a lot so they could eat. Karl can tell that John is really excited that Hunter treats him like an equal as he always says the staff thinks "he's a kid." When Karl tries to ask more questions, John refuses to answer, except to say that he is worried about how Hunter is getting by now that John is back on Campus. He also wants to return to him. It occurs to Karl that since coming back, John has been getting a lot of phone calls at the cottage from his "Uncle Harry" and that whenever Uncle Harry calls, John suddenly has an attitude and hides in a corner to talk to him in private.

Activity

- What are the increased vulnerabilities?
- What are the red flags?
- How would you safety plan with this youth?

Jane is a 17 year old girl with autism spectrum disorder who recently returned to her residential program after her most recent AWOL which lasted for 3 months. Jane was initially accepted into the program because she was chronically running away and had been living with a 22 year old (Danny) whom she called her boyfriend. Jane dreams of being a wife and mother. When Jane lived with Danny, there were many incidents of domestic violence, and at one point, he strangled her to the point of unconsciousness. There were also reports that Jane was the star in videos where she was engaging in sexual acts with multiple men. Upon her return to the program, staff note that Jane has lost a lot of weight and appears to be going through withdrawal from drugs. She also keeps saying that she needs to get back to her family. During her AWOL assessment, Jane discloses that she engaged with numerous sexual partners while AWOL and also used various substances. She shares that she has a cellphone but refuses to give it to staff because she needed to stay in contact with her family. A week later, one of the other residents hands in the cellphone, sharing that they were worried for Jane and thought she was planning on going AWOL again. The cellphone contains multiple text messages with Danny and other men where they plan on meeting to “party.” There are sexually explicit photos from both Jane and these men, as well as Facebook posts where she seems to be part of an auction.

Activity

- What are the increased vulnerabilities?
- What are the red flags?
- How would you safety plan with this youth?

Termination

- Very important to connect to ongoing resources plus appropriate resources and supports for their disability
- Termination is difficult for everyone
 - **Therapy often becomes a part of their social life** (transference to you and to the entire process of going to therapy)
 - People with autism are very programmed to routine
 - Be more aware if the youth struggles with social isolation and connect to social groups etc. You don't want to add to their trauma and loss

Partnering with Disability Resources

- Local Resources
 - Disability agencies, particularly mental health
 - **University Center of Excellence on Disability**
 - Disability-specific organizations
- National Resources
 - The Arc – Nation Center on Criminal Justice and Disability
 - National Children’s Advocacy Center – Training on Forensic Interviewing for children with disabilities
 - National Human Trafficking and Disability Workgroup – Resource and Referral
 - National disability-specific organizations

WRAP UP & CLOSING

- Remember when engaging youth to think about who your audience is, and how you are being experienced by them.
- Remember to maintain boundaries and teaching healthy boundaries
- Utilize your entire Toolbox of skills
- Be creative
- Be aware of your **Kryptonite**...and act accordingly



QUESTIONS

- What are you taking away from today's training?

"If you want to have an opinion on this, you better come humble."- DM



THANK
YOU!