



WESTCOAST CHILDREN'S CLINIC

Sexually Exploited Minors Research-to-Action Project

CANS Conference

May 16, 2011



The Problem: Commercial Sexual Exploitation of Children

- **The Newest Child Welfare Crisis:**
 - Alarmingly, the FBI has designated the Bay Area, along with several other major metropolitan areas in the U.S. as a "High Intensity Child Prostitution Area", with the city of Oakland identified as housing the largest population of sexually exploited youth in the U.S.
 - The hidden nature of this population obscures accurate estimates of the prevalence of youth sexual exploitation.
 - Though likely a serious underestimation, annual estimates for sexually exploited minors in the U.S. range from 200,000 to 325,000
- **“We’re seeing drug traffickers migrating to pimping...because exploiting children is more profitable and less risky than selling drugs.”**
 - The victims, as young as 10, are coerced and beaten into a life of exploitation
 - This ruthless exploitation of children results in serious mental and physical health problems including PTSD, Stockholm Syndrome, depression, substance abuse, STI’s, and serious injuries at the hand of pimps who treat these exploited youth as property.



Youth Radio: *Trafficked*



Photo By Brett Myers/ Youth Radio

“To solve a problem you have to understand it. So to solve this prostitution problem, you have to understand the girls.”

-Anonymous, victim of sexual exploitation

This statement from a teenager who was trafficked by a pimp on Oakland’s streets may seem simple enough. And yet for all the debate about youth prostitution in America, where are the voices and perspectives of the people at the center of it all - the girls who are trafficked? ...(more)



Coordinated Local Response

- **Countywide SEM Network**
 - 12 Community Based Organizations and public agencies dedicated to working with SEM.
 - CSEC case Review, Interagency Children’s Policy Council, Behavioral Health Care
- **Dedicated Mental Health Services for SEM C-Change: Transforming the Lives of Sexually Exploited Minors:**
 - Mental health assessment and risk assessment: understand basic needs; develop life map
 - Psycho-education about sexual exploitation
 - Clinical Case Management: identify and access needed resources; attend and provide support at court dates, Team Decision Meetings, Emancipation Conferences
 - Psychotherapy (individual, family and group): focused on trauma recovery therapy, placement stabilization and crisis intervention; developing healthy relationships in the community
 - Advocacy with systems (probation, child welfare, education, family, medical providers.)



Preliminary Data (2009)

The following information was gathered during the screening process from 200+ girls participating in MISSSEY (our community advocacy partner).

Demographics:

- 68% African-American, 15% Latina, 8% Caucasian, 6% Asian

Family/Institutionalization

- 67% reported being raised by biological or adopted families
- 53% of youth reported living in a group home at one time
- 59% were living in juvenile hall at the time of entry into the program
- 83% reported running away from home at least once

Trauma History

- 43% report a history of physical or sexual assault
- 25% of youth have a history of suicide attempts that required hospitalization

SEM Research-to-Action Project Purpose

- **Need**
 - Clinical: Currently no treatment guidelines for working with SEM
 - Advocacy: Invisible population in need of system/policy intervention
- **Research Questions**
 - What is the mental health status of SEM?
 - What are the risk factors and entry point associated with SEM involvement?
 - Base on prevalence, does the current service system have the capacity to meet SEM needs?
 - What are the essential components of a specialized mental health treatment model for SEM?
 - What factors are associated with successfully stabilizing SEM in a safe living environment?

Project Components

1. **Develop Standardized Assessment Measure**
 - SEM CANS Instrument: Work with Dr. Lyons and C-Change program to develop key CANS-CSE items
 - Train and certify SEM Network
2. **Data Collection Strategy and Implementation**
 - Design database
 - Implement data collection protocol
3. **Clinical Profile and Treatment Recommendations**
 - Using CANS data and WestCoast clinical expertise
 - Demographic and event data
4. **Training and dissemination**
 - Develop clinical training curricula
 - Conduct community trainings at partner agencies and other settings
5. **Advocacy and policy recommendations**
 - Targeted presentations (e.g. Board of Supervisors, state legislators)

CANS-CSE Domains

The CANS-CSE is comprised of a total of 72 items and two modules (Substance Use, Runaway)

1. Exploitation
2. Risk Behaviors
3. Education
4. Health
5. Mental Health Needs
6. Sexual Abuse History
7. Parental Risk Factors
8. System Factors
9. Individual Youth Strengths
10. Environmental Strengths

CANS-CSE Items: Exploitation Section

For the purposes of this section exploitation is defined as the engaging in sexual activities for the exchange of goods.

Duration of Exploitation

- | | |
|----------|--|
| 0 | Exploitation has begun in last three months |
| 1 | Exploitation has begun in the past year |
| 2 | Exploitation has been intermittent for more than two years |
| 3 | Exploitation has been ongoing for more than two years |

CANS-CSE Items: Exploitation Section

Age at Onset

- | | |
|----------|--|
| 0 | Exploitation began after age 16 |
| 1 | Exploitation began between 14 and 16 |
| 2 | Exploitation began between 12 and 14 |
| 3 | Exploitation began prior to the age of 12. |

Perception of dangerousness

- | | |
|----------|--|
| 0 | Youth is fully aware of the dangerousness of his/her situation and behavior. Youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts. |
| 1 | Youth is partially aware of the dangerousness of his/her situation and behavior. Youth generally fails to take precautions. |
| 2 | Youth is unaware of the dangerousness of his/her situation and behavior. |
| 3 | Youth actively minimizes the dangerousness of his/her situation and behavior. |

CANS-CSE Items: Exploitation Section

Knowledge of Exploitation

- | | |
|----------|---|
| 0 | Youth understands that he/she is currently being exploited. |
| 1 | Youth has some understanding that he/she might currently be exploited, however, he/she is unsure. |
| 2 | Youth is unaware of his/her exploitation. |
| 3 | Youth actively denies and/or rationalizes his/her exploitation. |

Stockholm Syndrome

- | | |
|----------|--|
| 0 | Youth recognizes that their pimp or other exploiter is not operating in the best interests of the youth. |
| 1 | Youth suspects that his/her pimp or other exploiter may not be operating in the best interests of the youth. |
| 2 | Youth believes that the pimp or other exploiter is operating in their best interests. |
| 3 | Youth actively defends and justifies the behavior of his/her pimp or other exploiter to protect them from accusations of exploitation. |

Additional non-CANS indicators

Living Situation: Indicate all settings where youth spent one or more nights

Home of biological parent or relative

Foster Care Setting

Friends or non-relative extended family members; youth expects to live there for MORE THAN 90 days

Moved in with friends or non-related extended family member and expects to live there LESS THAN 90 days

Inpatient drug/alcohol facility

Juvenile Hall/other incarceration

Emergency or short-term shelter

Couch surfing with friends or family

Couch surfing that includes exploitation, drugs, destructive bartering, risky behaviors

Homeless (includes places not meant for human habitation, such as car, park, sidewalk or abandoned building)

Experience with exploitation

Answer the following questions regarding the youth's experience with exploitation. Please note: "Not been involved in exploitation" indicates that a youth has not been involved in any activities related to exploitation, e.g., placing ads, staying at motels, going to the 'track', etc.

Is currently being exploited

Expressed wanting to leave exploitation situation

Has a plan to leave exploitation situation

Has attempted to leave exploitation situation

Has not been involved in exploitation for at least 5 days

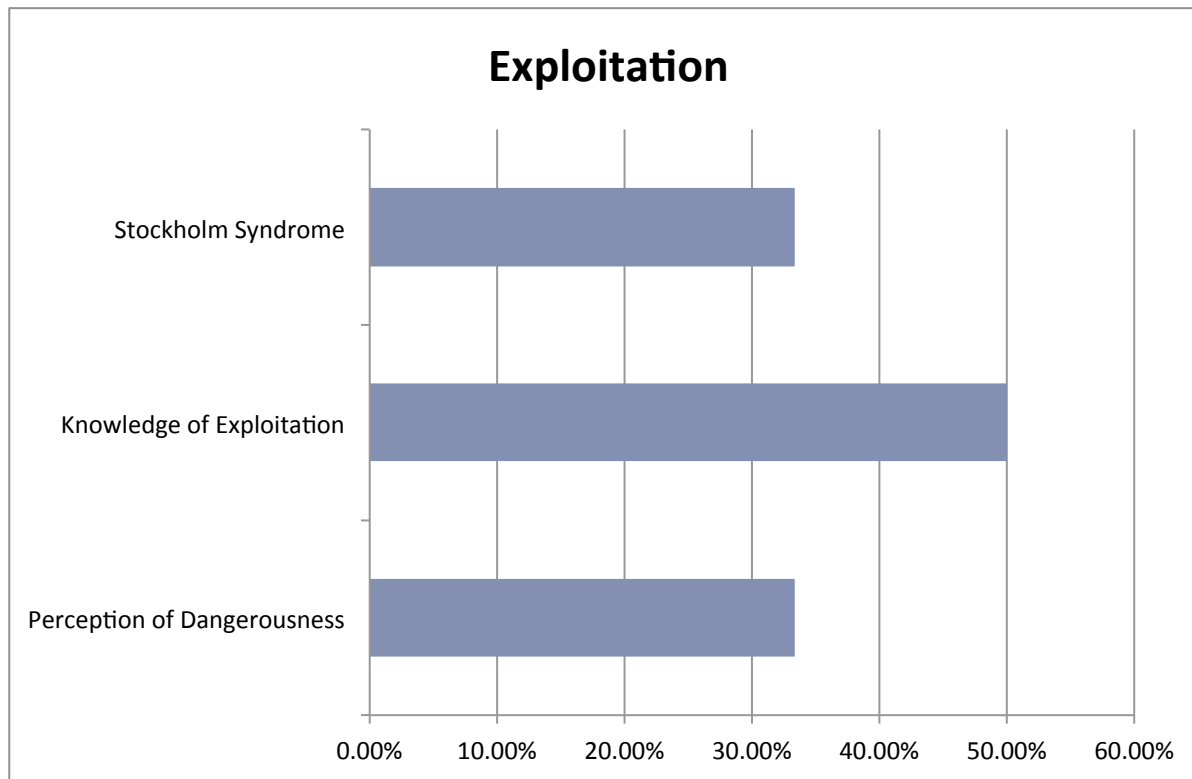
Has not been involved in exploitation for at least 1 month

Has not been involved in exploitation for 3 months or more

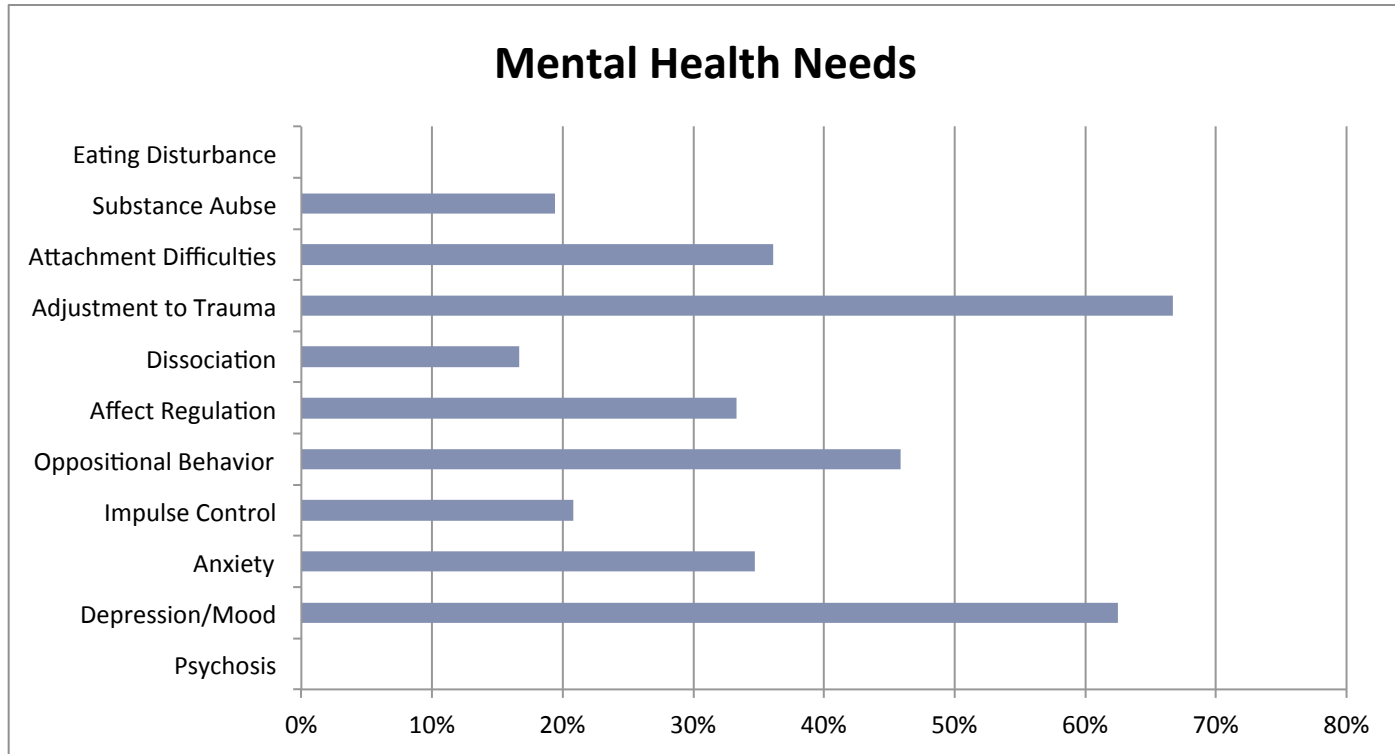
Additional Indicators

- **Demographic/Background Information**
 - Ethnicity, Sexual Orientation, Immigration status
- **Foster Care placement information**
 - Placement type, change of placement
- **Educational Status**
 - Educational setting, special education
- **Parenting/pregnancy status**
 - Custody, prenatal care, attempting to get pregnant
- **Health insurance and medical status**
 - Insurance type/status, doctor's visits, STI screening
- **Substance Use**
 - Drug categories, frequency, attempts to quit

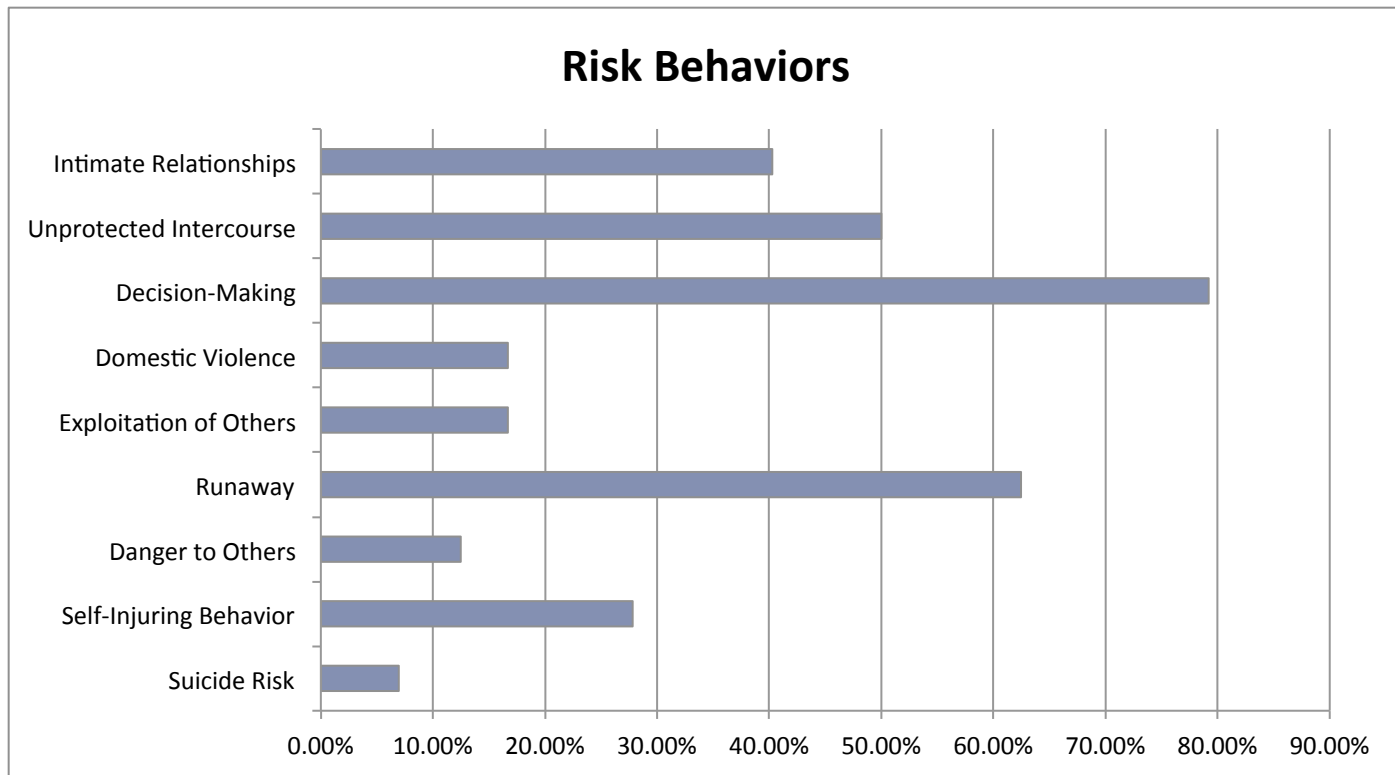
Preliminary Data



Preliminary Data



Preliminary Data



Clinical Profile & Treatment Recommendations

Example 1: Safety

- Treatment Recommendation: on-going assessment of client's safety.
- Intervention: develop and continuously update the safety plan including
 - Imminent danger to self or others
 - Imminent danger of injury or being hurt
 - Incapacitation (intoxication, brain injury, psychosis)
 - Extent that client cannot attend to one's own safety
 - Safety of immediate psychosocial environment



Clinical Profile & Treatment Recommendations

Example 2: Relational Engagement

- Treatment Recommendation: Repair, restore or create effective working models of attachment; apply these models to current interpersonal relationships.
- Intervention: develop critical interpersonal skills
 - Assertiveness
 - Cooperation
 - Perspective taking
 - Boundaries
 - Limit setting
 - Social empathy
 - Relationship reciprocity
 - Capacity for physical and emotional intimacy



Clinical Profile & Treatment Recommendations

Example 3: Self-Regulation

- Treatment Recommendation: Enhance capacity to modulate arousal and restore equilibrium following dysregulation across affect, behavior, physiology, cognition, interpersonal relatedness and self-attribution.

Interventions

- Identify and discriminate emotions – correctly perceive and label emotions.
- Identify and counter thoughts that underlie negative emotional states.
- Build resistance to tension reduction behaviors (i.e. wait a little before you start to drink, etc.).
- Affect regulation through trauma processing.
- Increase ability to self-soothe and tolerate frustration.



Clinical Profile & Treatment Recommendations

Example 4: Enhancing Positive Affect

- Treatment Recommendation: Enhance self-esteem and positive self-appraisal

Interventions:

- Promote activities that tap into creativity and imagination
- Develop future orientation
- Enhance sense of achievement and mastery
- Highlight and develop areas of competence
- Facilitate community building
- Develop capacity to experience pleasure



Policy Implications

AB 499 (2008) California

- Authorizes the District Attorney of Alameda County to create a pilot project, for the purposes of developing a comprehensive, replicable, multidisciplinary model to address the needs and **effective treatment** of commercially sexually exploited minors.
- Develop protocols for identifying and assessing minors, upon arrest or detention by law enforcement, who may be victims of commercial sexual exploitation and to develop a **diversion program reflecting the best practices** to address the needs and requirements of those minors.

S. 596: Domestic Minor Sex Trafficking Deterrence and Victims Support Act of 2011

- Amends the Trafficking Victims Protection Reauthorization Act of 2005 to authorize the Office of Justice Programs to award block grants to up to six state or local governments to combat sex trafficking of minors, for uses including providing shelter to minor victims of trafficking, **case management services, mental health counseling**, legal services, and outreach and education programs.



System Implications

Foster Care

- Develop training curriculum for specialized foster homes using existing foster care resources
- Create integrated shelter and mental health services setting

Juvenile Justice

- Treatment during periods of detention
- Inform creation of diversion program

Multiple overlapping system

- Importance of common language (Communimetrics!) to optimize treatment
- Thorough assessment
- Treatment planning can be shared across service providers



Engaging Community Partners

Lessons Learned:

- Looking at modifications based on short length of stay with some providers
- Need buy-in at multiple levels, particularly when no funding is attached
- Particularly in tough budget times, need to make a case for how each organization can benefit from the investment in staff time

Next Steps:

- Multi-level training to help organizations maximize their use of the CANS-CSE:
- **Leadership:** Integrating CANS-CSE into agency systems; program planning
- **Clinician:** Using CANS-CSE in treatment planning
- **Case Manager:** Using CANS-CSE for care coordination



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