THE NATIONAL SEXUAL ASSAULT CONFERENCE

THE KIDS WE’RE MISSING: A STRENGTH BASED APPROACH TO INTERVENTION

Megan Schroeder, MSW, LSW, Supervisor of Victim Response
Megan Zurasky, MSCP, Victim Advocate
Our Mission

To respond, educate, and advocate to end sexual violence.
PAAR services

VICTIM RESPONSE TEAM
- MEDICAL ADVOCACY
- LEGAL ADVOCACY AND ACCOMPANIMENT
- CRISIS COUNSELING IN VARIOUS SETTINGS

THE DROP IN CENTER
PAAR addresses the unique and practical needs of those who experience sexual exploitation and trafficking with services to help victims gain their freedom and independence:
- INDIVIDUAL ADVOCACY
- INTENSIVE CASE MANAGEMENT
- GROUP WORK

1-866-END-RAPE
PAAR services

CLINICAL SERVICES

- CHILD AND FAMILY CENTER
- ADULT INDIVIDUAL AND GROUP THERAPY
- WELLNESS SERIES

PREVENTION

- PRIMARY PREVENTION
- PROJECT LAST CALL
- CBIM
- PITK

1-866-END-RAPE
WHERE WE STARTED

- Allegheny County implemented new, mandatory screening tool in response to local prevalence of sex trafficking
- Issued RFP to provide training to frontline caseworkers:
  - The dynamics of trafficking and recruitment
  - Common experiences
- Build capacity within Child Welfare to recognize and intervene
- Improved ability to be responsive to needs of victims
Allegeny County collected demographic information about IDENTIFIED VICTIMS:

- Females ages 13 to 16
- LGBTQ+ youth
- Individuals without a protective, stable “family like” structure
- Those forced to leave home or who have run away
- Youth with negative childhood experiences and trauma
- Youth with a history of sexual assault or abuse*

There was CONSISTENT INTERACTION WITH SYSTEMS and adults while youth were in the life – this included police, probation, CYF, health and foster care
WHERE IT WENT

- TOT participants started to see exploitation and victimization in their caseloads
- Information and awareness became practical application and response
- Worked with CYF to build a **FIRST AID KIT** that contained:
  - Trauma-informed approach
  - Opportunities to build trust and connection
  - Supportive language
  - Harm-reduction strategies
Multi-layered Approach

TO BE EFFECTIVE, IT MUST BE CONSISTENT, RELEVANT AND SUSTAINABLE
MULTI LAYERED APPROACH

- Exploitation is complex – it made sense to have an approach with multiple strategies
- Opportunity to bring our work out into the community
- Worked with providers to build WORKSHOPS that were meant to:
  - Provide information and support on trauma
  - Make under-utilized services more accessible
  - Promote resiliency and develop coping skills
  - Prevent revictimization and/or exploitation
  - Continue to build trust and connection, alongside the providers
Patience  
Dignity  
Resiliency  
Respect  
Choice  
Control  
Communication  
Validation  
Resources
The Origin

SCREENING TOOL

- The reality of using a screening tool with this population
- Disclosure is rare
- 75% of victims do not identify as victims
- Limitations
  - Kids who experienced CSEC were still screening “negative” and their cases were closed
  - Kids who screened positive were declining service

“The children are not the failure. We are the failure.”
REFRAMING SUCCESS

- Helping ourselves & service providers to reframe what success looks like with this population

- Healing from CSEC does not progress linearly from vulnerability to stability
  - Running away is a reality of experiencing and recovering from CSEC and should be viewed as a symptom of complex trauma

- Too often programs try to fit survivors into existing programs that they may never have success with
  - CSEC is unique and must be treated as such
  - Traditional services have a punitive response to symptoms

Hickle and Roe-Sepowitz – Adversity and intervention needs among girls in residential care with experiences of commercial sexual exploitation (2018).
The population

SEXUAL ABUSE

RUNAWAY YOUTH

1 IN 3 RUNAWAYS have been forced to perform a sexual act against their will

ON THE RUN OR HOMELESS

HOMELESS YOUTH

1% TO 3% of youth in the general population report sexual abuse

21% TO 42% of homeless youth report sexual abuse

PTSD

Rates of major depression, conduct disorder, and post-traumatic stress disorder are 3 TIMES HIGHER among runaway youth

LGBTQ+

LGBTQ YOUTH ARE 3X MORE LIKELY TO HAVE ENGAGED IN SURVIVAL SEX

MORE THAN 1 IN 3 HOMELESS YOUTH ENGAGE IN SURVIVAL SEX.

OF THEM:

- 82% trade sex for money
- 48% trade sex for food or a place to stay
- 22% trade sex for drugs

ALLEGHENY COUNTY

- On average, 22 children are on the run from a placement each day
- 44% have run away from home or placement more than 10 times


Allegheny County CYF – *CSEC Practice, Policy and IT Training* (January 2017)
### Philadelphia: Expanded ACEs

<table>
<thead>
<tr>
<th>Conventional ACEs</th>
<th>Expanded ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>Witnessing Violence</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Living in Unsafe Neighborhoods</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Experiencing Racism</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>Living in Foster Care</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>Experiencing Bullying</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Incarcerated Care Provider</td>
<td></td>
</tr>
<tr>
<td>Mental Illness in the Home</td>
<td></td>
</tr>
</tbody>
</table>
Philadelphia ACE Study

- Early Death
- Symptoms of disease, distress, criminalization
- Coping Skills
- Allostatic load/disrupted neurological development
- Complex trauma/ACES
- Social/local context
- Generational embodiment/historical trauma
TOXIC STRESS

Not all stress is bad for the brain and body. The stresses that are part of everyday life—taking a test, learning to drive, preparing for a job interview—can strengthen our problem-solving abilities and boost our resilience. But continual or extreme stress, especially in the early years, can damage a child’s ability to think, learn, grow and relate to others. It can have a lifelong effect on both physical and mental health. Research shows that nurturing, supportive relationships with adults can help reduce the damage caused by early toxic stress.

Compounded Risk

- Higher rate of victimization
- Lower utilization of services
- Negative experiences in services
- Lower rate of disclosure
Compounded Risk

- Higher rate of victimization: training
- Lower utilization of services: clinical vs. community
- Negative experiences in services: trauma-informed care
- Lower rate of disclosure: healing-centered engagement
“These young people may perceive that adults are infantilizing or delegitimizing the very real and sometimes logical choices they made to creatively meet their own needs for care, support, protection and attention.”

Clinical v. Community

- Flexibility in services is vital!
- Unique barriers keep youth from accessing services in the traditional way
- Clinical services might have an inherent, punitive response to this population
Untreated trauma and victimization

Untreated mental health

Exacerbated trauma symptoms
Coping and reactive behavior

DISPLAYED AS
Uncooperative; Unwilling to engage; Defiant

Programs and services take a punitive approach v. recognizing the link to coping

IN SURVIVAL MODE
Unable to keep appointments; inconsistent attendance; running away; distrustful of provider; reluctant to disclose or to identify as victimization
Community work is messy
PILLARS OF TRAUMA-INFORMED CARE

Safety  Connections  Emotions
I. Safety

PHYSICAL SAFETY

- Maslow’s Hierarchy of Needs

EMOTIONAL SAFETY

- Creating safe spaces for clients – this takes time, but other interventions are unlikely to be successful until safety and connection are developed.

- Ways to create safe spaces:
  - Consistency
  - Reliability
  - Predictability
  - Availability
  - Acceptance
  - Transparency*

Three Pillars of Trauma-Informed Care. Bath, Howard. Reclaiming Children and Youth, v17 n3 (Fall 2008).
II. Connection

- Don’t overlook the way trauma impacts our ability to build comfortable, meaningful connection:
  - Model healthy connections
  - Not all providers are trauma-informed: You might be faced with their past experiences and suspicion; avoidance; hostility

- The therapeutic relationship counts twice as much as any intervention, technique or resource

relationships are key

Three Pillars of Trauma-Informed Care. Bath, Howard. Reclaiming Children and Youth, v17 n3 (Fall 2008).
III. Emotion Management

You have to balance, as a provider:

- The most pervasive impact of trauma is the dysregulation of emotions and impulses

AND

- The ability to manage emotions (or self-regulate) is one of the most fundamental protective factors

UNIVERSAL EDUCATION

- Trauma informed framework that focuses on being sensitive to potential trauma rather than responding solely to disclosure
- People who receive universal education were twice as likely to share the number for a hotline with someone (altruism)
- Power of warm referrals
- What survivors of trauma ask of providers:
  - “Don’t judge me”
  - “Give me options and choices”
  - “Give me information”
  - “Don’t force me to disclose”
Strengths-Based
THE MINI WORKSHOPS
INFO AND SUPPORT

NON DISCLOSURE BASED

FACILITATION WITH LOOSLEY CONSTRUCTED OUTLINE

ONE HOUR ONE DAY PER WEEK OPEN

THE WHAT

(STRUCTURE AND LOCATION)

PILOT PROGRAM

EMERGENCY SHELTER IN CHILD WELFARE

JUVENILE DETENTION DROP IN CENTER

STRENGTH BASED APPROACH
Evidence-based programs

WICHITA STATE UNIVERSITY
- Increases young people’s ability to practice healthy relationships
- Primary prevention component in K-12 schools

GEMS
- Addresses developmental, social and emotional needs through strengths-based programming
- Instead of treating youth as passive victims, works to develop a sense of self as empowered and competent

MY LIFE, MY CHOICE
- Aims to build self-esteem and personal empowerment through education
- Empowers girls with information they want to share with their sisters and friends
FAMILY LINKS
30-day emergency shelter for girls, ages 13 to 19.

AUBERLE
Long-term residential placement for girls, age 13 to 19.

THE 412 YOUTH ZONE
Drop-in center for homeless youth, ages 16 to 24.

SHUMAN CENTER
Juvenile detention center.

JADA HOUSE
Community-based after school program for high school age youth.
topics

HEALTHY RELATIONSHIPS AND BOUNDARIES

SELF ESTEEM

RESILIENCE

FUTURE PLANNING

EMOTION IDENTIFICATION AND MANAGEMENT

COPING SKILLS
Healthy relationships & boundaries

SUBJECTIVE NORMS THEORY

- Trauma manipulates one’s idea of healthy relationships
- Workshops help to change beliefs and norms among groups on what healthy relationships look like

Abuse
Feeling trapped
Violence
Harshness
Control
Lies
Feeling scared
Mistrust
Selfish

Social media
Abuse
Pain
Lies
Our problems

Acquiesce
Fear
Lies

Rain
Peace
Support
Love
Hope
Self-Esteem

EMPOWERMENT THEORY

- Connecting individual strengths, skills, natural helping systems and proactive behaviors
- Workshops help identify strengths & promote self esteem

SELF ESTEEM
Future Planning

EMPOWERMENT THEORY

- Connecting individual strengths, skills, natural helping systems and proactive behaviors
- Workshops help youth see past their current situation and identify strengths for the future

FUTURE PLANNING
EMPOWERMENT THEORY

- Connecting individual strengths, skills, natural helping systems and proactive behaviors
- Workshops teach youth about resiliency and help them identify their own resilience or ability to “bounce back”

Perkins & Zimmerman, 1995
RESILIENCY

“Where flowers bloom, so does hope.”

“Keep your face always toward the sunshine and the shadows will fall behind you.”
RESILIENCY
Emotion Management

TRAUMA THEORY

- Trauma changes the way we can control our emotions
- Teaching and modeling healthy emotion management adds a protective factor in the healing process
EMOTION MANAGEMENT
Coping skills

TRAUMA THEORY

- Youth develop ways to survive without recognizing how trauma can impact their bodies and brain, and without the ability to identify their experiences as symptoms of trauma.
- Workshops help youth identify ways to cope with those feelings, without forcing them to disclose.
GROUNDING STONES
FEEDBACK
IN THE FUTURE

- Expand locations
- Community mapping and identifying assets
- Implementing evaluation for more structured sessions
- Flexibility with different sites and communities
INTERSECTIONS

PREVENTION

RESPONSE

INTERVENTION

Mini Workshops
SHARING is caring

Philadelphia ACE Survey –
http://www.philadelphiaaces.org/philadelphia-ace-survey

Futures Without Violence – *Universal Education* (2019)
https://www.futureswithoutviolence.org/hanging-out-or-hooking-up-teen-safety-card/

Resources

Online tools & library:
https://psychologytools.com/

Phone apps:
10% Happier      Calm
Simple Habit      #selfcare
Stop Breathe and Think Omvana
The Mindfulness App
Meditation and Relaxation Pro
Headspace: Guided Meditation and Mindfulness
RESPOND, EDUCATE & ADVOCATE TO END SEXUAL VIOLENCE

81 S. 19TH ST.
PITTSBURGH, PA 15203
P: (412) 431-5665

1-866-END-RAPE
PAAR.NET