



RESPOND, EDUCATE & ADVOCATE TO END SEXUAL VIOLENCE

# **THE NATIONAL SEXUAL ASSAULT CONFERENCE**

## ***THE KIDS WE'RE MISSING: A STRENGTH BASED APPROACH TO INTERVENTION***

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# 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**



# The Origin



## 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

# The Origin



- Allegheny 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

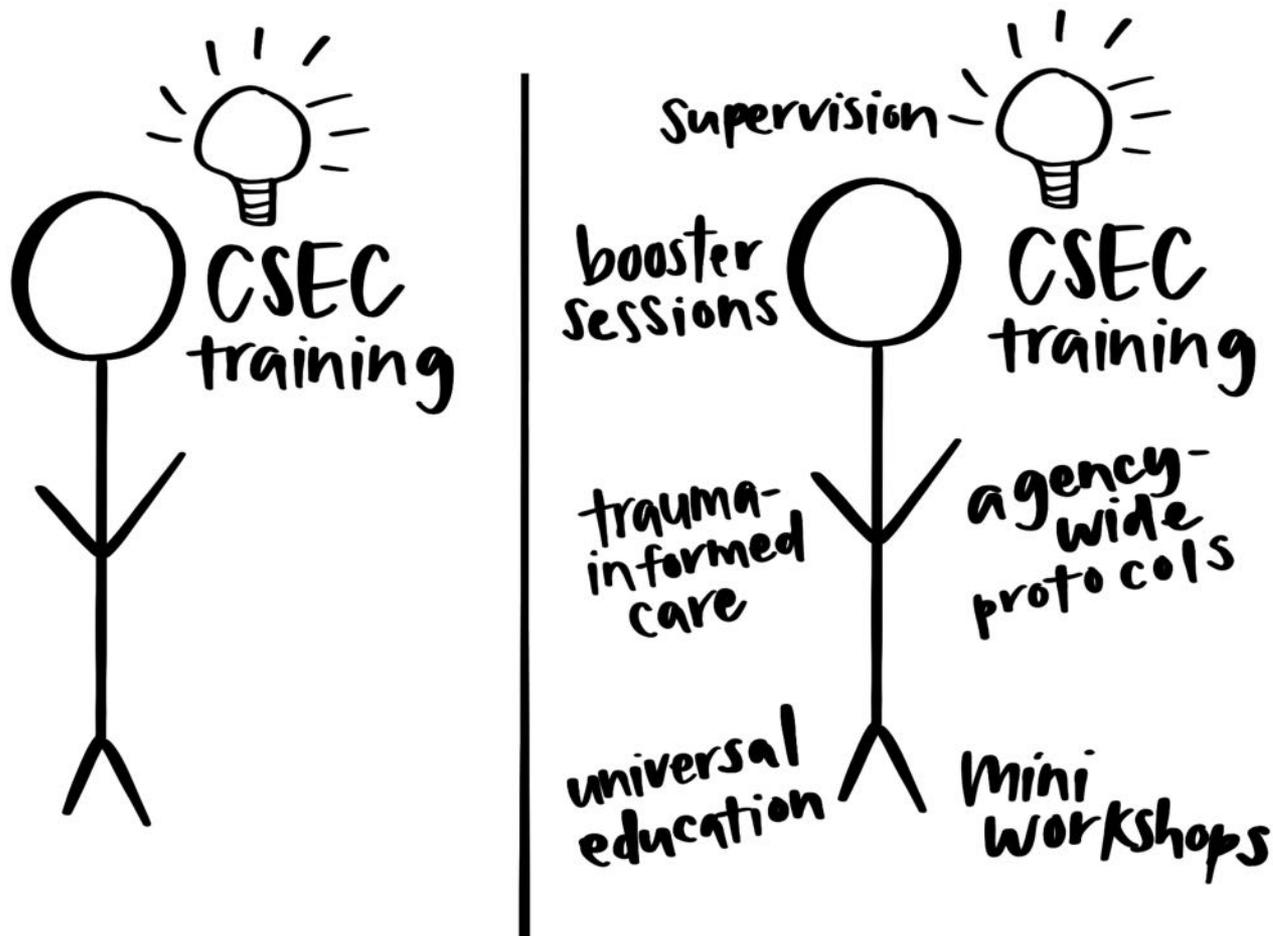
# The Origin



## 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

# The Origin



## MULTI LAYERED APPROACH

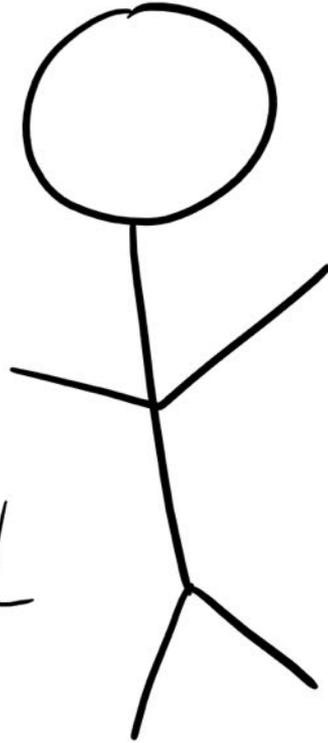
- Exploitation is complex – it made sense to have an approach with multiple strategies
- Opportunity to bring our work out into the community
- Worked with providers to build **WORKSHOPS** that were meant to:
  - Provide information and support on trauma
  - Make under-utilized services more accessible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

PATIENCE

DIGNITY

RESPECT

RESILIENCY



CHOICE

CONTROL

RESOURCES

COMMUNICATION

VALIDATION

# 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.”**

# The Origin



## 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

# The population



## SEXUAL ABUSE

### RUNAWAY YOUTH

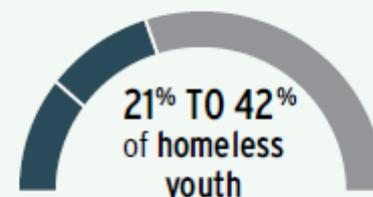


act against their will

**1 IN 3 RUNAWAYS**  
have been forced  
to perform a sexual

## ON THE RUN OR HOMELESS

### HOMELESS YOUTH



PERCENTAGE REPORTING 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**

# The population



**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

National Sexual Violence Resource Center (NSVRC) –  
*Homeless Youth & Sexual Violence* (2014)

## 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

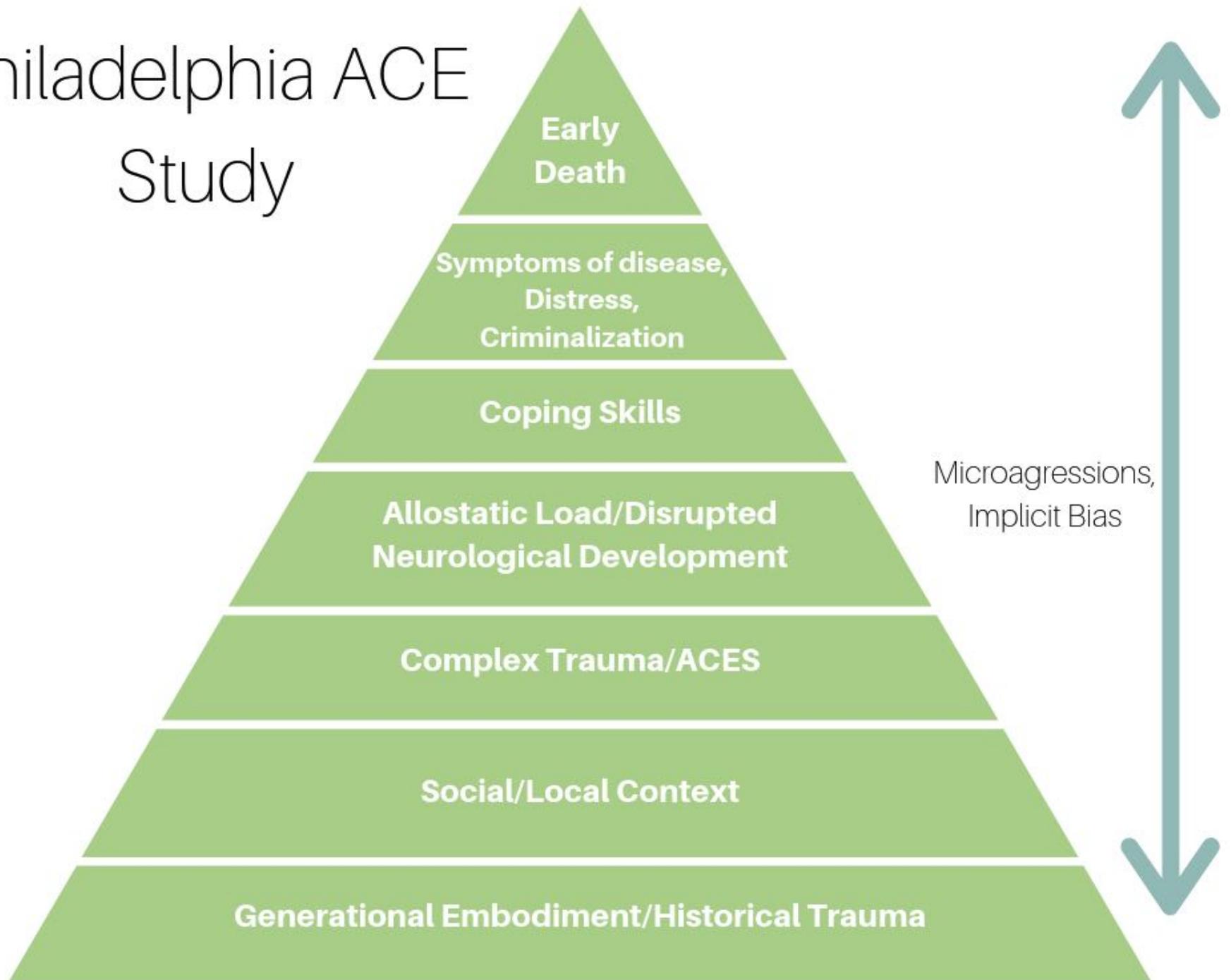
Allegheny County CYF – *CSEC Practice, Policy and IT Training* (January 2017)

# Philadelphia: Expanded ACEs



<b>Conventional ACEs</b>	<b>Expanded ACEs</b>
Physical Abuse	Witnessing Violence
Emotional Abuse	Living in Unsafe Neighborhoods
Sexual Abuse	Experiencing Racism
Emotional Neglect	Living in Foster Care
Physical Neglect	Experiencing Bullying
Domestic Violence	
Household Substance Abuse	
Incarcerated Care Provider	
Mental Illness in the Home	

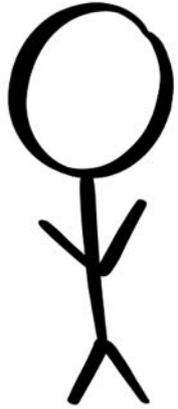
# Philadelphia ACE Study



## **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

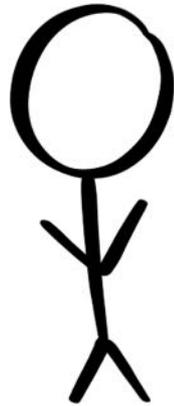
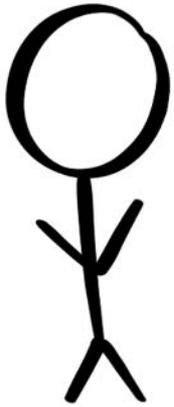


**NEGATIVE**  
experiences  
in services



**LOWER**  
rate of  
disclosure

# Compounded Risk



**HIGHER**  
rate of  
victimization

training

**LOWER**  
utilization  
of services

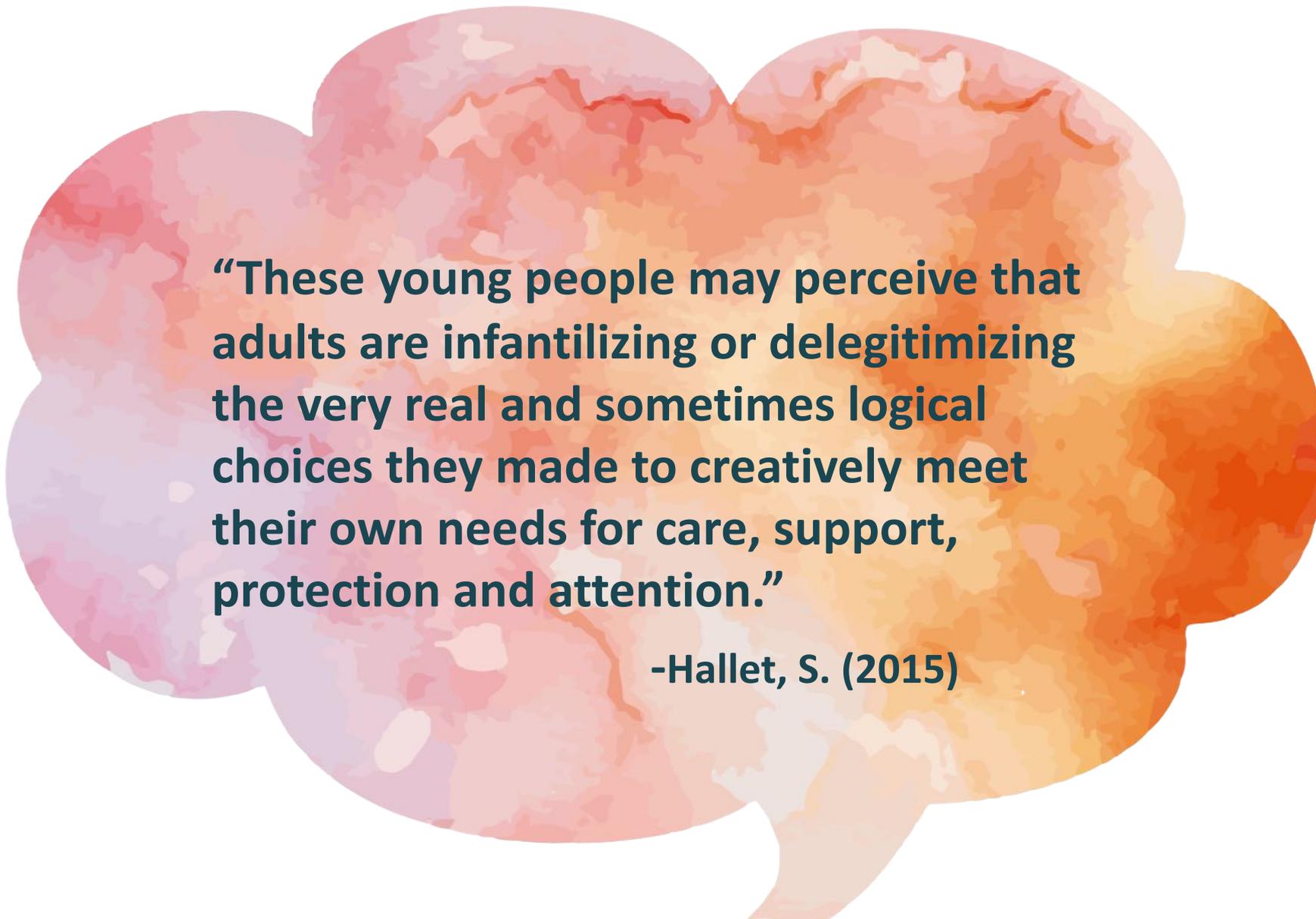
clinical  
vs.  
community

**NEGATIVE**  
experiences  
in services

trauma-  
informed  
care

**LOWER**  
rate of  
disclosure

healing-  
centered  
engagement



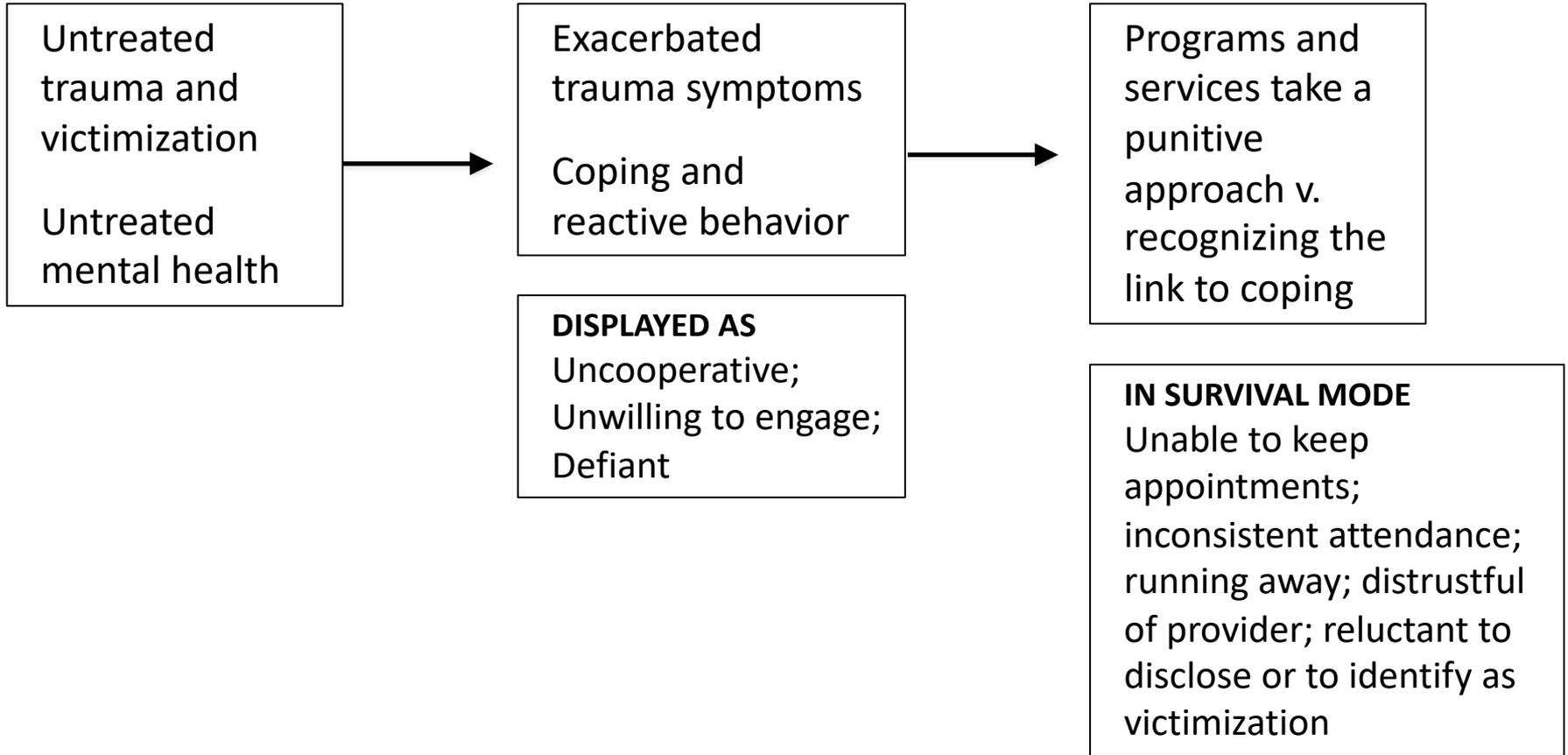
**“These young people may perceive that adults are infantilizing or delegitimizing the very real and sometimes logical choices they made to creatively meet their own needs for care, support, protection and attention.”**

**-Hallet, S. (2015)**

# 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





*Community work is messy*

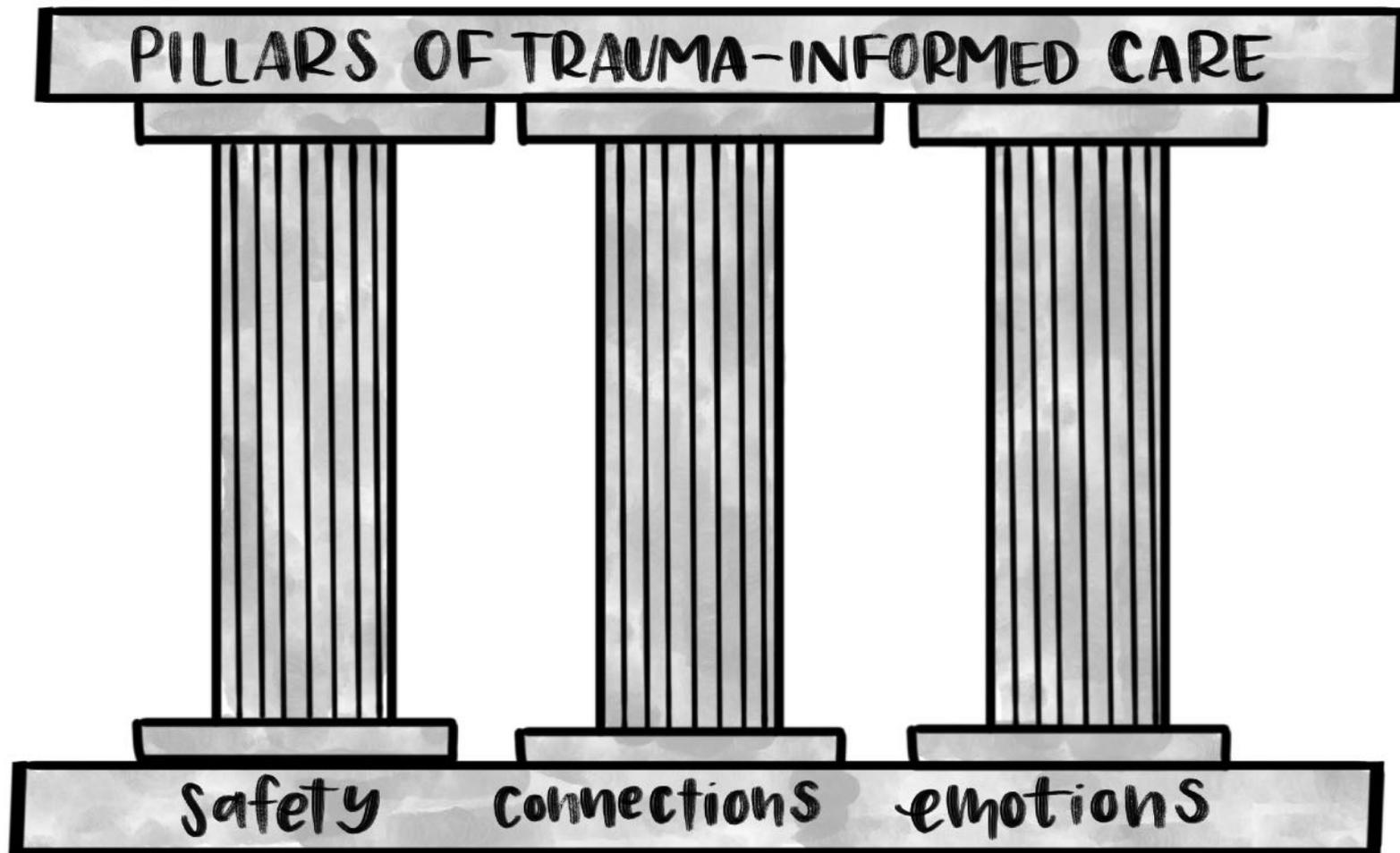


# PILLARS OF TRAUMA-INFORMED CARE

safety

connections

emotions



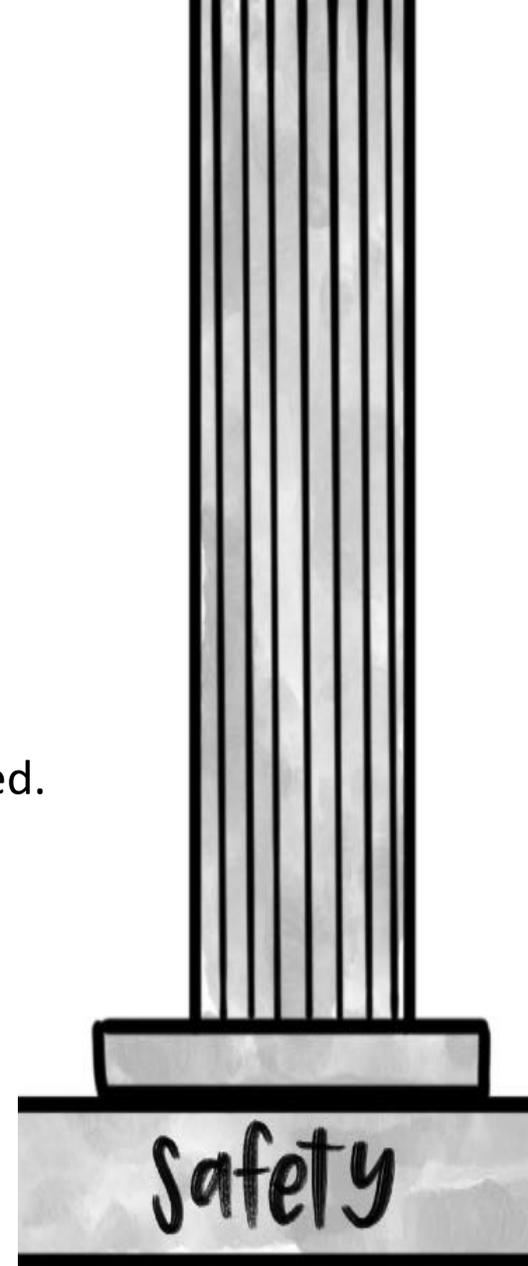
# I. Safety

## PHYSICAL SAFETY

- Maslow's Hierarchy of Needs

## EMOTIONAL SAFETY

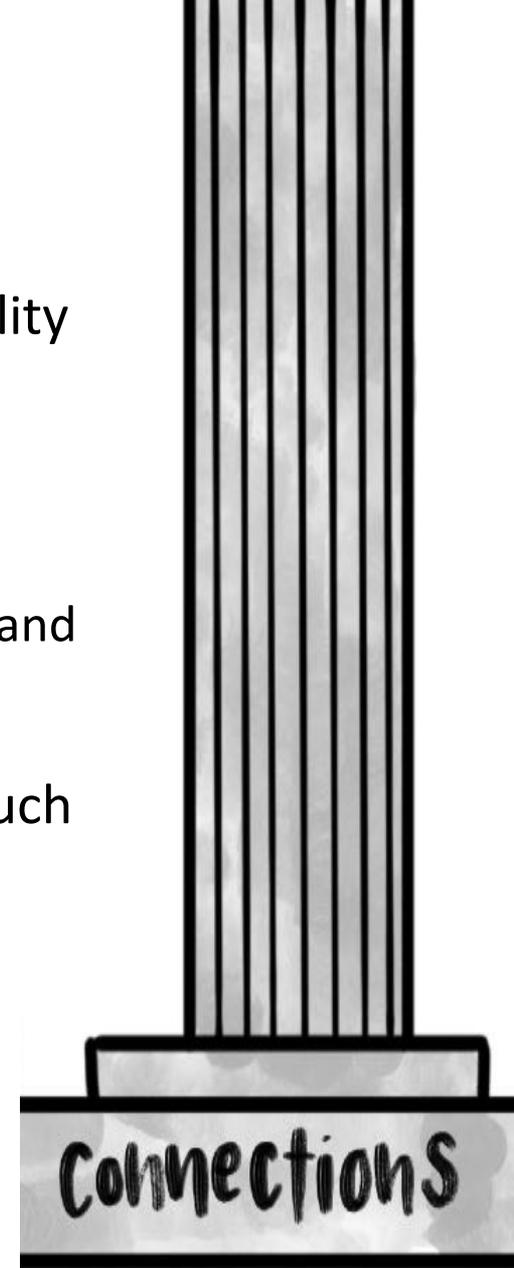
- Creating safe spaces for clients – this takes time, but other interventions are unlikely to be successful until safety and connection are developed.
- Ways to create safe spaces:
  - Consistency
  - Reliability
  - Predictability
  - Availability
  - Acceptance
  - Transparency\*



## 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



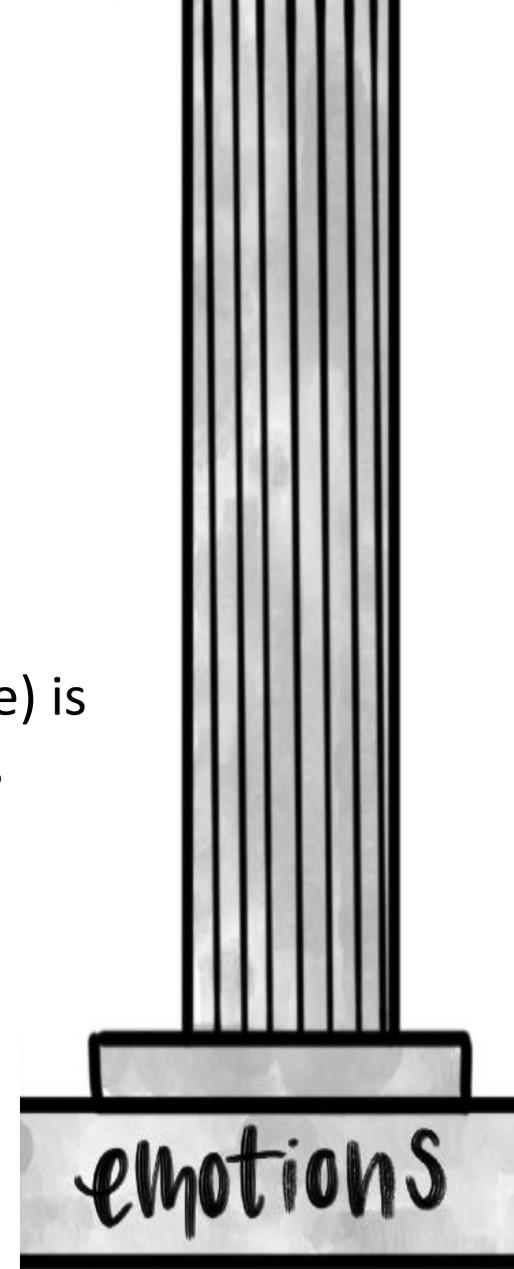
# III. Emotion Management

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



# Healing Centered Engagement



## 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*





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## THE MINI WORKSHOPS

# THE WHAT

## (STRUCTURE AND LOCATION)

**INFO AND SUPPORT**

**NON DISCLOSURE  
BASED**

**FACILITATION WITH  
LOOSLEY  
CONSTRUCTED  
OUTLINE**

**ONE HOUR  
ONE DAY PER WEEK  
OPEN**



**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

# locations

## FAMILY LINKS

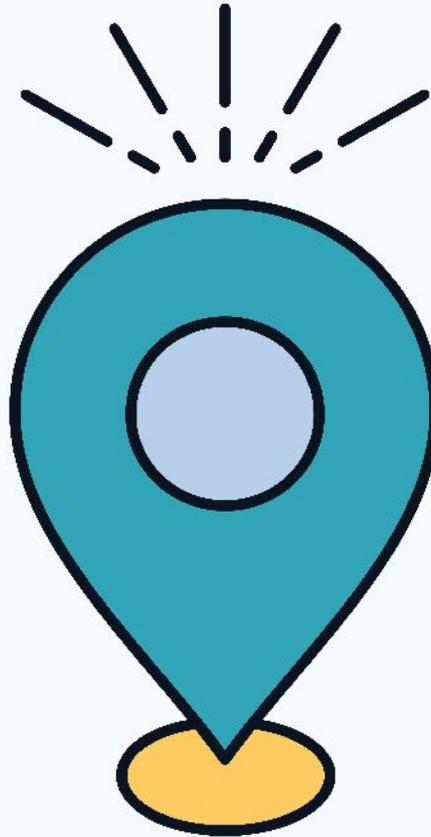
30-day emergency shelter for girls, ages 13 to 19.

## 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



COPING SKILLS

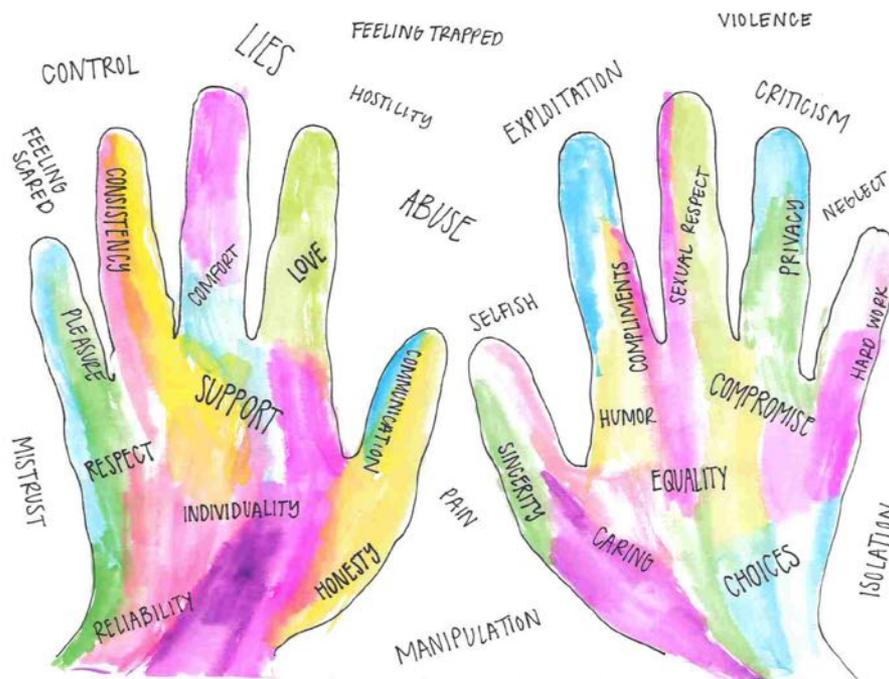
FUTURE PLANNING

EMOTION IDENTIFICATION  
AND MANAGEMENT

# Healthy relationships & boundaries

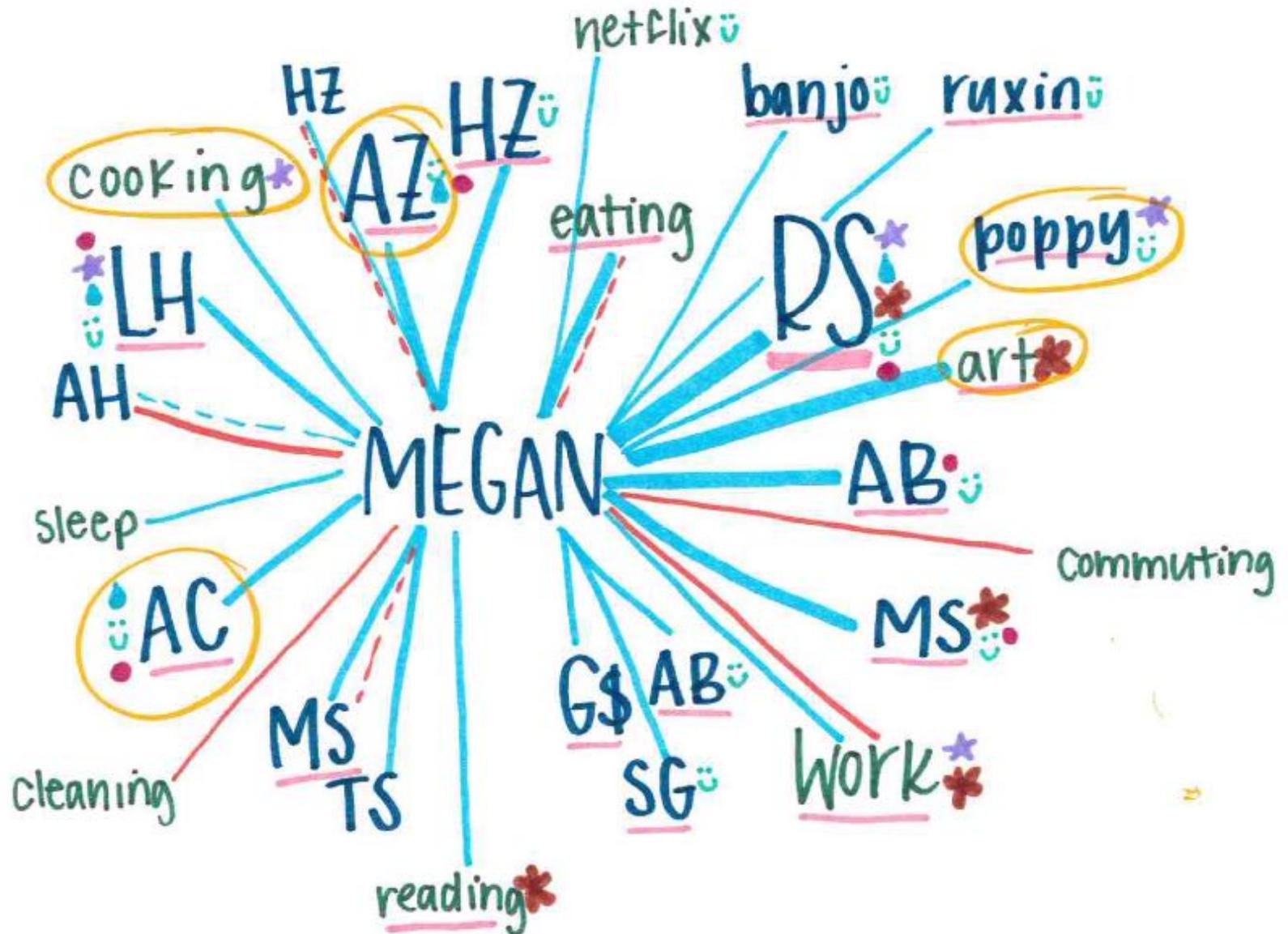
## SUBJECTIVE NORMS THEORY

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



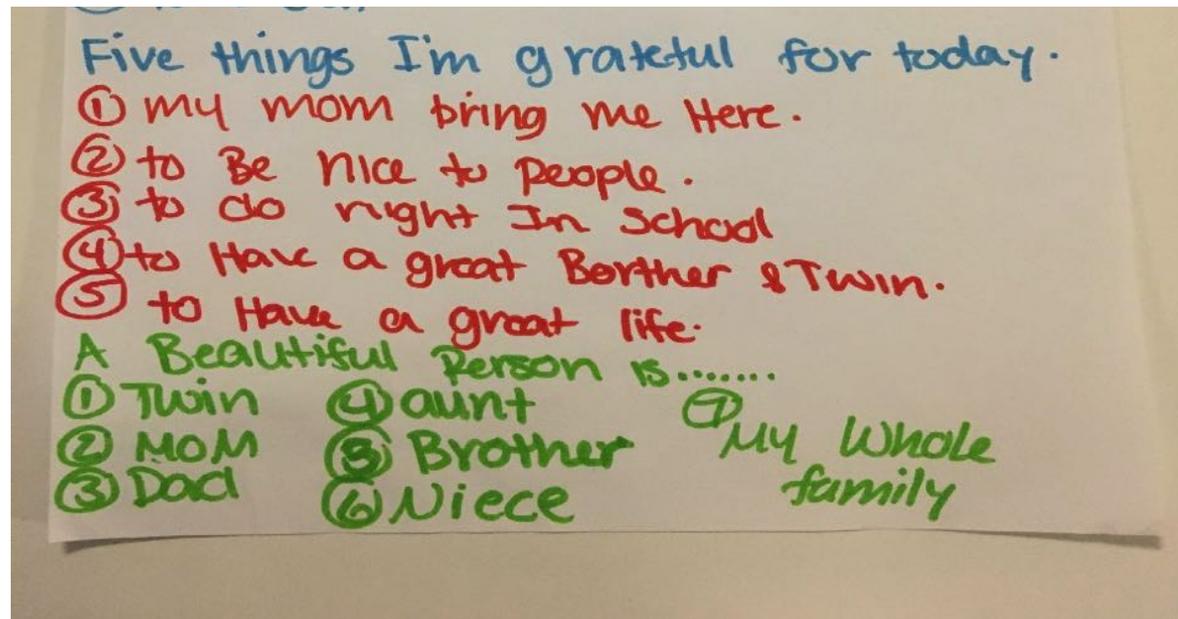


# HEALTHY RELATIONSHIPS



## 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

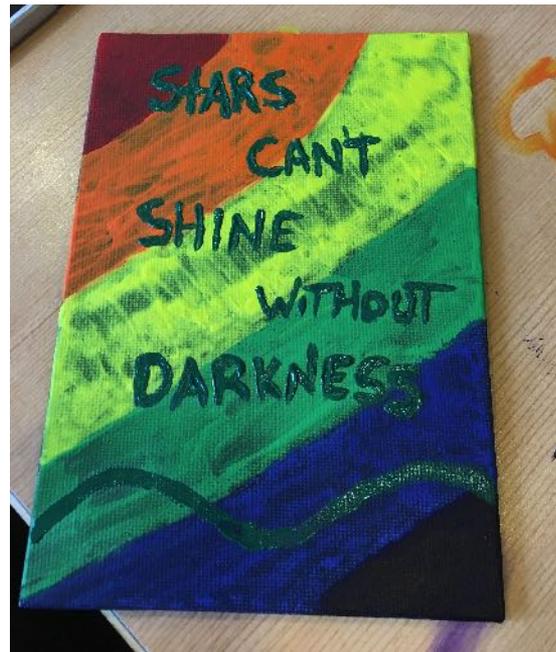
- Connecting individual strengths, skills, natural helping systems and proactive behaviors
- Workshops help youth see past their current situation and identify strengths for the future





## 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”



# 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





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# FEEDBACK

# IN THE FUTURE



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

# INTERSECTIONS





SHARING

*is  
caring*

# Resources



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

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/>

Lukens and McFarlane – *Psychoeducation as evidence-based practice: Considerations for practice, research, and policy* (2004).

# Resources



ONLINE AND APPS

## 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 |           |





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PAAR.NET