

Engaging and Empowering Commercially Sexually Exploited Youth

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Engagement Strategies

- Engagement is relationship focused
- Engagement provides corrective emotional experiences
- Engagement aims to empower youth to see beyond their victimization
- Engage and empower staff and coworkers
- Engagement is grounded in trauma-informed care, attachment, and the Stages of Change model

Initial Engagement

Initial Engagement

- Focus is on...
 - Meeting immediate basic needs
 - Acclimating the youth to the program regardless of what type of program it is
 - Assess youth's current support system and make referrals for advocates/mentors as needed
 - Does the youth have someone they can connect with if there is a crisis?
 - Getting to know each other

Initial Engagement

- Intake Department
 - Screens all non-CSEC identified youth
 - Utilizes a CSEC Stages of Change screener for CSEC-identified youth
 - Assess family's level of understanding of CSEC for CSEC identified youth
 - For higher levels of care
 - Connect youth to a peer mentor to accompany youth on a tour of the facility and introduce youth to peers and staff
 - Recruiting/Safety Contract

Initial Engagement

- Residential Counselors/Youth Advocates/Therapists
 - Complete a Youth Support Plan
 - Ensure that basic needs are met
 - If youth live at home, assess the family's ability to meet their basic needs
 - For higher levels of care
 - Introduce youth to staff coming onto the next shift
 - Assign a staff from each shift to check-in on the youth

Initial Engagement

- Therapists
 - Meet with youth within 1 business day
 - Engage youth in an activity the youth enjoys
 - Focus is on building a relationship
 - Assess safety and create a safety plan
 - Empower youth to create goals for his/her treatment

Initial Engagement

- Medical Department
 - Conduct a CSEC-informed medical screening
 - If medical follow-up is needed, connects youth to medical professionals trained in CSEC (as much as possible)
 - Focus on getting to know the youth so the youth feels comfortable expressing any medical concerns at a later point in time
 - May be helpful to role-play answering questions and/or asking questions about medical concerns

Initial Engagement

“Maryvale had everything I needed. No one judged me or brought it (CSEC) up or told residents. They welcomed me with open arms”

“The Staff – How they worked together and they made me feel safe”

Ongoing Engagement

Ongoing Engagement

- Focus is on...
 - Partnering with youth in his/her treatment
 - Matching interventions to which stage of change the youth is in
 - Youth-centered treatment
 - Incorporating strengths into treatment
 - Reassessing safety

Ongoing Engagement

- What CSEC survivors are saying...
 - Have CSEC survivors as staff
 - Allow us to have cell phones
 - Offer independent living skill resources
 - Offer job readiness resources
 - The program should feel welcoming and like a real home
 - Offer more programs
 - Keep us busy
 - Have therapy more times per week, if wanted
 - Have staff that are comfortable talking about 'the life' and won't judge us
 - Offer more fun and developmentally appropriate activities
 - Have staff who acted like mentors instead of guards
 - Have cable TV
 - Increase our allowances
 - Enroll us in school sooner

Ongoing Engagement

“I would like it to feel like a real home.”

“It would have better staff and better group home supervisors. It would be a placement that cares and gets to know the girls. There would be several options so that the girls don't get tired.”

“A program should provide us with the ability to interact with members of the community. The staff would be more like mentors instead of guards. It would offer more programs and resource fairs to open our minds to music, culture, etc.”

Ongoing Engagement

- Building a sense of community
 - Engaging external stakeholders such as law enforcement, DCFS, probation, juvenile court, etc.
 - Empowerment activities
- Collaboration with other providers
 - Workshops and speaker series
 - Roundtable with other CSEC providers

Ongoing Engagement

- CSEC Survivor Advocacy
 - Survivor advocates are able to connect with CSEC victims on a level that we can't
 - Be careful not to exploit CSEC survivors
 - Regular one-on-one meetings and/or group meetings
 - CSEC survivor speaker series

Ongoing Engagement

“I wasn't treated bad. I was treated like a normal teenager, not like an orphan or a crazy person. They didn't criticize me and call me a bad person.”

“The residents and the staff and how they worked together.”

“They (staff) talk to me if I am feeling down; they cheer me up.”

“It takes time to trust and be trusted.”

Challenges with Ongoing Engagement

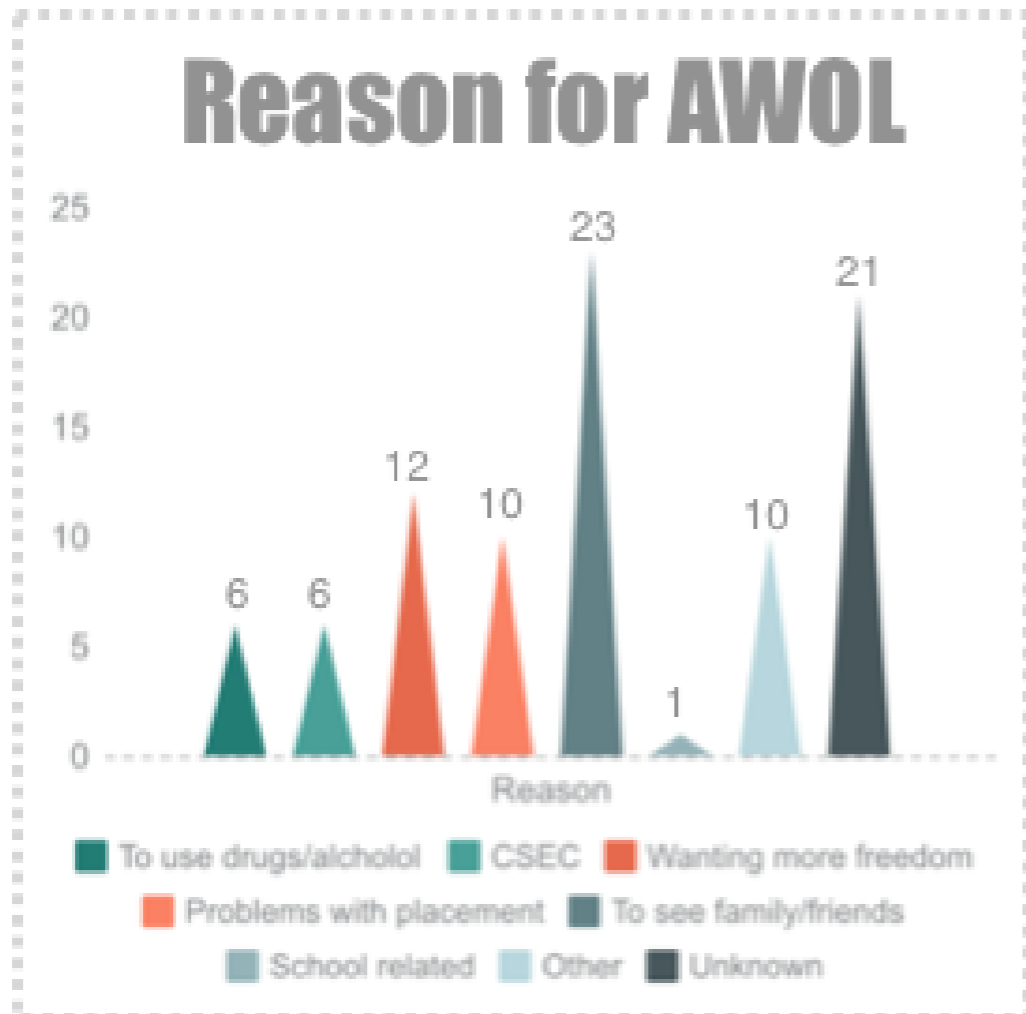
- Changing staff, including executive leadership, perspectives
- Fear of peer recruitment and AWOLing and ramifications for the agency
- Funding
- Working with regulatory agencies
- Family engagement
- Personal crisis vs. life threatening crisis

Reengagement

Maryvale's CSEC AWOL Summary

June 2015 - May 2016

Only **70%** AWOL'd to engage in CSEC



65% returned to Maryvale within 1 day

Reengagement

- Accept youth back after AWOL
 - Proactively work with county agencies to problem-solve barriers to accepting CSEC-identified youth back
 - If possible, assign the youth to the same unit and therapist
- Train staff on the Stages of Change to better understand the stage of “recycling”
- Welcoming/celebratory attitude when a youth returns from an AWOL
- Collaboratively work with youth to problem-solve why the youth AWOL'd

Reengagement

“Just welcoming you back, giving a hug, and saying, ‘I missed you and I am glad you are back.’”

“What keeps me from not AWOLing is I noticed the streets aren’t for me. Maryvale is my home. What keeps me from not AWOLing when I feel like I want to is my favorite staff.”

“I’m able to have freedom and I’m not bored...Staff discuss concerns about me privately and I get community passes.”

Agency Considerations

- How are you creating an environment that promotes self-care?
- How are you empowering your staff?
- How is CSEC programming integrated into your trauma-informed care model of treatment?
- How are you addressing staffs' fears and anxieties about working with CSEC youth?
- How are you acknowledging the strengths and successes of both staff and youth?
- How are you providing CSEC prevention for non-CSEC identified youth?
- Are your expectations realistic?

Q & A

Thank You

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