

TRANSFORMING TO EMPOWERMENT

MANN CENTER RTF

WORKING IN THE RTF

“Working in a residential treatment facility exposes staff to many different mental and behavioral disorders from anxiety disorder, to depression, to post traumatic stress disorder. One specific group of youth we have been recently engaging more of, who have asked for help, are youth who have been sexually exploited. These are young children who have been sexually abused or trafficked for sexual purposes. These youth can be anywhere from 12-18 years old entering our facility. These youth have lived on the streets or with individuals who have taken advantage of their lack of positive family connections, housing, income, and education. These children are coerced into “the life” (another term for prostitution) and in some instances lead to believe they are being taken care of emotionally and physically, versus being taken advantage of. “

HUMAN TRAFFICKING

“Human trafficking is a very serious issue worldwide. Children comprise of 50% of its victims, and 80% of the victims are women, who are the main victims of this crisis (NRC PFC). At the present time it is estimated that domestic minors involved in sex trafficking range from 100,000 to 300,000. Child labor and sex trafficking affects girls and boys under the age of 18. Youth who are most vulnerable to domestic sex trafficking are those with histories of abuse, runaway youth, involvement in the foster care system and juvenile justice system, those with substance abuse, disabilities, LGBTQ youth, and refugees, immigrants or non-English speaking youth (NRC PFC). Perpetrators of CSEC tears families apart, traumatizes the children and families and has long lasting effects on the children. Children face mental illness, trust issues, struggles with development, and learning to survive an adult life. “

THE TRAFFICKING VICTIMS PROTECTION ACT (TVPA) OF 2000

“...defines Human Trafficking as “severe forms of trafficking in persons”. Human trafficking consist of “sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. A victim need not be physically transported from one location to another in order for the crime to fall within these definitions.”

(Trafficking in Persons Report, 2015, pg.9). Sex Trafficking of a Minor (STM) refers to trafficking of a person under the age of 18 in commercial sex, which unlike sex trafficking of an adult (18 years and older), does not require the element of force, fraud, or coercion (Cole and Sprang, 2016).”

SAFE HARBOUR PROJECT

“There are active laws against trafficking such as The Safe Harbour Project which was signed into law of the New York State Safe Harbour for Exploited Children Act in 2008, was a pivotal moment in protecting and securing services for sexually exploited youth. Sexually exploited youth involved in illegal activities did not receive the protection of the Family Court and were instead prosecuted criminally, which did nothing more than re-traumatize these victims. Furthermore, once incarcerated, sexually exploited youth had no access to services that could address their specific social and emotional needs, and thus they often would return to a life on the streets once released. The passage of the Act guaranteed that sexually exploited youth would be treated as child victims and be offered services that could pave the way for better outcomes (OCFS). Child Right: Building Child Welfare Response to Child Trafficking, developed by the international organization for adolescents was established in 1999. The mission is to eliminate human trafficking and exploitation of vulnerable adolescents worldwide by designing innovative programs and solutions to protect youth (NRCPPFC). “



ENTERING & LEAVING *THE LIFE*

The stage of progression builds the victim up by being lured with a particular lifestyle which includes financial gain. There is an understanding of the lifestyle, feeling powerful, adapting to the new environment and becoming successful at it. Next they are able to live the lifestyle and own it, but push away any form of connections to school or church. Eventually they get caught up and it takes a burden on them. They result to drugs, feeling depressed and isolate themselves. They make a decision to leave the lifestyle, but the final stage is reentrance. If they do not have the support when exiting they will most likely return if they are faced with a stressful event. The article lastly breaks down the steps to exiting and the social supports used to keep that victim from reentering. With exiting, the individual will face fear and/or feel there is no other support system available. Therefore, they will fathom the idea of leaving, but not make any movements towards actually completing this step. There will be deliberate planning, where there will be informal and formal supports, such as family, social services or the criminal justice system. The initial exit can be successful depending on how well planned out leaving the situation is. Reentry is always possible, just as addicts have a relapse with drugs or alcohol. There can be many situations of leaving and returning, but the Final exit will only be successful if the individual has a concise support system, which will include legal employment, safe residence, and supportive people of the “new person” developing.

SYMPTOMS

The negative consequences the victims experience include sexually transmitted diseases, Hepatitis B, physical health problems, “chronic and serious mental health problems including posttraumatic stress disorder, depression, anxiety, hostility, and paranoid ideations” (Hickle & Roe-Sepowitz, 2014). They described a study at a residential program for children who had sexually exploited children, and these children experienced PTSD and depression. They faced malnutrition, and self-destructive behaviors, low self-esteem and increased risk for suicide attempts. Lastly, they were able to speak with service providers from law enforcement, residential facilities, juvenile corrections facilities, and homeless/runaway youth programs, who work directly with victims of DMST. They were able to identify specific mental health symptoms prevalent among this population. Including what was listed above they included symptoms of extreme fear and anxiety, inability to trust, shame, guilt, a sense of hopelessness, and changed perceptions about self and others.

HOW?

“Traffickers and pimps prey on their vulnerability and lie, coerce, or force adolescents into the commercial sex industry. Traffickers sometimes pose as peers- friends or boyfriends- who introduce them to the sex trade” (Hickle & Roe-Sepowitz, 2014).”

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

“Children who have been in poverty, stressful life situations or experienced abuse during their upbringing can face a mental, psychological or behavioral disorder which will make them vulnerable for being taken advantage of. Children in residential treatment facilities are able to use support systems within, to educate them and guide them to successful life styles.”



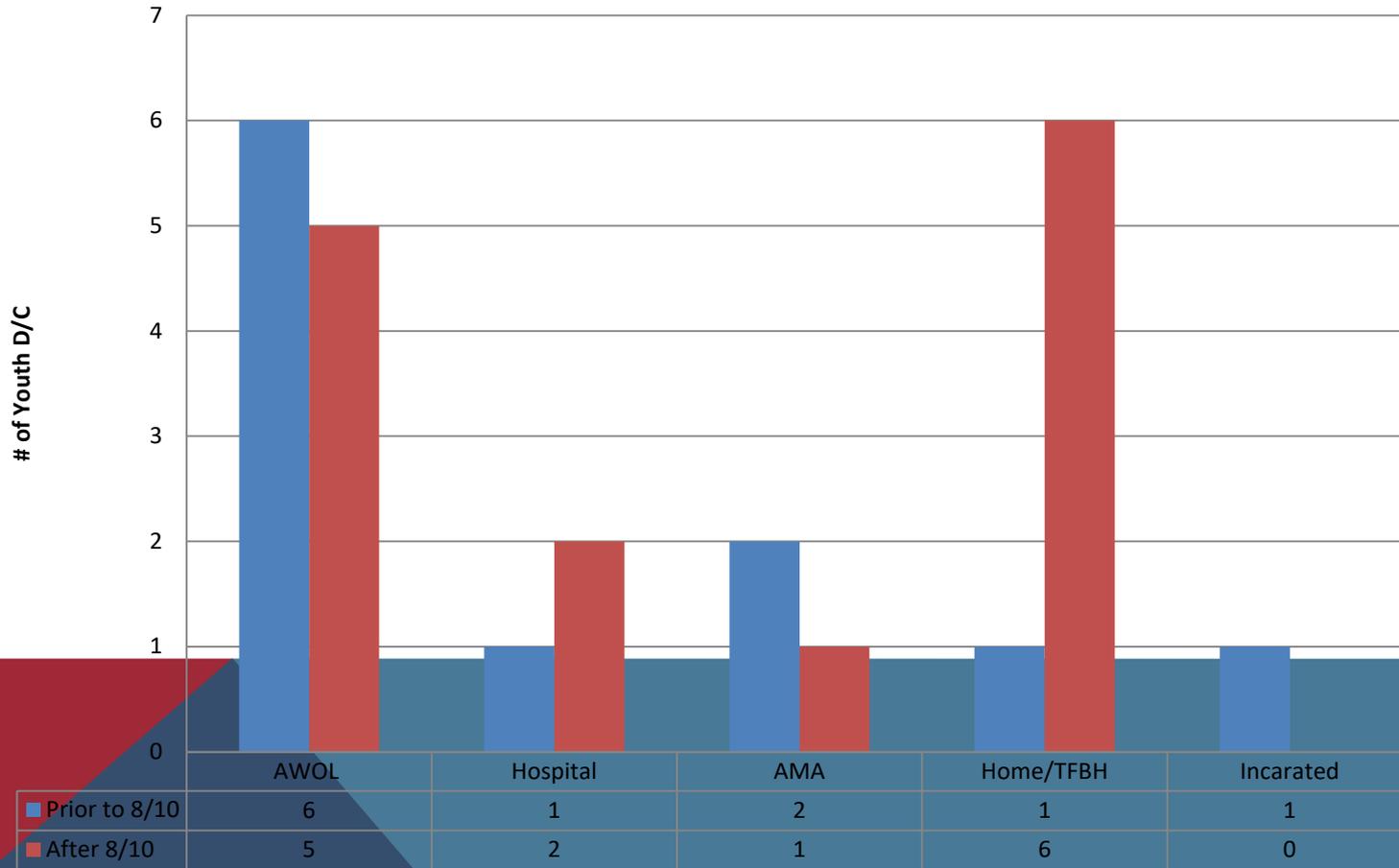
MAKING IT VISIBLE

“This crisis is not easily seen within the community nor commonly discussed. Therefore trying to prevent an issue when we are not aware of where it exactly is taking place will be difficult. “



PRE AND POST RESTRUCTURING AT MANN

CSEC Population D/C

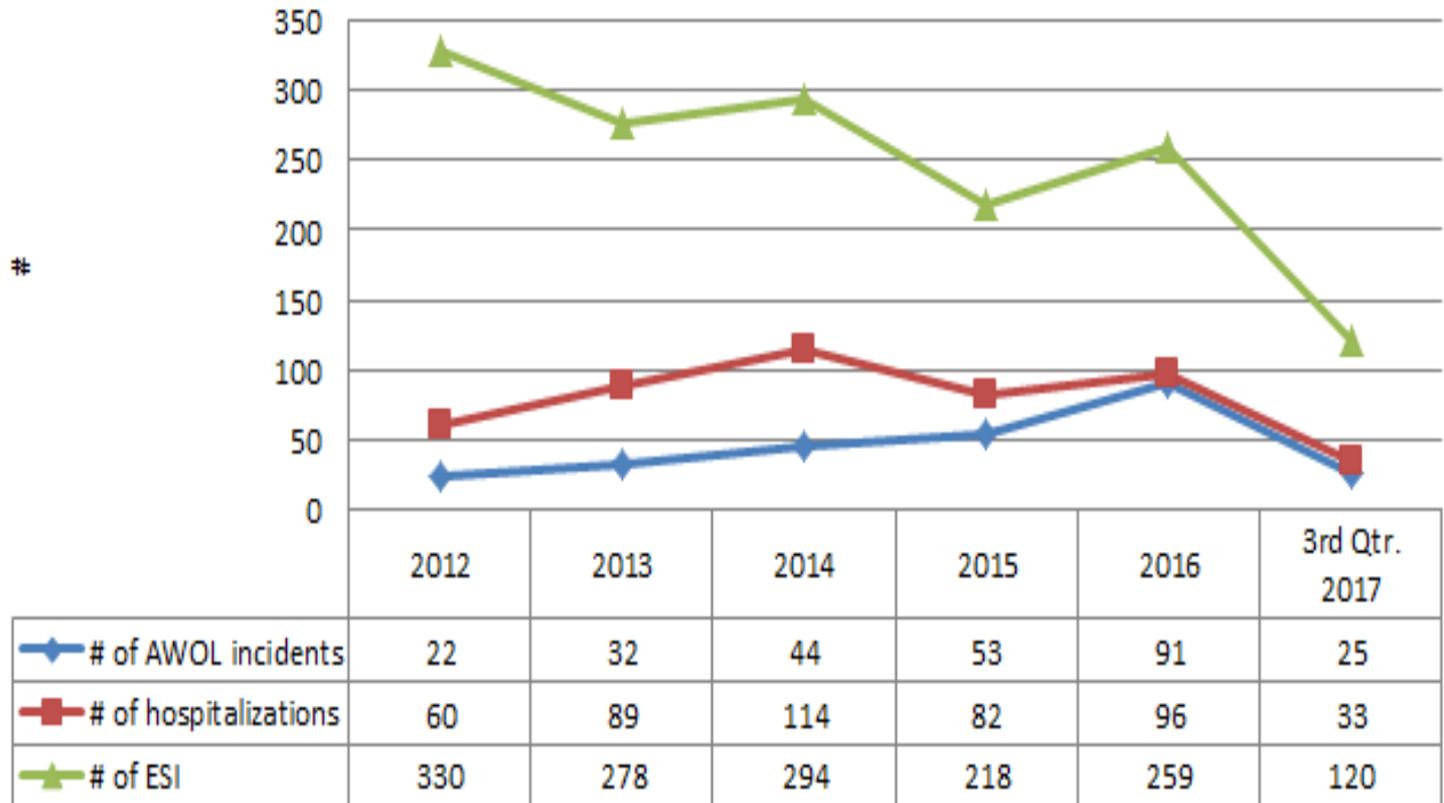


TRANSFORMATION

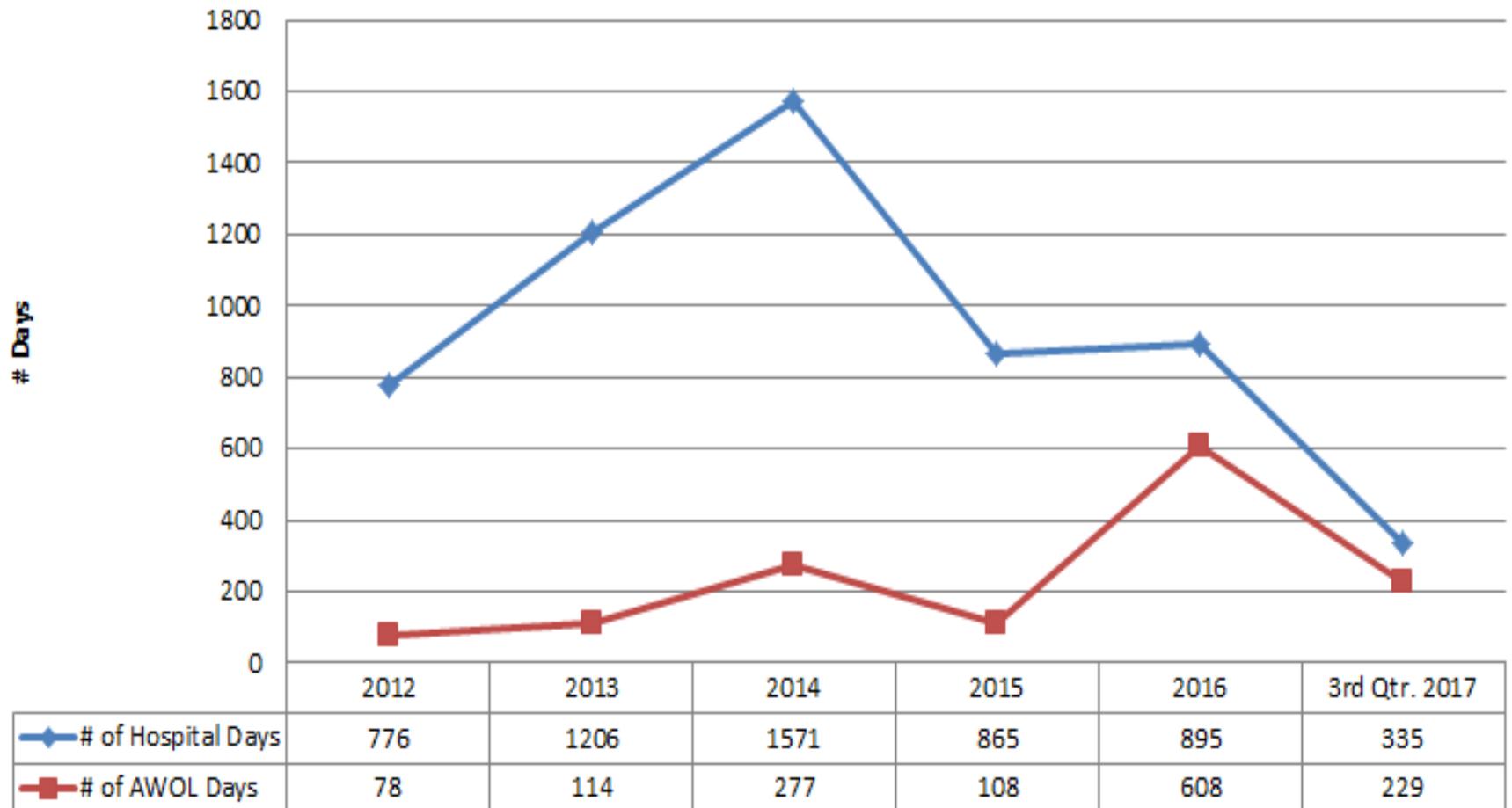
“When youth end up in residential treatment facilities, they are entered for different causes and situations. If their upbringing was not conducive to a positive lifestyle and they end up in circumstances that lead them in the wrong direction...”

We need to address the physical, emotional, spiritual, educational, and social needs of our residents through psychological and medical diagnostic assessments. Some programming provides specific information about CSEC, while other treatment interventions include yoga, leadership opportunities, socialization and enhancing self-esteem. The goal is to specifically meet the needs of the individual who is ready for change and to promote a healthy life style and encourage a positive transformation.

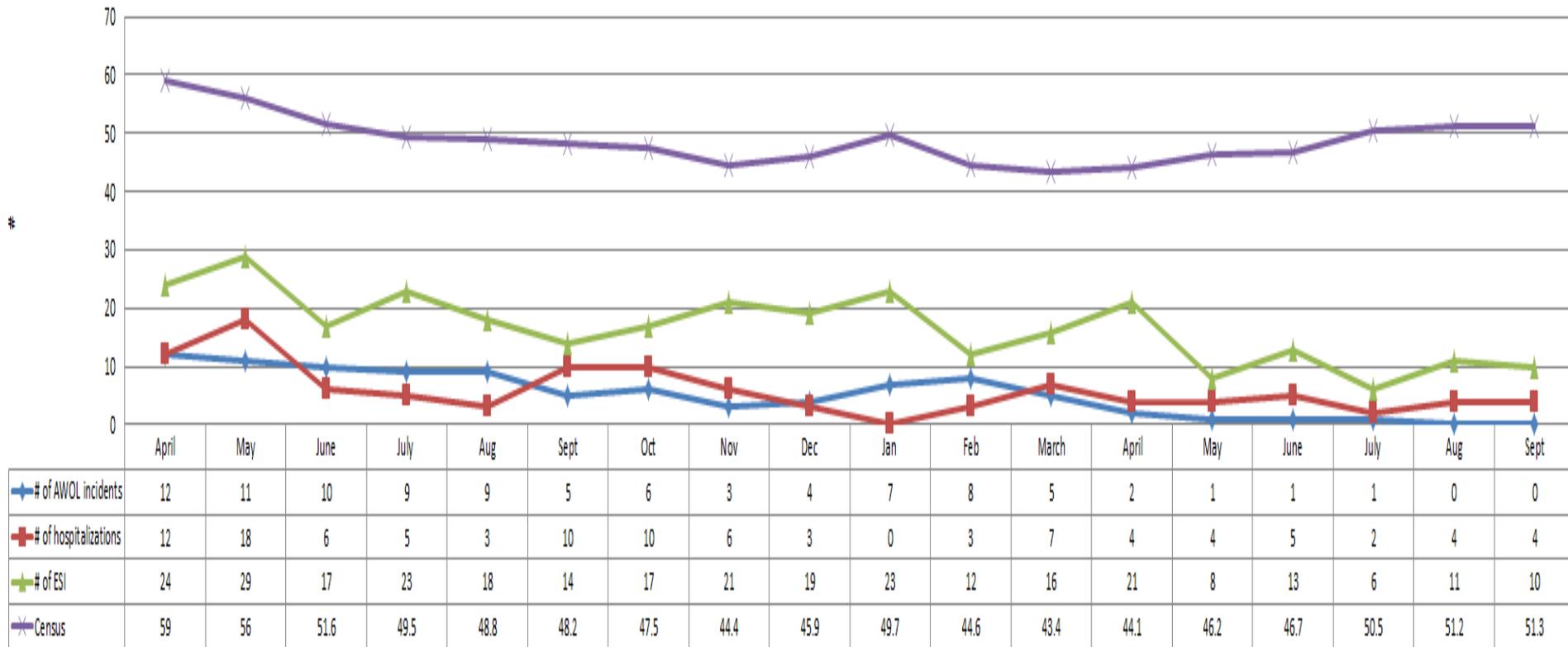
AWOL vs ESI vs Hospitalizations 2012-3rd Qtr. 2017



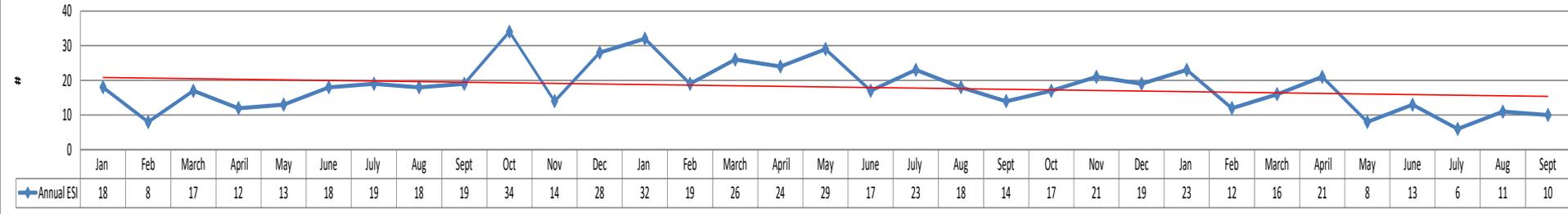
Annual Hospital Days vs AWOL Days 2012-3rd Qtr. 2017



AWOL, Hospitalizations & ESIs April 2016 - 3rd Qtr. 2017



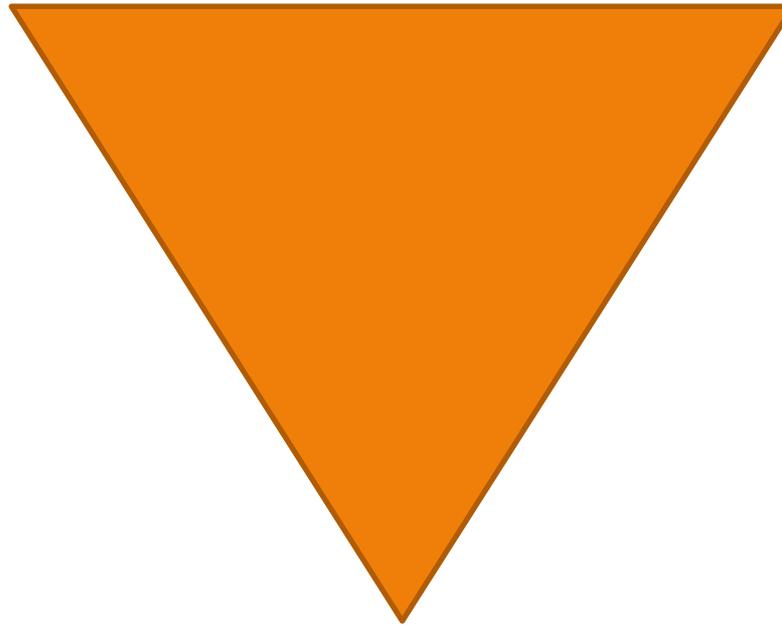
ESI Jan 2015 - May 2017



TRAUMA TRIANGLE BECOMES HEALING TRIANGLE

Perpetrator/Challenger

Rescuer/Coach



Victim/Thriller



STAGES OF CHANGE:

Pre-Contemplation: Not yet acknowledging there is a problem behavior that needs to be changed

Contemplation: Acknowledging a problem but not yet ready or sure of wanting to make a change

Preparation: Getting Ready to Change

Action: Changing Behavior

Maintenance: Maintaining the Behavior Change

Relapse: Returning to old behaviors and abandoning new changes



STAGES OF CHANGE

Not a linear treatment intervention.

