



The California Professional Society on the Abuse of Children  
 Strengthening Practice Through Knowledge

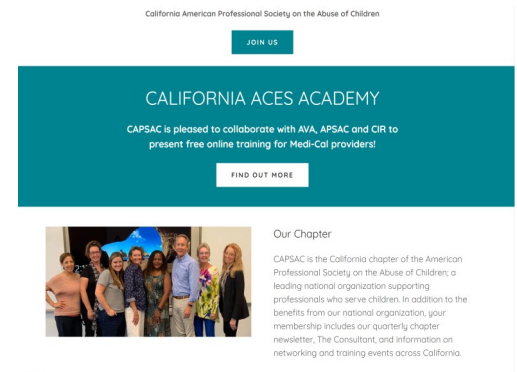
# THE CONSULTANT

Fall 2020

## Just launched– CAPSAC webpage

CAPSAC is happy to announce the launch of our new website: [capsac.org](http://capsac.org)

Here you will find information about our chapter, membership, awards and awardees, as well as publications and reports.



### CAPSAC AWARDS: CALL FOR APPLICANTS



Paul Crissey Graduate Student Research Award

CAPSAC annually awards a grant of \$750 for outstanding research by a graduate student (or early career professional up to one-year post MA/PhD) in the field of child maltreatment, child welfare, foster care, child abuse prevention, or a related topic. The recipient will also receive a one-year membership to the American Professional Society on the Abuse of Children (APSAC) and CAPSAC.



Neal Snyder Outstanding Service Award

CAPSAC established the Neal Snyder Outstanding Service Award in 2019 to recognize professionals who demonstrate extraordinary dedication and efforts on behalf of children. Neal Snyder graduated Phi Beta Kappa from UC Berkeley with a BA and MA in sociology, and obtained his JD from Hastings College. As an attorney, he specialized in

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[CAPSAC.ORG](http://CAPSAC.ORG)

### Inside this issue:

- Partnership for training. **1**
- ACES Academy Webinar Series **7**
- Trauma Informed Responses for youth impacted by CSE **9**

## Highlight on the Child Abuse Training and Technical Assistance Center (CATTa) and Center for Innovation and Resources, Inc. (CIR)

*Beatrice Yorker, RN, JD, MS, CAPSAC Treasurer (with Kris Murphey, CAPSAC Board Member and Project Manager at CIR)*

For years, CAPSAC has partnered with the CATTa Center, a project of the Center for Innovation and Resources (CIR), to provide trainings on child abuse throughout California. With the new ACES Aware grant, our partnership has intensified, and CIR will work with CAPSAC, APSAC, and the Academy on Violence and Abuse (AVA) to provide the infrastructure that will allow our content experts to disseminate trauma informed care to an interdisciplinary audience of practitioners.

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CATTA has ensured representation on the CAPSAC Board for at least 20 years and collaborated on in-person trainings all over California, on topics from Clergy Abuse to Complex Trauma. As pioneers in developing child abuse training, CATTA also keeps an extensive archive of webinars available 24/7. With the lockdown due to COVID, their on-line and virtual training services have become increasingly essential. This article provides some of the listings available to the public AT NO COST and provides links to their wealth of resources for service providers.

There are several reasons we were inspired to highlight CATTA and CIR in this quarterly *Consultant*.

- First is our most recent collaboration with CIR, CAPSAC, APSAC and the Academy on Violence and Abuse (AVA) on the CALIFORNIA ACES ACADEMY (see p.7), and the work CAPSAC board directors have done on CIR's California Trauma Informed Care Academy (CalTICA), a soon-to-be-launched online course on the effect of trauma on the brain and behavior.
- Second, we want to take this opportunity to acknowledge and thank Sybil Halloran, MPA, for her three years serving as Executive Director at CIR. As she relocates to be closer to her family in Central California, we want to thank Sybil for supporting CIR's ongoing partnership with CAPSAC. We also look forward to working with CIR's new interim Executive Director, Sonia Sandoval-Edinger, who returns to CIR after some time working to design courses with another non-profit educational organization.
- Third, to provide our California membership with listings of, and links to, CIR's on-line trainings and webinars. I learned just how valuable these are after my experience doing a webinar on the **Munchausen by Proxy APSAC Guidelines for Practice** with CATTA in 2019. Over 150 professionals registered in the first two hours of posting, maxing out attendance with a diverse audience — representing 23 California Counties and all professions involved in child abuse and prevention. I have been able to share the link to this webinar many times since then, as our APSAC Munchausen by Proxy Committee receives numerous requests for training, and virtual training has become particularly valuable since COVID.  
<https://www.youtube.com/watch?v=56DBO-OKr3U&feature=youtu.be>



Links to upcoming trainings from CIR can be found here:

<https://cirinc.org/up/events.html>

CATTA and CIR websites:

<https://cirinc.org/catta/catta.html>

<https://cirinc.org/home.html>

Archived CATTA trainings:

<https://cirinc.org/catta/archive.html>

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Sign up for the CATTAs listserv to receive the latest news on upcoming training events, open registrations, and new resources. <https://cirinc.org/catta/contact.html>

## ABOUT CATTAs

The goal of the Child Abuse Training and Technical Assistance Centers (CATTAs) is to equip service providers with the most updated and effective information to help them reduce and respond to child sexual abuse. CATTAs trainings are geared toward the multi-disciplinary team response to child sexual abuse and the child forensic interview process, but also present content relevant to other professionals who serve children and families.

CATTAs is a proud provider of technical assistance to MDTs, CACs, and Child Abuse Treatment Centers in California and works to ensure counties and centers are receiving the training and resources necessary for developing and sustaining teams based on proven national standards.

## ABOUT CIR

CIR is the parent organization of CATTAs with the core function of *SERVING THOSE WHO WORK TO PROTECT AND HEAL CHILDREN AND FAMILIES*. CIR has more than a decade of experience providing training and technical assistance to child abuse intervention and treatment service providers throughout California and across the country.

Their mission is simple: Applying research-based knowledge to address real-world problems in human services and education, optimizing established programs and services so that children, families, and communities are served in a coordinated, holistic way based on best practices and current research.

For every one person served by CIR, hundreds more are reached. They make sure police officers know how to investigate child abuse cases, without causing more trauma to the child. They work with counties to build multidisciplinary teams that are ready to act quickly should a child go missing, and teach therapists how to most effectively support children who have experienced the unthinkable.

## UNDERSERVED POPULATIONS

Another important collaboration between CIR and CAPSAC involves training and resources for working with **Underserved Victim Populations Training Project (UP)**. Past President of CAPSAC, Shelley Hamilton, LCSW worked as a CAPSAC Board Liaison with CIR on this training, which focuses on four distinct populations:

- victims with disabilities
- male victims
- LGBTQ victims
- foster youth victims.

Misconceptions and expectations surrounding each victim group can impact how professionals treat them. The UP Project offers trainings and resources to dispel those assumptions. Access to a variety of webinars and “Ask the Expert” online resources can be found here: <https://cirinc.org/up/archive.html>

Topics in this series include:

- What About Our Boys and Men? Shining a Spotlight on the Sexual Abuse of Males

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- Ask the Expert: Working with Male Victims
- Webinar: The Complexity of Serving Male Victims: Knowing the Factors that Perpetuate Abuse and Create Isolation
- Male Victims: The Impact of Trauma on Masculinity
- Webinar: Working with Male Victims of Child Sexual Abuse
- Ask the Expert: Post-Traumatic Masculinity: Toxic Virility and Courageous Vulnerability
- Understanding and Effectively Working with Foster Youth Victims
- Ask the Expert: Transitional Age Youth (TAY) and the Foster Care System
- Webinar: Now What? Assessment & Intervention Strategies for Commercially Sexually Exploited Youth
- Understanding Trauma Impacts and Supporting Foster Children with Incarcerated Parents
- Ask the Expert: Fostering Teen Mothers: Connecting, Healing, Developing, and Empowering
- Webinar: Attachment as a Buffer and Source of Healing for Trauma Survivors
- Ask the Expert: Risk Factors for LGBTQ Youth
- Webinar: Creating Safe and Affirming Environments for LGBTQ Youth
- Best Practices for Working with LGBTQ Victims of Crime
- Webinar: Talking with Youth About Sexual Health and Identity Issues
- Ask the Expert: Understanding the Cultural Dynamics of Abuse in LGBTQIA+ Relationships
- Identification of Persons with Developmental Disabilities Who Have Been Victims of Sexual, Emotional, and Physical Abuse
- Ask the Expert: Matthew Mason
- Webinar: Working with Victims with Disabilities
- Ask the Expert: Scott J. Modell
- Autism and Autism Movement Therapy
- Social-Sexual Understanding: What You Need to Know About Social-Sexual Education and People with Disabilities
- Online Q&A Session on Serving Victims with Disabilities

## RESOURCES FOR MULTI-DISCIPLINARY TEAMS AND CENTERS

In addition, CATTA provides resources for Multi-Disciplinary Teams/Child Advocacy Centers (MDITs/CACS) and Forensic Interviewers:

**PEER REVIEW RESOURCES** The Protocol and Beyond: A Forensic Interviewer's Guide for Peer and Self Review

**MINIMUM STANDARDS PROTOCOL** The California Children's Justice Act Task Force (CJA) is dedicated to improving the investigation and prosecution of child abuse crimes in California. To that end, this multi-agency task force developed the Minimum Standards Protocol for the Investigation of Child Abuse and Neglect (MSP). The MSP identifies the key concerns and issues that should be addressed when developing



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a written investigative protocol for child abuse cases. The MSP was first developed in the early 1990's after a series of transfer of knowledge workshops across the state. The MSP has been revised over the years to acknowledge concerns with drug endangered children and children exposed to domestic violence. A new project being conducted by CIR this year will provide recommendations for revisions to the MSP.

**INTERVIEWING OF SPANISH-SPEAKING CHILDREN** The Spanish-Speaking Forensic Interviewer Recruitment Brochure assists Child Advocacy Centers and Multi-Disciplinary Interview Centers/Teams (MDIC/Ts) in recruitment efforts for Spanish-speaking Child Forensic Interviewers.

**CHILD SEXUAL ABUSE AND CHILDREN WITH DISABILITIES** Research shows that children with disabilities are abused 3.4 times more often than children without disabilities. CATTa has worked with experts on the topics to develop the following documents for Parents and Professionals.

**WORKING WITH THE AFRICAN AMERICAN COMMUNITY** A Strength-Based and Trauma-Informed Approach to Working with the African American Community available in pdf. First, it is important to note that the African American\* community is not monolithic. There are vast differences in experiences, thoughts/opinions, and in the ways in which historical trauma has manifested. AND it is still important to understand some of the central themes that one may encounter when working with this community as well as the sociological context in which these themes occur. The information discussed here should not be used to make assumptions, but instead as a cognitive template when working with the community.

**CSEC: MEETING VICTIMS WHERE THEY ARE.** The pdf explains that child and youth victims of Commercial Sexual Exploitation experience significant abuse, trauma, and neglect and may present with various manifestations of their trauma. Responding to CSEC requires a trauma-informed and survivor-centered philosophy.

**RACIAL TRAUMA, HEALING, RESILIENCY HOME LEARNING** The Home Learning Worksheet is also available.

Other Trainings include:

- Child Abduction Training Project
- Serving California's Diversity Training Project

Here is a list of archived webinars that can be found at:

<https://cirinc.org/catta/archive.html>

- Ask the Expert with Jason Dickinson: How Children Talk About Events - Implications for Analyzing Eyewitness Reports
- Ask the Expert with Lunx Girgado: Working with LGBTQIA+ Survivors
- After CFIT: Resources for Child Forensic Interviewers
- Child Sexual Abuse in Latino Families
- Children with Disabilities: First Responders
- Commercial Sexual Exploitation: Meeting Survivors Where They Are



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- Commercially Sexually Exploited Youth and Children: Foundations with Andrea Diaz
- Consejos a los Padres para Prevenir el Abuso Sexual Infantil presentado por Monica Borunda
- Counterintuitive Victim Behavior: Is It Them or Is It Us?
- Domestic Violence Safety Planning During COVID-19
- Innovative Use of the MDT in the Investigation, Assessment and Intervention of Juvenile Sex Offenders
- The Intersection of Haircare and Self-Esteem for Black Foster Youth: Considering Historical, Contemporary, and Personal Trauma
- Intro to CSA Part 1: How It Happens: Understanding Dynamics of Child Sexual Abuse
- Intro to CSA Part 2: Is This Normal? Typical and Atypical Sexual Behavior in Children
- Justice and Healing: Trauma Informed MDT Investigations and Responses
- Leave No Survivor Behind: Mirror Memoirs
- Managing the Complexities of Child Sexual Abuse Case, Parts 1-4
- Multi-Disciplinary Approach to Reunification Following Abduction
- Munchausen by Proxy: Guidelines for Identification and Intervention
- No Such Thing As A Bad Kid: Understanding and Responding to Kids with Emotional & Behavioral Challenges Using a Positive, Trauma-Informed, Strength-Based Approach
- Parenting Tips for Preventing Child Sexual Abuse presented by Monica Borunda
- Parenting Under Pressure: Strength-Based Strategies for Responding Instead of Reacting to Your Kids During Times of Stress
- Positivity in Times of Stress: Understanding and Responding to At-Risk Kids and Families Using a Positive, Trauma-Informed, Strength-Based Approach
- Racial Trauma, Healing and Resiliency: A Web-Based Opportunity for Learning and Growth
- Recognizing, Assessing and Treating Trauma in Children
- Sexting and Our Youth
- Supporting Victims of Online Predation: Current Issues
- Taking the High Road: Ethical Challenges and the Multi-Disciplinary Team
- Tips for Reporting Suspected Child abuse During the COVID 19 Pandemic
- Trauma and the Special Needs Population
- Understanding Vicarious Trauma: Ask the Expert
- What the Research Tells Us About Question Design
- Working with Complex Trauma Part 1 (2017)
- Working with Complex Trauma Part 2 (2018)

In addition, CIR provides a wealth of resources on the following projects:

- Enough Abuse Prevention Campaign
- Promising Practices for CA Prevention Centers
- Working with Drug Abusing Families
- Cultural Competence for California's Child/Family Professionals
- The California LGBTQ Out of Home Youth Project

CAPSAC is proud of its long history of collaboration with CATTa and CIR, and looks forward to continuing our work together *SERVING THOSE WHO WORK TO PROTECT AND HEAL CHILDREN AND FAMILIES.*



## CALIFORNIA ACES ACADEMY WEBINAR SERIES LIVE & ON-DEMAND



American Professional Society on the Abuse of Children (APSAC) in collaboration with the Academy on Violence and Abuse (AVA), the California Professional Society on the Abuse of Children (CAPSAC), and the Center for Innovation and Resources, Inc. (CIR), are working to support California's ACEsAware initiative. The CALIFORNIA ACES ACADEMY webinar series is one effort to promote and educate Medical providers and others about the ACEsAware initiative throughout the state.

To register for a webinar or to find out more, please visit: [www.avahealth.org](http://www.avahealth.org)

# 1

### ***The Repressed Role of Adverse Childhood Experiences in Adult Well-being, Disease and Social Functioning: Turning Gold Into Lead***

Presented by Vincent J. Felitti, MD

**September 3, 2020 | 12:00 PM - 1:00 PM (PT)**

# 2

### ***Parental ACEs and Pediatrics: Transforming Well Care***

Presented by RJ Gillespie, MD, MHPE, FAAP

**September 17, 2020 | 12:00 PM - 1:00 PM (PT)**

# 3

### ***Addiction Born Out of ACEs and the Return of Hope***

Presented by Susie Wiet, MD

**October 1, 2020 | 12:00 PM - 1:00 PM (PT)**

# 4

### ***A Practical Approach to Deciding the Next Right Step for Trauma Exposed Youth: The Pediatric Traumatic Stress Care Process Model***

Presented by Brooks Keeshin, MD

**October 15, 2020 | 12:00 PM - 1:00 PM (PT)**

# 5

### ***Trauma-informed Care in the COVID-19 Era: ACEs, Telehealth and Beyond***

Presented by Megan Gerber, MD

**November 5, 2020 | 12:00 PM - 1:00 PM (PT)**

6

***What You See is What Gets You: Racism is an ACE***

Presented by Sharon Cooper, MD

**November 19, 2020 | 12:00 PM - 1:00 PM (PT)**

7

***Balancing ACEs with HOPE: Healthy Outcomes from Positive Experiences***

Presented by Robert Sege, MD, PhD

**January 7, 2021 | 12:00 PM - 1:00 PM (PT)**

8

***Impact of Childhood Exposure to IPV and Other ACEs on Health and Well-Being Throughout the Lifespan***

Presented by Kathy Franchek, MD

**January 21, 2021 | 12:00 PM - 1:00 PM (PT)**

9

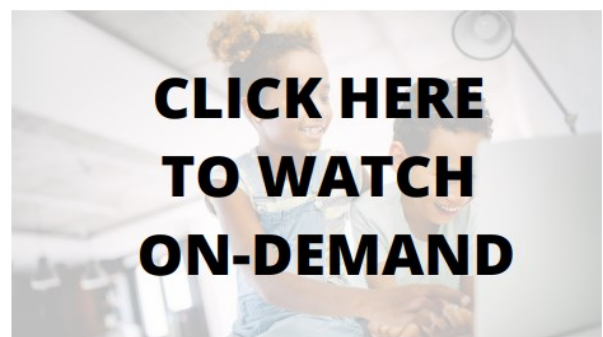
***ACEs Panel Presentation******What Happens After ACEs Screening? Effective Clinical Response & Community Partnership*****February 18, 2021 | 12:00 PM - 1:00 PM (PT)**

- Rachel Gilgoff, MD
- Victoria Sparks, MD
- Leena Sing, MD
- Lacy Ketelhut

10

***ACEs Panel Presentation | March 18, 2021 | 12:00 PM - 1:00 PM (PT)***

- Melissa Merrick, PhD
- Victor Vieth, PhD
- Randell Alexander, MD, PhD





## Los Angeles County Trauma Informed Responses to Children and Youth impacted by Commercial Sexual Exploitation (CSE)

by

*Beatrice Yorker, RN, JD, MS, FAAN, Professor of Nursing and Criminal Justice and Criminalistics, California State University, Los Angeles*

In the Summer 2020 issue of CAPSAC's *Consultant* Hannah Green, Senior Program Associate on the Vera Institute of Justice, described the National Initiative to End Girls' Incarceration in her compelling article "Criminalizing Trauma: The Relationship between Childhood Sexual Abuse and the Incarceration of Girls and LGBTQ/TGNC Youth" (Green, H. 2020). California is fortunate to have Santa Clara County as one of five sites in the United States funded to provide programming that ensures girls and LGBTQ/TGNC are no longer left behind by government systems that have a responsibility to prevent and respond to childhood trauma.

Likewise, in Los Angeles County, efforts to de-criminalize, protect, house, and provide trauma-informed interventions for youth affected by Commercial Sexual Exploitation have been underway for over ten years. I want to thank Carly Dierkhising and Denise Herz, faculty with expertise in Juvenile Justice at California State University, Los Angeles who have been instrumental in gathering the data that provides the evidence base for multiple agencies and systems involved in addressing the needs of impacted youth in Los Angeles County, and have generously shared their resources.

The County of Los Angeles is the most populous county in the United States. It represents approximately one fourth of the entire population of California, with more than ten million inhabitants as of 2020. It is the largest non-state-level government entity in the United States.

### Los Angeles County Responses to CSE

Commercial Sexual Exploitation (CSE) includes child sex trafficking, child pornography, child sex tourism, and trading sex for anything of value, such as money, love, drugs, protection, housing, food, transportation, or any other perceived benefit. Children and youth affected by CSE include those who have engaged in survival sex and those who do not have a trafficker. Children and youth most at risk for trafficking have experienced physical and sexual abuse, violence or chaos at home, foster care, involvement with the juvenile justice system, homelessness, or running away from home or placements.

In 2010, Los Angeles County recognized that we are a hub for CSE (with some victims as young as 10 years old) and began efforts to collect data with goals of prevention, as well as improving multi-agency responses. As a result, Los Angeles County has **the only probation department in the nation with a specialized Child Trafficking Unit (CTU) to support youth who have experienced CSE**. Developed in 2012 as a collaborative effort between Probation and the courts, the CTU provides intensive, strengths-based support and case management services to youth through increased engagement, case continuity, and extensive multi-disciplinary teaming with both agency partners and non-governmental organizations. According to Michelle Guymon, Director of the CTU, Los Angeles County stands united in saying "Our children are not for sale". In addition, the Department of Children and Family Services (DCFS) established a unit specifically dedicated to responding to youth affected by CSE.

Los Angeles was the first County in the State to de-criminalize youth who experienced Commercial Sexual Exploitation. Reforms were initiated prior to 2014, when California passed Senate Bill 855, which

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de-criminalized CSE and provided funds to counties to establish programs supporting victims, and Senate Bill 794, enacted in 2015, making it mandatory for probation and child welfare to implement policies and procedures to identify, document, and determine appropriate services for children and youth who are, or are at risk of becoming, victims of CSE.

In 2013, the Los Angeles County Board of Supervisors charged a task force with developing a multi-agency response to combat commercial sexual exploitation of children and youth that avoided arresting and detaining victims in juvenile halls. A groundbreaking accomplishment of this multi-agency partnership, comprised of the Probation Department, the Department of Child and Family Services (DCFS), Department of Mental Health, Department of Public Health, Department of Health Services, the Los Angeles Sheriff's Department, and Public Social Services, was the development and implementation of the **Law Enforcement First Responder Protocol for CSEC** in 2015, found here: <https://youthlaw.org/wp-content/uploads/2015/06/Los-Angeles-County-Law-Enforcement-First-Responder-Protocol.pdf>. The term has since evolved from Commercially Sexually Exploited Children (CSEC), to children or youth affected by Commercial Sexual Exploitation (CSE) as less stigmatizing.

The first of its kind, the LA Protocol focuses on immediate and short-term needs of the youth, such as medical services, food and clothing, followed by a multi-disciplinary meeting (MDT) to establish safe placement, and ultimately engagement that supports achieving long-term stability through youth-centered, strengths-based, and trauma-informed services provided by a team. Specifically, the Protocol requires the following responses:

#### WITHIN 90 MINUTES

- Report abuse
- Law enforcement take youth to staging area
- Community-based advocate arrives & engages with youth
- Specialized probation officer or case worker arrives & engages with youth
- Assess medical/ other needs
- Address youth's immediate needs

#### WITHIN 72 HOURS

- Youth receives full medical and mental health assessment
- Roles of child-serving agencies are identified
- Ensure youth's basic needs are met
- MDT meeting to safety plan & determine where youth will stay
- Advocate checks in with youth to ensure their safety

At the Medical Hub, the youth also receives any necessary urgent medical care, including reproductive health services such as HIV prophylaxis and emergency contraception, which both must be administered within certain timelines to ensure effectiveness. Following the expedited response over the first 72-hour period, both the specialized Probation and/or DCFS units and the community-based advocate remain connected to the youth. The community-based advocate serves as a support for the youth, guiding them through interactions with the various county agencies, ensuring that their voice is informing decision making, and providing case management and crisis management assistance as needed. The advocate provides these supports for a minimum of 90 days, and longer if needed. The specialized Probation and/or DCFS units also provide enhanced engagement and intensive ongoing case management services (Ackerman-Brimberg, Walker Brown, & Newcombe, 2018).

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The LA County Board of Supervisors also enacted a larger CSE strategy for Los Angeles County to avoid detention in Juvenile Halls, and includes Countywide CSE training and information dissemination on identifying, properly documenting, and determining appropriate services for youth who are or are at-risk for CSE. They reviewed best-practices for building a comprehensive response to CSE which involves

- Trauma-Informed Approaches
- Harm Reduction
- Multi-Disciplinary Teaming

Two specialized courts for youth experiencing CSE were established in Los Angeles. Started in 2012, the “Succeeding through Achievement and Resilience” (STAR) Court is housed in delinquency and probation, and in 2016, the “Dedication to Restoration through Empowerment, Advocacy, and Mentoring (DREAM) Court, housed in Dependency, was established to serve CSE children and youth under DCFS jurisdiction. Both courts address the needs of this population through non-adversarial, collaborative approaches (Ackerman-Brimberg, Walker Brown, & Newcombe, 2018).

### **Law Enforcement Recovery Efforts**

Housed in the LA County Sheriff’s Office, The Los Angeles Regional Human Trafficking Task Force is a collaboration of more than 85 federal, state, county and local law enforcement and nonprofit community organizations. Each January, in conjunction with Human Trafficking Month, they coordinate an annual statewide “Operation Reclaim and Rebuild”, which resulted in the arrest of 948 people, with over 221 victims rescued, **including 157 children**, between 2015 and 2018 (Kaufman, 2018).

In 2020, 76 adult and 11 minor victims were recovered with 518 arrests made. Sheriff Villanueva spoke to the victims at a press conference, saying, “The Los Angeles County Sheriff’s Department and our partners stand with each victim of this heinous crime...We are here to help you reclaim your freedom from the binds of sex trafficking, and to provide you the support and tools to rebuild your lives.” (LA County Sheriff’s Office, 2020)

In 2019, there were more than 421,000 missing child reports nationally, with 91% classified as endangered runaways. One in 6, almost 70,000 of these children were trafficked. Rescue efforts in other states are in the news media regularly. A multi-agency operation in Georgia rescued 39 missing children between the ages of 3 and 17 years old in September of this year. Operation Summer Rescue is underway in New Orleans, and fifteen children were recently rescued in Cleveland (Khan, 2020). In New Jersey, Operation Screen Capture resulted in the arrests of 21 people involved in child trafficking and internet prostitution (Phillips, 2020).

### **Understanding the Lived Experience of Youth Impacted by CSE**

One of the problems that emerged during initial rescue efforts, is the reality that many well-intended interventions were met with resistance, repeat run-aways, and did not result in successful placement. Recent research that focuses on listening to the stories of children and youth affected by CSE has helped inform professionals who encounter trafficked youth. Understanding their lived experience is a necessary precursor to developing successful interventions. One qualitative study of 18 youth with a history of CSE showed that barriers to care included the youth feeling judged, concerns about confidentiality, fear, and perceived low quality of services, while facilitators to care, included availability of services such as screening for sexually transmitted infections, contraception, knowledge about sexual health, and their own strong motivation to stay healthy. The lived experiences of CSE youth emphasized self-reliance and “street smarts” for survival, and de-emphasized “victimhood”. (Ijadi-Maghsoodi, Bath, Cook, Textor, & Barnert, 2017).

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A study comparing Los Angeles youth who have, with those who have not, experienced commercial sexual exploitation revealed some interesting perspectives regarding out of home care among youth involved in the child welfare and/or juvenile justice systems. Overall, youth with histories of CSE had significantly more changes in their housing situation, were more likely to live in group homes as their first and last out of home care experience, and left care without permission more often than their counterparts.

### **Medical and Mental Health Care**

Deirkhising, Walker Brown, Ackerman-Brimberg, & Newcombe (2020) point out CSE children and youth have an even greater exposure to trauma than other youth in the child welfare system, in addition, many exploited children and youth have needs related to substance use or addiction, and/or mental health. They may also need access to reproductive health care, such as contraception or emergency contraception, STI/STD treatment or prophylaxis, and pre-and post-natal care. Studies suggest that 30-60% of CSE children and youth are pregnant or parenting, and may need supports such as parenting classes and child care. In addition to mental health needs, many CSE children and youth have both immediate and ongoing medical needs stemming from unaddressed illness, violence, and/or injury. Greenbaum (2015) provides excellent guidance for healthcare providers to develop protocols and policies with increased understanding of CSE youth outlining the elements of trustworthy, confidential, trauma informed care that recognizes the strengths of CSE youth.

Healthcare and counseling professionals should focus on exploring the individual survivor's life goals, believe in the resiliency and brilliance of young people, while understanding that relationships fuel change. Examples of ways to recognize the survivor's lived experience as true expertise are listed on the **CSEC: Meeting Victims Where They Are** resource handout on the California Training and Technical Assistance (CATT) website found here [https://cirincorg.presencehost.net/file\\_download/d9df1a25-f2fe-414c-8864-a80a75113c31](https://cirincorg.presencehost.net/file_download/d9df1a25-f2fe-414c-8864-a80a75113c31) (Joshi, 2020). It is important for any professional that identifies a child or youth affected by CSE to appreciate that there is a spectrum of violence, coercion, and perceived control for trafficked persons. Without trauma-informed placement, traditional placements such as incarceration, large group homes, the streets, or being returned to the place they ran away from, may be viewed as more negative alternatives to "The Life" by a trafficked individual. Many children or youth view their trafficker(s) as looking out for their interests, and believe they care about/love them more than others who have let them down. It is essential that providers of mental health services understand the "Trauma Bond", the strong emotional attachment between a person being abused and their abuser (see Basson, Langs, Acker, Katz, Desai, & Ford, 2018).

### **Intersection of Race, Class, and Gender**

Commercial sexual exploitation exists in the context of multiple systems of oppression and at the intersections of the resulting inequalities. The greater the experience of marginalization, the higher the vulnerability to being bought and sold. For example, at MISSSEY (Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth), a nonprofit in Oakland serving sex-trafficked, female-identifying young people ages 11 to 24, more than 80 percent of the survivors are from low-income, under-resourced communities of color. "Society has told them their experiences of exploitation are the result of their choices and, unfortunately, most often they believe it. Associated feelings of shame and self-blame keep girls silent, suffering, and unsafe. This internalized oppression complicates an already difficult journey to healing. Changing internal narratives about one's worth and capabilities is a lifelong struggle for many women, and for a female survivor of sex trafficking, the journey can be grueling." (Joshi, 2017).

Los Angeles County has recognized the need to address disproportionality in the Juvenile Courts and Department of Child and Family Services. While African American youth make up about 8% of Los Angeles's

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youth population they comprise almost two-thirds of the CSE population of girls and young women in out-of-home care. This is a disproportionality of over eight times their community population. It is essential that child serving institutions address implicit or subconscious bias to reduce the historical and structural racism, along with socioeconomic and social barriers that contribute to this. (Dierkhising & Ackerman-Brimberg, 2020)

As Hannah Green (2020) points out, lesbian, gay, bisexual, questioning, gender nonconforming and transgender (LGBQ/GNCT) youth, particularly those of color, experience higher rates of neglect, abuse, and rejection from family members than their straight counterparts and are overrepresented in the juvenile justice system. A study on youth with multiple identities across race, sexual orientation, gender identity and gender expression (SOGIE) LGBQ/GNCT youth examined how social responses drive youth's involvement in the juvenile justice system along a pathway of trauma, family conflict, social isolation and exposure to multiple punitive systems (Irvine & Canfield, 2018). The survey results showed that, overall, 20 percent of youth in the detention centers identified as LGBQ/GNCT. However, the differences across current gender identity were significant. Thirteen 13 percent of boys identified as GBQ/GNCT, while **40 percent of girls identified as LBQ/GNCT**. Additionally, 85% of these LGBQ/GNCT youth are of color. Also LGBQ/GNCT youth were approximately **twice** as likely to have a history of running away and homelessness—prior to entering the justice system—compared with their straight, gender conforming and cisgender (a person whose sense of personal identity and gender corresponds with their birth sex) peers.

Homelessness is a well-established pre-cursor to becoming CSE. In addition, youth serving professionals should be aware of the increased stigma, secrecy, and lack of resources for trafficked males. A study comparing male CSECY and female CSECY showed a pathway into commercial sexual exploitation that is more common for male minors than female. Boys were described by child advocates, particularly in rural areas, as coerced/forced into commercial sex by family members to support the family and/or to fund the family member's substance use problem. Similarly to females experiencing CSE, males who were often runaway or homeless, were involved in commercial sex to support themselves and/or their own substance use (Cole, 2018).

### **Importance of an Advocate**

LA Protocols involve advocates as essential members of the MDIT, and incorporate research that shows youth experiencing CSE are often most responsive to a community based advocate. Often these advocates work in non-governmental agencies that include survivors of CSE, and may promote trust more than governmental agencies if there were prior negative experiences of CSE intervention. Much of the research measures the effectiveness of an advocate, recognizing opportunities to break trauma bonds with traffickers, and negative, internalized experiences with systems that leads to a deep mistrust in public agencies. Fortunately, California has an increasing number of organizations that provide peer mentors, advocates who have survived similar backgrounds, and non-governmental agencies devoted to understanding the process of change.

### **Harm Reduction**

A harm reduction approach allows professionals interacting with sexually exploited young people to understand why “abstinence-based interventions” such as detention, or an attitude of “rescuing” youth from CSE can be harmful. All disciplines involved in responding to CSE should appreciate that entering into an exploitive relationship has been developmentally and practically necessary for young people who have not been able to otherwise get their needs met. Professionals working with CSE young people should expect stages of engagement that include leaving, particularly in times of stress or triggering events. Rather than one single

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instance of rescuing the young person and pulling them away from a perpetrator, it is implied that young people may come into contact with helping professionals, but then go missing for periods of time and practitioners should focus on being a stable and trusted person throughout these episodes (Hickle & Hallett, 2015).

Joshi (2020) summarizes the stages of change for youth impacted by CSE as:

#### Pre-contemplation

- May not self-identify as a victim, be defensive, refuse services
- May deny force, fraud, or coercion, but will admit to commercial sex participation

*Interventions should acknowledge lack of readiness and offer useful resources*

#### Contemplation

- Has decided situation should change, often caused by a specific event (arrest, new assault, pregnancy, STD, etc.)
- May be ambivalent to intervention but open

*Interventions should help identify sources of support and safety*

#### Preparation

- Made a decision to change something about situation
- May begin saving money, packing belongings, exploring shelters etc.

*Interventions should plan for intervention: support, shelter, counseling, reporting, safety planning*

#### Action

- May enroll in treatment or undergo intake, make police report
- May cut off ties, change contact info, relocate

*Interventions should address safety concerns while processing anxiety and loss*

#### Maintenance

- Develops new life skills (new job, living independently, new relationships etc.)
- Can avoid responding to triggers

*Interventions should offer long-term support, patience, focus on realistic goals*  
(Joshi, 2020)

### **LA County Review of the Law Enforcement Protocol**

In 2018, LA County published a four year review of the Law Enforcement Protocol which can be found here: <https://lacounty.gov/wp-content/uploads/FRP-4-year-review-191120-FINAL.pdf>. The results of the initial roll out of the Law Enforcement Protocol by two Los Angeles law enforcement jurisdictions showed a significant number of children were identified on a consistent basis, however, within a year, the numbers dwindled and almost dissipated entirely. The next initiative was to expand to other areas of the County that are identifying more children. “In other words, the exploiters have moved the children outside the catchment area of the pilot to avoid police involvement.” (Ackerman, Walker Brown, & Newcombe, 2018). The report presents insights into the profile of young people vulnerable to sexual exploitation and the impact of the services provided through the Protocol. Highlights of the findings include:

- ✦ The average age of first recovery by law enforcement was just under 16 years old, and the youngest child was eleven years old.
- ✦ The youth identified through the Protocol were disproportionately African American (71%) and 85% had prior referrals to a child welfare agency.

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5% of youth received a medical evaluation in the first 72 hours after being recovered.

Youth were more stable after receiving services through the Protocol. Fewer than 25% of the identified youth had left home or care (AWOL) after the first 72 hours, and continued support and engagement resulted in more stabilization—fewer than 12% of all youth recovered were AWOL as of August 2018.

Another of the changes as a result of the Protocol, is that juvenile court dockets that identify CSE youth are becoming more common, and “among 361 children and youth identified by law enforcement in LA County as having experienced CSE, more than 85% had prior involvement with the child welfare system.” (Miller, Arnold-Clark, Brown, Ackerman-Brimberg, & Guymon, 2020). In general, the review showed that the LA County Law Enforcement Protocol has become a national model for collaborative, trauma-informed, youth-centered responses to commercial sexual exploitation of children and youth.

### **Los Angeles County Protocol for Detention, Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth (CSECY)**

The dedicated and collaborative work since the LA County First Responder Protocol was implemented has culminated in the Los Angeles County Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth (CSECY) published in 2019 and can be found here: [https://youthlaw.org/wp-content/uploads/2020/06/LACDetentionProtocol\\_Final.pdf](https://youthlaw.org/wp-content/uploads/2020/06/LACDetentionProtocol_Final.pdf)

This expanded LA County Protocol points out that because of the significant trauma these children have both during early childhood as well as a result of their exploitation, they tend to distrust child-serving agencies. Utilizing national models for CSECY, the Protocol incorporates best practices such as a specially-trained advocate that is not embedded within a public agency, individualized planning, and a collaborative multi-disciplinary approach which taken together has begun to breakdown many of the barriers to intervention previously identified. “Many of the youth have quickly formed lasting connections with their advocates. This bond has endured even when the youth runs away – with a large proportion of the youth that are missing from care remaining in contact with their advocate through social media and weekly phone calls.” (Walker Brown, Quraishi, Newcombe, Ackerman-Brimberg, & Guymon, 2019) In addition to these successes, the Probation Department and law enforcement have designed a procedure that expedites a child’s return to his/her jurisdiction of origin given the significant proportion of the identified children (over twenty-five percent) have bench warrants from other counties/states or have been reported missing from another jurisdiction.

### **Safe and Stable Housing**

In 2019, a Research to Action Summit convened to develop an Action Plan with Los Angeles County to improve, create, and prioritize safe and stable housing for children and youth impacted by commercial sexual exploitation along eight themes that include: 1. addressing the impact of trauma, 2. supporting healthy relationships, 3. amplifying and centering youth voice, 4. training and staff support, 5. collaboration across systems, 6. building housing capacity, 7. racial and ethnic disparities, and 8. improving data collection to better support youth.

Recommendations from the summit included using youth information gathering/feedback mechanisms to identify and prioritize development of additional activities and include youth in the planning of activities. County and/or provider agency policies should be amended to allow immediate access to these activities when a youth enters a new home as a part of the therapeutic process and to help build trust and rapport, rather than earned through a prolonged, rewards-based system.

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Some such activities include:

- life skills building, such as grocery shopping, meal planning, cookoffs, laundry, budgeting, resume writing, and driver's education;
- physical fitness and sports, such as gym memberships, kickboxing classes, yoga;
- nature activities, such as going to the beach, hiking, volunteering with animals, gardening, skiing, and equine therapy;
- music and art;
- educational and vocational activities, such as college tours, job shadowing, and interviews and internships with professionals in fields of interest;
- religious activities of their choice such as going to church, prayer, observing religious holidays; and
- opportunities for community service. (Dierkhising, & Ackerman-Brimberg, 2020)



These recommendations align with recommendations from the literature, by including somatic approaches and peer-led activities. For example, Eye Movement Desensitization and Reprocessing (EMDR) and other somatic interventions that help clients reconnect with their bodies are often a necessary pre-requisite, or an adjunct, to talk therapy. Culturally and generationally relevant interventions such as dribbling a basketball, drumming, dance, or martial arts should be options for youth as they work toward self-determination.

Another somatic approach I have personally experienced, is offered through UpRising Yoga, a non-profit that brings trauma-informed yoga to incarcerated populations, including Central Juvenile Hall and camps in Los Angeles. Youth are invited to practice breathing as a means of gaining a sense of control and reducing physical activation to triggers. Leaders (including survivors) point out that no-one can take away the ability to regulate your own breathing, and yoga is a practice that can be done almost anywhere, any time. Other modalities include meditation, mindfulness coloring books with crayons, pet therapy, swimming, or sensory-based activities. Peer-led activities have been requested by youth as they can be perceived as empowering, while providing role-modeling. The incorporation of “Trauma-informed” to therapeutic modalities includes understanding that some survivors report feeling flooded or anxious doing somatic-based interventions. Facilitators should recognize and respond to cues of distress by tailoring therapeutic interventions to the individual client's needs and abilities. Similarly, anticipating that some peer led activities can be harmful to the survivor-mentor if they are triggered, or to clients, if survivor experiences are misused. (Basson, Langs, Ack-er, Katz, Desai, & Ford, 2018).

## **Conclusion**

Los Angeles County has developed model protocols for law enforcement and for interagency identification and detention of children and youth affected by CSE. We have provided links to the protocols and to the evidence base that guided years of collaborative engagement so that other jurisdictions can use what may be applicable, and continue measuring outcomes that contribute to our continuous improvement of services and resources for children and youth affected by trafficking.



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