

**The Informed
Conversation:** Improving
Skills to Engage Kin/Foster
Parents in Supporting
Youth Impacted by
Human Trafficking



TRAINING AGENDA

Welcome & Introductions

- Practical application of knowledge gained through prior attendance at Understanding and Responding to Victims of Commercial Sexual Exploitation training.
- Learn strategies for having conversations with Kin/Foster Parents who care for youth who have experienced human trafficking or other forms of exploitation.
- Practice utilizing skills learned through role play, group discussion and small group work

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A WORD ON DEFINITIONS

Human Trafficking

- Force, fraud, or coercion
- Labor trafficking
- Sex trafficking
- Any commercial sex act under 18

Commercial Sexual Exploitation of Children (CSEC)

- Under 18
- Sexual exploitation
- Inducing a minor into sexual exploitation

THE LAW

- ❑ Trafficking Victims Protection Act of 2000
(Federal Law)
- ❑ Human Trafficking Massachusetts General Law
of 2012

Please reference handout distributed by email prior to the training for official definitions

RUNAWAY
VS.
MISSING OR ABSENT

INITIAL IMPRESSIONS

Stephanie, 17 ½ year old, Black transgender girl was recently admitted to a STARR program, with the goal to return to a foster family. A 51A has been filed on an unknown perpetrator, who authorities believe is actually her exploiter. Her foster family reported that she had been missing for over two months. She has had multiple placements since the age of 3. Prior to the 51A, the school reported she had been frequently truant and had been caught smoking marijuana on school grounds. School officials also noted that a student had witnessed Stephanie carrying large amounts of money. Stephanie does not have a job.

Stephanie was initially tearful upon entering the STARR program, but has settled in over the last week and has begun to open up to her program clinician. She has a history of intermittent outpatient therapy but has not followed through with recommendations for medication or treatment due to frequent changes in placement. When pressed about her natural supports, she reports few, with the exception of a “friend” who she says is always there for her.

QUESTIONS

WHAT INFORMATION WOULD YOU, A FRW / IFC STAFF WANT/NEED TO KNOW?

WHAT INFORMATION IS IMPORTANT TO CONVEY TO THE FOSTER PARENTS AT THIS TIME? WHAT DO THEY NEED TO KNOW FROM A TRAUMA-INFORMED PERSPECTIVE FOR STEPHANIE?

WHAT INFORMATION DO WE NEED TO KNOW FROM STEPHANIE ABOUT THE TIME SHE WAS MISSING FROM CARE?

WHAT TYPES OF SAFETY MEASURES OR PLANS ARE/SHOULD BE PUT INTO PLACE FOR STEPHANIE WHILE SHE IS IN THE PROGRAM?

AFTER A WEEK...

Stephanie's foster family came to visit her in the STARR program to bring some of her belongings so she's comfortable during her stay. The visit goes well overall but as they leave, Stephanie is visibly upset. She quickly rejoins the group to participate in "Spa Night" and has her hair and nails done by a peer. Stephanie is engaged in the activity and is responsive to redirections however, staff notice her mood has changed since the visit. At shift change that night, she is still awake and is tearful in her room. Stephanie is having a hard time settling but is unwilling to talk to staff about what is going on. Staff continue to do checks but it is not until she gets a personal check-in with a favored staff that she falls asleep.

At about 3:15 am, when staff are completing checks, they notice that Stephanie is awake and putting her clothes and shoes on. She gathers a few things and sneaks out the back stairwell before staff can call for support.

QUESTIONS

What were potential triggers in this situation?

What were some of the indicators that something might be different for Stephanie?

What other plans or supports could have been implemented for Stephanie? When?

What should be included in the Kin/Foster parents plan for when Stephanie returns?

SIGNS AND BEHAVIORS

- Running/Late from curfew
- Grooming
- Hoarding
- Withdrawal from friends or family
- Attire shift
- Re-connecting with old people, places, things
- Fuck-Its
- Lying
- Cigarette smoking
- Stealing
- Confronting/Aggressive

LABOR TRAFFICKING

- Please refer to the handout provided regarding Labor Trafficking.
- **Street Economy**
 - Shoplifting
 - Packing and selling drugs
 - Panhandling/begging

A FEW DAYS LATER...

Stephanie appears back on the doorstep of the STARR program as other children are leaving for school. She is incessantly ringing the doorbell. Staff open the door and notice her clothing is disheveled and she smells like weed. She is wearing different clothing than what she left in. She attempts to push past staff and says, “get out of my way, I’m tired and want to go to sleep.”

QUESTIONS

What does Stephanie need right now?

Who is having the conversation with her?

What are your immediate safety concerns? Any visible injuries? Did you see how she arrived?

Does she have any drug paraphernalia on her?

LATER THAT AFTERNOON...

Stephanie has been medically cleared, showered and has had something to eat. Staff have checked in her belongings and have found a new iPhone and \$200 cash. Stephanie has reluctantly agreed to meet with her program clinician. During the session she gives very little information and will not give a clear picture of where she was or what she was doing.

The clinician asks how she survived while she was missing. Stephanie replied, “I’m not stupid, I know how to get what I need to take care of myself!” Stephanie is adamant she will not give any information until staff return her money and phone. Her clinician expresses concern about how she got these things and Stephanie states, “go fuck yourself” and walks out of the room.

Questions

WHAT DOES STEPHANIE NEED FROM FRW/IFC STAFF RIGHT NOW?

WHO IS HAVING THE CONVERSATION WITH HER?

BASED ON WHAT YOU KNOW; DO YOU HAVE REASONABLE CAUSE TO BELIEVE THAT A 51A SHOULD BE FILED?

WHAT TYPE OF CONTACT SHOULD THE FOSTER FAMILY HAVE WITH STEPHANIE AT THIS POINT?

AT STEPHANIE'S TREATMENT PLAN MEETING

Staff continue to express concerns about Stephanie's ability to keep herself safe. Since returning to the STARR program, she has minimally engaged in activities, has consistently refused drug screens and the school reports she has missed some of her classes. On days that she attended school, she would often sneak onto the internet and post ads for people to come "get her" from school. When she has left school, she has been able to get back in time to catch her bus back to the program.

Stephanie advocates in the meeting to return to her foster family, and the foster family agrees to have her return. Additional supports will be provided to Stephanie and the foster family according to her individualized plan put together with the MDT.

Questions

What does Stephanie need to return to her foster family?

What do the foster parents need to make this a successful transition for Stephanie?

What role does everyone play in Stephanie's treatment plan?

What CSEC & identity-specific services need to be put into place prior to Stephanie's discharge to her foster family?

REFLECTION POINTS

The Team could do all these things...and we don't necessarily know if it will work

On another note, one thing we may have said 5 months ago could still resonate with Stephanie.

Importance of consistent, supportive & non-judgmental care

CLINICAL FORMULATIONS

WHY WHAT WE WRITE IS IMPORTANT

When you are going through the exercise of a writing a clinical formulation it is imperative that you cover:

- Purpose
- Context
- Agreements
- Network/Stakeholders

CSEC & FILING A 51A: KEY POINTS

- CSEC is a form of child abuse.
- You must file **regardless** of caretaker status.
- 51As filed due to concerns of CSEC will be screened as “Human Trafficking – Sexually Exploited Child”
- DCF will screen and determine whether to initiate an investigative response.
- Report will be sent to the **District Attorney’s office** and **CSEC Coordinator** at the **Children’s Advocacy Center**.
- **Multidisciplinary response will result.**

FAQ: Is a new 51A filed each time a youth at-risk of CSEC goes missing?

If new information is obtained, a new 51A needs to be filed with the immediate mandatory DA referral.

This new information may:

- Contribute to the recovery of the youth
- Be of use in a DA/Law Enforcement case

MA County Child Trafficking Multidisciplinary Response

Child Exploitation Suspected

**MDT Members
may include:**
DCF, DA, DYS, DMH
Law Enforcement,
Probation, Provider,
Victim Advocate,
Child's Attorney,
Mentor, School,
Parent, Youth,
Other

51A Report Filed with DCF

DCF Makes Immediate Notification to the DA/CAC:
Call: **XXX-XXX-XXXX**
Email: **XXXX@XXXX**

DCF and MDT Confer to Develop Response Strategy including:

- Family Notification
- Child Interview
- Risk & Safety
- Collateral Contacts
- Interview with Suspected Offender
- Interpersonal Support

Team may convene by conference call or in-person

Team Develops MDT Recommendations
(based on Team sharing info & evaluation of youth's situation)

**Youth
Involvement**

**Placement/
Shelter**

**Threats/
Dangerousness
of Alleged Pimp/
Perpetrator**

**Psychological
Treatment**

**Interview
with Youth**

**Interpersonal Support/
Mentoring**

**Medical Evaluation &
Health Care**

MDT RESPONSE

- 51a Filed
- Role of police/detectives
- SANE Nurse/Exam
- SAIN Interview with DA office (role of VWA)
 - What is it?
 - Who can go?
 - What supports may youth need?
 - What happens next?

WELCOME BACK

PLACEMENT ROLE

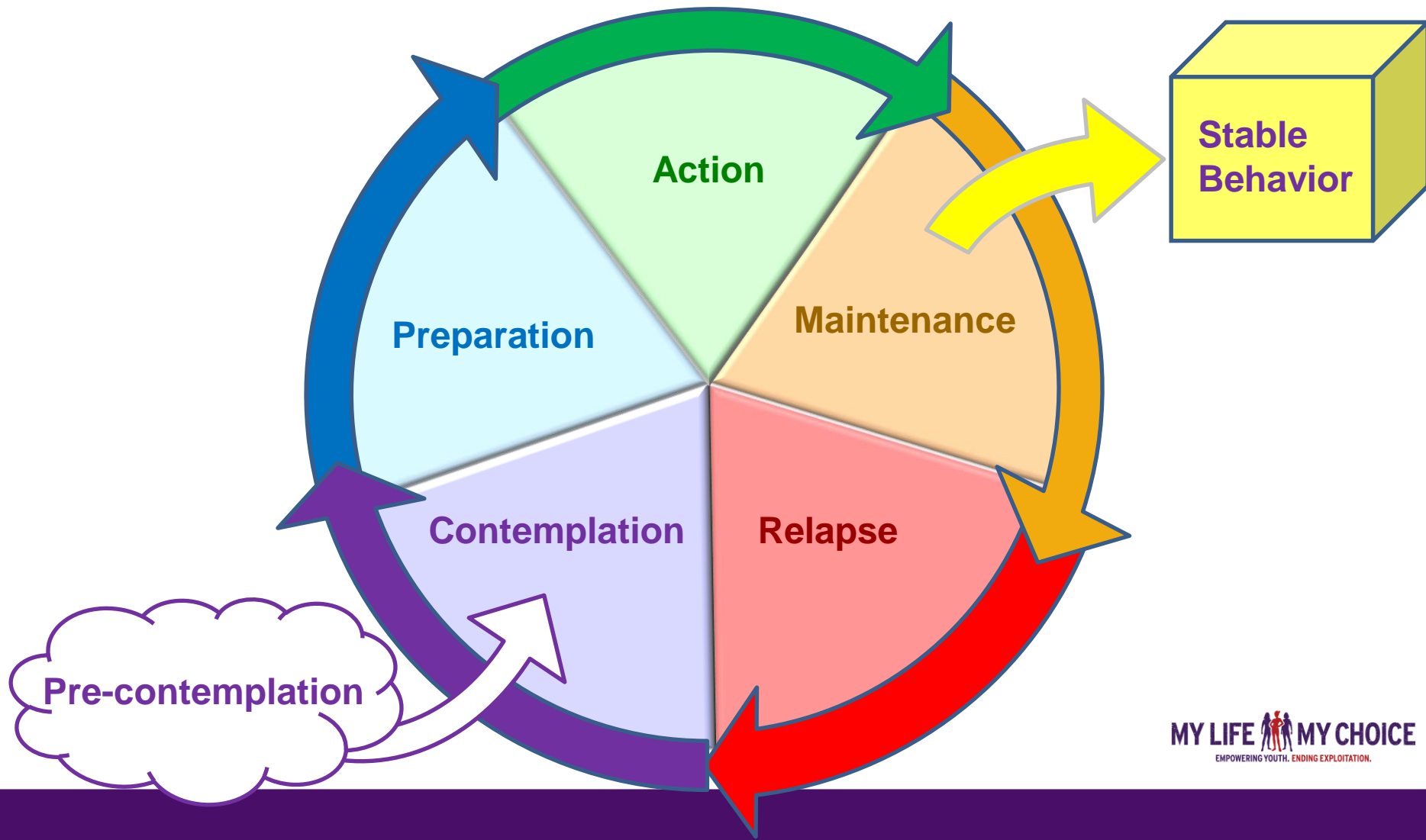
- Room clean vs. tossed
- Happy to see the youth
- Ask if they are hungry
- Don't bombard with questions
- Don't immediately go to consequences

COLLATERAL/SUPPORT ROLE

- Return plan/safety plan immediately after youth goes missing/absent
- Support staff/youth community meetings
- Happy to see youth upon return/ask “what did we miss?”
- Represent youth in follow up meetings (mentor, life coach)
- MDT role- is there a need for a case conference or meeting

STAGES OF CHANGE MODEL

PROCHASKA & DICLEMENTE 1983



STAGES OF CHANGE EXERCISE

MENTAL HEALTH IMPACTS

- “Oversexualized” behavior
- Aggression/Assault
- Recruiting
- Running Away/Missing

REMEMBER: RELAX

R apport building

E xpress concern (specific behavior/thing noticed)

L isten

A ttune

Ne X t Steps (Be Honest!)

SMALL GROUP ROLE PLAYS

VICARIOUS TRAUMA

- Difficulty falling asleep or excessive sleeping
- Constantly feeling tired, even after having time to rest
- Increased levels of anger, irritability, resentment or cynicism
- Hypersensitivity to emotionally charged material
- Questioning, *“Is any of this effective? Am I making any difference?”*
- Dread of activities that used to be positive or neutral
- Using behaviors to escape (eating, alcohol/drugs, caffeine, TV, shopping, work)
- Seeing danger everywhere and hypervigilance to the safety of those you care about
- No separation of personal and professional time, being the helper in every relationship
- Viewing other people as less important who are not involved in your same field

TAKING CARE OF YOU

- **SUPERVISION**
- **IS THIS SUSTAINABLE?**
- **WHAT DO YOU NEED?**

TRAINING QUESTIONS

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“We are so lucky to have My Life My Choice here in Massachusetts. Not only do they provide critical support services to sexually exploited children in our state, they also provide outstanding training to law enforcement, schools, and others who work with young people.”

Maura Healey
Massachusetts
Attorney General

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