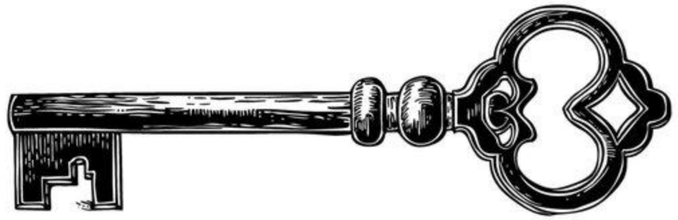
HARM REDUCTION AS THE KEY TO SURVIVOR SAFETY



Tiffiny Alexander, LPC/A
& Alix Wickline, LISW-CP
Dee Norton Child Advocacy Center

Dee Norton
CHILD ADVOCACY CENTER

Our mission is to lead and coordinate a child-focused, community-wide response to prevent abuse, protect children, and heal families.

OBJECTIVES

1. Learn why Safety Planning is essential for this population
2. Identify special considerations for Safety Planning and Harm Reduction when working with child sex trafficking survivors
3. Gain comfort with alternative types of Safety Planning, including planning for runaway events or returning to and leaving the trafficker
4. Set realistic criteria for defining Success when working with this population

FIRST, SOME CONSIDERATIONS

ALL adolescents will do what they can to protect themselves and reduce the likelihood of getting in trouble

- AKA they may lie to protect themselves from trouble, judgment, etc.

Most adolescents have strong values; respecting these values is critical

- Just because their values are not always shared by their family/caregivers/service providers, that does not make them any less valid or important
  - A goal may be to shift values to be more aligned with safety goals

We don't need to know everything, because adolescents *think* they do

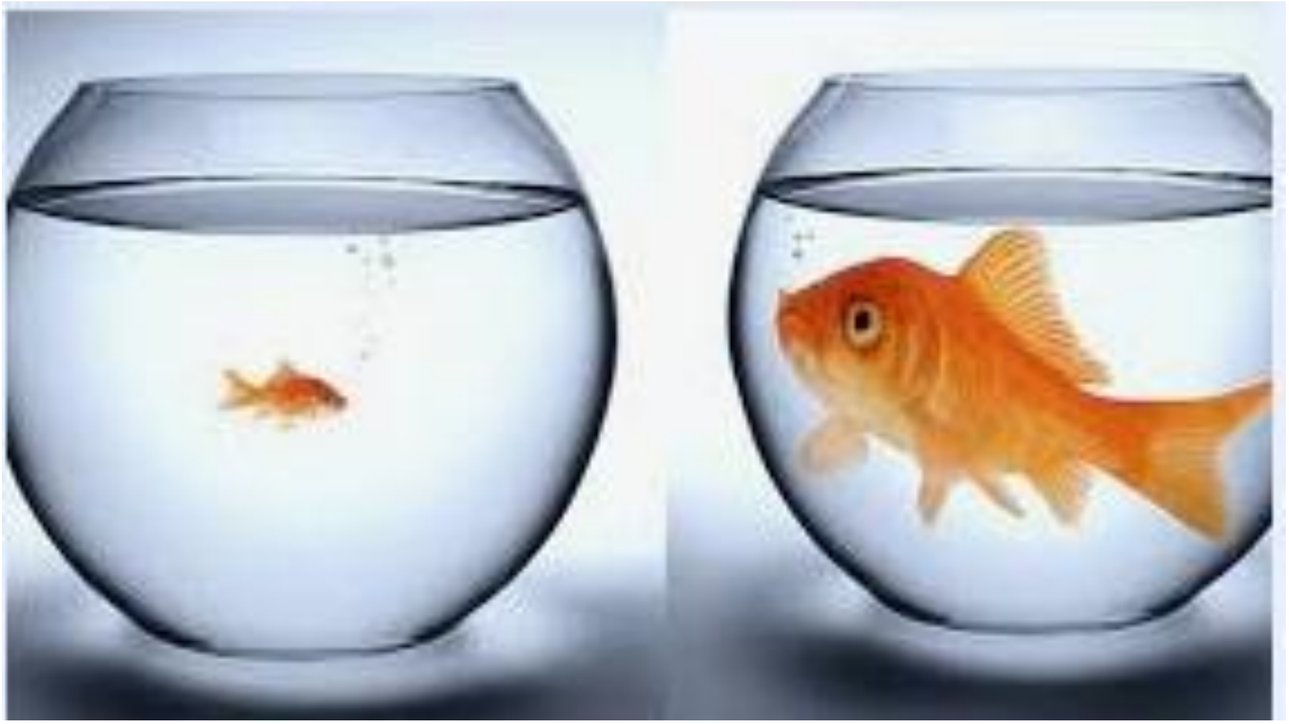
- And it increases buy-in when they can teach you

every interaction

MATTERS

PREVENT PROTECT HEAL

ONE SIZE DOESN'T FIT ALL



Why does this feel safe?

Why do something different?

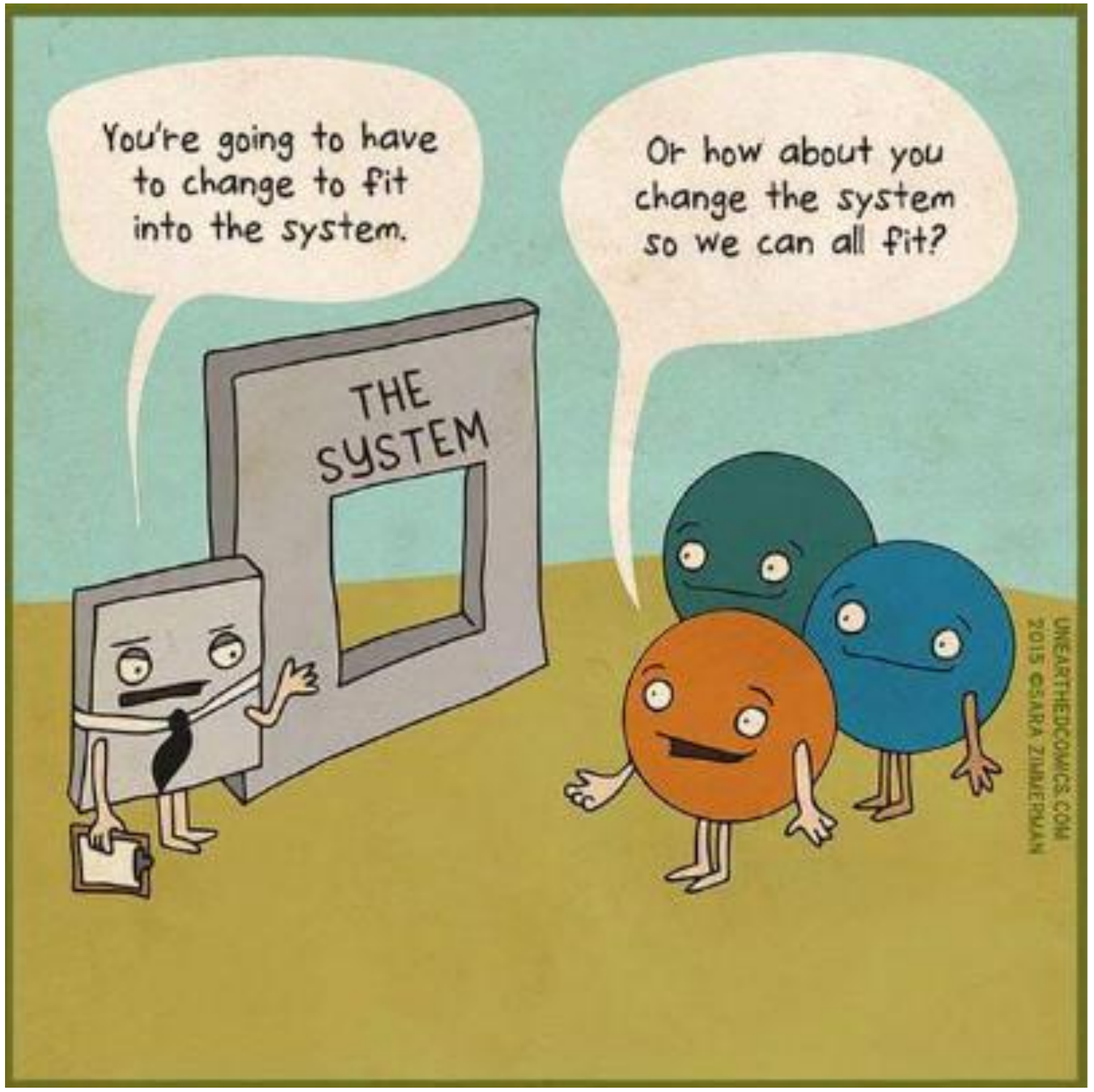
PREVENT PROTECT HEAL

CST Youth

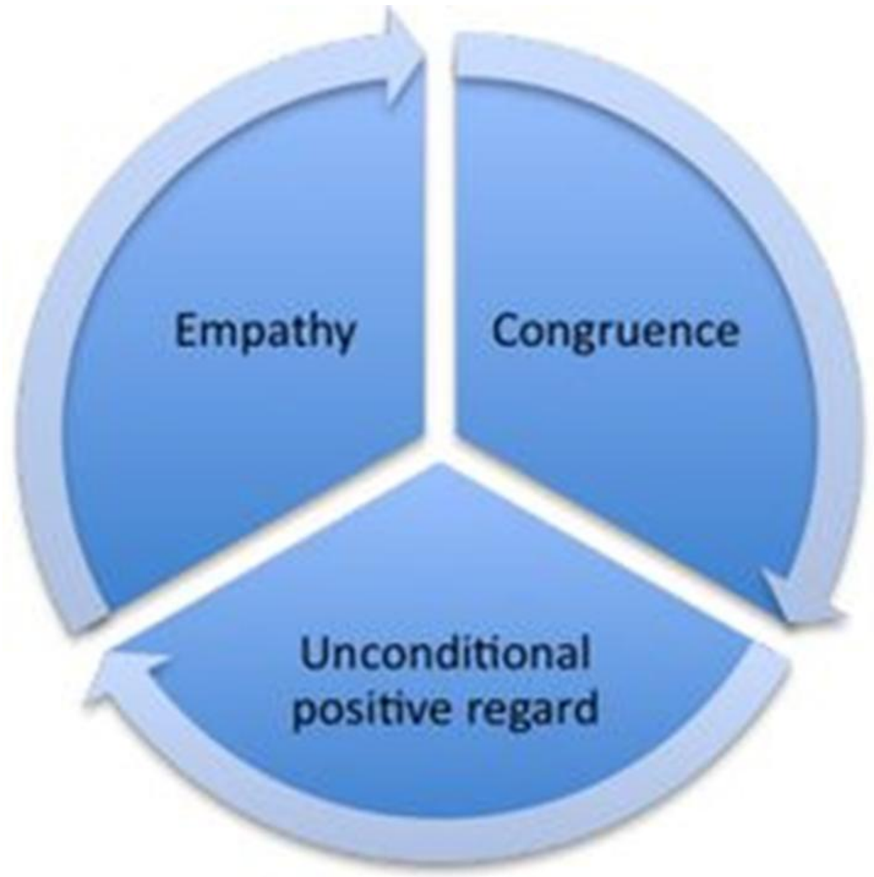
VS.

Non-Trafficked Youth

PREVENT PROTECT HEAL



BUILDING TRUST



Honesty & Authenticity are essential when working with adolescents. In the words of Brene Brown,

“Clear is kind!”

Trust in the therapeutic alliance is built when you are clear about your expectations and limitations.

- If you don’t know the answer, say that.

When you meet with an adolescent who has these experiences, you must be ready to meet them with unconditional positive regard, exactly where they are.

PREVENT PROTECT HEAL

LANGUAGE MATTERS

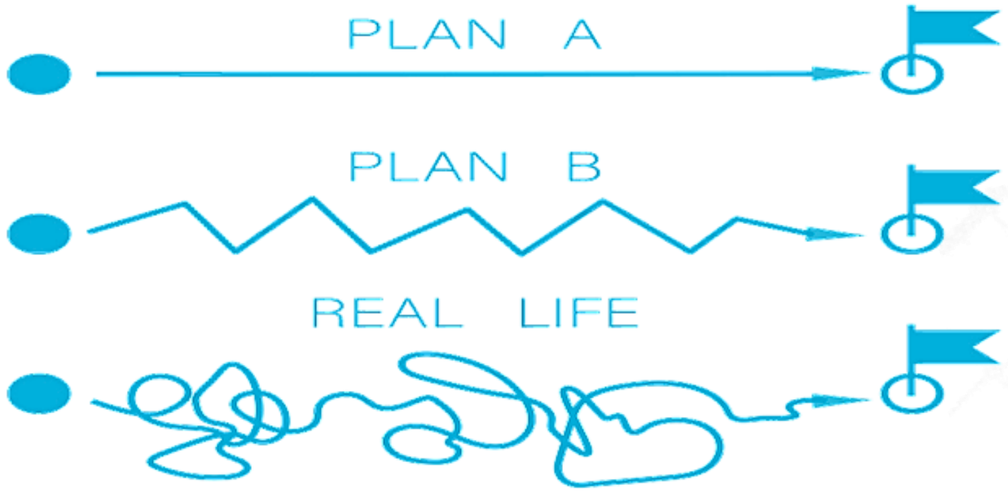
- Watch your reactions
- Use their terms
- Refrain from using any labels
- Focus on what they *need*, not what *happened* to them
- Communicate safe, non-judgmental space
- Model appropriateness

NO RESCUE TALK

PREVENT PROTECT HEAL

WHEN SAFETY PLANNING

We must plan for *'When'* the youth runs/uses/etc., not *'If'*



We need to have *realistic* goals and expectations for adolescents.
Remember, we are <u>reducing risk</u>, not eliminating it!

- Unfortunately, no one has that magic wand

PREVENT PROTECT HEAL

PREVENT PROTECT HEAL

AS SERVICE PROVIDERS...

We are usually looking far into the future, focusing on the big goals; however, when working with trafficking survivors it is essential to focus on the small goals first to build efficacy.

We can set ourselves up for success by:

- Set small, tangible goals
- Communicate clearly with our client AND our partners
- Be flexible & open to change
- Collaborate and ask for help from partners
- Don’t forget to recognize the small wins!

TYPICAL SAFETY PLANNING

- Non-Suicidal Self Injury (NSSI) & Self Harm
- Suicidal Ideations / Homicidal Ideations

ADDITIONAL SAFETY PLANNING

- Runaway
- Return to their Trafficker

PREVENT PROTECT HEAL

Dee Norton
CHILD ADVOCACY CENTER

Coping and Safety Plan

Step 1: **Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing**

1. _____
2. _____
3. _____

Step 2: **Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. _____
2. _____
3. _____

Step 3: **People and social settings that provide distraction:**

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: **People whom I can ask for help:**

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: **Professionals or agencies I can contact during a crisis:**

1. Local Urgent Care Services_____ Phone_____
   Urgent Care Services Address_____
2. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) or call 988
3. Department of Mental Health Mobile Crisis: 843-414-2350
4. Clinician Name_____ Phone_____
5. Other Crisis Hotline (if applicable):_____

Step 6: **Making the environment safe:**

1. _____
2. _____
3. _____

The one thing that is most important to me and worth living for is:

_____

_____
Client Signature **Date**

_____
Caregiver/Guardian Signature **Date**

_____
Clinician Signature **Date**

PREVENT PROTECT HEAL

BUT WHY PLAN TO RUN AWAY?

When a youth runs away, they are at much higher risk for **revictimization.** This is entirely related to the factors that allow them to have their basic needs met. For example:

- Where will they stay when on the run?
- How will they get food?
- Transportation?
- Where will their money come from?
  - Survival Sex? Street Sex?
- And then the nitty gritty details…
  - How will they charge their phone?
  - Where will they store their items?
  - How will they get medical needs met?

PREVENT PROTECT HEAL

RUNAWAY SAFETY PLANNING

Sometimes running away may feel like *the only option* for a youth. If that's the case, how do we make this an *acceptable* and *safe* option?

PREVENT PROTECT HEAL

Dee Norton
CHILD ADVOCACY CENTER

Runaway Safety Plan

Step 1: **Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing or that I feel like I need to run**

1. _____
2. _____
3. _____

Step 2: **Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. _____
2. _____
3. _____

Step 3: **People and social settings that provide distraction before I run:**

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: **People whom I can ask for help before I run:**

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: **Professionals or agencies I can contact during a crisis or before I run:**

1. Local Urgent Care Services_____ Phone_____
   Urgent Care Services Address_____
2. Runaway Crisis Hotline Phone: 1-800-RUN-AWAY (786-2929)_____
3. Department of Mental Health Mobile Crisis: 843-414-2350_____
4. Clinician Name_____ Phone_____
5. Other Crisis Hotline (if applicable):_____

Step 6: **Making the environment safe so that I don't need to run:**

1. _____
2. _____
3. _____

The one thing that is most important to me and worth staying for is:

_____

If I need to run, I will prepare so that I can reduce my risk of being unsafe.
See next page for Runaway Preparation.

PREVENT PROTECT HEAL

Dee Norton
CHILD ADVOCACY CENTER

Runaway Safety Plan

(Runaway Preparation)

Runaway Preparation—Items to pack to bring with me before I run:

- ☐ Identification (school ID or license)
- ☐ Food and water
- ☐ Clothing
- ☐ Contact phone numbers for safe adults
- ☐ Addresses of safe locations
- ☐ Copy of Runaway Safety Plan
- ☐ Phone/Technology (and chargers)
- ☐ Medications
- ☐ Hotline phone numbers or emergency contacts
- ☐ Money (or a safe plan to make money)
- ☐ Protection (whistle, pepper spray, etc.)
- ☐ Other Items:

Safe Locations and Arrival Plan—Locations with safe adults that my caregiver and I agree I can run to:

1. Place_____
   Contact Person_____ Phone_____
   Once I arrive, _____ will contact my caregiver by (circle one): Phone / Text / Other:_____

2. Place_____
   Contact Person_____ Phone_____
   Once I arrive, _____ will contact my caregiver by (circle one): Phone / Text / Other:_____

3. Place_____
   Contact Person_____ Phone_____
   Once I arrive, _____ will contact my caregiver by (circle one): Phone / Text / Other:_____

4. Place_____
   Contact Person_____ Phone_____
   Once I arrive, _____ will contact my caregiver by (circle one): Phone / Text / Other:_____

5. Place_____
   Contact Person_____ Phone_____
   Once I arrive, _____ will contact my caregiver by (circle one): Phone / Text / Other:_____

REMINDER: The one thing that is most important to me and worth staying for is:

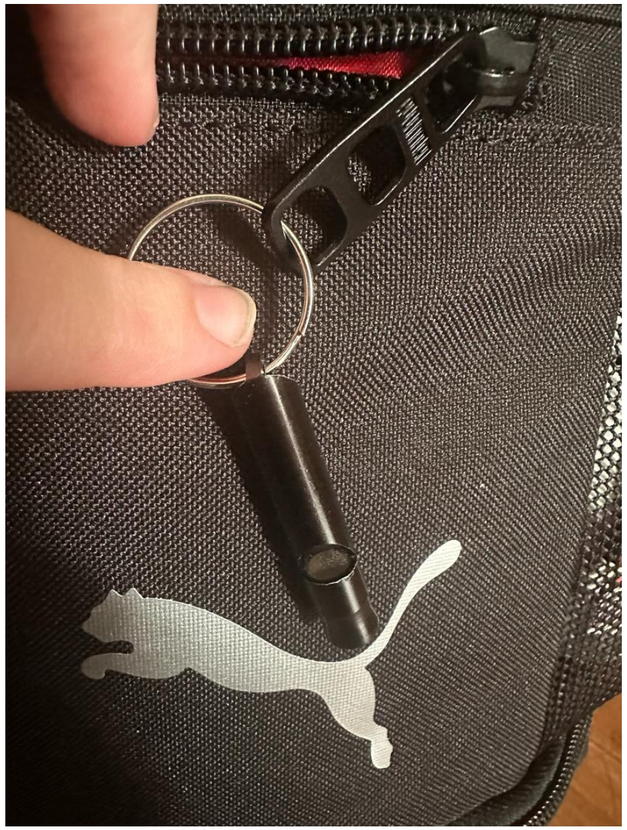
_____

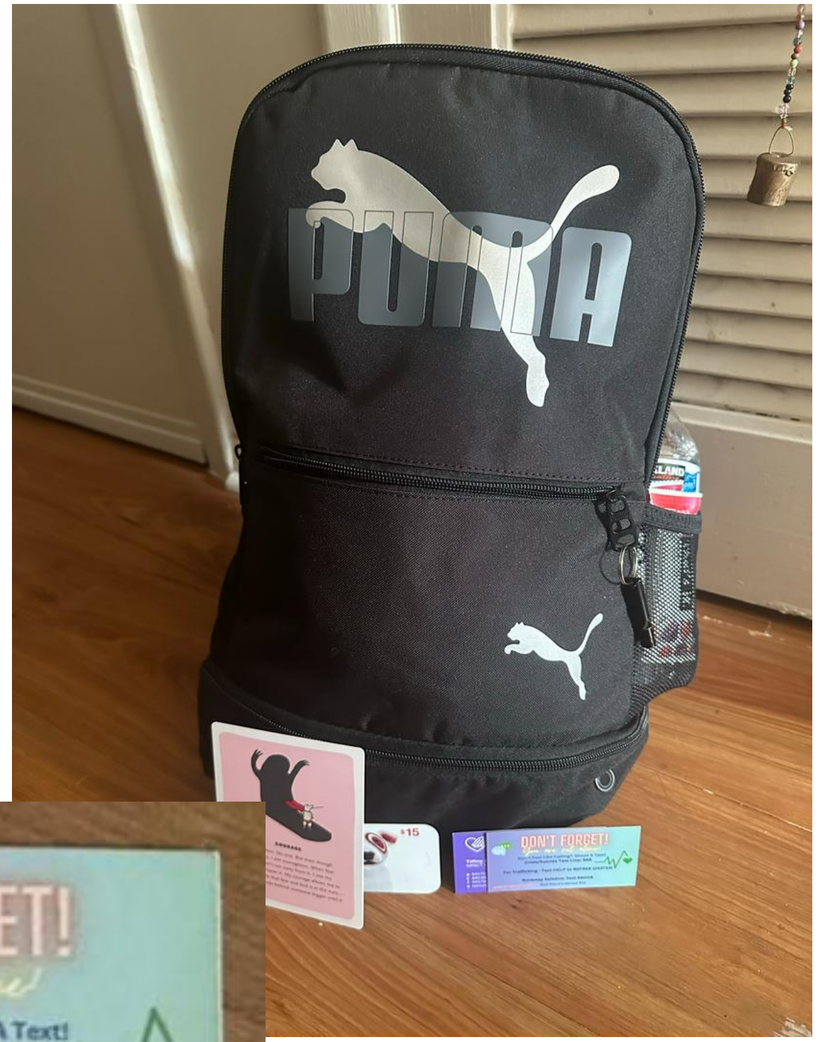
If I run away and my caregiver is not contacted to confirm my safe arrival within ___ hour(s), my caregiver will call emergency services, including 9-1-1.

_____
Client Signature **Date**

_____
Caregiver/Guardian Signature **Date**

_____
Clinician Signature **Date**





PREVENT PROTECT HEAL

PREVENT PROTECT HEAL

RETURNING TO THE TRAFFICKER

- Leaving a violent relationship can be some of the most dangerous time in a person's life
  - How do we help youth be safer if they plan to return?
- Set up an exit strategy
- Use resources that already exist (don't reinvent the wheel)
  - GEMS Guide to Leaving

PREVENT PROTECT HEAL

REDUCING RISKY BEHAVIORS

- Substance Use
- Risky Sexual Behaviors
- Online / Internet Safety

PREVENT PROTECT HEAL

REDUCING SUBSTANCE USE

We can’t ever fully eliminate risk, but how can we lower our risk when using substances?

PREVENT PROTECT HEAL

REDUCING RISKY SEXUAL BEHAVIORS

What could be considered risky sexual behavior?

- Multiple partners
- Unprotected sexual contact
- Sexual behaviors that could cause injury
- Online sexualized behavior

REDUCING ONLINE & INTERNET RISKS

What puts youth at risk?

What does reducing risk look like in practice?

PREVENT PROTECT HEAL

MAINTAINING REDUCED RISK

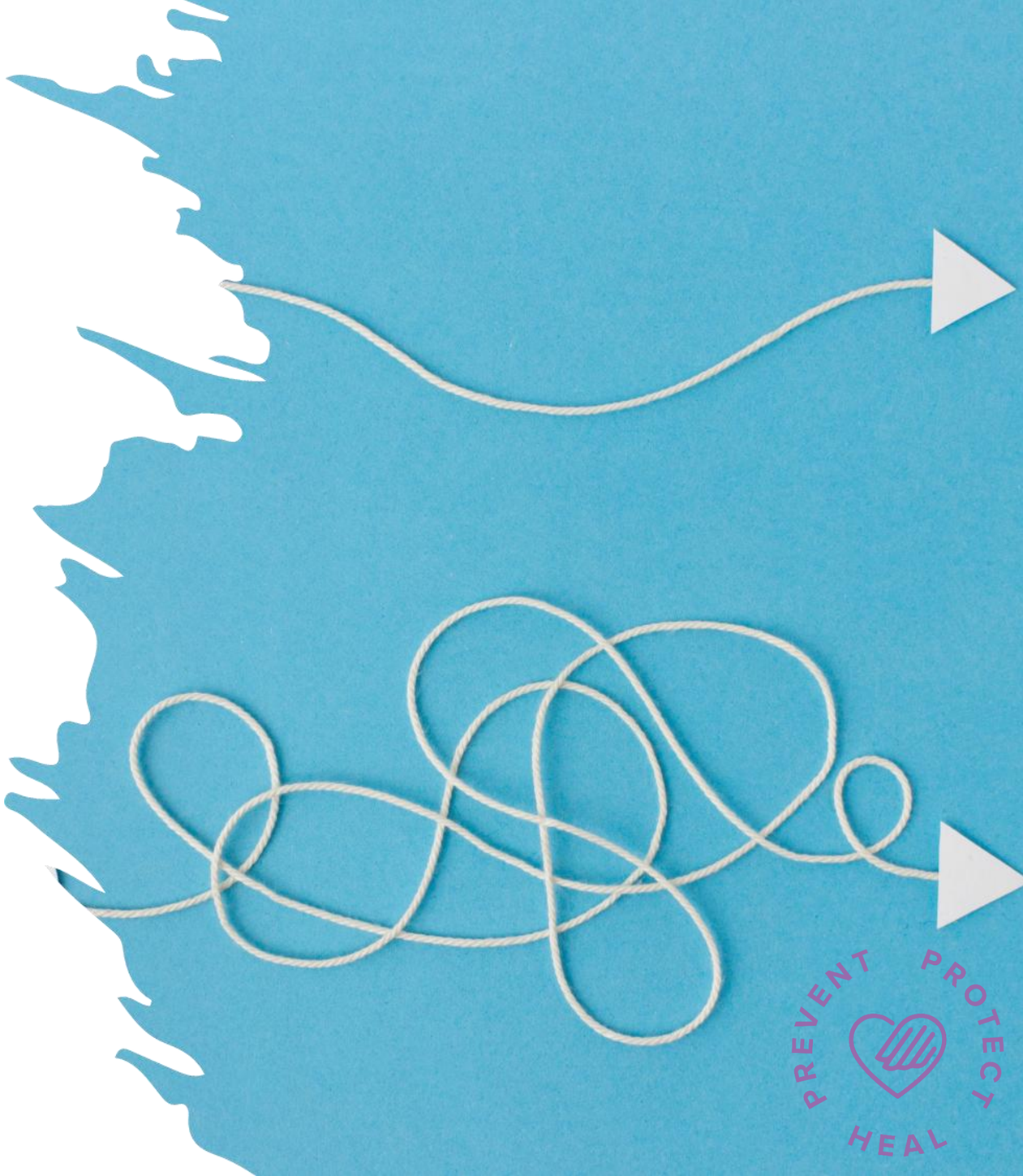
- Practice realistic refusal and safety planning skills on a consistent basis
- Track progress to show their risk reduction (aka growth!)
- When something gets in the way, help navigate and set a new goal
- Praise their hard work!

WHAT DOES A WIN LOOK LIKE?

Again, it's important to have ***Realistic Expectations*** for what a *win* will look like.

Reducing risk overall is a huge win!

- How do we celebrate that in the context of services?
- How do we help caregivers see the wins as well?



LET'S PRACTICE

Case Example: M is 15 years old. Her dad left the family when she was about 5 years old and her mother remarried when she was 9 years old. She has two younger half-siblings that she loves, but she doesn't get along well with her strict step-father. M has been getting in trouble for smoking marijuana and leaving vapes around the house that her siblings can reach. M often goes out after curfew and sometimes is gone for days at a time. M recently left for about 4 days and came back with bruising and complaining about pain in her abdomen. She was taken to the hospital and had significant injuries related to sexual contact. She disclosed to the ER doctors that she was sexually assaulted in exchange for marijuana and a place to sleep. M spoke about her "boyfriend" setting her up to be assaulted and he told her that if she didn't have sex, he'd hurt her. M has been threatened by her boyfriend with a gun previously. M received a forensic interview and mental health assessment, and is now beginning TF-CBT with a provider. M has not disclosed who her boyfriend is, and her mother believes that she is still sneaking out at night to meet up with him. It is unknown if she is being threatened to remain in the relationship, or if there is ongoing trafficking. This is her first meeting with you as a service provider.

WHAT ARE SOME SAFETY PLAN CONSIDERATIONS?

RISK/HARM REDUCTION GOALS?


PREVENT PROTECT HEAL
If nothing else, you are planting a seed.

QUESTIONS?

THANK YOU

For more information or additional questions,
please feel free to contact:

Tiffiny Alexander, LPC/A
843-860-6329
talexander@deenortoncenter.org

Alix Wickline, LISW-CP
843-214-3986
awickline@deenortoncenter.org