

# **Developing Best Practices, Serving Trafficked Youth**

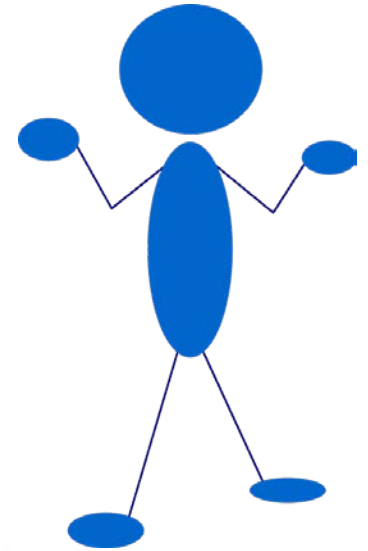
## **Anti-Trafficking Therapy Pilot Project**

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Survivor Leader

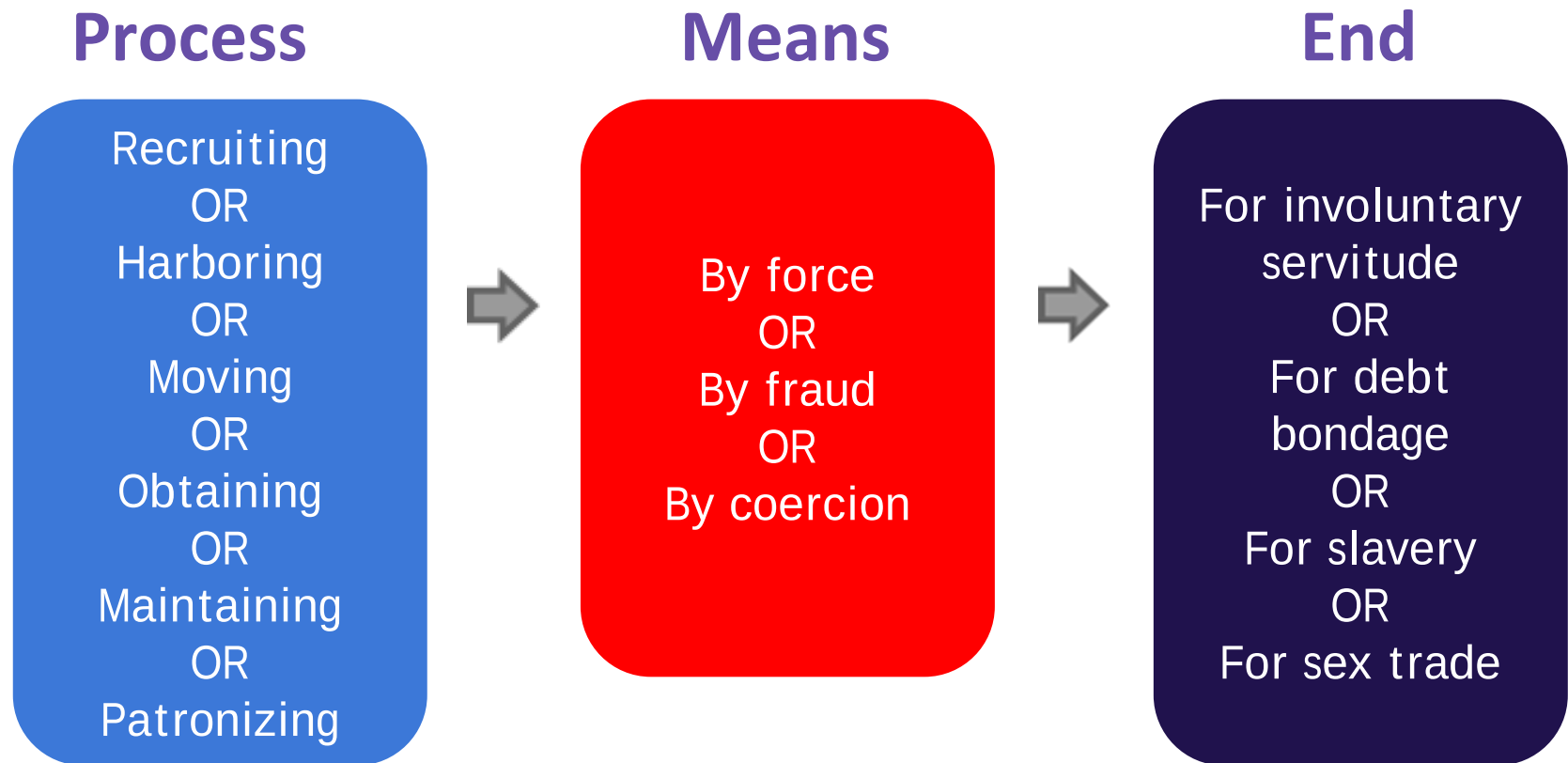
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Anti-Trafficking Therapist



# What is human trafficking?



# Federal Definition of Human Trafficking (ND Law)



# Commercial Sexual Exploitation of Children (CSEC)

***Minor+Commercial Sex=Human Trafficking Victim***

[https://sharedhope.org/wp-content/uploads/2016/02/Policy\\_Paper\\_Eliminating\\_Third\\_Party\\_Control\\_Final.pdf](https://sharedhope.org/wp-content/uploads/2016/02/Policy_Paper_Eliminating_Third_Party_Control_Final.pdf)

# Service Providers...

What does human trafficking look like in your caseload?

How do these individuals identify themselves?

Are we providing trauma-informed responses?

What is most challenging about this clientele?

What resources are helpful for this clientele?

# Change the norm...

- “Underage woman”-there is no such thing, it’s a child
- “Child prostitute”-children can’t consent.
  - They are rape or sexual assault survivors
- “Sex with a minor”-is Gross Sexual Imposition.
- “Non-consensual sex”-is Gross Sexual Imposition.
  - Give victims the validation they deserve
  - The burden of responsibility is on the perpetrator

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# What does HT in youth look like?

Older acquaintances

Truancy

Cell Phones

Gang/drug affiliation

Runaway

Drug/alcohol

Mental Health

Couch-hopping

LGBTQIA+

Neglect

Peer pressure

'Consent'

Intellectual deficits

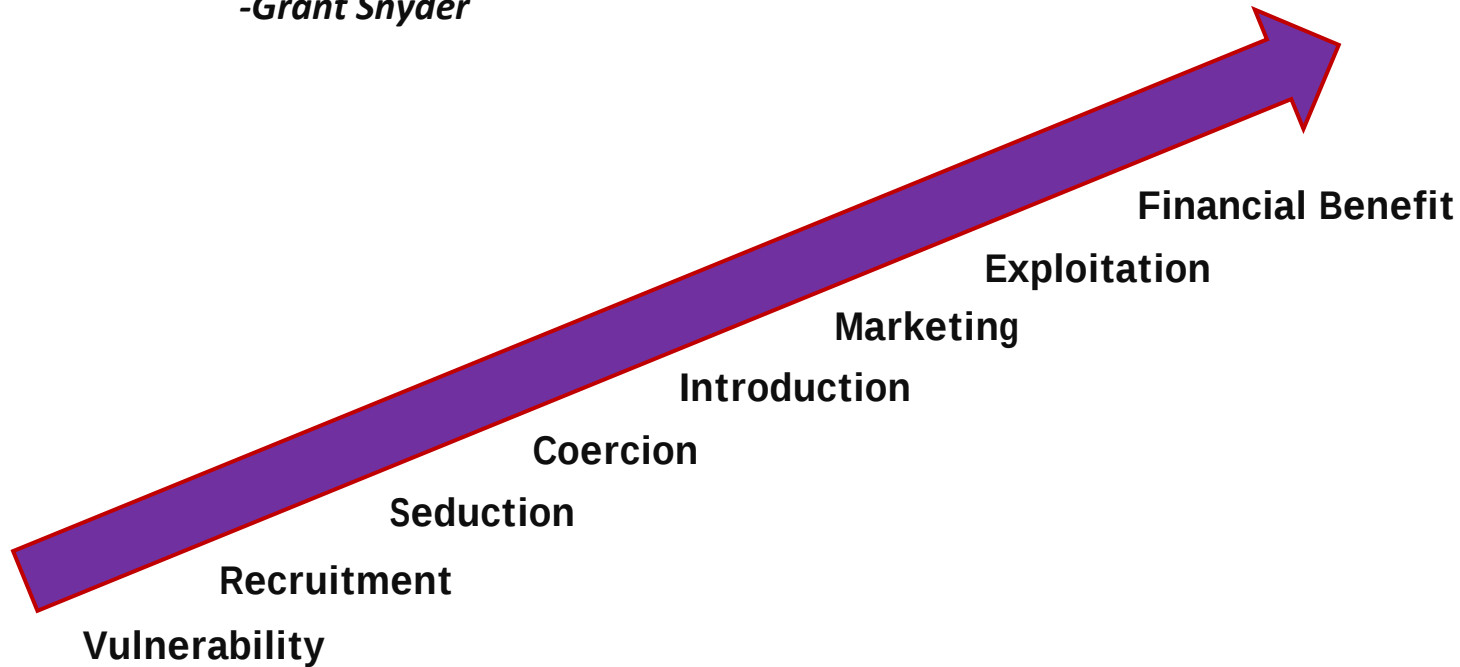
Hx of abuse



- Increase in behaviors consistent with trauma
  - ODD
  - Shame and guilt
  - Fear
  - Rage
  - In crisis
  - Control
  - Boundaries

# Phases of Trafficking

*-Grant Snyder*



# Why do we identify HT?

- Trauma of HT is different than other trauma
  - Complex
  - Multiple sexual assaults
  - Viewing themselves as just a 'body'
  - View themselves as criminals
  - Medical trauma
    - STI's
    - Reproductive trauma
- Access to services that are HT specific

# Why This Pilot Program?

- Insurance/cost
- Cancellation Policies
- Trust
- Need for therapy
- Nontraditional approach

# Local Response



- Law Enforcement
- Service Provider
- Community Provider



Navigator



- ROI's and Approvals
- Reports
- Coordination



- Response Team Meeting
- Follow Up
- Ongoing Communication



— NORTH DAKOTA —  
HUMAN TRAFFICKING TASK FORCE

# Disclaimer

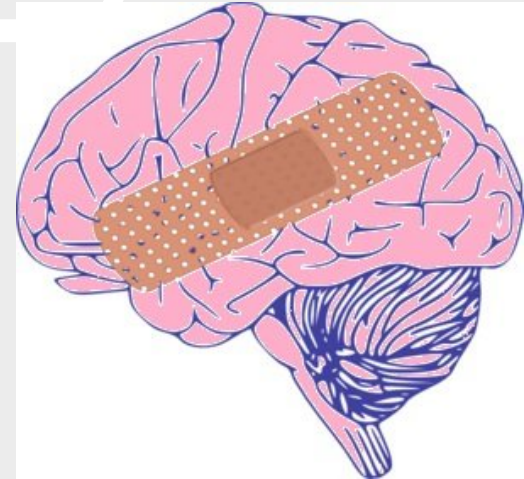


Began on June 21<sup>st</sup> of 2021 and this  
is the first time this information will be  
shared.

# Understanding Trauma-related barriers to therapy

The same behaviors that allowed youth to *survive* traumatic experiences,

- Were encouraged and reinforced while being trafficked
- Make it difficult for them to engage in programming





# Transtheoretical (Stages of Change)

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- 1) Precontemplation, often do not identify as a victim, may be in a double-bind, having been exploited by family or loved ones.
- 2) Contemplation, when individuals acknowledge have been trafficked but are ambivalent about change
- 3) Preparation, when survivors both acknowledge a need to change and are preparing to act.
- 4) Action, when survivors actively take steps to effect the desired change.
- 5) Maintenance, when individuals integrate the new behavioral change and avoid return to their former behavior.

(Bath, 2008; Prochaska JO, Velicer WF, 1997)



# Big Picture

## How do we get from Crisis to Therapy

### Crisis Intervention Principles

- 1.) Focus on safety, including emotional safety.
- 2) Develop healing relationships.
- 3) Help youth regulate emotions.
- 4) Recognize stages of change.
- 5) Combat stigma.
- 6) Include comprehensive case management.
- 7) Focus on youth development/survivor leadership.

(Informed by Rutgers School of Social Work Bath, 2008; Black, Woodworth, Tremblay, & Carpenter, 2012; Brodie, Melrose, Pearce and Warrington, 2011; Clawson & Goldblatt Grace, 2007; Courtois, 2004; Hickie & Roe-Sepowitz, 2014; Kagan & Spinazzola, 2013; Macy & Johns, 2011)

# Social Work Generalist Practice, Not linear and happening in layers of service.

## 1) Engagement

Building Trust, this happens over a session, weeks, or months

## 2) Assessment

Ongoing assessment of safety and state, as engagement increases, assessments become more clinical.

## 3) Planning

Earlier in process, the shorter and more crisis focused plans we are developing.

## 4) Implementation

Life stuff, case management, survivor mentorship, and therapy are among other layers of implementation as well as therapy, which may begin with DBT and move into a trauma-focused modality.

## 5) Evaluation

Begins with checking in on how clients feel about their interactions with us, how their readiness changes, and eventually, applying standardized assessment tools recommended by

## 6) Termination

We are terminating with clients when they leave the state. I have maintained nearly all of my clients that are in the western part of the state.

## 7) Follow-up

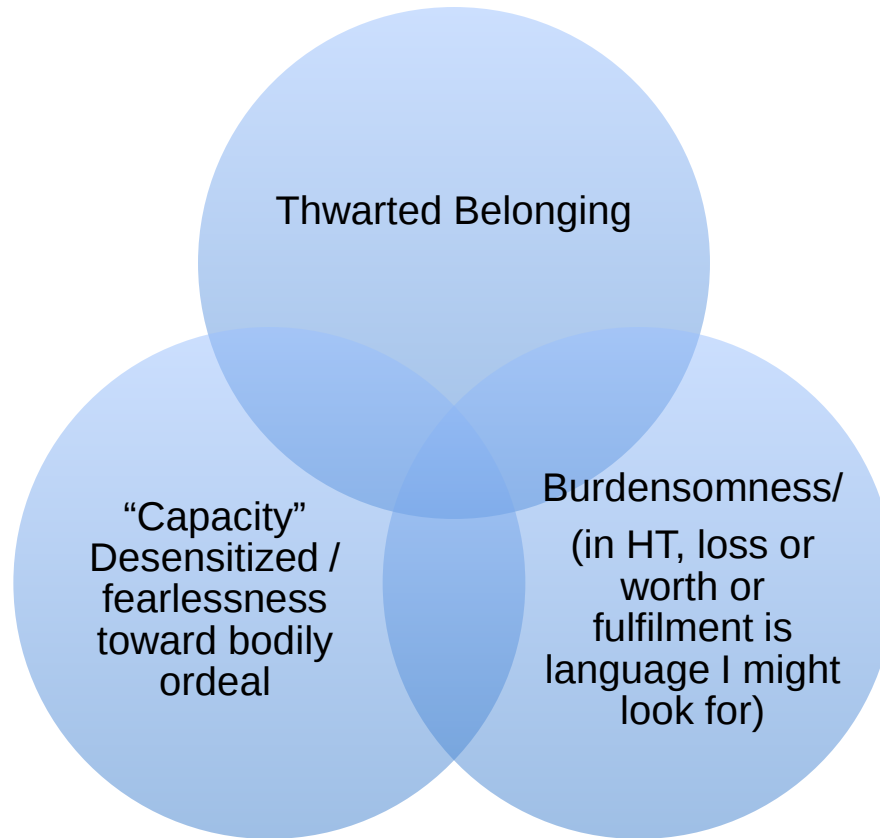
We are working as connectors to other states and services.

(Informed by Rutgers School of Social Work Bath, 2008; Black, Woodworth, Tremblay, & Carpenter, 2012; Brodie, Melrose, Pearce and Warrington, 2011; Clawson & Goldblatt Grace, 2007; Courtois, 2004; Hickie & Roe-Sepowitz, 2014; agan & Spinazzola, 2013; Macy & Johns, 2011)

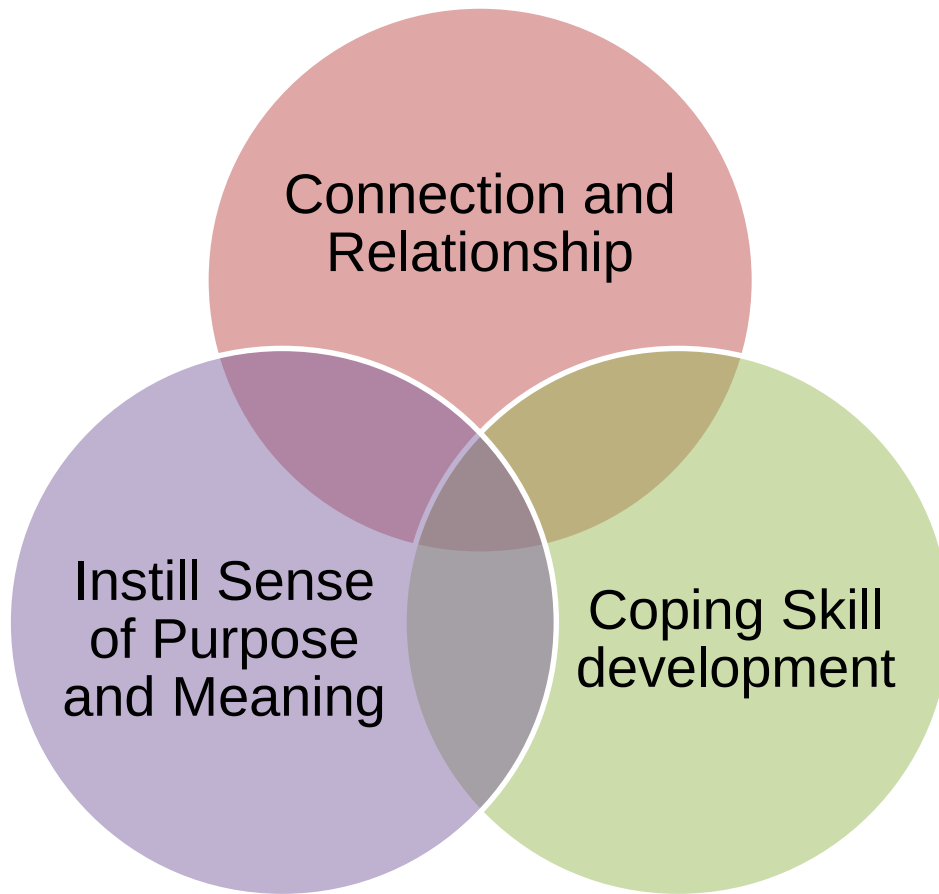


# Trust Development

# Informed by Joiner's Model



# Hope resides here



Informed by Joiner (2006)

# Address the issue they prioritize

- Pie chart intervention example



# Experiences in shelter care

Meal preparation together

Running together or in groups

Playing basketball

Drumming

Drives

Art Therapy

Boxing

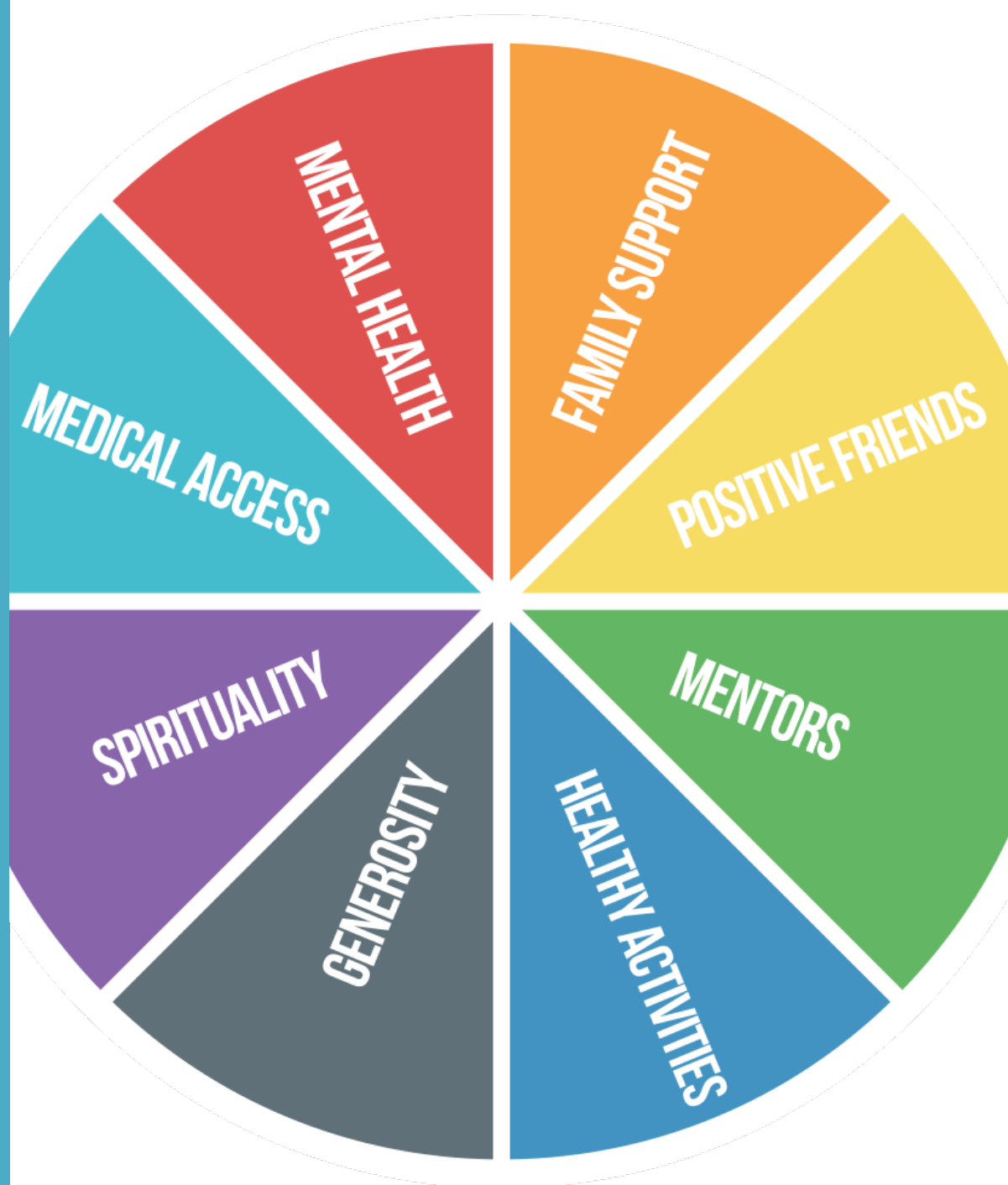
Yoga

# Sources of Strength

Foundational Model used when engaging youth in the shelter and in the community.

Based on research on how people recover after adversity

(Wyman, P. et al. (2010).



# Strengths Based Safety/ Wellness Planning

- Begin by identifying their strengths
- What situations, thoughts, emotions or circumstances upset me and let me know I need use my plan?
- I am resilient because I have made it to this university through many obstacles. What has helped me get through hard times in the past?
- What places can I go to help lift my spirits or that make me feel safe?
- Who can I reach out to – to distract me from my thoughts or feelings?
- Who can I reach out to for help?
- What can we do to make my environment as positive and safe as possible for me?
- What is worth fighting for? Why am I doing this?

# Engagement Continued

- Address the bottom rungs of Maslow's hierarchy of needs first and ongoing.



Help develop skills to regulate emotions and to new coping skills to replace coping strategies that increase risk (Filetti, 1998)



# Modalities used by therapists

**Youthworks works to embed Person-Centered Trauma-Informed Care** across interventions and is founded on the premise of Positive Youth Development, encouraging a Professional use of self and reciprocity in relationships. I need to decide how I show up for youth.

**Dialectical Behavioral Therapy** (often the first modality incorporated to help youth develop skills to regulate emotions and increase window of tolerance for therapy)

**Internal Family Systems / parts work** is essential in helping clients get to a place where they can engage in other therapies. Parts may need to be honored and addressed before a client can work on coping skills.

**Ending the Game** (group or individually)

**Trauma Focused Cognitive Behavioral Therapy**

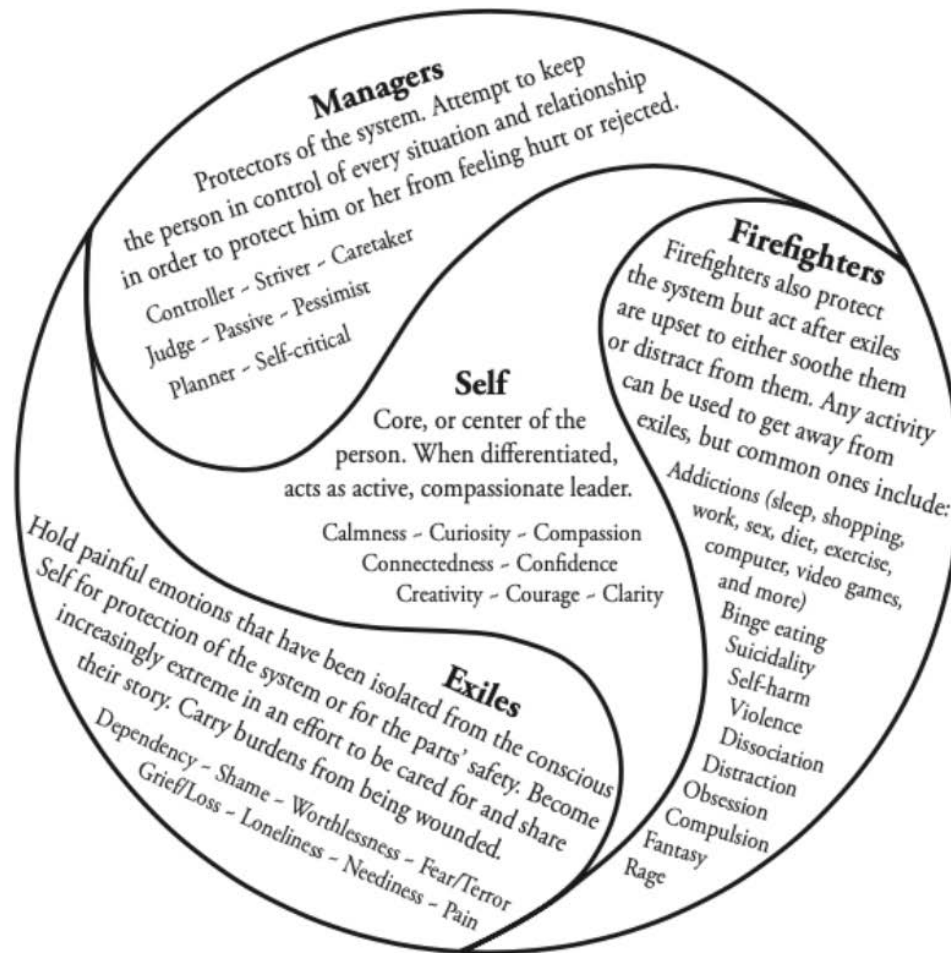
Cognitive Processing Therapy

**Eye Movement Desensitization and Reprocessing (EMDR)**

Family Therapy – Emotionally Focused & Structural Approaches

Clinical recommendations may guide placement, mentor and other work with the client in the shelter to create an environment of stability and to reinforce skill development.

# The Internal System



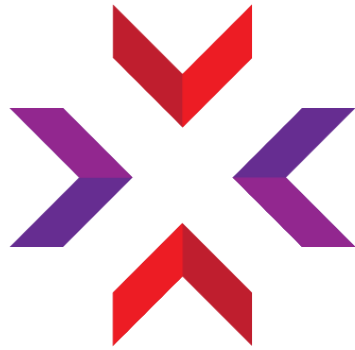


# Case examples

# Navigators

- **Western ND**  
Analena Lunde  
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701-595-2112
- **Eastern ND**  
Melissa Kaiser  
[navigator102@ndhttf.org](mailto:navigator102@ndhttf.org)  
701-353-8052
- **Tribal Navigator, Statewide**  
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