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MAGAZINE

2017 Vol. 22, No. 1

DOMESTIC SEX TRAFFICKING



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About KidsPeace

KidsPeace is a private charity dedicated to serving the behavioral and mental health needs of children, preadolescents and teens. Founded in 1882, KidsPeace provides a unique psychiatric hospital, a comprehensive range of residential treatment programs, accredited educational services and a variety of foster care and community programs to give hope, help and healing to children, families and communities. Learn more at www.kidspeace.org.

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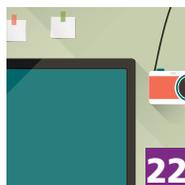
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If you are a professional in the field of mental health, education or parenting, we welcome your submission. Healing articles should be about 1,200 words and consist of practical, clinical information about children's mental health that can be applied in the home, classroom, community and/or office setting.

Articles can be sent to healing@kidspeace.org.

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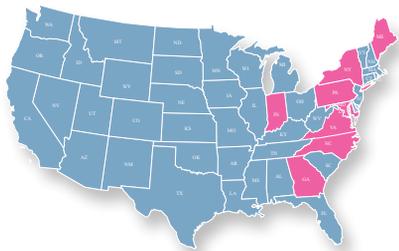
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Dear Friend of KidsPeace,

If you say the phrase “*sex trafficking*” to the average American, chances are they’ll think of it as a problem in other countries with economies and legal systems less developed than those we enjoy in the United States. Sadly, that view would be wrong -- commercial sexual exploitation of women and children is a serious and growing problem right here in our own communities, right here in our country.

Recognizing the human costs of domestic sex trafficking and ways to combat it is the focus of this issue of Healing Magazine. Our special section contains articles that help explain how traffickers find and exploit their young victims; a new emphasis in our residential treatment program on treating the specific trauma suffered by children who have been involved in commercial sexual exploitation; legislative and community activism that’s targeting sex trafficking in America; and a look at a program called “johns school,” which seeks to address the demand side of the problem.

Our goal is to shine a light on the troubling issue of the commercial sexual exploitation of children, but also to highlight reasons for hope that together we can combat the practice AND provide healing to its victims in our communities.

Also in this issue you’ll find the second part of our interview with noted community trauma expert Dr. Stephen Marans, and an update on our new and improved TeenCentral website. We present an inspiring story of healing on the part of a client AND their family, along with some advice for the growing numbers of parents who are homeschooling their kids. Finally, we offer some thoughts - in verse - from a foster child on her struggle to learn to trust again while in the foster system.

Our goal with Healing Magazine is to provide a wide range of useful information for those whose profession and passion is helping children. We’d love to hear from you on the offerings in this issue, or suggestions for articles in future issues. (And, if you think you’d like to try writing an article for Healing, let us know that too!) Remember that you can get digital versions of this issue and all back issues of the magazine at healingmagazine.org.

As always, thank you for your interest in KidsPeace and Healing Magazine.

Will Isemann



RESPONDING TO TRAUMATIC EVENTS:

By Susan Worley

A CONVERSATION WITH DR. STEVEN MARANS – PART TWO



Steven Marans, MSW, Ph.D., is the Harris Professor of Child Psychoanalysis and Professor of Psychiatry at the Child Study Center and Department of Psychiatry at the Yale University School of Medicine. In Part Two of his interview with Healing Magazine contributor Susan Worley, Dr. Marans discusses how the work of the Yale Child Study Center is changing the nature of community response to major traumatic events. (Second of two parts)

Q: It's been about 7 years since publication of your earliest research on the Child and Family Traumatic Stress Intervention (CFTSI). Could you bring readers up to date on your use of this intervention?

A: My co-developers, Steve Berkowitz and Carrie Epstein and I have been applying what we've learned about CFTSI over the years, and improving it and making it more effective. We also have been training a number of agencies around the country, with a particular focus on child advocacy centers (CACs). There are about 800 of these centers around the country, which are responsible for forensic evaluations of children in situations involving allegations of

physical and/or sexual abuse. These children are suffering from both the original experiences of abuse and the often traumatically dysregulating impact of disclosure – or sharing their story. Many of the folks working in these CACs who conduct forensic interviews see how troubled these kids and their families are around the time of the disclosure. As an early, brief, family-strengthening intervention, CFTSI has really been quite ideal for this population.

Q: What kind of work are you currently doing with Safe Horizon in New York City?

A: We've been working for about ten years with Safe Horizon, which is the largest victims' organization in country. CFTSI co-developer Carrie Epstein was once the head of their trauma services, and she actually brought CFTSI to Safe Horizon. So we've worked very closely with them, both in terms of training and

refining the model, and also learning more from the data that they collect as part of the normal course of using standardized instruments as clinical tools.

Q: And this work led to your work with National Children’s Alliance?

A: Yes – it led to the development of an incredibly important relationship with the National Children’s Alliance, the national organization that oversees the nation’s CACs. We’ve worked closely with them in identifying and coordinating training in CFTSI for CAC sites around the country.

With our NCA colleagues, we are involved in a Duke Endowment-funded initiative that aims to train CACs across North and South Carolina so that CFTSI is more available to children traumatized by abuse in those states.

Q: Could you also talk a little about your efforts toward developing a centralized information collection system?

A: One of the things that is so wonderful about CFTSI is that we use standardized measures as clinical tools not because of their research value but because of clinical value – in helping kids and caregivers better organize and articulate details of their personal post-traumatic experiences, of their own observations of symptoms. The key facets of trauma experience – a loss of control, helplessness, and dysregulation and subsequent emotional, behavioral, cognitive and physical symptoms - are good reasons for taking a very structured approach to trauma, particularly during the peri-traumatic phase. My colleagues Hilary Hahn and Frank Putnam have developed CFTSI Site Sustainability System – a computer program that allows clinicians who have been trained in CFTSI, and their agencies, to submit the clinical information that they are collecting as part of the clinical work of CFTSI into a centralized data bank. This data set provides feedback to individual clinicians about the status of their patients and how they are progressing,

and also allows agencies to evaluate the impact and success of CFTSI in helping children recover and in determining need for further clinical care. The data is also useful for some agencies that are seeking funding—it explains the work they are doing and describes outcomes.

This has been quite a major achievement, and it is a very different way of evaluating the efficacy of an intervention. The traditional randomized controlled trial model still has enormous value, but unfortunately there is a dearth of funding for those kinds of studies. Our open trial approach – collecting a lot of information on a lot of patients-- allows us to take a real-world setting approach to looking at efficacy of the CFTSI model.

Q: You’ve made some adaptations to CFTSI for special populations, correct?

A: One of the other major initiatives that grew out of our work with Safe Horizon was our adaptation of CFTSI for children in foster care. It started with the recognition that so many of the kids being seen in the Safe Horizon CACs and elsewhere were kids who were already in out-of-home placements as a result of allegations or findings of sexual and/or physical abuse and neglect. As my colleague pointed out: here we were doing an evidence-based treatment that is based on a relationship between a child and parent, but in foster care situations parent and child are in “instant relationships”—devoid of real familiarity or continuity. These situations often founder after a traumatic experience because the very symptomatology and struggles the child plays out or demonstrates in the foster home so often leads to disruptions in the placement. And the last thing a child needs after a traumatic event is to cope with multiple placements.

Our CFTSI modifications for foster care approach the reality of this “instant relationship” by offering a structured approach to helping build a connection based on a genuinely better understanding of what the child is experiencing by both the child and foster care parents.

Q: Have you made other adaptations of CFTSI?

A: Yes. We recognized we needed to modify or adapt CFTSI for a younger child population, so we developed a Young Child version of CFTSI for children 3 to 6 years old. We are currently piloting this version, and training people to use it, and we are looking at results as they emerge.

Also, after designing a number of protocols for clinicians and police officers responding to acute trauma, we’ve taken what we’ve learned and we have worked with the International Association of Chiefs of Police and U.S. Department of Justice to disseminate what we have learned to law enforcement agencies across the country. With funding support from the Justice Department, we developed a toolkit entitled *Enhancing Police Responses to Children Exposed to Violence*, and an available two-day training for interested police agencies. The toolkit provides a range of practical approaches that officers can use, with or without the presence of mental health professionals, when responding to calls for service involving children and families who have been involved in violence and other catastrophic events. Our aim is to make the toolkit available to law enforcement professionals throughout the country.

Q: Many of Healing Magazine’s readers are clinicians. Do you have some general advice for them regarding the treatment of children who have experienced traumatic events?

A: I would emphasize the importance of trauma-specific training for clinicians treating children who have been exposed to traumatic events. In situations that are most horrific, all of us as human beings have a natural abhorrence and rejection of the experience of being helpless. A very natural inclination, in response to our upset, is the wish to become active, to make things better, to offer ourselves up as a way of not only dealing with our desire to help our fellow human beings but also as a way of attempting to master our own upset.

For example, in the aftermath of mass casualty events there is a wonderful demonstration of kindness and sincere appreciation for the suffering of others, and behavioral health professionals have often volunteered services and even travel to be of assistance to affected communities. I'm not suggesting that is a bad thing, but it often is carried out by people who may be very invested and mean well, but who often have little experience in treating acute trauma.

So our job really has been to take what we've learned, and as quickly as we can, help to strengthen and support the local resources within a community – and, when they don't exist, to help a community build them. Of course whenever possible, we see families and children directly in our clinic, but our primary aim is often to share our experience and knowledge about best practices that can be employed by different sectors of the community – whether it is with the hospital-based health care providers, or the broader community of primary health care providers, including those in family practice and pediatrics and internal medicine; police agencies and local community and political leadership.

Our aim is always to help communities consider how they can be most effective in dealing with traumatically impacted a children and families in the days and months following a tragic, overwhelming event. ◀

(Part one of our conversation with Dr. Marans is featured in the Fall/Winter 2016 edition of Healing Magazine; www.healingmagazine.org.) For more information about CFTSI and the work of the Yale Child Study center, visit <http://childstudycenter.yale.edu/clinics/trauma.aspx>



Susan Worley is a freelance medical writer who resides in Bryn Mawr, Pennsylvania. In recent years, she has written cover stories on hospice (for Managed Care magazine), Alzheimer's disease, lung cancer, multiple sclerosis, and pain management (for Pharmacy and Therapeutics) and on trauma (for Penn Medicine). Email: sworley12@outlook.com

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THE YALE CHILD STUDY MATIC STRESS INTERVENTION (CFTSI):

The Child and Family Traumatic Stress Intervention (CFTSI) is an evidence-based early mental health treatment for children and adolescents and their caregivers. Implemented soon after a potentially traumatic event or formal disclosure of physical or sexual abuse (such as in a forensic interview), CFTSI focuses on increasing family support for the child, enhancing communication about the child's symptoms, and providing skills to help children and families cope with and master trauma reactions.

CFTSI can help children and adolescents who have been exposed to many different types of potentially traumatic events—whether exposure is a single event or chronic—including sexual abuse, physical abuse, domestic violence, community violence, rape, assault, motor vehicle accidents or other accidental injuries.

SPECIAL FOCUS

DOMESTIC SEX TRAFFICKING





CHANGING THE STORY FOR VICTIMS OF DOMESTIC SEX TRAFFICKING

By Cheryl Arndt and
Dominick DiSalvo

When it first began, Alice was around the age of 12; she would do things in order to “cope” with her reality - like taking drugs and passing out for what she remembered to be “days at a time.”*

She saw her behavior as a call for help; however, she never imagined who would answer - a man in his early 20s, who told her everything she wanted to hear: “You’re beautiful,” “You’re amazing,” “I will always take care of you.”

**THEN IT STARTED
GOING WRONG.**

She thought she was one of the people he deemed “off limits.” Then, at his house, she awoke to someone raping her. She went to him to save her, only to find he intended to traffic her. From there, her story went from a fairy tale to a nightmare; at first she was just offered to his friends, but then it became her duty to do anything he ordered so as to “pay him back for everything he did for her.” She had been trafficked for three years

by the time she came into the trauma treatment program. She felt that she had just done what she needed to do to survive. While in treatment she would act out, become aggressive, and would reject anyone who tried to form a bond with her. She was not willing to engage in treatment and would normally walk out of therapy if she felt she was going too deep into her story...

(*not her real name)

Commercial sexual exploitation of children (CSEC) is not something that only happens “somewhere else.” Wherever you may be in the U.S., CSEC is happening not too far from you. While international sexual exploitation has made headlines, most of the minors who are victims of sex trafficking in this country are Americans. CSEC, therefore, is also known as Domestic Minor Sex Trafficking.

HOW DOES THIS OCCUR?

Victims can be groomed into the industry by a pimp who poses as a boyfriend, or they can be used by parents to trade sex with drug dealers for drugs, or they can be trafficked through physical violence, torture, starvation, threats, psychological abuse, and debt bondage. Most victims come from low-income areas with limited access to education and employment. They may also be defrauded with promises of shelter, food, or work and income, including promises of jobs in modeling and dancing. Potential victims may be personally approached in public place like a shopping mall, at a motel, or on the street. They may also be recruited by online ads.

To be sure, it is difficult to get a reliable estimate of the scope of the CSEC problem:

- Victims do not always self-identify as victims.
- When they do reach out for help (for example to a hotline), their anonymity is protected, so it’s not possible to say how many individuals are reaching out.
- The duration of sex trafficking situations differ between victims. Some may be held in bondage for days, others for years.
- And the nature of the crime itself makes it impossible to accurately estimate its prevalence. Instead, state and federal government agencies and others estimate the number of those who are at risk. In 2015, the estimate of those at risk was 150,000-300,000 U.S. children.

Those who are most at risk are those who run away from home, those in the foster care and protective services systems, and those who have a history of abuse. Every year, between 450,000

and 2.8 million children and youth run away from home or are thrown out of their homes; LGBT youth are especially vulnerable to trafficking, since they are more likely to be thrown out of their home, run away, or feel alienated from family. Further, it is known that there is an organized network which rapidly moves victims to states with more lenient laws. Miami, Portland, and Las Vegas are the cities which have had the most arrests, investigations, and rescues.

Arrest data can also be used as a source of information about prevalence. Multiple federal and state agencies are involved in prosecuting for human trafficking, and this complicates the estimates of the number of victims impacted. However, between 2007 and 2014, there were 12,508 reported cases of sex trafficking (including adult victims). In 2014, the National Human Trafficking Resource Center (a federal center under the Department of Health and Human Services) responded to 1,598 cases of sex trafficking, made up of 90% females and 37% minors.

WHAT HAPPENS TO VICTIMS?

Victims struggle with a potential lifelong need for support and treatment. Along with sexual abuse, traffickers will use violence and emotional “chains” to keep their trafficked victims trapped in the life. These victims will experience multiple layers of abuse that includes fear of retribution for any contemplation or discussion of escape.

Events like these leave scars that are unable to be seen. Trafficked individuals have significant mental health issues that often get ignored due to the unfortunate response of a criminological nature. While most suffer from anxiety, PTSD, depression, substance abuse, eating disorders, lack of trust, and broken attachments, many areas continue to view these victims as perpetrators themselves and treat them as such.

Due to the behavioral responses often displayed by these individuals and due to brain chemistry changes and changes to the flight/fright/freeze responses that cause survival

mechanisms, such as aggression, drug abuse, dissociation, increase risk taking, stealing and running away, people tend to only look at *what* is happening rather than *why* it is happening.

With the lack of support and the current way in which society views victims as perpetrators, treatment options are few and far between which leads to the cycle of trafficking continuing. While many estimates aim to identify those looking to get help, the truth is the real numbers cannot be estimated as the individuals that truly need the most help, those currently in the life, are not accounted for. When not treated, those who were victims as minors are likely to commit more serious crimes as adults. Over 70% of female inmates in US prisons were first arrested for engaging in criminal acts related to having been trafficked.

NATIONAL AND STATE LEGISLATION ON SEX TRAFFICKING

The Victims of Trafficking and Violence Protection Act (VTVPA) of 2000 defines human trafficking, in part, as “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 obtained 18 years of age.” Commercial sexual acts, in turn, include prostitution, pornography, and stripping. The VTVPA established two major federal agencies—the Office to Monitor and Combat Trafficking in Persons and the Interagency Task Force to Monitor and Combat Trafficking. The VTVPA was reauthorized in 2003, 2005, 2008, and 2013 with amendments and improvements.

Another law passed in 2003, known as PROTECT (Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today), facilitates criminal prosecution of those engaged in sexual exploitation, including online child pornography. And in 2014 Congress passed the Preventing Sex Trafficking and Strengthening Families Act, requiring states to identify at-risk children with a focus on those in foster care. (*For more information, see “Legislative Initiatives to Combat Trafficking” on Page 16.*)

(continued on next page)

As for state laws, Washington state was the first to criminalize human trafficking - but surprisingly did not do so until 2003. Prior to laws specifically geared toward trafficking, criminals were charged under laws related to violence and slavery. Interestingly, New Jersey passed an anti-trafficking law in 2014 after the Meadowlands Sports Complex was chosen as the site for the 2014 Super Bowl, since major sporting events are known to be venues for sex trafficking.

PREVENTION INITIATIVES

While laws and policies can facilitate prosecution of sex traffickers, more needs to be done to prevent these crimes in the first place. Approximately nine million people meet the criteria for sexual addiction in the United States, and about 40 million people access pornographic web sites daily. Despite this, only 1,500 therapists specialize in the treatment of sex addiction. Additionally, secondary prevention needs to occur by ensuring that victims have life skills which can offer them an alternative to continuing in a life of crime and victimization.

Identification of victims is often difficult, and multiple professionals and agencies often work together to identify these individuals, as the crime occurs in isolation and secrecy. Twenty-nine states either mandate or urge law enforcement officials to be educated about sex trafficking. Officials in additional state

agencies such as social services, housing, and education, may also be trained in antitrafficking. Victims may seek out help in domestic violence shelters, community health clinics, and emergency rooms. Training workers in these settings to identify victims and report incidences of sex trafficking helps with law enforcement efforts. Community members are also helping out. A non-profit group called Truckers Against Trafficking works through trucking schools, trucking companies, and truck stops to educate truckers on how to identify trafficking and how to report it when they suspect it.

Additionally, secondary prevention needs to occur by ensuring that victims have life skills which can offer them an alternative to continuing in a life of crime and victimization.

TREATMENT

When dealing with individuals who have been trafficked, treatment approaches that work help the victim become a survivor and then a thriver. This is done by focusing on specific skills in treatment to help increase the sense of safety and help identify/build healthy relationships. Therapists need to understand that many of these individuals gained their knowledge of sexual development through pornography, abuse or coercion, so they need to be comfortable in teaching healthy sexual development. After building a therapeutic relationship, the next goals include working

together on Emotional Regulation/Expression, Cognitive Processing and Coping Strategies, Self Empowerment, Family/Support Relationship Building and Life Skill Development.

In order to truly provide hope, help and healing, treatment needs to go beyond the just the mental health component. Life skills development can enrich children and young adults that have experienced trauma by providing enhancement to life skills through the use of local community programs and resources, and “re-learning” of appropriate social relational skills in community, with family, and others is essential to moving forward.

Together, these approaches will help to empower victims to see themselves as more than just their trauma...

... One day, Alice was caught attempting to sexually act out with another peer. When in session following the incident, she began to shake and cry. She said that she had run out of laundry detergent and had no shirt to wear. She asked her “friends” to borrow a shirt, and they said she would have to perform a sexual favor for it. She said yes, as was her norm; using her body and performing sexual acts had become her currency and it was nothing to her. After she was caught, though, she said it hit her: she realized that to herself she was not worth more than a shirt, and she wanted to feel she was worth more. At that point she began her journey to recovery.

IN ORDER TO TRULY PROVIDE HOPE, HELP AND HEALING, TREATMENT NEEDS TO BE BEYOND THE JUST THE MENTAL HEALTH COMPONENT. LIFE SKILLS DEVELOPMENT CAN ENRICH CHILDREN AND YOUNG ADULTS...

As her journey continued, she would say that on that one day, she had a new fear: that she would view herself again to be less than a shirt. The fear motivated her during even the darkest times, driving her not only to feel control over her story but actually become more than just that story.

Today, Alice has been discharged successfully from treatment. She hopes eventually to become a therapist, so she can use her experience to help others become more than their story as well. ♠

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KidsPeace®

TRAUMA PROGRAM

Gone are the days when the majority of trafficking was done with victims being sold on the street corner, in brothels, and in massage parlors. We now see the covert effects of a time in society when everything is done online with the goal of anonymity and secrecy. Each month, thousands of ads are placed on internet posting boards and chat rooms offering individuals the opportunity to buy sex. Due to the nature of these postings, there is no checking of ages or identities of the girls being sold and bought. Unfortunately, this has only perpetuated the use of minors to achieve the demand. Girls are recruited and trafficked at younger ages and, due to the nature of the problem, when a child is brought into a hospital or being evaluated they are brought in due to levels of aggression, stealing, or running away. Lack of attachment and other inaccurate labels occur.

In cases such as these, the true underlying causes of these symptoms are missed; as a result, a large proportion of the individuals affected are placed in juvenile detention and are missing out on the type of help they truly need. At KidsPeace, we are changing that, by working to address the significant crisis of a lack of mental health services for victims of the commercial sexual exploitation of children (CSEC).

The KidsPeace Trauma Program provides comprehensive treatment and educational services to females (ages 10-17.5) with a DSM 5 diagnosis, based around the principles of Trauma-Informed Care and Life Skill Acquisition. KidsPeace provides highly innovative, evidence-based treatment on a scenic and peaceful campus. Our staff have enhanced specialized training in evidence-based trauma-informed interventions, for individual, family and group therapy.

We are especially proud of our clinicians' training in Trauma-Informed Cognitive Behavioral Therapy - an evidence-based practice for use with victims of CSEC and other forms of trauma. We use a holistic approach that looks to meld the principles of community interaction, evidence-based interventions, and life skills development. Additionally, our Trauma Program implements ongoing outcomes measurement initiatives to track the attainment of treatment goals for both individual clients and the overall program. Data from these validated measures are used to drive decisions in treatment planning and programming.

The ultimate goal is to recognize situational, emotional, and cognitive factors that might contribute to a reemergence of baseline behaviors, as well as defined methods to avoid high-risk situations. We look to teach these survivors to learn and implement "Life Goals," including encouraging them to think of positive future goals (school, job, step-down placement, etc.). We also integrate life skills, job training, career development, and employment services into treatment. Finally, our program aims to utilize an independent-living curriculum, online programs and local agencies to help foster self reliance and independence - so that they are prepared to succeed when returning to the community they came from.

Dominick DiSalvo



COMMUNITY ADVOCACY:

By Heather Evans

LESSONS LEARNED WITHIN AN ANTI-TRAFFICKING COMMUNITY COALITION

“... We just need someone to listen... someone who cares without a face of disgust and without a look of blame that says there must have been something you did to cause this.”

Several years ago, I had a life-shaping encounter while attending a community event. A woman came to greet me, and when she learned that I was a therapist, she said, “I was sexually trafficked for 12 years of my life.” She shared scattered details about her story - her country of origin, the location of her slavery and how she was rescued and reunited with family.

I told her there was a reason that we had met because I had been spending time learning about this issue, and a group of people were working to start a coalition in my community of the Lehigh Valley of Pennsylvania to raise awareness and be trained to provide aftercare services to victims. Her response was full of con-

flicting emotions - desiring action, but overwhelmed with fear and hopelessness. Over many more conversations, I learned so much from her:

■ She taught me that understanding is not enough. She didn’t believe that awareness efforts focusing a spotlight on human trafficking could move a community to action: *“People don’t want to know. They don’t want to believe it’s true and they deny that it is happening.”* I said I agreed with her, but remained convinced that we must still try to educate.

■ She taught me about the hopelessness and brokenness that comes from the trauma of sex trafficking: *“We will never be whole.”* She has been successful as

an educated entrepreneur, but in order to live and survive, she has had to distance herself from this other part of her identity and her life.

■ She also taught me a vital lesson that I now realize is an ongoing reality in this work - **the importance of listening**. She described it as **breaking the silence**: *“Do you know what we need? We just need someone to listen...someone who cares without a face of disgust and without a look of blame that says there must have been something you did to cause this.”*

I had consumed literally thousands of pages of stories and information on trafficking, but meeting her truly brought

this issue to life - the first of dozens of women our coalition, Valley Against Sex Trafficking (VAST) has met in our work over the last six years.

Our initial vision included a basic goal of raising awareness and seeking to coordinate efforts for a unified response that would comprehensively address this form of modern-day slavery through prevention, awareness, action, and after-care. By educating community members - civilians, frontline service providers, law enforcement and prosecutors - we could contribute to eradicating this form of exploitation of women, men, boys and girls in our area.

We soon discovered that the work can be tedious, mundane, and full of obstacles and discouragement. Any assumptions that this included glamorous rescue efforts were quickly squashed with the realization that there is resistance to the truth of the prevalence of sex trafficking and the demand that drives the commercial sex industry. We would face situations requiring our intervention despite limited manpower and resources, with survivors who had seemingly endless needs and obstacles to overcome once separated from a trafficker.

Yes, the work is difficult. **However, the work is also necessary.**

Awareness efforts soon led many trafficking survivors to us. Statistics and stories were replaced with personal, local faces that would need our help and in turn would change our lives. **Interacting with trafficking survivors is a cross-cultural experience.** They represent backgrounds that are layered with diversity including ethnicity, socioeconomic status and family history. Many of their stories are riddled with addiction, abuse, neglect, out-of-home placement, loss, rejection and suffering. The language of “the life,” the rules of “the game”, and the many nuances of a relationship with a trafficker (also known as daddy, boyfriend, boss, abuser, and lover), are only a few of the cultural differences of a woman coming out of the commercial sex industry.

This cross-cultural experience requires one who will humbly engage, listen and bear witness. I sit with a woman who has secrets, stories, and experiences that are much different than my own. Many view her as dirty, “someone who chose this lifestyle;” others view her as to be pitied and a cause to be rescued. But what does she need? What do we need to understand about women who have a history of prostitution or sex trafficking? I asked this of one survivor after she had been separated from her trafficker for only two months, and she said this:

“Because of the nature of the commercial sex industry, most women will feel like they will be judged. It’s shameful once we come to terms with our experiences. What helped me was the tenderness...of the women who came to me and showed kindness...At the point of almost death, I found my existence.

“Hope is something you can’t see. Hope was something they gave to me. They believed in me; without knowing it, they were showing they trusted me...”

Researcher Melissa Farley declares that “prostitution and trafficking can only exist in an atmosphere of public, professional and academic indifference (Farley, 2003).” For a survivor of sex trafficking, **a community coalition can provide the social support that acknowledges her value and dignity**, magnifying her strengths, resilience, courage and capacities to survive, which will in turn enable her to be restored.

Interacting with survivors is only one aspect of the work within an anti-trafficking coalition. Trafficking is an international, national, and local human rights issue, and VAST is dedicated to shaping local movements to end trafficking. Creating and implementing a comprehensive community response **must include acknowledging and addressing the demand for commercial sex that fuels the industry.** It must push for a unified response protocol that includes the training of concerned citizens to identify and report human trafficking, strong networking cooperation between law enforcement, prosecutors and service providers

to provide survivor-centered, trauma-informed intervention and resources for survivors, and the mobilization of individuals with the tools and resources to mount strategic efforts to eliminate human trafficking.

In the Lehigh Valley, VAST continues in the ongoing abolition journey. Since 2011, more than 9,000 residents have been educated in trauma-informed care, trafficking identification and victim response, and networking and collaboration with law enforcement and prosecutors. VAST has witnessed five successful prosecutions of human trafficking, assisting more than 40 victims during the process; three of those victims have become survivor leaders and have initiated a survivor support group. Additionally, VAST continues with varying forms of awareness, action and advocacy efforts, including a K-12 curriculum to educate on the issue of sexual exploitation.

A world free from slavery where all people are valued and respected: some may see this vision as grandiose and idealistic. Yet, if we overlook evil and injustice, if we respond with resigned helplessness or turning a blind eye, **we become a part of the problem.** Change occurs slowly, but it occurs powerfully in unity with others, because it is only in unison that sustainable change can occur -- the kind of cultural change that is necessary to eradicate human trafficking. ◀



Heather Evans is a Licensed Clinical Social Worker with a private counseling practice in Coopersburg, Pennsylvania. She has over 17 years experience, including extensive training and experience with sexual trauma, sex trafficking and aftercare of its victims. Heather is Co-founder and Survivor Services Specialist of VAST (Valley Against Sex Trafficking) Coalition in the Lehigh Valley, PA. Heather has also traveled internationally with the goal of partnering with and training trauma healing caregivers.

Source:
Farley, M. (2003). *Prostitution, Trafficking, and Traumatic Stress*. Binghamton: Haworth Press.

LEGISLATIVE

Although it appears that the issue of human trafficking has just recently been brought to the forefront, the problem is not a new one. In fact, the federal government enacted the first comprehensive law to address human trafficking 17 years ago, with the passage of the **Trafficking Victims Protection Act (TVPA) of 2000**. The law touts a three-pronged approach to combat human trafficking, which the U.S. Department of State calls the *3P Paradigm*: *prosecution* (ensuring governments impose adequately severe sentences), *protection* (identifying victims and making their needs a priority), and *prevention* (including labor laws that protect vulnerable classes of workers). The TVPA has been reauthorized several times, through the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003, 2005, 2008 and 2013.

Other laws have been passed in recent years to increase support for the victims of human trafficking. The **Justice for Victims of Trafficking Act (JVTA) of 2015** improved the federal government's response to human trafficking, strengthening both services for victims

and consequences for perpetrators. Its passage allowed for the establishment of a fund to support a variety of initiatives, including victim assistance programs, block grants to deter child trafficking and training requirements for first responders. It also amended two important acts (the Runaway and Homeless Youth Act and the Child Abuse Prevention and Treatment Act) to better protect children who are victims of human trafficking.

One year earlier, the **Preventing Sex Trafficking and Strengthening Families Act of 2014** was passed to address the critical problem of sex trafficking among youth in the foster care system. The passage of this law required child welfare systems to screen and identify youth who are victims of or at risk for sex trafficking, provide them with appropriate services, develop protocols to locate missing or runaway children and determine circumstances they may have faced while missing from care.

LEGISLATION UNDER CONSIDERATION

The topic of human trafficking continues to hold the attention of members of the current Congress, who have quietly

taken more steps to address the trafficking crisis facing our country today. In the few short months since the 115th Congress has taken office, lawmakers have introduced dozens of bills intended to combat the urgent problem of human trafficking. These bills will still need to move through the legislative process in order to be enacted into law, and many will not receive final approval. However, their introduction continues to bring much-needed attention to the crisis of human trafficking.

Several bills introduced this year which have the potential for more widespread impact on domestic human trafficking include:

- **HR 436: Human Trafficking Prioritization Act** – The bill amends the Trafficking Victims Protection Act of 2000 to change the “Office to Monitor and Combat Trafficking of the Department of State” to the “Bureau to Combat Trafficking in Persons.” The bill includes an elevation in personnel from the current Ambassador-at-Large position to an Assistant Secretary, allowing more direct contact with the Secretary of State.

INITIATIVES TO COMBAT SEX TRAFFICKING

By Caren Chaffee

■ **HR 1035/ S 30: Extending Justice for Sex Crimes Victims Act of 2017** – The bill extends the statutes of limitations for victims of human trafficking or a sex crime to file a civil action.

■ **HR 767/ S 256: SOAR to Health and Wellness Act of 2017** – The bill directs the Department of Health & Human Services to establish a pilot program, called “Stop, Observe, Ask and Respond to Health and Wellness Training.” The program will be designed to train health care providers to identify potential human trafficking victims; coordinate their individualized care and refer them to social services; and facilitate communication with law enforcement.

■ **HR 459/ S 104: Trafficking Survivors Relief Act of 2017** – The bill allows individuals convicted of or arrested for offenses (not including crimes of violence or offenses with child victims) to move the court to overturn convictions and/or expunge arrest records if their conviction or arrest was a direct result of the accused individual having been a victim of human trafficking.

■ **HR 440: Shame Act of 2017** – The bill allows courts to order the Department of Justice to publish the names and photographs of individuals convicted of child sex trafficking activities.

■ **HR 53: CATCH Traffickers Act of 2017** – The bill directs the Department of Homeland Security to establish and maintain a national database for human trafficking investigations, to be utilized by federal, state and local law enforcement agencies.

■ **HR 889: Human Trafficking Fraud Enforcement Act of 2017** – The bill directs the establishment of an office within the IRS to investigate and prosecute tax law violations by individuals who are under investigation for activities related to human trafficking and the promotion of commercial sexual acts. It increases penalties for tax evasion attributable to activities related to human trafficking and adds the amount of these penalties to the Crime Victims Funds, which provide for victim assistance grants for crisis intervention, emergency shelter, transportation, counseling and criminal justice advocacy.

The cache of bills has been introduced by Democrats and Republicans, members of both the House and Senate and through multiple committees in each chamber. Some focus on the victims of human trafficking; others focus on the perpetrators. Despite the differences, they all have important factors in common: They acknowledge the abhorrence of human trafficking, and attempt to allow victims to begin to gain freedom from their pain. ◀



Caren Chaffee is Director of Grants and Advocacy for KidsPeace.

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<https://state.gov>
<https://congress.gov>
<https://govtrack.us>



THE OTHER SIDE OF THE COIN!

By Natalie L. Dallard

Since 2013, the Joseph J. Peters Institute (JJPI) has facilitated the Sexual Education and Responsibility (SER) Program (or “Johns School”) in conjunction with the Philadelphia District Attorney’s Accelerated Misdemeanor Program (AMP), and the Defender’s Association of Philadelphia. Prior to the development of SER, JJPI was involved with Philadelphia’s Project Dawn’s Court, a diversion program for women with three or more arrests for prostitution. As Project Dawn continued to thrive, it was determined that educating individuals who *purchase* sex might also help to reduce the number of individuals engaging in commercial sexual exploitation by reducing the demand for paid sex.

THE HISTORY OF SER

The development of SER was born out of the “Swedish” or “Nordic” model which shifts the criminal aspect of commercial sex from the seller to the buyer. Under this model, selling one’s body for sexual purposes is not a crime, but purchasing sex from someone is. Also illegal under these laws are pimping, running a brothel, and rape. The model operates on the basic assumption that the purchasing of sex is an act of male violence towards women, and assumes that adult women sex workers are implicitly unable to give consent, even if they “willingly” engage in sex work.^{1,2}

PHILADELPHIA’S ATTEMPTS TO WORK WITH INDIVIDUALS WHO BUY SEX

Here in the United States, both the buying *and* selling of sex continue to be criminalized, but a number of diversion programs for individuals who purchase sex were implemented in cities like New York City, San Francisco, and Atlanta. Many of these programs combine a classroom educational component with public shaming tactics, such as publishing participants’ pictures in local newspapers and/or on websites, and possible Megan’s Law implications (i.e., being registered as a sex-offender if re-arrested after the program).³

SER PROGRAM STRUCTURE

SER uses a small group format with an average of 10-12 participants per four-hour class. Most participants attend only one session, but there have been individuals who have been ordered to attend up to eight individual sessions. The program itself covers several topic areas. There is a brief presentation by both the District Attorney’s Office and the Defenders Association which covers legal questions such as: upcoming court dates, return of impounded vehicles (another consequence of the arrest), and expungement.

The group is primarily psycho-educational in nature, and focuses on topics such as *consent*, *cognitive distortions*, and the *impact* of prostitution on other individuals and the community as a whole.

CONSENT

The group generally begins with introductions. The groups are diverse along racial, ethnic, and socio-economic lines, however common themes of feeling targeted, having been entrapped, and wanting to put the arrest behind often emerge. During this phase, it is key that the group leader presents a nonjudgmental facts-based attitude, as it helps with group cohesion and “buy-in” as the session progresses. Most of the participants are extremely embarrassed and ashamed

about the arrest, and taking too punitive of a stance often creates an adversarial environment which leads to aggressive acting out, and/or disruptive behaviors.

After introductions, there is generally a discussion on consent, both legal and true. Participants are usually challenged to consider if prostitution can ever be a consensual act using the rules of consent as defined in *Pathways*, a workbook written for individuals who exhibit problem sexual behaviors. This stage often reveals the various cognitive distortions that many of the participants have surrounding sex, their self-image, and healthy relationships.

COGNITIVE DISTORTIONS AND OBJECTIFICATION

Each stage of the group builds upon the last, and this portion focuses on addressing and correcting some of the distortions revealed in the initial discussion. Individuals generally begin challenging one another on their faulty beliefs about those who sell sex, as well as their thoughts on relationships and women in general.

While motivation to purchase sex varies among participants, the idea that individuals who engage in prostitution are “less than” is relatively common. This is particularly evident during an exercise in which men are asked to list all of the names for prostitutes and johns. Just illustrating the language differences in treatment of salesperson vs. customer often illuminates men to their underlying problem attitudes, and begins to set stages for the final component of the group: victim impact and empathy development.

IMPACT AND EMPATHY

Discussion timing is important in the group. After the objectification discussion, participants are shown pictures taken from the 2007 Prism Magazine article entitled “Portrait of Exploitation,” which often evokes the strongest emotional reaction.⁴ While many, if not all, of the participants come to the group with a great deal of shame and guilt surrounding their arrest, many have failed to consider the impact of their arrest on anyone but themselves, choosing to ignore the fact

that their patronization might be providing the money to support a drug habit that leaves a child without a parent, or otherwise destroys a life.

As a result, a great deal of the afternoon discussion is spent focusing on not only on the impact of prostitution on the individuals in class, but also on the person selling sex and the community. They are presented with statistics regarding the prevalence of histories of trauma, mental health problems and substance abuse among street-level prostitutes, as well as being provided with some insight on the overall impact of early childhood trauma on the lifespan. Their own personal risk is explored, and they are presented with statistics on the likelihood that they might be robbed/killed, the risks of contracting an STI or STD and passing it to a partner, the possible legal and social consequences of solicitation, and the risks it poses to their own personal relationships. Finally, the impact of prostitution on the community is discussed, with a focus on the impact street-level prostitution may have on children living in the area, as well as the possible impact these children have on the larger community.

This discussion often has a “bringing it all home” effect, and help group members connect their behaviors to larger concerns, both personally and socially. Most group members leave the group reporting an increased awareness of their own issues and issues related to human trafficking and commercial sexual exploitation. After completing a brief post-test, they are given resources to help them address issues with addiction, mental health problems, and other needs that may have been uncovered during the session.

CONCLUSION

It should be noted that evidence for the effectiveness of the “johns school” concept is mixed. A 2008 study found that not only were johns schools effective in the short term, but they also maintained reduced re-arrest rates for at least 10 years; however, there are some that would argue that the threat of being labeled as a sex-offender is a bigger deterrent to future solicitation. In that 2008 Chicago Alliance Against Sexual Exploitation

study of men who purchased sex in Chicago, 41% of those interviewed felt that johns school was a deterrent against buying sex, but more than eight out of ten noted public exposure and/or jail time as deterrents.⁵

However, as the problem of human trafficking continues to grow, intervening in the problem from all sides will be key. Patrons are often ignored in the equation, but by continuing to work with them in reducing the demand for sex worker, hopefully we will be able to make an impact on suppliers, thereby putting an end to this form of modern day slavery. ◀

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charged with and/or adjudicated for sexual offenses, children and adolescents with sexually reactive behaviors, child, adolescent, and adult survivors of sexual abuse, incarcerated adults, and adult substance abusers returning to the community after incarceration, and other traumatized individuals. She holds degrees in forensic psychology and forensic mental health counseling. For more information: Ndallard@jjp.org

Website

TeenCentral is a website powered by KidsPeace as a free and safe prevention and intervention resource for youth. Designed by founders Dr. Julius Licata and Ginger Papp as an innovative use of the then-new World Wide Web technology, TeenCentral was unveiled at a Capitol Hill news conference in 1998. In 2016 Dr. Licata retired, and Thespina Godshalk was named the new Director of TeenCentral.

For nearly twenty years KidsPeace has provided the TeenCentral service free of charge to teens seeking answers and support to meet the challenges they face.

TeenCentral supports youth in a capacity that is unique from the traditional array of behavioral health services. In fact, TeenCentral often bridges the gap between services, offering youth an immediate resource for safe information and support. Through TeenCentral, adolescents can create an anonymous account and find information on a variety of topics. Users of the site can also submit a story/post regarding any crisis, problem or situation they are struggling with and receive a therapeutic support response. Adolescents receive this support from one of TeenCentral's trained online counselors within 24 hours safely, anonymously, and free of charge. TeenCentral online counselors are a group of trained interns and volunteers, overseen by two site administrators (master's level mental health professionals), and the Director, a Licensed Professional Counselor. Users of TeenCentral can also provide peer support to each other by responding to stories that have been previously posted by other users.

Since the retirement of Dr. Licata as director in the Fall of 2016, we've embarked on an effort to revitalize the site and the service.

The new TeenCentral offers significant advancement over its predecessor in four main areas.

1 A contemporary look

The first change was a reimagining of the visual TeenCentral concept. We've adopted a modern and streamlined website format, providing the user the ability to access content with ease. We updated the branding on the site, and consulted with several groups of adolescents for feedback on a new logo - the final version of which was determined by a social media contest. The new logo is representative of the new look and feel displayed throughout the new TeenCentral website.

2 A multifaceted and supportive response

The TeenCentral story submission and response process has always been the foundation of the service, and this process will remain at the center of what TeenCentral provides. However, the response process has been streamlined and online counselors (now known as Team TeenCentral) will be trained on the issues that impact today's youth, allowing them to provide a more comprehensive support response.

3 Clinically driven content

Youth access the internet in search of information to help them understand their problems, and TeenCentral will offer them a safe and clinically focused place to land. Through TeenCentral, users will be able to access a newly modified library of relevant content, on topics such as substance use, relationships and being LGBT, body image, anxiety, self-injury and depression, among others.

4 TeenCentral ToolBox

A new feature for TeenCentral, the toolbox will offer users a variety of tools based upon specific issues they may be facing. These printable tools are intended to empower youth and give them concrete interventions to cope with their struggles.

These changes to the TeenCentral website are a continuation of the innovation that has fueled the concept since it was first presented to Congress in 1998. Please take a moment to explore the new TeenCentral site, and use the "Contact Us" tab to let us know what you think of the changes. And please be assured that although TeenCentral has been updated to be more relevant, our mission remains the same - to continue to provide hope, help and healing to all of today's youth. ◀

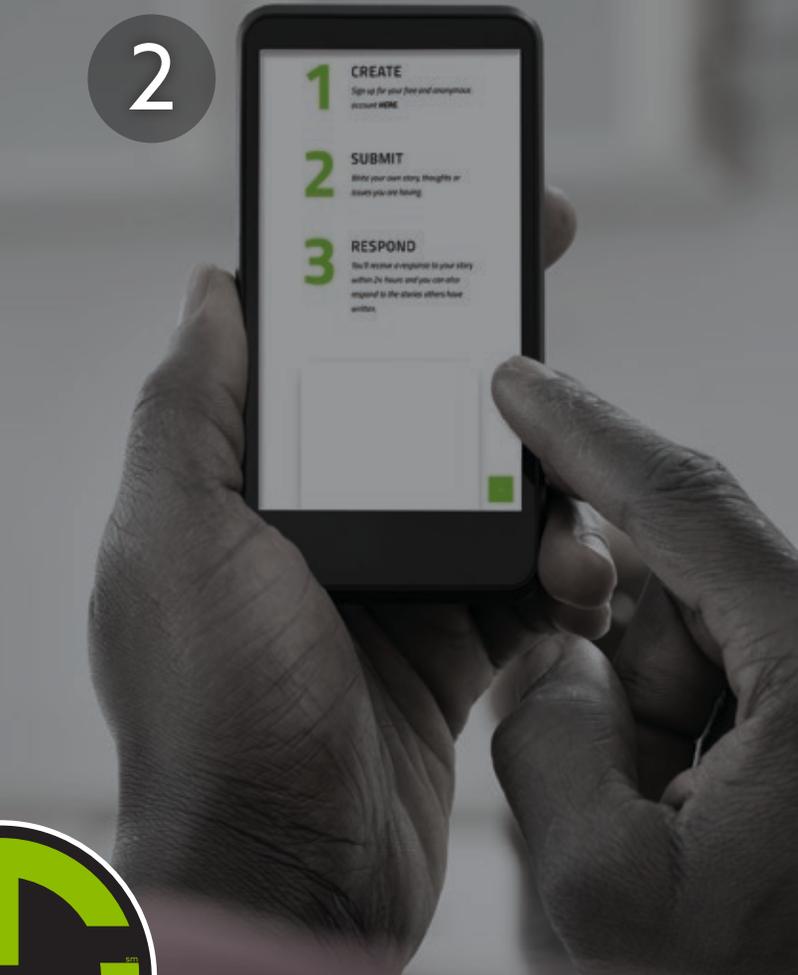


Thespina Godshalk is the Director of TeenCentral and ParentCentral for KidsPeace. A Licensed Professional Counselor, she holds a bachelor's degree in experimental psychology from Moravian College and a master's degree in clinical psychology from Chestnut Hill College. Prior to her current position, she worked for 15 years as a therapist, clinician and staff trainer at KidsPeace and several other organizations.

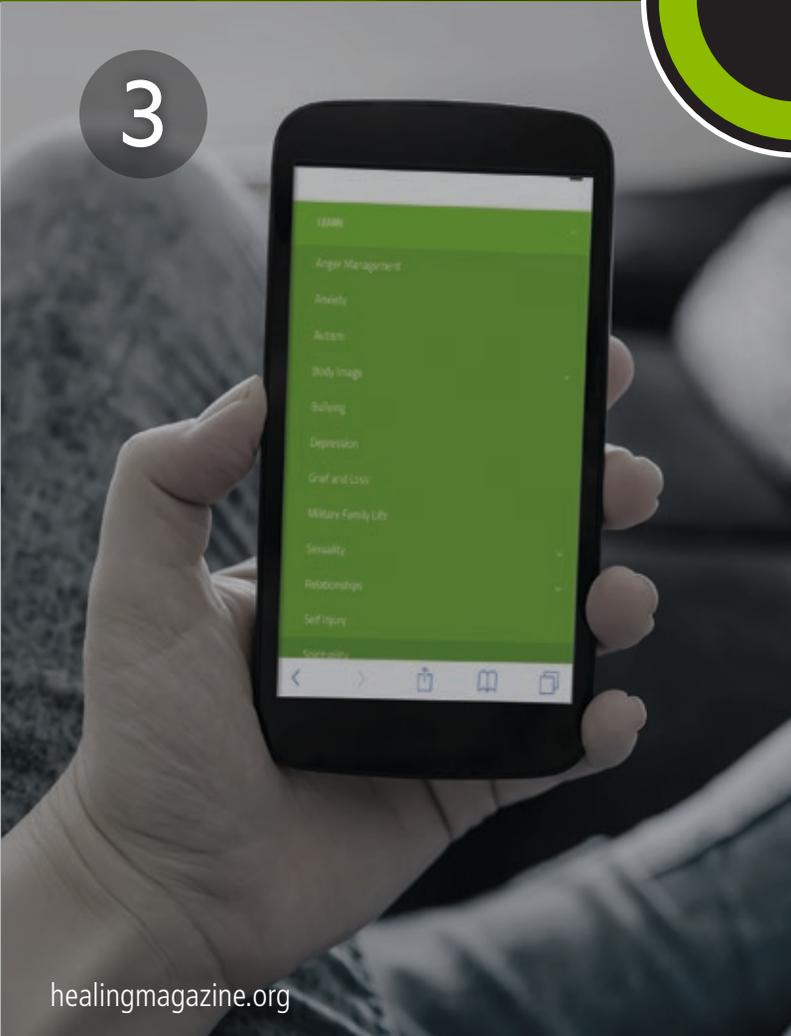
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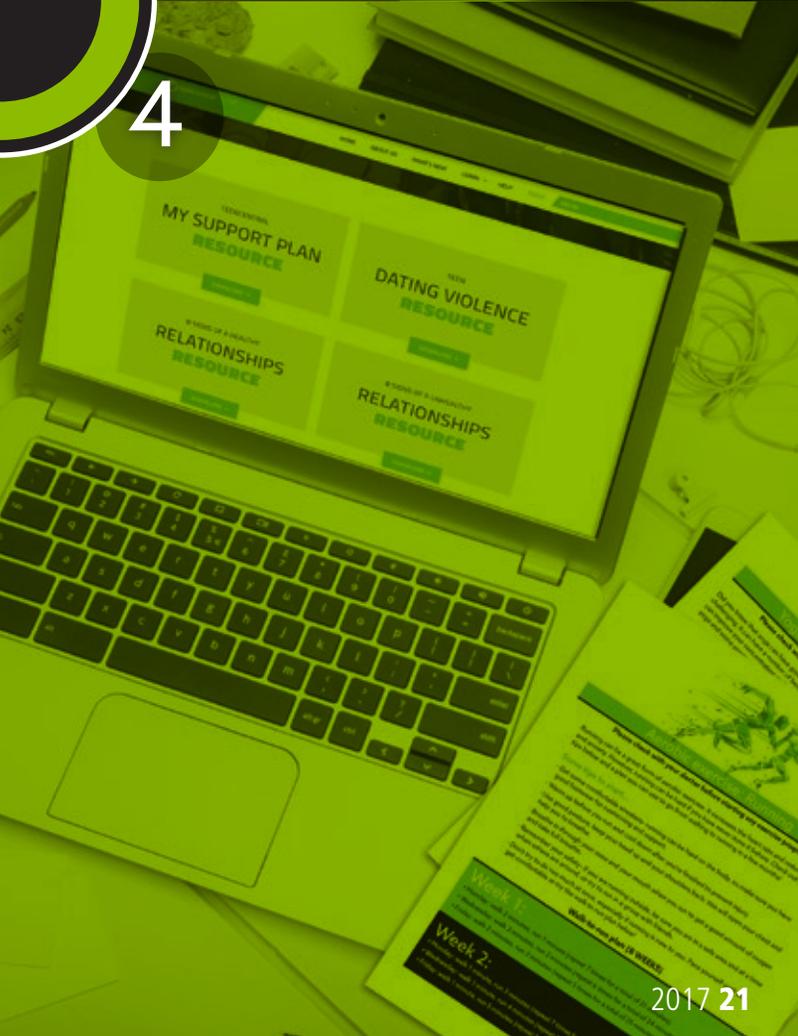
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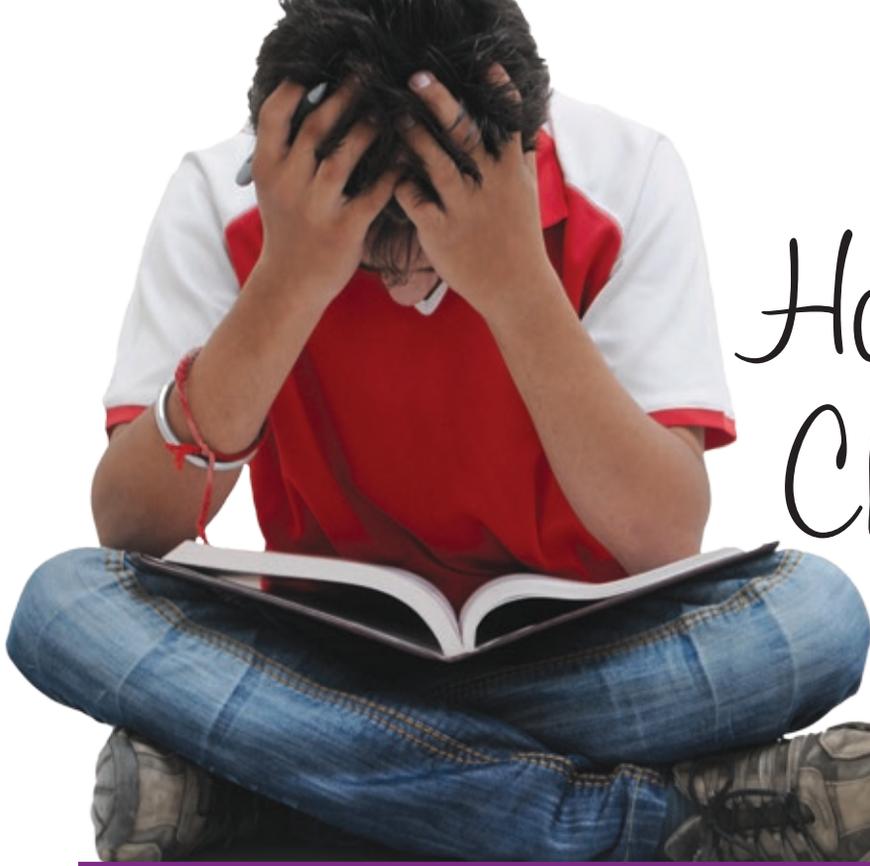


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Homeschooling Challenges

By Colette Pressell



Homeschooling as an alternative to traditional public school is becoming more mainstream throughout the United States and even in other countries around the world. A government study from the National Household Education Survey Program (NHES) found that 1.77 million students were homeschooled in 2012, an 18% increase since 2007.

Homeschooled students encounter a unique set of challenges from those faced by children in public schools. Children and teens often have trouble expressing or understanding complicated emotions, so their parents can help prevent problems by being aware of any symptoms being displayed by their children. It is important for parents to be aware of a homeschooled child's behavior and watch for any changes in their personality which may occur.

Some homeschooled students experience feelings of isolation or have difficulty socializing with their peers. It is also natural for a student to feel stressed when making the transition from home school to a public school. Feelings of isolation and loneliness can sometimes lead to

anxiety or depression. Sometimes children who feel isolated or lonely might appear sad, withdrawn or disconnected from activities that they used to enjoy. They may also react to uncomfortable situations with anger or hostility. It is natural for isolated children and teens to display low self-confidence or a lack of self-esteem.

There are some simple techniques which parents can use to help their children cope with these emotions. The most important thing a parent can do is to start a dialogue with their children about their feelings. Not only will this encourage them to open up about issues which might be bothering them, it will also let the children know that it is perfectly okay to feel complicated emotions. Many children are afraid of worrying their parents by telling them if they feel depressed or anxious; parents can help to reduce these fears by staying calm and showing that they are supportive and understand what the child is experiencing. If the child is reluctant to open up, try talking to them in a quiet and comforting situation, such as while taking a walk with them or cooking dinner.

Parents can also help children who are feeling isolated or lonely by helping them to socialize in comfortable situations with their peers. Many towns offer local homeschool groups or co-ops where parents and children can meet to discuss problems and techniques, and students can get support from other children who are in a similar situation. There are also many online support groups which are dedicated to helping homeschooled students to socialize and get help with whatever problems they are facing.

Participating in local community service and volunteer work can help to build a child's self-esteem and confidence while teaching about empathy and kindness. Parents might also consider encouraging their child to explore a variety of other activities such as local 4-H clubs, sports teams, or other types of groups and classes.

Another situation which can be stressful for homeschooled students is transitioning into a public school after being taught at home. Some students are overwhelmed by the unfamiliar social surrounding or frustrated with the different academic expectations that

they have to deal with. It can also be challenging for children to transition into the more structured environment of a public school or deal with teachers that they aren't comfortable with.

Parents can make the transition easier by being supportive and staying aware of the child or teen's emotions. It is important for parents to listen respectfully to their child and give them a chance to express their opinions and emotions. Parents can prepare their children for the transition by discussing unfamiliar situations ahead of time so that the child will know what to expect when they attend the school. They might also inquire with the school

system to see if the school offers any programs such as a school orientation day or peer mentoring groups. Parents can stay aware of what their child is experiencing once they start attending the school by asking specific questions about their day, such as who they ate lunch with, what they did at recess, or what their favorite or least favorite part of school was.

Homeschooling can be both an extremely rewarding adventure and a very challenging experience for both the parent and the student. With a little bit of patience and a commitment to communication, parents can help their children cope with whatever feelings

and problems they might experience. Developing these healthy communication and emotional awareness skills will lay the groundwork for good mental health and important social skills that will last throughout the child's whole life. ◀



Colette Pressell is a freelance journalist from Michigan. She volunteers weekly as a trained counselor at TeenCentral.com, a resource for teens seeking help. She was a homeschooled student herself for over 12 years. She can be contacted by email at sportsfann4life@gmail.com.



A Story of Success - Powered by **TRICARE**

By Lisa Eckert

Every child admitted to the KidsPeace Residential Program comes with a story, and one of the first goals of the clinical team includes using that story to develop a clinically relevant, individualized course of treatment. At KidsPeace we provide service to children, adolescents, and families using a multidisciplinary treatment team approach; our treatment teams include clinicians, creative therapists, house managers, mental health technicians, psychiatrists, psychologists, nurses, physicians, administrators, and education staff.

The most important members of the treatment team, however, are the kids and their families. Both are actively involved in all aspects of treatment and decision-making every step of the way and it really helps to strengthen the efficacy of services and produce long-standing, meaningful change. Our partnership with TRICARE is instrumental in allowing the KidsPeace clinical team the opportunity to provide our clients with high-quality service more effectively.

Recently we had a TRICARE youth come to us from the inpatient hospital setting, where she was admitted due to suicidal ideation (including an attempt), mood and impulse control issues, and a host of other issues that impaired daily functioning across all settings. At admission, her parents expressed concern and fear for her due to her verbal and physical aggression, social deficits which led to conflictual relationships, and poor insight and judgment regarding appropriate boundaries, behaviors, and relationships. They also expressed their concerns about her returning to their home from KidsPeace.

Using their input, the clinical team developed a multi-faceted treatment plan tailored to address the needs of both the individual and her family. Specific short-term objectives and long-term goals were designed to target specific behaviors of concern, including self-injurious behavior, suicidal ideation, social skills deficits, emotion regulation, boundaries, and strained relationships.

TRICARE standards call for covered youth to receive two individual therapy sessions per week. In session, the young lady was able to address and process issues of concern, especially in the areas of emotion regulation, social skills, and healthy coping skills. Using evidence-based practices, such as Cognitive Behavioral Therapy, along with a trauma-informed

approach, her clinician was able to help this young lady make connections between past negative experiences and her current struggles. This allowed her to develop a greater understanding of the root of her distress, along with the functions of some of her behaviors. This resulted in developing strategies to utilize in the present and future to more effectively manage and overcome her distress. She was also offered creative therapies, such as recreation and music, which allowed her to build self-esteem through expression and develop new coping skills. She was able to practice these strategies in real-life situations on the milieu and at school. Her progress became evident as instances of arguing, chaos, and conflict steadily decreased across all settings.

In-person family therapy, facilitated by geographical standards established by TRICARE, was crucial in improving communication and understanding, strengthening relationships, and securing attachment. Using Parent Management Training techniques and the Eco-Systemic Family Therapy model, the clinician was able to help the family to identify core negative interactional patterns, and to develop strategies to break the cycle to decrease conflict and volatility in the home. Additionally, the family worked to build and strengthen relationships and attachment through open dialogue, activities, and a structured schedule of visits.

Throughout the course of treatment, monthly interagency treatment team meetings were held in order to discuss the youth's treatment progress in all areas, as well as plans for discharge. During these meetings she and her parents were able to fully recognize and acknowledge the progress they had made, which served to motivate them further. As a result, she was able to return to her home with community supports in place.

Treatment at KidsPeace is designed to enhance strengths and target opportunities for growth using a variety of modalities and disciplines. Our partnership with TRICARE allows KidsPeace to achieve those goals, and to honor our mission every day. ◀



Lisa Eckert, M.A., LPC, is a residential clinical manager at KidsPeace's Orchard Hills Campus, and a nationally certified Trauma Focused Cognitive Behavior Therapy (TF-CBT) therapist.



KidsPeace now offers TRICARE adolescent hospital and residential treatment programs on our Orchard Hills Campus in Pennsylvania. TRICARE certification allows us to provide a complete continuum of care for our clients whose families are in the military.

Client services

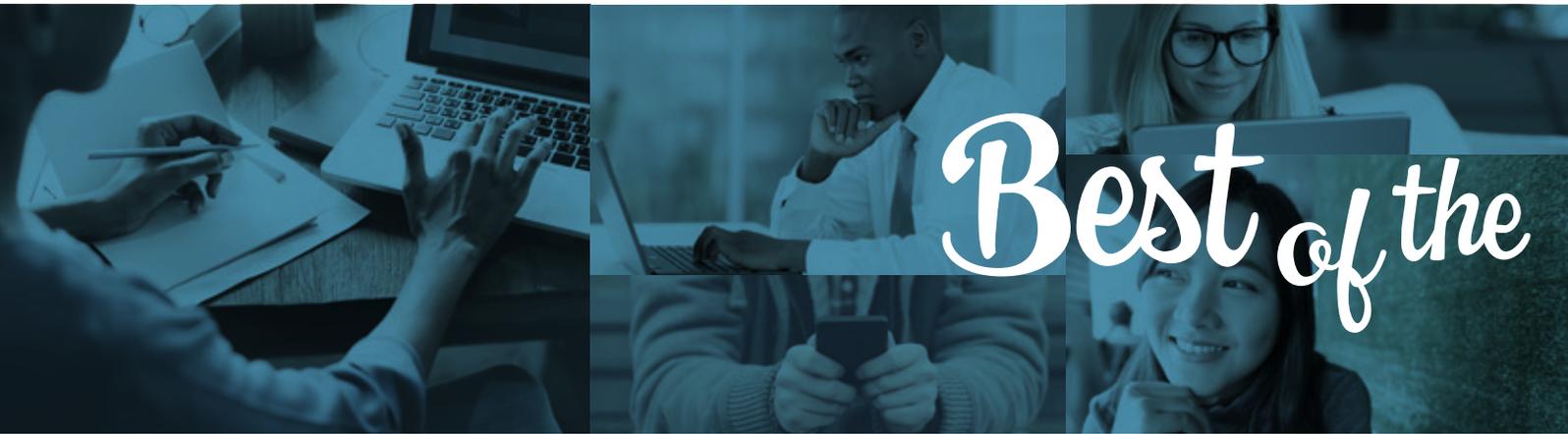
- 24-hour residential care
- Individual therapy with a Master's-level clinician
- Individual weekly check-ins with a childcare counselor
- Group/recreation therapy
- Group psycho-education
- Family therapy
- Psychiatric services
- Psychological services
- Case management
- Nursing services
- Life Space Crisis Intervention (LSCI)
- Therapeutic activities
- Positive Youth Environment (PYE)



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MAKE A
DIFFERENCE**

*At KidsPeace,
our caring and
talented team
provide hope
& healing to
an estimated
15,000
children and
adolescents
a year.*

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*“Best of the Blogs” is a sampling of blog posts from kidspeace.org and fostercare.com.
Here are two recently posted stories of inspiration.*



Lily’s Poem

“From time to time we have the honor and privilege of reading a piece of writing from of a child who has experienced time in foster care that truly articulates the feelings and emotional struggle he or she has felt. I am sharing a poem that was written recently by a 12 year old girl who has had an extensive history in the foster care system. Fortunately, there was the consistent love and support of a very special therapeutic foster care family that stayed involved with her throughout all of these extremely tough times.”

Bobbi Gagnon
KidsPeace Family Resource Specialist
South Portland, Maine

The FAMILY’s Trust

Social workers grab my hand and take me away
From the first place I’ve ever felt okay
Why did my brother have to be so atrocious?
He would never stop being outright ferocious
NEVER trust again!

I try and refuse, but get in the car
The worst thing is, it’s just so far
From what I used to call my home
Where unlike my whole life, I felt safe to roam
NEVER trust again!

The matriarch comes in to keep me from screaming
But I could not let her win and ran off steaming
Before I could run, she took me outside
My first instinct was to go off and hide
NEVER trust again!!!!

When I start to run, she does not follow
But gets some boxing gloves, so I put them on, slow
She points to a punching bag out in the yard
And I start to let my feelings out and pound it real hard
Is there a reason to trust again? ...

Learn the rest of Lily’s story on our blog at www.fostercare.com/lilys-poem

Blogs



Creating an Autism-Friendly ER

Some thoughts on how to make a trip to a hospital emergency room less

stressful for children on the autism spectrum:

Creating a welcoming experience helps to moderate the uncertainty and anxiety that children with autism feel in the chaotic emergency room setting. In Maine, KidsPeace New England is collaborating with the local Millinocket Regional Hospital to better serve children on the autism spectrum during emergency room visits. Suggestions from the KidsPeace experts include both changes to the physical environment and advice on how the staff should interact with the patient and their family.

Making available a “Sensory Tool Box” in the ER area – including both squishy and weighted objects, objects that light up and/ or move, and noise-canceling headphones – would be helpful, along with weighted objects like toys, blankets, lap

pads and vests; these items can have a comforting/calming effect on children with autism.

To facilitate communication with autistic patients and family, it’s recommended that if possible ER staff should begin by asking parents/caregivers about the needs of the patient – giving them a chance to educate staff about their child and explain strategies and techniques they’ve found work best.

When addressing the patient directly, the KidsPeace experts noted the importance of speaking in a slow and calm manner, using gestures such as pointing or gesturing to specific areas of the patient’s body to assess pain; using a chart of the human body also can be useful in identifying the location of pain the patient is feeling while giving the patient time to process questions.

ER staff also are urged to double-check that all accessible drawers are locked and counters are clear of objects within reach, and they are reminded that dimming lights in the area can help in treating kids with sensory sensitivity.

Visit our blog at kidspeace.org/news

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At *Healing*, we’re always looking for new resources and information that would be useful to those who care for, treat and teach kids. If you have a suggestion for materials to be reviewed in *Healing*, please send them to us at:

Mail: *Healing Magazine*
c/o KidsPeace
4085 Independence Drive
Schnecksville, PA 18078-2574
Email: healing@kidspeace.org

Please forward to appropriate person if current addressee is no longer available. Thank you.



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