

Westchester County Department of Social Services
2013 Safe Harbour Project

Introduction

The signing into law of the New York State Safe Harbour for Exploited Children Act in 2008, was a pivotal moment in protecting and securing services for sexually exploited youth. Prior to the Act's passage, sexually exploited youth involved in illegal activities did not receive the protection of the Family Court and were instead prosecuted criminally, which did little more than to re-traumatize these victims. Furthermore, once incarcerated, sexually exploited youth had no access to services that could address their specific social and emotional needs, and thus they often would return to a life on the streets once released. The passage of the Act guaranteed that sexually exploited youth would be treated as child victims and be offered services that could pave the way for better outcomes.

At the time of the Act's passage by the New York State Assembly in June of 2008, Assembly Speaker Sheldon Silver acknowledged the traumatization of victims, stating "This legislation takes an important step toward ensuring that children who have been steered into a life of prostitution through exploitation and abuse receive treatment, services and rehabilitation instead of incarceration and a one way ticket back to a life of abuse". Experts agree that the prosecution of sexually exploited children re-traumatizes them and makes rehabilitation much more difficult. Additionally, incarcerating sexually exploited youth is not necessary to protect them or provide services. In fact, services are either unavailable or insufficient in juvenile correctional facilities. Under the Safe Harbour Act, child victims are guaranteed short and long-term housing services in order to provide for their safety and well-being, in addition to counseling and other specific services to help address their emotional needs.

The Safe Harbour Act is the result of years of advocacy work in New York and around the country in advancing the cause for child victims. The sheer number of sexually exploited children, in addition to data surrounding the correlation between abuse and mental health concerns, highlighted the need for a paradigm shift from criminalizing to protecting victims. The exact number of sexually exploited children in the United States is unknown but, in 2001, the University of Pennsylvania documented that conservative estimates place the number as somewhere between 300,000 and 500,000. Additionally, it is estimated that 80 to 90 percent of exploited children have been sexually abused and that two-thirds to three quarters of exploited children experience mental health problems such as post-traumatic stress disorder.

The passage of the Safe Harbour Act mandated that the Family Court recognize a sexually exploited child as a Person in Need of Supervision (PINS) unless that child refused services or was previously convicted of prostitution. Under PINS, youth who are engaging in behaviors that would be criminal if they were adults are placed on supervision and connected to services geared toward identifying and meeting psychological, emotional, and relational needs. The behavior is not criminalized in the court system and interventions are put in place in an attempt to rectify negative behavior. Once recognized as a PINS case, a sexually exploited youth then has the same ability as a PINS youth to access services and avoid criminal prosecution. The philosophy that is reflected in both the PINS regulations and the Safe Harbour Act is that troubled youth will have better outcomes if provided with services through Child Welfare as opposed to being placed in juvenile institutional facilities. Many of PINS and sexually exploited youth have mental health issues and have been victims of childhood abuse or neglect, and placing these youth in juvenile justice facilities can provide for immediate safety when necessary, but does not address the underlying issues that are driving the negative behavior.

Background

Children and families are oftentimes not afforded the best opportunity for prevention and change, and poor outcomes thus result. The desire for children, youth and families to be successful is a driving force of the Westchester County Department of Social Services. In 2011, the Department of Social Services' Child Welfare Division became the first public welfare organization in New York to become nationally accredited through the Council on Accreditation (COA). The COA accreditation process involves a detailed review and analysis of both an organization's administrative operations and service delivery practices. All are "measured" against national standards of best practice. These standards emphasize services that are accessible, appropriate, culturally responsive, evidence-based and outcome-oriented. This accreditation shows that the Westchester County Department of Social Services is always poised to be pioneers in serving and meeting the needs of children and families.

Westchester County is also very fortunate to have a task force convened around human trafficking which services both adult and youth victims. Key Federal, State and local law enforcement and non-governmental agencies, including the Westchester County Department of Social Services, came together and launched the Westchester County Anti-Trafficking Task Force on November 10, 2010. Spearheaded by the International Organization for Adolescents (IOFA), My Sisters' Place, and the Pound Ridge Police Department, the aim of this multi-disciplinary task force is to bring together key responders from various disciplines and backgrounds that work together on a consistent basis to identify and rescue victims of trafficking across Westchester County through proactive investigations. Alison Boak, Co-Founder and President of IOFA, stated "The Westchester County Anti-Trafficking Task Force joins the ranks of more than 42 other task forces that have been formed across the United States to combat human trafficking. We are modeling this Task Force on standards set by the United States Justice Department and on best practices gleaned from both national and international efforts of multi-disciplinary anti-trafficking task forces." Ms. Boak, who has worked to set up more than eight task forces in New York City, Latvia, and the Dominican Republic, is advising the Westchester County Anti-Trafficking Task Force.

The launch of the Task Force brought together representatives from the following Federal, State, and local agencies for the first time to work in a concerted effort to develop a coordinated community response to combat human trafficking in Westchester County: The Federal Bureau of Investigation (FBI); U.S. Immigration and Customs Enforcement (ICE); United States Attorney's Office, Southern District; New York State Bureau of Refugee & Immigrant Assistance/OTDA; New York State Department of Labor; Westchester County District Attorney's Office; Westchester County Family Justice Center; Westchester County Association of Police Chiefs; Westchester County Department of Social Services; International Organization for Adolescents (IOFA); My Sisters' Place; and representatives from the following Westchester County Police Departments: New Rochelle, Mt. Kisco, Mt. Vernon, Peekskill, Portchester, Pound Ridge, White Plains, Yonkers and Yorktown.

With the goal of providing immediate and intensive services to youth who are sexually exploited, Westchester County Department of Social Services has developed a three tiered approach. The following is a description of our plan and budgets.

Program Plan

The first tier of our proposed approach is to build on what is already in place in Westchester County. We know that sexually exploited youth have complex immediate and long-term needs that must be addressed in a specific manner in order to be effective. With that, Westchester County Department of Social Services will build and support our present infrastructure by developing a specialized unit within our Cross Systems Units (CSU). This team will provide crisis response and case management services for sexually exploited youth and will be linked to receive referrals from the Department of Social Services Multidisciplinary Team, which is charged with investigating sexual abuse cases. Schools, community agencies, the courts and law enforcement will also be able to refer youths and families to the CSU for immediate attention and ongoing service provision.

The Westchester County Cross Systems Unit (CSU) provides PINS Pre-Diversion/Preventive Services to families to address concerns and to avert, whenever safely possible, Family Court intervention. The Cross Systems Unit is a collaboration of the Department of Social Services, the Department of Probation, and the Department of Community Mental Health, as well as community and contracted partners. As the CSU is made up of staff from several departments/agencies, a multi-disciplinary approach is made possible for each family. These partners are committed to creating family driven, strength-based, individualized responses that assure the safety and well being of youth and families throughout Westchester County. This approach allows for a complete and thorough assessment of a family's strengths and challenges, and for an appropriate response to the identified needs. This endeavor called for collaboration among three established systems, as well as coordination with numerous community partners. The Cross Systems Unit has the ability to assess each family from a multidisciplinary perspective and to provide an array of specialized services that best meet the family's needs. As there is a correlation between mental health issues and abuse/neglect histories with PINS youth, and as this same correlation exists with sexually exploited children, it is believed that many of the PINS youth may have been sexually exploited at one time.

The importance of a specialized team to address the needs of sexually exploited youth cannot be understated. According to research conducted by West Coast Children's Clinic in Oakland, California, sexually exploited minors have complex needs that require a specialized response (West Coast Children's Clinic, 2012). Utilizing a version of the Child and Adolescent Needs and Strengths tool specific to use with sexually exploited minors, the study was able to identify a needs and strengths profile of exploited youth and to make practice and policy recommendations for effective interaction. A majority of the 113 youth who took part in the study reported a history of exposure to trauma and childhood abuse and neglect, a significant history of family disruptions, and a variety of mental health needs. In addition, 84% of the identified youth struggled in making safe decisions and engaged in behavior that placed them at risk of significant physical harm, such as substance abuse, self-injuring behavior, running away, and engaging in unhealthy partner relationships. These high risk behaviors, which are driven by exploitation, expose the sexually exploited youth in turn to further exploitation. The research conducted by West Coast Children's Clinic cites Clawson, et al. (2009) in noting "research 'consistently confirms' the relationship between running behaviors and exploitation."

Because of the complex system presentation of sexually exploited minors, service providers working with this population require intensive training and expertise. A sexually exploited youth must be engaged and connected in order for a thorough assessment of the youth's needs and strengths to be made. Providers working with sexually exploited youth must be trained in issues that are specific to the sexually exploited population, which, as noted above, include complex trauma, sexual abuse and neglect, and engaging in high risk behaviors. West Coast Children's Clinic writes, "while providers may be trained to work with survivors of abuse, issues unique to sexual exploitation warrant additional practice and organizational capacity building". Furthermore, West Coast Children's Clinic's research emphasized the importance of system collaboration, citing the necessity of a team approach to service provision for sexually exploited

youth. “The development of multidisciplinary teams comprised of the various members of the youth’s system of care will improve the ability of service providers to respond to the youth’s needs across service domains and promote a positive experience for the youth”. These teams can provide case management services by facilitating collaboration among the myriad of supports and systems who may be involved with the youth, including family members, mental health professionals, medical providers, and school personnel. The Safe Harbour grant will allow us to provide the essential training for our CSU team to meet the complex needs of sexually exploited youths and their families, which in turn will allow for the CSU team to provide the specific and individualized case management services that sexually exploited minors need.

The objective of this proactive and preventive work with sexually exploited youth will be to address the trauma, family dynamics, and other underlying issues that often lead to further sexual exploitation, PINS behaviors, or criminal involvement. This specialized response would be family-centered practice (which consists of strengthening family functioning and mutually developing a service plan) with elements of Trauma Informed care and a Solution-focused approach. The Cross Systems unit comprised of a Child Welfare Sr. Caseworker, an Intensive Care Coordinator and a Licensed Clinician trained in Trauma would work alongside our Multi-Disciplinary Team (MDT) units, law enforcement and the mental health community to either advocate, case plan or provide treatment in Trauma and Abuse.

As the design of the Safe Harbour Act empowers the Family Court to decriminalize the behavior of sexually exploited youth, CSU’s outreach and relationship with the Family Court system is of paramount importance. In order to develop this relationship and inform the court of available services and programs, part of CSU’s role will be to meet regularly with judges and other court personnel to discuss Safe Harbour, its implications, and CSU’s ability to provide the complex services required by sexually exploited youth. CSU will establish with the Family Court a referral mechanism so that the courts can be assured that a CSU team member will make contact with the identified youth and his/her family and begin the assessment and service provision process. This referral mechanism will specifically allow for Family Court judges to contact one of the CSU supervisors or program director with referral information.

The case managers and intensive care coordinators would specialize in:

- The physiology of all trauma and its impact on relationships, as well as the counseling process
- Identifying the three stages: victim, survivor and thriver; and how to move clients through these stages
- Behavioral therapeutic techniques to use with children and family
- Identifying the imprints from sexual trauma
- Helping clients heal emotionally, physically, sexually, interpersonally and spiritually
- Helping clients to integrate the trauma in their life stories
- Developing safety plans to help move people through the stages and trigger identification
- Understanding the healing phases for sexual trauma treatment and supporting the treatment plan
- Using therapeutic techniques that are being used in the treatment of traumatized children
- Educating the family and the client's system during the healing process
- Identifying sexual trauma imprints and how they impact the lives of those affected

The case manager and the care coordinators will identify, along with the therapeutic provider, the appropriate therapeutic modality for the client.

Case management service will include all aspects of PS as well as:

- Integration of caregiver protective capacity into the case plan, which will be derived from protective capacity assessment
- Screening and Assessments (such as Strengths/Needs assessment)

- Ecological map assessment
- Development of mutual case plan with CSU team and providers focusing on self-esteem, fostering healthy attachments and relationships, and decision-making and coping skills
- Linkages to services

There will also be a psycho educational component, which can be done in five or six workshops for the parent/caregiver:

1. What is sexual trauma? (such as sex abuse and exploitation)
2. Grooming, power and control
3. Equal consensual and respectful relationships
4. Support, protection and the law.

The CSU connection with the MDT units will be instrumental in meeting the needs of Westchester County's sexually exploited youth. The MDT units within the Department are responsible for investigating CPS reports where there are sexual abuse concerns. Because of the difficulty in proving and prosecuting sexual abuse cases, a majority of sexual abuse CPS cases are unfounded. However, regardless of the CPS determination, many of the youth have experienced some sexual trauma that will require service intervention by a team that is trained and specialized in working with sexually exploited youth. The CSU will accept referrals on these cases (in addition to referrals from community providers as discussed above) and will conduct a 30 day preventive service intake with the family, during which a thorough multidisciplinary assessment will be made and an appropriate case plan be developed. Depending on the youth and family's needs, the family may be linked to community agencies or a Preventive Services case can be opened within the CSU. In order to make the community aware of CSU's ability to provide case management services to sexually exploited youth, the CSU team will attend community network meetings and will reach out to and conduct meetings with law enforcement agencies, the schools and the courts.

In looking toward the future, a long-term goal of the CSU is to have an immediate crisis intervention component. A hotline will be established and will be monitored on an around the clock basis. Community partners, schools, and law enforcement agencies will have the ability to reach a member of the CSU team 24/7 in order to refer a sexually exploited youth who could benefit from CSU services. CSU team members will conduct a CSU intake over the phone and can address immediate needs and begin the process for long-term service intervention. The hotline will also be available to families who are already receiving services from CSU in the event that they are in crisis and need an emergency response. The Department of Social Services has an existing contract with The Children's Village Sanctuary program and through, this existing contract, beds will be available for sexually exploited youth under eighteen who need emergency housing (see budget Addendum A).

The second tier to our proposed approach involves incorporation of My Sister's Place, Inc., to promote community awareness and to provide additional case management services. For over 10 years, My Sisters' Place, Inc. (MSP) has been the largest provider of services for human trafficking victims in Westchester County, providing direct services to all types of trafficking victims: sex and labor trafficking victims; male, female and transgender; adults and minors; foreign-born and domestic. Since the passage of the NYS Anti-Trafficking law, MSP has provided technical assistance, case consultation and/or direct services in over 120 cases of human trafficking. Direct services provided by MSP include needs assessments; enrollment in state and federal benefits programs for eligible trafficking victims; assistance with concrete needs (e.g., food, clothing, transportation, phone, etc.); emergency and transitional housing; legal consultation and services; interpretation/translation; counseling and advocacy for adults and children; self-sufficiency programs; and referrals for other critical needs including medical, dental, mental health services. As part of our Human Trafficking Program, MSP provides training and community education/outreach to first responders and community groups on how

to identify, refer and serve victims of human trafficking. In the last three years alone, MSP has facilitated nearly 50 trainings reaching over 1,400 individuals.

Due to a number of probable factors – including consistent training and technical assistance for community partners, ongoing outreach efforts, and the initiation of the Westchester County Anti-Trafficking Task Force – the number of human trafficking victims referred to MSP has increased 100% between 2009 and 2010, and doubled again between 2010 and 2011. While most trafficking victims referred to MSP have been young (the average age of referred cases is 23), only a small percentage of cases have involved *minors*. This is likely due to the fact that there have not yet been consistent training and outreach efforts targeted at identifying minor victims in Westchester County.

To address this problem, MSP will provide the following services through this grant:

1) Community education and outreach on sexual exploitation and human trafficking of minors

MSP’s Human Trafficking Services Coordinator and other MSP staff, as needed, will conduct community education and outreach sessions focused on identifying victims of child trafficking and sexual exploitation. The goal is to provide those most likely to come into contact with child victims (e.g., law enforcement, educators, service providers, faith-based and community-based organizations, etc.) the tools necessary to identify human trafficking and provide appropriate referrals and services. Education/outreach sessions will also include information on how to make referrals to MSP for services. MSP will provide up to 12 such presentations in the 6-month project period.

2) Provide services to identified victims/survivors

MSP will provide services and/or appropriate referrals to any identified minor victim of sexual exploitation and human trafficking in Westchester County. Services provided will include comprehensive needs assessments; assistance accessing state and/or federal trafficking funds for eligible clients; emergency shelter for female-identified victims 16 and over; legal consultation and services; supportive counseling and advocacy; self-sufficiency programs; and referrals to other service providers (see budget Addendum B).

The third tier of our proposed approach includes individual therapy, group therapeutic work, and psycho educational services through The Children’s Village. The Children’s Village plan is as follows:

The Population to Be Served

The definition of sexually exploited youth is quite broad and refers to a continuum of behaviors and circumstances ranging from being sexually abused by a family member or friend to being forced into the sex trade for food, money, or shelter- to being a victim of sexual assault or trafficked. All of these youth, whether they have been previously charged with a crime or not, are victims of sexual assault and child sexual abuse. Although this population is significantly underreported, in New York City alone thousands of children are trafficked each year; the majority are African-American girls. Many of the sexually exploited children in New York City identify as transgender and the majority of children identify as lesbian, gay, bisexual and questioning (LGBQ). Conversely, fewer children identify as LGBQ in upstate counties as per the 2007 WESTAT study. Given the intricacies and complexities of the population, it is imperative that services provided to this population are specialized, nurturing, and non-judgmental.

Overview of the Program

In order to best serve these youth, The Children’s Village proposes a multi-faceted approach to supporting and serving youth who have been sexually exploited. This includes a combination of individual clinical services, psycho-educational

process groups, Art Therapy groups, as well as access to education and employment services. These modalities will be blended, complimentary, and structured to help participants to process trauma, build self esteem, establish coping mechanisms, promote personal and financial independence, and help achieve a higher level of functioning. The proposed program will be held the Children's Village Education and Employment Center in Yonkers, NY, which houses a vibrant work readiness training program and will provide access to the work readiness component of the program.

As we understand that all good interventions start with a good assessment, we are proposing to have all participants meet with our clinician for at least four hours to complete a comprehensive assessment with specific focus on risk/safety, trauma, and physical and mental health. This assessment will not only inform the CV Program, but will inform the entire team. In addition, we are proposing to offer Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for participants. As we understand there the research for this population show Trauma Focused (TF) CBT as an effective intervention. We are proposing youth be seen by a therapist for 8-12 sessions for TF – CBT.

For our group component, we propose to run 3 programs annually. Each program will run for 12 weeks with 2 sessions weekly. The first weekly session will be a psycho-educational process group and the second an Art Therapy group. The program will be staffed by a Licensed Art Therapist, and a Licensed Clinician who will be trained in trauma informed therapy models and the needs of sexually exploited youth.

This population is particularly fragile and complex, and engaging youth in program activities will be an ongoing essential element to our work. Many children discontinue treatment by running away or dropping out of their programs prematurely. Programs that have had the most success have used a model that is non-judgmental, incorporates youth leadership into groups, provides monetary incentives for participation and completion, and requires a commitment to change. However, this may only be possible once a strong enough therapeutic relationship is established between the clinician and the youth. Our service and treatment efforts will therefore focus on youth engagement and outreach to increase their likelihood of remaining connected to our program.

Ongoing clinical supervision will be provided by a licensed mental health professional. Clinical supervision plays a crucial role in supporting clinicians. Often, the intensity of the traumatic material and relational difficulties youth bring to the therapeutic relationship impact the supervisory relationship. This highlights the need for supervisors to be similarly trained in working with SEM (Sexually Exploited Minors) and to help identify the themes that emerge in treatment and impact the provider.

Assessment

The intensity and complexity of the needs of SEM must inform the services and treatment provided to these youth, starting with how service providers effectively reach out to and engage SEM in services. The complex symptom presentation common among sexually exploited youth with histories of trauma calls for a thorough assessment of the youth's needs and strengths. The combination of early trauma history, dangerous environments, lack of supportive care giving, and severe mental health needs leaves children extremely vulnerable to exploitation.

To counter the numerous vulnerabilities experienced by youth, many demonstrate internal strengths that help them survive their circumstances. Some also have external strengths arising from their family or social environments that help them cope. The CANS (Child and Adolescent Needs and Strengths) instrument measures and helps focus providers' attention on these protective factors to help youth develop healthier coping strategies and maintain adaptive behavior after their traumatic experiences. Currently in development is a CANS assessment for Sexually Exploited Youth. This instrument will be even more informative to our youth's experience and help in form our services.

Assessment for young women who come to the program will be geared toward understanding the root causes of their situations. We will use a wide range of assessment tools, including but not limited to:

- Child and Adolescent Needs and Strengths
- Social History Assessment
- Mental Status Assessment
- PTSD checklist
- Mental Health/Substance Abuse Functional Assessment

The most prevalent mental health symptoms with the SEM population include depression and other mood disturbances, anger control issues, anxiety, and attachment difficulties. As with high risk behaviors, these mental health needs are both a symptom of past abuse and a factor in their continued abuse by their exploiters. Emotional immaturity and desire for positive adult attention leaves these youth subject to manipulation. Most are unaware of the dangerousness of their situation and of the exploitative nature of their relationship with their pimp or exploiter. A comprehensive assessment will inform the larger team and help inform interventions that promote safety and well being for the youth.

Individual Therapy

Therapy may operate in a number of ways to help youth function in their daily lives and improve their symptomatology. At the very least, therapy provides the relationship many of these youth are lacking. Research has consistently shown the importance of a consistent, caring adult in helping youth regain the ability to regulate their emotions and behavior, understand themselves, and improve their life functioning (Unger, 2004).

Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based treatment approach shown to help children, adolescents, and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The treatment—based on learning and cognitive theories—addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. TF-CBT also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.

TF-CBT is a short-term treatment typically provided in 12 sessions or less of 50 to 90 minutes, depending on treatment needs. The treatment involves individual sessions with the child and parent (or caregiver) separately and joint sessions with the child and parent together. Each individual session is designed to build the therapeutic relationship while providing education, skills, and a safe environment in which to address and process traumatic memories. Joint parent-child sessions are designed to help parents and children practice and use the skills they learned and for the child to share his/her trauma narrative while also fostering more effective parent-child communication about the abuse and related issues.

Generally, the goals of TF-CBT are to:

- Reduce children’s negative emotional and behavioral responses to the trauma
- Correct maladaptive or unhelpful beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse)
- Provide support and skills to help non-offending parents cope effectively with their own emotional distress
- Provide non-offending parents with skills to respond optimally to and support their children

The program staff will work closely with community members and providers in order to provide the most comprehensive treatment and services possible to ensure buy in and successful completion of the program. The program will work with families and provide a space for family events and groups for parents of the youth to also feel supported throughout this process.

Clinical Program and Psycho-Educational Process Groups

Each new client will be assessed by the licensed clinician using culturally competent, non-judgmental practices to outline their history and best accommodate their needs. The clinician will determine if they are appropriate and ready for a group setting and assess their commitment to change. The program will provide a once a week psycho-ed/support group led by a trained clinicians. The group topics are as follows:

1. What is Sexual Exploitation?
2. How does it happen and who are the participants?
3. The Culture of Sexuality
4. Sex Education
5. Healthy vs. Unhealthy Relationships
6. Self Esteem and Body Image
7. Stress and Emotional management
8. Coping Strategies
9. Creating Safety
10. Fear, Shame, and Guilt
11. Rebuilding
12. Closing. Now What?

Art Therapy Groups

Given that sexually exploited children often endure sexual abuse over many years, the children often suffer from complex PTSD. Survivors struggle with expressing their feelings and thoughts verbally. Oftentimes the memories of the trauma are stored as images in the brain rather than words, making them difficult to express. To address these issues, The Children's Village will also provide a once a week art therapy group led by a certified art therapist and another clinician in order to help the young men and women to express their thoughts and feelings in a supportive and alternative manner. The group will give them an outlet for their emotions as well as provide them with additional coping and relaxation skills that they can use long after they have completed the program.

Art therapy is a powerful alternative to traditional talk therapy and is often the mode of choice when working with traumatized youth. As a non-verbal modality, it bypasses the usual defenses presented in the verbal process. Issues related to psychological distress and trauma history often show up in images before clients are ready to recognize or speak about them. This fits with theories of how traumatic memory is stored in the lower visual centers of the brain and disconnected from verbal and decision making functions of the brain.

The proposed groups would address the need for non-verbal expression of traumatic experience by participants who have experienced sexual abuse and/or exploitation. Groups would run in 12 week cycles, once a week for one and a half hours in the early evening, and would alternate with psycho educational groups mentioned previously.

Optimally, groups would be comprised of eight members and co-led by a licensed creative arts therapist and a licensed social worker. A psychosocial and an art therapy assessment would be done for group members prior to admission and Trauma Focused CBT work would be done with individual caseworkers to prepare individuals to enter groups. Art created in groups could provide valuable diagnostic information for the entire team to aid assessment and treatment.

Art therapy groups would employ an integrative multi-modal approach combining art making, journal writing, meditation, breathing and relaxation techniques. The goal would be to build coping skills in order to help group members explore trauma triggers and traumatic memory through the art process in a safe and therapeutic environment.

Groups would begin and end with a meditative ritual to provide containment, and snack would be provided at the end of each group. Coping skills (such as breath relaxation, somatic stress recognition, grounding, therapeutic self touch, and focused imagery) would be emphasized in the early phase of group along with affect expression and recognition (Weeks 1-5). The next phase (weeks 6 to 9) would involve identifying triggers and recovery of traumatic memory. Group members would be monitored closely for ability to tolerate recovery of memory. No exercise would be required if a member was not ready for it. The final phase of the group would focus on personal strengths, self-forgiveness, future goals, and termination (weeks 10-12). Participants would be encouraged to repeat the group cycle if needed to increase their tolerance for revisiting traumatic material and to aid in integration. The curriculum described below can be modified/simplified depending on the age or developmental level of the group.

Work Readiness Training

In addition to the clinical and art therapy group services, youth will have access to the Children's Village Education and Employment Center. Work-readiness skills training will be provided for both out of school and in school youth using the Work Place Essential Skills Employment Curriculum, which is designed to prepare youth for the world of work, and help them acquire and sustain gainful employment. The curriculum offers a pre- and post-test that will allow clinicians to assess the progress youth are making.

Classes will cover planning for work, matching skills and jobs, applying for jobs, resumes, test taking, interviewing, being ready for work, workplace safety and learning at work. These classes are held Monday through Wednesday for three (3) hours each day over a 3-4 week period. The design is based on a three-tier training program. In tier one, youth learn theoretical aspects of job readiness, such as cover letters, resumes, thank you letters, the interview process, and personal presentation. In the second tier, youth learn soft-skills that promote positive workplace behavior, including communication, problem-solving, decision making, and conflict resolution. In the final job readiness training cycle, youth study and practice concrete job seeking skills, such as job hunting, tailoring a resume, conducting an interview, and interview follow-up. Participants in the final course meet with a counselor before and after their interviews to prepare as well as to process the outcomes. Upon completion of these classes the youth will walk away with a resume, cover letter, and thank you letter (see budget Addendum C).

This three-tiered plan has been developed in accordance with what research tells us about the highly complex needs of sexually exploited youth. The Westchester County Department of Social Services is committed to meeting these needs, and the Safe Harbour grant will allow us to develop our own infrastructure and partner with agencies that have a long-standing relationship with Child Welfare.

