

**Residential Treatment for Sexually Exploited Adolescent Girls:  
Acknowledge, Commit, Transform (ACT)**

**by**

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*Abstract*

Awareness of the sexual exploitation of children and adolescents is growing in the United States. Yet, very few studies have examined successful treatment options and outcomes for this population. In response to this gap, this descriptive case study provides a brief history of treatment programs for sexually exploited adolescent girls at a residential treatment center in New England, followed by detailed information about the admissions process, treatment protocol, daily life, and outcomes of the most recent group home program. Compared with an earlier treatment program at the same facility, during its first year of operation this group home had a 78% decrease in the number of young women who failed to complete treatment goals due to running away, hospitalization or incarceration ( $p = < .05$ ). Possible reasons for this difference in outcomes include using the transtheoretical model to guide admissions decisions, and the practice of admitting youth to a more-restrictive on-campus program before moving them to the less-restrictive group home.

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## 1. Introduction

I think to change, you have to want to change. It will be hard, but if that desire is in you, if you really want to change, then you can do it. If you need help, ok, which is what I needed, like I was tired of the things that were going on in my life. I was tired of the constant pain, the constant abuse, the constant anger, feeling depressed and just crying for no reason. I didn't want to do it anymore. (Resident of ACT, 2010)

Sexual exploitation of children and adolescents refers to a continuum of behaviors and circumstances: from youth who are sexually abused by a family member or friend, to those who are on the run without financial resources and forced to trade sex for food and shelter, to those who are victims of sexual assault or trafficking, to those who are “in the life” and actively involved in prostitution. Commercial sexual exploitation of children (CSEC) refers specifically to “sexual abuse of a minor for economic gain. It involves physical abuse, pornography, prostitution, and the smuggling of children for unlawful purposes” (Albanese, 2007, p.1).

Because many incidents of sexual exploitation go unreported, reliable data regarding the number of sexually exploited youth in the United States are not currently available. Hotline reports from the National Center for Missing and Exploited Children reveal an increase from nearly 20,000 phone tips of child sexual exploitation reported in 2000, to over 100,000 reported in 2004 (Albanese, 2007). However, it is unclear whether this change reflects growing awareness, increasing exploitation, or both. In 1999, an estimated 285,400 children were victims of a sexual assault and 35,000 were victims of some other type of sex offense (Finkelhor, Hammer & Sedlak, 2008).

Despite the scope of this problem, treatment programs for sexually exploited and at-risk children and adolescents are few and far between. Children of the Night in Los Angeles, Angela's House in Atlanta, and Girls Educational and Mentoring Services (GEMS) in New York City are nationally known programs that have received increased attention in recent years. But little is known about other programs that exist, or about their success rate for both engaging youth in treatment and preventing re-occurring exploitation or high risk behaviors. The purpose of this study is to increase our understanding of residential treatment for sexual exploitation by providing an in-depth case study of a group home for sexually exploited adolescent girls in New England.

## **2. Literature Review**

A growing research literature addresses the possible causes of exploitation, the characteristics of exploited youth and at-risk behaviors, and the impact of current law enforcement practices (Lloyd, 2005; Estes & Weiner, 2002; Estes, 2001; Ward & Patel, 2006; Halter, 2010). Yet, only a few published studies examine treatment options and outcomes for sexually exploited and at-risk youth. Saewyc, Solsvig & Edinburch (2007) propose that coalition building and community organizing may be effective strategies to reduce sexual exploitation and at-risk behaviors amongst young teenage Hmong girls in a Mid-west state. In two additional papers, Edinburch & Saewyc analyze outcomes from a home visiting intervention by pediatric nurses for runaway, sexually exploited young (ages 10-14) teenage girls (Edinburch & Saewyc, 2009, Saewyc & Edinburch 2010). Results demonstrated gains in protective factors and positive development, and reductions in distress and risk behaviors (Saewyc & Edinburch, 2010).

On the other hand, Richard Estes, a professor of social policy at the University of Pennsylvania, states that the "best fighting chance" for victims of sexual exploitation is "24/7 residential care for a long period of time . . . This is not a quick-fix situation . . . It really is a rebuilding and remolding of personality and character" (as quoted in Markman, 2009, "Rescued Child Prostitutes Not Receiving Help," para. 4 & 5).

At present, only one study of outcomes from a residential treatment program for sexually exploited youth exists. In "A Descriptive Study on Sexually Exploited Children in Residential Treatment" (Twill, Green & Traylor, 2010), Twill et al. collected post-discharge outcomes for 22 participants in a residential treatment program for sexually exploited youth located in the southeast United States. One year after discharge, none of the participants were rearrested for prostitution and 50% did not commit a new offense. Those who did commit an offense included status offenses such as running away, truancy, and unruly behavior.

However, this study did not provide information regarding how many youth completed treatment goals and had a successful discharge. Youth who have been sexually exploited are often prone to problems such as lack of engagement in treatment, running away, aggressive behaviors and substance abuse, which may present significant obstacles to completing a treatment program. In particular, lack of retention in treatment due to running away is one of the most difficult problems facing residential treatment programs (Guest, Baker & Storaasli, 2008; Eisengart, Martinovich & Lyons, 2007; Sunseri, 2003).

To address this gap in the literature, in this unique case study we will explore how administrators at one residential treatment center attempted to improve retention rates and

increase successful discharges for sexually exploited adolescent girls. We will compare past and present programs at this facility, examine the changes that were made, and describe in detail the admissions, treatment, discharge and post-discharge outcomes of the most current program. Following Stake (2008), our main goal is “to optimize understanding of the case rather than to generalize beyond it” (p.120). Most importantly, what do the characteristics of this particular case and the experiences of the staff, residents and parents/guardians suggest were helpful approaches in treating sexually exploited youth?

### **3. Methods**

The focus of this study is a group home program for sexually exploited adolescent girls known as ACT (Acknowledge, Commit, Transform). This program is operated by Germaine Lawrence, a residential treatment facility for adolescent girls in Massachusetts. Adolescent girls are considered to be sexually exploited if they have engaged in sexual relations for food, shelter or money; have been forced to have sex while under the control of a pimp; and/or have been victims of sexual assault and trafficking. Young women who are engaged in activities that put them at hi-risk of sexual exploitation, such as posting nude photos of themselves on the internet, may also be accepted for treatment at this program.

#### *3.1 Procedure*

As noted by Creswell (2007), “data collection in case study research is typically extensive, drawing on multiple sources of information, such as observations, interviews, documents, and audiovisual materials”(p.75). Both historical/contextual and current outcomes data for this case study were gathered through chart and record reviews,

telephone and in-person interviews, and on-site observations and interactions. Altogether, we spoke with three ACT staff members, four former residents and one current resident of the ACT group home; three parents of former ACT residents; and eight Department of Children and Families (DCF) guardians of former ACT residents. Participation in this research was voluntary, and all interviewees or their parents/guardians (if under age 18) signed informed consent forms, which included an explanation of the outcomes research project. At the time of the interview, interviewees were given another opportunity to decline the interview. Interviews were semi-structured; telephone interviews were not taped, but recorded through detailed notes. In-person interviews were taped and transcribed. Data from interviews and chart reviews were analyzed both quantitatively and qualitatively. Interview notes were coded according to theme. When reported in this paper, all data that could reveal the identity of specific interviewees has been omitted.

### *3.2 Participants*

The main focus for the outcomes part of this study was the 2009-2010 cohort of youth who discharged from the ACT group home.

#### *3.2.1 Characteristics of the 2009-2010 ACT Cohort*

During 2009-2010, 13 adolescent girls were discharged from ACT. Six were Latina, five were black, and two were white. Nine came to ACT from a short-term residential or group home program (six were attending programs at Germaine Lawrence), and four from living with their families. 6.1 months was their average length of stay at ACT, with a range from two weeks to 15 months. The average age at admission was 16 years old, with a range from age 13 to age 18. Almost half of these girls were born

outside the continental United States, including two from El Salvador, two from Puerto Rico, and one each from Paraguay and Guatemala.

The stories of these young women vary from youth who were raped by “coyotes” while crossing the border into the U.S.; to those who were prostituting on the streets of Boston under the control of their pimps; to those who were engaged in activities that put them at high risk of exploitation. All of them came from homes where they had experienced significant trauma growing up. More than one half (54%) had been physically abused by a parent or household member; almost one third (31%) had witnessed domestic violence in their homes; nearly one quarter (23%) had been sexually abused by their mother’s boyfriend or step-father; two (15%) had a mother with a substance abuse problem; and three (23%) were neglected by one or both parents. In addition, four girls (31%) were victims of sexual assault.

#### **4. The Treatment Facility and its History of Treating Sexually Exploited Youth**

Since 1980, Germaine Lawrence has treated teenage girls for problems such as running away, suicidal thoughts and gestures, substance abuse, aggressive behaviors, sexual exploitation, eating disorders, and truancy. Over the years, one of the most resistant problems to treatment has been sexual exploitation. A review of 20 cases of sexually exploited adolescent girls treated at Germaine Lawrence in 2006 and 2007 revealed a 25% rate of successful completion of treatment, as compared to a 73% rate of successful completion for all girls treated at Germaine Lawrence long term programs during 2007. For the 75% of adolescent girls who did not complete their treatment for sexual exploitation during 2006 and 2007, 65% had unplanned discharges (i.e., when a youth leaves treatment due to hospitalization, incarceration, running away). 69% of the

unplanned discharges were due to running away. In contrast, 38% of unplanned discharges for all girls treated in Germaine Lawrence long term programs in 2007 were due to running away. Thus adolescent girls treated for sexual exploitation had substantially higher rates both of failing to complete treatment goals and of running away.

In the summer of 2008, Germaine Lawrence became part of a city-wide initiative known as the GIFT (Gaining Independence for Tomorrow) network. The purpose of this network was to provide intake, referral and treatment services for sexually exploited and at-risk youth in the Boston area. A combination of services was provided, including intensive foster care homes, a group home located in a neighborhood adjacent to Germaine Lawrence, life coaches, and educational groups led by survivors. Several different agencies were involved, including the Department of Children and Families, Home for Little Wanderers, and Roxbury Youthworks.

The GIFT group home was staffed by Germaine Lawrence and served six to eight adolescent girls in a home-like setting. Residents attended school in the community, and participated in network-wide groups in Germaine Lawrence. Most of them were paired with a life coach. During its first year, 13 youth were admitted and participated in the GIFT group home program. Four of them came to GIFT directly from a correctional placement, and one from an inpatient hospitalization. Seven of them transferred from a Germaine Lawrence short-term program, and one came from an external short-term residential program. Unfortunately, the rate of successful discharges from this program was low; only 23% of young women in this cohort had a successful planned discharge, and 78% of the unplanned discharges were due to runs. Because of funding limitations, in

July 2009, one year after it started, the GIFT group home contract at Germaine Lawrence was not renewed. The life coach program, run through Roxbury Youthworks, continued, and is still operating under the GIFT acronym.

After the GIFT group home contract ended, administrators at Germaine Lawrence decided to continue to operate the group home for sexually exploited youth independently. But, in an attempt to improve retention rates and reduce unplanned discharges, rather than accepting all youth referred with a history of exploitation, they decided to limit admissions to young women who could acknowledge having been sexually exploited and were committed to transforming their life. To reflect this change, they re-created this group home under the acronym of “ACT” – Acknowledge, Commit, Transform. In addition to the change in admissions policy, a new program director was hired, more rules were set up and enforced at the group home, and the group programming held on site was strengthened to include a relapse prevention group and healthy sexuality group.

#### *4.1 Changes in the Admissions process*

Youth referred for treatment at the ACT group home typically arrive through the juvenile court system and are under Department of Children and Families guardianship. With the shift from GIFT to ACT, assessing readiness to acknowledge sexual exploitation and/or at-risk behaviors became a crucial aspect of the admission process. To do this, Germaine Lawrence staff began to use the transtheoretical model (Prochaska & DiClemente, 1983; Norcross, Krebs & Prochaska, 2010) to guide admissions decisions. The transtheoretical model provides a framework for five stages of change individuals go through as they work to change problematic behaviors. The first stage is

pre-contemplation, when there is no acknowledgement of the problem or desire to change; the second stage is contemplation, when some acknowledgement of the problem exists, but the individual is ambivalent about change; the third stage is preparation, when there is both acknowledgement and commitment to change; the fourth stage is action, when the individual is actively taking measures to bring about change; and the fifth stage is maintenance, when change has been achieved and the individual is working on preventing relapse.

This model has been used extensively for understanding the recovery process and guiding the treatment of addictions such as alcoholism, drug abuse and gambling (Petry, N.M. 2005; DiClemente, C., Schlundt, D., Gemmell, L., 2004; Carbonari, J.P. & DiClemente, C. C., 2000). However, the transtheoretical model has also been criticized for simplifying the change process and, through its focus on stage progression, promoting short-term change that does not always lead to long-term behavioral changes (Brug et al., 2005). A further caution is that while some individuals may progress directly through these stages to the final stage of maintenance, most go back and forth several times through the various stages, and not necessarily in the same order. Stage changes can happen gradually, or suddenly. Yet, in spite of these reservations, as an admissions tool, applying the stages of change may help to assess both the readiness of a particular youth to engage in treatment at a particular time, and the appropriate level of care (DiClemente et al., 2004).

Using this model, Germaine Lawrence decided to limit admissions to the ACT group home to adolescent girls who were at least at the contemplation stage of change; in other words, ready to acknowledge sexual exploitation and/or at-risk behaviors. Such

acknowledgement can be expressed in many ways. All residents know they are coming to a group home to work on and be treated for this issue. Some may not be familiar with the word “sexual exploitation,” but will understand when it is explained and comment that this happened to them. Others may acknowledge that their running is putting them at risk, without actually saying that they have been victims. And others may state directly that they want to change their lives. For example, one former resident reported to her caseworker that she was in treatment “. . . because I want to get out of ‘the life’ and I want to stop running. I am 18 and want to focus on my future.”

To be admitted to ACT, youth also need to be ready to adjust to life in a group home setting. In the words of a current ACT resident who also was at the earlier GIFT program, “I know there are countless times when people have come here, and they’re not ready to be here, and they just act out, and they’re gone. They weren’t ready to come to this type of setting.” For example, if a young woman is engaging in unsafe behaviors such as physical assaults or frequent runs, she would not be considered ready for admission to the group home. Furthermore, the level of commitment each youth has to participating in the treatment process, such as her willingness to attend therapeutic groups, is also important.

These behaviors and qualities are assessed by a personal motivational interview conducted by the ACT program director and the Germaine Lawrence director of admissions. If a prospective resident is not at the contemplation stage of change or able to adjust to group home life, she might be offered admission to a Germaine Lawrence on-campus program. For example, she might be told “we want you to come to ACT, but you need to do these things first.” This approach has resulted in many girls being admitted

first to a treatment program on campus so they could stabilize their behavior, end their involvement in sexual exploitation, and become committed to engaging in treatment. In most cases, even if an adolescent girl is judged to be ready for ACT, she is first admitted for a trial period at an on-campus program for continued observation and interaction to make sure a move to the group home is the best option for success. This practice avoids admitting girls who might appear to be ready in the interview, but when observed over a longer period of time, are not yet ready.

To help prospective residents begin to acknowledge their exploitation, while they are on campus, they can start attending the educational group My Life My Choice (Goldblatt Grace & Porter, 2008). This group is led by an adult survivor and the ACT program director. Through this class, youth are exposed to other young women who are at-risk or in “the life,” and can learn more about what sexual exploitation means. As they begin to understand, some girls experience a light bulb going off. They might acknowledge that they were exploited, or that while on the run they were forced to have sex to get something, such as food or shelter.

Waiting to enter the ACT group home is difficult for some prospective residents. Staff members at ACT try to assure these youth that they will begin to make connections with ACT staff even though they are living at an on-campus program. For example, by participating in My Life My Choice, youth get to know the ACT program director. In addition, ACT residential counselors often check in with them, and go for walks or just talk informally. In these small ways, they start to build relationships. Prospective residents usually also begin regular therapeutic sessions with the ACT clinical director. Overall, the ACT staff members help youth transition to ACT in a variety of ways, thus

building a safety net that will contribute to their success. Supported by this gradual process, when the time comes to actually make the move, residents are usually very committed to living at the group home.

#### *4.2. Treatment protocol and goals at ACT*

When young women enter the ACT group home, staff members welcome them and try to make them feel at home. The group home is located in an older two story house that has been updated with colorful furnishings, handmade curtains and artwork. Some residents have a roommate, and others have their own bedroom. Upon entry, residents are assigned a staff mentor, who is a residential counselor (a member of the milieu staff). In addition to being available on a daily basis, staff mentors have at least one meeting with their mentees each week to discuss their treatment, concerns and goals. One counselor is a native of Guatemala and is especially helpful for Spanish-speaking residents.

Overall, residential counselors spend a lot of time with ACT residents, and in most cases develop very close relationships, which help build connection and stability. In the words of one counselor: “these kids keep us going as much as we keep them going. It’s an all-around-the-board thing, just like a family. And when we come in, the first thing they say is that they love us. And they’re not supposed to say that, but we let them . . . we add therapeutic to it.”

Soon after admission, residents are also connected with a survivor mentor from the My Life My Choice Project who meets with them regularly, often for activities in the community. In addition, residents meet weekly with their individual therapist, who is a master’s level clinician (usually the ACT clinical director). A bilingual clinician who can

conduct therapy in either Spanish or Portuguese is also available. If residents started the educational support group, My Life My Choice, on campus, they can continue in this program. A follow-up relapse prevention group is also offered, which is co-led by the ACT clinical director and an adult survivor. Altogether, Germaine Lawrence staff members at ACT include the program director, clinical director, and five residential counselors. The program as a whole is overseen by the Germaine Lawrence agency administrative team.

The treatment model incorporates stages of change, youth leadership, cultural competency and trauma-informed therapy. As stated in the ACT handbook:

Our mission at ACT is to sustain a warm, homelike environment that fosters trust, relationship building and a sense of belonging for girls that have been sexually exploited. We recognize that our girls have experienced severe and complex trauma and support their need to be in an engaging, non-judgmental environment where they are empowered to share their experiences without fear of disapproval or shame. (Corbett & Valila, 2010, p.2)

Guided by this mission, the seven goals of treatment at ACT include: 1) to reconnect youth to the community in a positive, safe way; 2) to provide an education; 3) to help youth find their identity, including identifying one or two things that they are good at; 4) to build self-esteem; 5) to connect youth to resources in the community that can help (shelter, food, hotlines, etc.); 6) to provide a safety net to help them cope with behaviors they did in the past; and 7) to link them with mentors who will continue to be in contact with them after discharge. Overall, ACT staff members try to ensure that

residents will leave with a trail of people and services that will support them as they transition to live safely in the community after discharge.

Treatment provided to ACT residents includes their families, if available, in the process. Both family therapy and family dinner nights are offered. Family therapy is especially challenging when a language/cultural barrier exists; in this case, every effort is made to connect the family with a bilingual therapist. Plans are also underway to offer a parenting workshop in Spanish. For families who cannot come to Germaine Lawrence because of transportation problems, childcare responsibilities or other issues, in-home family therapy is offered.

As residents move through the program and reach the maintenance stage of change, their treatment and role in the program also changes. One of the projects currently being discussed is having ACT residents be mentors for prospective ACT residents currently in on-campus short-term programs. In this way, young women who have gone through treatment at ACT will have more of a leadership role, and can use their new skills to help others. This type of mentoring is already occurring informally. In the words of a current resident of ACT who is almost ready for discharge: “I want the best for every girl who comes in here . . . girls come to me for advice . . . I like to try to help people.” Her future plans include going to college to become a counselor so she can help other youth who have had similar experiences to her own.

Helping youth set educational goals for themselves and providing the support needed so they can reach these goals is an important part of the treatment process. As noted by Rachel Lloyd, the founder and executive director of Girls Educational and Mentoring Services (GEMS), “Intervention must not only treat the victims, but create

viable educational and vocational opportunities for their future” (Lloyd, 2005, p.17). At ACT, discharge planning is individualized to each young woman’s needs and goals. Staff members provide extensive help with college and job applications, including taking youth for college visits, as well as educational and career counseling.

#### *4.3. Daily life at ACT*

In addition to the clinical, therapeutic and counseling services mentioned above, young women admitted to ACT attend school in the community and often work part-time after school. Participating in group home life allows residents to increase their self esteem through interacting socially with staff and residents and building a community together. The group home is staffed 24 hours a day, seven days a week, to provide support and guidance with daily activities. ACT residents learn life skills as they prepare meals, maintain the house and manage a budget. Diversity of cultural background is respected and celebrated, as youth are given the opportunity to shop for groceries and cook foods from their cultural backgrounds.

ACT residents are offered ways to earn money as they participate in group activities and do their chores. For example, if they attend a treatment group and participate, they receive \$5.00 per group; if they attend a community meeting, they receive \$2.50, and if they do their weekly chore, they receive \$1.00. Money they earn is put into their money pouch, which they can access at anytime, or given directly to them. If they have a part-time job after school, they also manage this money through a personal bank account.

Group home rules are established through community meetings, and each resident is held accountable by their treatment team. Rules are in place regarding procedures and

consequences for wake up and bed times, cell phone use, house phone use, verbal threats, physical aggression, property damage, personal boundaries, money management, cigarettes, drugs/contraband, chores, cleaning bedrooms, running, lending and borrowing personal items, stolen property, attending school, attending groups, and appropriate clothing.

Consequences for not following rules include fines and being grounded. Being grounded is in general used for severe violations such as coming to the group home under the influence of drugs or alcohol, bringing weapons or contraband into the home, and/or making physical or verbal threats toward staff or peers. If a resident is grounded, she has no cell phone privileges, no community access, no walks unless with staff, and she must be accompanied to school with a staff member. If a resident is judged to be creating an unsafe environment and repeatedly not following the rules, she can be moved to a more secure program on the Germaine Lawrence campus for a designated period of time until it is safe for her to return.

The ACT program differs from the treatment programs on the Germaine Lawrence campus in terms of the greater community access experienced by its residents, and the absence of motivational point cards and stage systems reflecting different privileges used in most of the on-campus programs. Overall, staff members at ACT strive to create a “real world” home environment that still has systems and structures in place, but is more relaxed than on-campus programs.

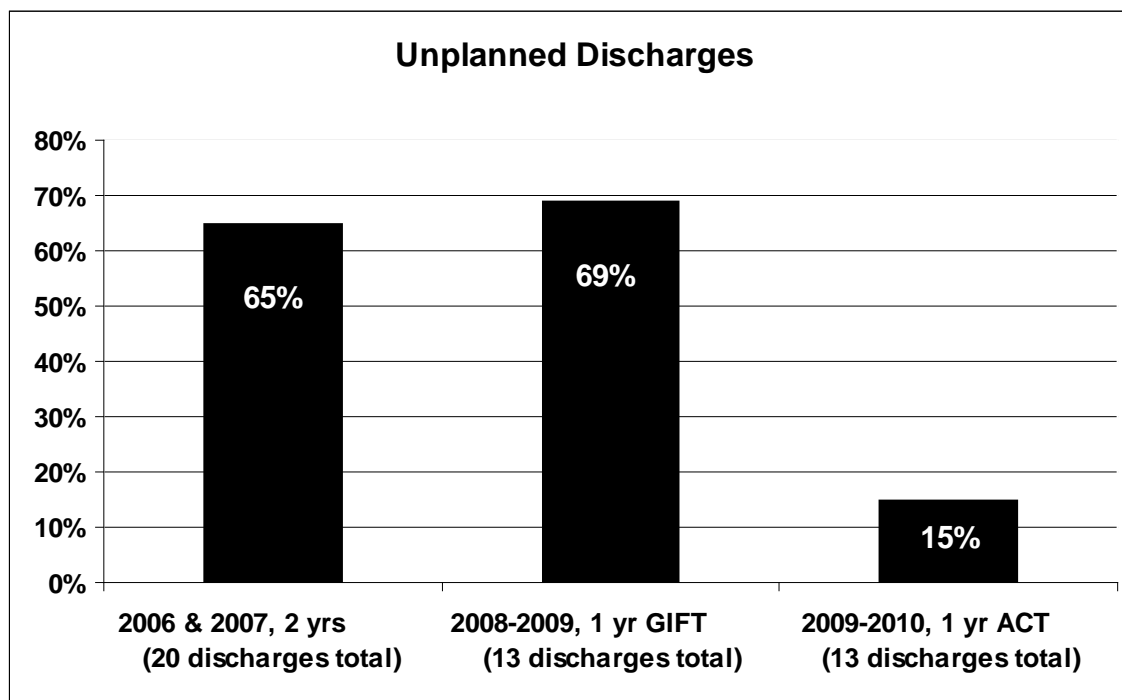
## **5. Results: Outcomes at Discharge and Three Months Post-Discharge**

### *5.1. Outcomes at Discharge*

In its first year of operation, ACT had eight planned discharges, representing a 62% rate of successful completion of treatment, with only two unplanned discharges (15%), both due to runs. The remaining three residents (23%) were withdrawn by their parents prior to the completion of treatment goals. This represents a 78% decrease in unplanned discharges when compared to unplanned discharges for young women treated at the 2008-2009 GIFT group home, and a 77% decrease when compared with unplanned discharges for youth treated for sexual exploitation at Germaine Lawrence long term programs during 2006-2007 ( $p = < .05$ ). Thus, the ACT program was more successful in reducing unplanned discharges than previous treatment programs for sexual exploitation at Germaine Lawrence (see figure 1).

Figure 1.

*Unplanned Discharges at Germaine Lawrence Treatment Programs for Sexual Exploitation*



## *5.2. Outcomes at Three Months Post-Discharge*

Information regarding the living situation, at-risk behaviors, education, hospitalizations, arrests, use of aftercare, and perceived helpfulness of treatment was collected for all 13 former residents of ACT at three months post-discharge. Altogether, we spoke with four former residents, three parents (two mothers and one father), and eight DCF guardians.

### *5.2.1. Living situation and at-risk behaviors*

Both of the residents who had unplanned discharges were still on the run when their guardians were contacted at three months post-discharge. All three residents who were withdrawn from the program by their parents prior to the completion of treatment goals were still living safely with their families three months after discharge.

The remaining eight residents all had planned discharges: they completed treatment goals and discharged to a safe environment. Six of these young women discharged to live with their families, one of them went to live at college, and one went to live in a group home.

At three months post-discharge, all of the former residents who had planned discharges were still living in safe environments. But one young woman was hospitalized and another one had been arrested for assault while living at home. And two other former residents still struggled with behaviors that put them at risk for sexual exploitation, such as running. For one of these girls, her DCF caseworker was concerned about her client's lack of communication with her mother and impulsive relationships with men: "She has new relationships that last a few weeks and take over her life." So although at-risk

behaviors were still present for some of these young women, there were no reports of further sexual exploitation.

#### *5.2.2. Education*

Significantly, six of the eight former residents who had planned discharges were enrolled in school, including one who was attending college. However, two of these students struggled with consistent attendance.

The remaining two former residents who had planned discharges were not enrolled in school at the time of the follow-up. One had received her General Equivalency Diploma (GED) and was planning to take college courses in the summer, and the other was working at a local Dunkin' Donuts.

#### *5.2.3. Aftercare Services*

As for aftercare services, five former residents were still in close contact with their survivor mentor; one parent described her daughter's relationship with her mentor as being "like a bodyguard." Three young women used other services such as in-home teams and/or individual therapists. One former resident mentioned that she was "fine without any help."

#### *5.2.4. Perceptions regarding why treatment was not helpful*

When asked during the three months post-discharge interview whether treatment at ACT was helpful for their clients, three DCF case workers interviewed felt some aspects of the program were not helpful. One caseworker felt the treatment was "therapeutic, offering support and hand-holding," whereas what her client needed to change was a "tough love approach" with "more real life consequences." Another caseworker commented that while at ACT, her client was "too much on her own, had too

much freedom, too much independence.” And finally, one caseworker felt that the program should be more structured, noting that “it’s hard to put girls together with the same problems, they learn different behaviors from the other girls.”

As for the youth themselves, two bilingual former residents would have preferred to receive their therapy in Spanish and have more Spanish speaking staff in the milieu. One of these girls commented that in addition to helping her communicate with staff, this would have made it easier for her parents to participate.

#### *5.2.5. Perceptions regarding why treatment was helpful*

Overall, most interviewees had positive comments about the treatment received at ACT: this included five DCF case workers, four residents, and two parents. Aspects mentioned included helping residents with building relationships, knowing how to utilize supportive services, learning to “stay put,” being responsible for themselves, understanding what exploitation means, and finding their own voice.

With regard to one adolescent girl treated at ACT who was withdrawn by her parents prior to completion, her DCF case worker commented: “(She) definitely learned skills at Germaine Lawrence. For example, she has been able to utilize supportive services a lot more, and she also is much more aware about what exploitation means – before she would say, ‘Oh, we were just having fun.’ She also is more able to say no to her friends if they want to stay out past her curfew.”

Another case worker felt that although “dealing with peer pressure” was still a challenge for her client after discharge from ACT, she thinks that this program “helped (her) to find her own voice and speak out for herself . . . it also helped her learn new coping skills.”

The father of another former resident observed that: “After she left, what you were trying to teach her finally clicked in – she has to be responsible for herself.”

Comments by former residents themselves include one young woman who stated that while she was at ACT she learned “to stay-put.” At first she didn’t like the group home, but in the end, got along well with everyone, and still talks with staff there. This ongoing connection was confirmed by an ACT milieu staff member who said that almost all of the former residents continue to contact ACT staff after they leave; staff encourage residents to keep in touch: “Every kid that’s left here, that’s come and went, still calls. So I feel like for the most part we built great relationships with the girls.”

Another former resident said she was very satisfied with the treatment and the services at ACT helped greatly. She added that this was because the program gave her independence and was based on her personal life, which met her individual needs.

Finally, one current ACT resident who is applying for college had this to say about the impact of her treatment:

You ask a staff if I’ve changed, and . . . I honestly agree, it’s a shock, it is shocking . . . Basically I found my voice. I would get mad and, if I was mad at somebody, they would know I was mad at them, but I wouldn’t tell them why. I wouldn’t really explain myself. Like if I didn’t like something about the program, I would just tell one staff and I wouldn’t explain or bring it to the program director. And now, I haven’t been to a community meeting in awhile because I work, but at every community meeting I would bring up something. I was always one who spoke. (Resident of ACT, 2010)

## **6. Discussion**

So what can be learned from this analysis of a residential treatment program for sexually exploited youth? Our case-study research design, with its focus on understanding rather than generalization, does not allow us to state with certainty what caused the improvement in outcomes experienced by residents of ACT. Nevertheless, we have demonstrated that the ACT program was more successful in retaining youth in treatment than earlier programs at Germaine Lawrence, and have identified key characteristics of this new program which, from the perspective of administrators, staff, residents and parents/guardians, were considered helpful. Based on this analysis, we would like to offer the following six suggestions for providing treatment for sexually exploited adolescent girls.

First, our study suggests that for better treatment outcomes, youth admitted for residential treatment for sexual exploitation should display three key characteristics: 1) willingness to acknowledge sexual exploitation and/or at-risk behaviors; 2) ability to commit to living safely in a group home, and 3) desire to transform their lives. These characteristics need to be carefully assessed during intake and re-assessed as treatment progresses. In this way, the admissions process is not separable from the treatment process; the three characteristics mentioned above are not only pre-requisites for admissions, but an ongoing concern once youth have entered the program.

Second, designating a separate group home program especially for sexually exploited youth, and locating it adjacent to a larger residential treatment campus allows residents to transition slowly to group home life, and to go back and forth to a more restrictive setting as needed. From our experience, this is more successful than treating youth with a variety of problems in the same setting, or moving them immediately from

more restrictive external placements, such as a correctional institution or the hospital, to the designated group home.

Third, educational groups may help youth move to the contemplative stage of change and be receptive to treatment, and also to maintain progress once they are engaged in treatment. In our case, the group My Life My Choice, co-led by an adult survivor, educates residents about sexual exploitation, allowing them to reflect on their experiences and begin to acknowledge that exploitation may have happened to them. The subsequent relapse prevention group helps youth sustain their progress.

Fourth, survivor mentor programs, such as that offered by the My Life My Choice Project, provide a more informal, “real-life” support for residents. From our experience, a combination of contact with staff such as clinicians, administrators and milieu counselors who are nurturing but maintain professional boundaries, with survivor mentors who share their own personal stories, has been an effective way to both engage youth in treatment and provide necessary continuing support after discharge.

Fifth, creating and maintaining a warm, home-like living environment that allows more freedom than typical residential treatment settings, but still maintains clear rules and consequences, appears to be helpful. Encouraging residents to speak up and advocate for themselves at community meetings is part of this process. Allowing residents to earn money in the program through performing chores and daily tasks, and access their funds, has also helped to both motivate and educate residents about necessary life skills.

And sixth, culturally competent treatment, including family therapy in the appropriate language, is crucial. When this is absent, it is very difficult for some parents to participate in their daughter’s treatment, which can compromise success.

Individualized discharge planning, which includes cultural competency as well as careful regard for a youth's educational goals, is also necessary.

Overall, our case study suggests that the ACT treatment program had more successful discharges than previous treatment programs at Germaine Lawrence because the admission and treatment process combined the practices mentioned above. While follow up interviews conducted with former residents and their parents/guardians at three months post-discharge reveal that some at-risk behaviors persist, the continued absence of sexual exploitation is promising.

### *6.1 Limitations and Implications for Future Research*

To develop a more comprehensive view of the recovery process and the impact of residential treatment for sexually exploited adolescent girls, further research is required to determine whether a successful discharge is associated with long-term avoidance of sexual exploitation and at-risk behaviors. In particular, follow-up interviews at one year post-discharge and beyond must be collected and analyzed.

As more residents are treated at ACT and our sample grows, both quantitative and qualitative data must be analyzed to provide additional insight into what types of youth are most likely to sustain benefits from residential treatment, and what changes are required to make our program more responsive to their needs. The role of ethnic and family backgrounds, legal status, pregnancy, problematic behaviors in addition to sexual exploitation, and trauma histories must be examined in detail.

Continuing research with a larger sample size and a control group is also needed to determine which particular aspects of the treatment and admissions process are most effective. Without this type of research design, we do not know whether the cohort of

adolescent girls treated at ACT in this study had more successful discharges than residents treated at earlier Germaine Lawrence programs because they met our revised admissions criteria, or because of other factors in their personal backgrounds and/or the treatment process.

Moving beyond our own experience, studies comparing outcome data from the ACT group home and data from other treatment centers for sexually exploited adolescent girls may help to clarify which types of youth may benefit the most from residential treatment, and which treatment models are most effective.

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