



## Residential treatment for sexually exploited adolescent girls: Acknowledge, Commit, Transform (ACT)

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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 admission 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 admission 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, and 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).

*Abbreviations:* ACT, Acknowledge, Commit, Transform; GIFT, Gaining Independence for Tomorrow; DCF, Department of Children and Families.

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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 (Estes, 2001; Estes & Weiner, 2002; Halter, 2010; Lloyd, 2005; Ward & Patel, 2006). Yet, only a few published studies examine treatment

options and outcomes for sexually exploited and at-risk youth. Saewyc, Solsvig, and Edinborough (2007) propose that coalition building and community organizing may be effective strategies to reduce sexual exploitation and at-risk behaviors among young teenage Hmong girls in a Mid-west state. In two additional papers, Edinborough and Saewyc analyze outcomes from a home visiting intervention by pediatric nurses for runaway, sexually exploited young (ages 10–14) teenage girls (Edinborough & Saewyc, 2009; Saewyc & Edinborough, 2010). Results demonstrated gains in protective factors and positive development, and reductions in distress and risk behaviors (Saewyc & Edinborough, 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 and 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, and Traylor (2010) 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 was 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 (Eisengart, Martinovich, & Lyons, 2007; Guest, Baker, & Storaasli, 2008; 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 that 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 high 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 outcome 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 were 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 2 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

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