



# **Youth Sexual Exploitation**

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## **Banteay Srei Youth/Sexual Exploitation Training**

### **A. Opening**

**Time:** 30 mins

#### **1. Check in question**

- a. What's more important, your family history or your medical history?

#### **2. Debrief check-in question**

- a. There is no right or wrong answer to this question. As we are part of the community we serve, carry with us trauma in our bodies, and provide services or support to our community, it is important for us to remember that family history intersects with medical history and vice versa. That emotional and mental trauma manifest in our bodies physically. So as we go through the training together today, we should consider both the mental and the physical well being of the people we serve, but also our own well being.

#### **3. Setting the Space**

- a. Today is about returning to the basics and building up a meaningful foundation of knowledge of commercial sexual exploitation. There is a wealth of experience and knowledge in this room.
- b. By no means are we standing up here as experts, we encourage you all to also contribute how your family/organization/community addresses sexual exploitation. I will be referring a lot to Southeast Asian young women and their background as that is the population we serve. Their experiences overlap with other young women and young men, and sometimes, their experiences are different.
- c. I encourage you all to keep an open mind, be non-judgmental of any questions, comments or experiences shared today.
- d. Also, take care of self throughout the day and weekend as all of our topics can be triggering. We also have Nina, Mira and Mylene as people you can pull aside to check in with.

#### **4. Review Goals of Training:**

- a. Understanding the spectrum of sexual exploitation
- b. Understanding the political, social and health landscape around sexual exploitation
- c. Understanding the recruitment patterns
- d. Sharing best practices in responding

### **B. Healthy Human Life**

**Time:** 30 minutes

**Materials:**

1 Chart of Baby Abby

4 Charts (titled Adolescent, Choice, School, Family)

Markers

#### **1. What does Baby Abby need to be a healthy baby?**

**Directions:** Ask audience to write as much as they can on the poster addressing the question "What does Baby Abby need to be a healthy baby?" (i.e. be specific, what does love look like? Being held? Being fed? Someone attends to baby Abby when she cries?)

## 2. What happens to Baby Abby when she becomes a teenager? What are challenges Asian American teenagers encounter?

Directions: Ask audience to write as much as they can on the poster paper identifying issues young people face as teenagers.

### C. Defining Terminology:

**Time:** 45 min

**Material needed:** Power point/Prezi (online), butcher paper, markers

#### 1. Identify root causes of sexual exploitation

- a. Patriarchy
  - →sexism
- b. Capitalism →classism →poverty
- c. Ageism –taking advantage of vulnerability/inexperience and youthfulness of the emotional and physical being of an individual

#### 2. Defining Human Trafficking

#### 3. Defining prostitute/prostitution: What are the first things that come to mind when you hear “prostitute” or “prostitution”?

- a. Write responses on board
- b. Negative connotation/judgment/out-casting of women/men in the line of “work”
- c. Go over definition of prostitute

#### 4. Trafficking is the process and Exploitation is the commercial and sexual exchange

#### 5. Trafficking and Violence Protection Act (TVPA) 2000 (fed law, reissued 3 times)

- a. minors are protected under federal law as victims of severe trafficking, even if fraud, coercion, or force was not used/proven
- b. domestic trafficking of children are also included in this federal act which protects international trafficked victims and defines these children as CSECs

#### a. Commercial Sexual Exploitation of Children (CSEC/CSEY)

- When there’s a middle person / third party involved, who is profiting from the child’s sexual exploitation, i.e. a pimp, headmaster
- Involves maximum benefits to the exploiter
- Child is a victim of human trafficking, by Federal terms.

#### b. Sexual Exploitation of Minors (SEM)

- When a child exchanges sexual favors or sexual intercourse for food, clothing, shelter, or to meet other basic needs.
  - Ex. Youth, who is homeless, exchanges sex for a couch to sleep on
  - Not just for money, but for food, shelter, etc.
- When an adult or older teenager takes advantage of a minor + uses them to have sex or do sexual favors for their own gain.
  - Ex. Sexual exploitation money pays rent
- Not reached the legal age to consent to sex in the state of CA.

#### c. Survival Sex

- Discuss how human trafficking can lead to women feeling trapped (lack of experience, education, job skill) and becoming dependent on using their bodies to make ends meet (survival sex).
- Question of “choice”

**6. Significance in changing the language we use to discuss CSEC/SEM/Youth cases**

“Teen/Child Prostitute”	Commercial Sexual Exploitation of Children (CSEC) Sexually Exploited Minor (SEM)
<ul style="list-style-type: none"> <li>• A young person who has made a conscious and poor choice to enter the commercial sex industry</li> <li>• Wrongly equated with a “profession” or work</li> <li>• A juvenile offender, a criminal; punishable –youth deserve consequences of sexual violence, social isolation, incarceration, etc.</li> <li>• Used as an insult/derogatory term</li> <li>• A label with long-lasting stigma</li> <li>• A “bad kid” who is resistant to help and may not be worth the effort</li> </ul>	<ul style="list-style-type: none"> <li>• Indicates that multiple factors impact how and why children are involved</li> <li>• A young person who has been sexually used, coerced, manipulated, and violently controlled for another person’s profit</li> <li>• A form of child sexual violence/child sexual abuse, sexual molestation, rape</li> <li>• Defines what has happened to a child, rather than labels who the child is</li> <li>• A young person victimized by multiple systems of oppression</li> <li>• A young person who deserves intensive support and services</li> </ul>

- e. **Recap:** Before, CSECs were viewed as criminals. Even just in the language that we use (prostitution). Now, we’re taking a unified approach to seeing them as victims/survivors/leaders, everyday people.
  - i. And, we, the US system, are still stuck in the criminal mindset/perspective, and working from that lens, from that system
  - ii. Thus, as community people and in community orgs, it is important for us to not work from a criminalizing perspective
    - 1) Thus, also a need to validate our various communities’ traditional healing work and not solely relying on traditional American mental health therapy

**D. Vulnerability factors Banteay Srei often see with SEA youth in Oakland (as example)**

**Time:** 55 minutes

**Material:**

1 Chart of Baby Abby

4 Charts (titled Adolescent, Choice, School, Family)

Markers

Power point/prezi for recap section (online)

1. **What happens when Baby Abby grows up in a sexist society, in a low-income neighborhood/family? Parents are immigrants/refugees/always at work? What struggles does she go through?**

Directions: There are 4 charts that we will explore. What is it about this topic/category that makes Teenage Abby vulnerable to sexual exploitation? 5 minute per topic.

**2. Adolescent years:**

- a. How many of us thought we were “grown” by the time we were 12-18?
- b. **Normal adolescent behavior**

- –make risky/impulsive choices. We have all made those too (ex. stay out later, talk to “strangers,” lie to our parents, etc.), but maybe didn’t run into those predators.
    - Want material goods (i.e. iphone, nice clothes, make-up, nails done, purse, etc.)
    - Seeking love or a place to belong
  - c. 80% of CSEC/SEM has history of child sexual abuse (from family members, family friends, often times adults, sometimes from family their age).
    - 25 year olds disclosing that they were sexually abused when younger. Not being able to articulate what they went through, how do they tell someone, no one else saw, who would believe them?
  - d. The average age of recruitment is 12
  - e. How many of us have made a bad decision when we were teenagers?
    - Usually starts from getting away from a bad situation
- 2. **Choice** = the ability to select from different option
  - a. But – most of them don’t have all those options (low-income girls and young women of color are often the victims), let alone the developmental maturity to make informed decisions.
  - b. Low-income –constant exposure to violence (in the house, in the community, city-wide).
    - Youth internalize/normalize violence and oppression
    - Recently, a youth was being stalked by a man who kept circling the block and hollering at her. Although she felt scared, unsafe and uncomfortable, she said, “it is what it is, people do it all the time.”
  - c. Lack of youth jobs
- 3. **School**, falling through the cracks
  - a. Model Minority Myth still exist
  - b. API youth falling through the cracks, no one noticed
  - c. Low-income schools prioritize pushing excelling youth through high school, into colleges, raising Academic Performance Index (API) score
  - d. Often times, don’t ask for help, feel misunderstood
  - e. Youth, goes to school but doesn’t go to class. Feel the weight of her already behind, junior, has 35 credits. When you finish your junior year, you should have about 180 credits. She’s on-campus somewhere getting high and drunk.
- 4. **Family**
  - a. **SEA issues added onto lack of options**
    - Historical trauma –trauma passed from one generation to another
      - SEA still coping with war/genocide tragedies, loss of loved ones, rape/sexual violence.
    - 40% of SEA refugees suffer from depression<sup>1</sup> and 70% are found to have post-traumatic stress disorder.<sup>2</sup>
    - Family issues / intergenerational gap

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<sup>1</sup> Nicholson, B.L. (1997) “The influence of premigration and post migrations stressors on mental health: A study of Southeast Asian refugees.” Social Work Research. Vol 21(1), 19-31.

<sup>2</sup> NIH, National Diabetes Education Program, 2006. Silent Trauma: Diabetes, Health Status, and the Refugee: Southeast Asians in the United States.

- SEA youth in California have some of the highest rates of poverty in the state – 42% of Hmong youth and 31% of Cambodian youth live in poverty in California.<sup>3</sup>
- Thus, youth seek love and a place to belong
- Lack of education around exploitation and resources
- Fear of authoritarian figures and law enforcement
- SEA/API youth are under the criminal justice radar

## 5. Exotification of Asian American women

- a. Historical exotification of Asian American women
  - Dragon Lady –fierce, exotic
  - “Sex Workers” where US military have touched down (i.e. wars in Southeast Asia, Korea, Philippines, Pacific Islands)
  - Stereotype of nice, obedient
  - Essentially Asian American women make great “objects” thus we are objectified by everyone including ourselves
  - Today –rap videos, “Asian girls are “winning” right now, everybody wants an Asian girl or a girl who looks mixed with Asian,” comics/video games
    - Internalize oppression → Asian American women embrace exotic title
- b. Thus, society has a high demand of Asian women.

“I needed someone to talk to me, like everyone makes mistakes; to tell me, you know, it’s going to be okay and I’m better than that.” –CSEC Survivor (2010).

“It feels weird and good when my high school counselor said hi to me in the hall way for the first time ever.” –High risk youth, junior (2013).

## E. Patterns of Recruitment/Involvement

**Time:** 45 minutes

**Material:** Power point

### 1. Seduction

- Make exploitation look good, enticing, to pull in youth
  - Social media, flirting with young women at the bus stops, walking from home
- Usually wants to be youth “boyfriend” / “daddy”
- Provide basic needs: love, food, shelter, give you money
- Youth want love + attention, validation
- Most SEMs have been abused, play into that, already abused anyway

### 2. Isolation

- No contact with family and friends.
- Take cell phone, or close watch on conversations
- Persuading youth their family and friends are no good for them, otherwise they would be taking care of them
- Trafficked –not close to home. Taken to an unfamiliar place.

### 3. Coercion

- Exploiter persuading youth, “We need money, baby. Just put yourself on the streets- to help us.”

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<sup>3</sup> Asian American Center for Advancing Justice (2013).

- We need to eat, cash this check under your name.
- Ex. Youth who have been in the recruitment process were “invited” to touch gun of exploiter. Touching the gun can be used as blackmail as no one knows where the gun has been.

#### 4. Violence

- Instill fear into youth, threatens to beat up youth, beats up youth
- Rape
- Threaten to hurt youth’s family or friends
  - Ex. “I know where you live + where your family lives.”

#### 5. Not all youth are “recruited” by an exploiter

- survival sex, where they may be connected to sexually exploited youth and learn the process...i.e. post ads online, group of friends find exploiter (johns), sell body once or twice to meet basic needs (food, clothes, etc.), and then get caught up.

### F. 15 min Break

#### G. Care (Example)

**Time:** 55 minutes

**Material:** Power-point/prezi

1. High-risk indicators (doesn’t necessarily mean they are CSEC, but raises red flags)
  - a. high # of partners over lifetime
  - b. sexually active with multiple partners
  - c. significantly older “boyfriend,” ex. 13 yr old w/ 20 yr old boyfriend
  - d. history of STDs, especially if friends have same STD
  - e. requests for regular STD /pap smear tests
  - f. multiple requests for pregnancy tests
  - g. multiple pregnancies
  - h. frequent use of plan b
  - i. disclosure of having nude or sexual photos online
  - j. disclosure of their friends
  - k. disappears for weeks/months, come back and appearance is different
    - i. make-up, nice clothes, different attitude
  - l. Isolated from people: not going to school, not living at home
2. What health effects do youth who are CSEC identified have?
  - a. STD/STIs/ severe reproductive health issues
  - b. Somatic Health Issues (constant headaches, stomach pains)
  - c. Poor Nutrition (not eating regularly –lack of access or lost of appetite)
  - d. Mental Illness/PTSD/High alert
  - e. Drug use/abuse
3. What do you do?
  - a. Have real conversations regarding CSEC/SEM involvement - We need to support them in their healthy development, gaining control over their lives, w/ the ability to make healthy decisions for themselves, have agency over their lives, to be leaders in their lives, and in their communities.

- b. Bring up sexual exploitation and if they know about it. Sometimes, when the youth trust you, they will disclose without the provider asking.
- c. Work to provide youth who have been sexually exploited youth to have access to stay healthy.
- d. Understand that exploitation will not end today or tomorrow, the process is long. Sometimes, the young women is out of the sex trade, and back in.
- e. Providers meet the youth where they're at, but have a balance between understanding situation and empowering youth to build their own self-determination...this requires making hard decisions.
  - i. Example:
- f. Goal is to heal but also self-determination –they have just as many options as every other youth out there
- g. We need to look at each case in a holistic sense, and without contributing to their exploitation.
- h. Encouraging youth to define the areas they would like support in.

4. Do's and Don'ts (borrowed from Girls Educating & Mentoring Services) when having conversation with a young person who discloses their exploitation.

DON'Ts	DO's
<ul style="list-style-type: none"> <li>• DON'T react verbally or physically in a way that communicates disgust or disdain. Refrain from displaying a shocked face or talking about how "awful" the child's experience was. This may shut the child down. →OMG, are you serious?</li> <li>• DON'T use strategies that switch between treating the child as an offender, then as a victim.</li> <li>• DON'T dispute facts or comment on a child's motivation. This is likely to stop the flow of information. →That's where you went wrong, you should have...</li> <li>• DON'T expect a child to recognize their situation as exploitative, or to present himself or herself as a victim in need of immediate intervention or rescuing. →They are processing. →Most often, don't see themselves as victims/survivors, more so as a young person</li> <li>• DON'T assume sole responsibility for meeting the complex needs of a CSEC victim. →Whether or not we want to, we shoulder their experience, however, we need community partners to get each youth through. We cannot be their</li> </ul>	<ul style="list-style-type: none"> <li>• DO be non-judgmental when listening to a sexually exploited child. →Listen and listen again</li> <li>• DO recognize the various symptoms of trauma exhibited, and coping mechanisms used, by a CSEC victim that may not be those one typically associates with victims.</li> <li>• DO keep the child talking and make him or her feel comfortable. →Put your pens down, move your file notes aside. →If discussion leads to a question →You didn't have sex with him, did you? Vs. Did he make you do anything you did not want to do or did not feel safe doing?</li> <li>• DO meet a sexually exploited child where they are and on their terms, and try to meet the needs they present. →Tougher said then done. Ex. Youth/18+ doesn't want to file a police report out of fear. Mandated reporter. Police report makes them feel they are jeopardizing their safety. What is the role of the provider in this case?</li> <li>• DO improve a systemic response to CSEC by creating inter-agency relationships to comprehensively meet victims' needs.</li> </ul>

therapist, case manager, physician, transportation person, advocate, all in one.	
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5. Reporting

- a. Mandated Reporter
  - i. CPS Reporting –issues you will run into; significance in reporting
  - ii. Police Reporting
    - 1. What is the significance in a police report?
    - 2. Issues with police report
      - a. Is your client ready?
      - b. Harm or harm reduction?
      - c. Trauma involved in getting authorities involved
      - d. Will the police be able to provide services? They are more interested in investigating and building a case against the exploiters.

6. CSEC Patient/Provider Scenarios (please see attachment): 45 minutes

Directions: In order to be more comfortable in having real conversations about sexual exploitation, service providers must practice with each other to overcome the “shock” value when youth are disclosing the nature of their sexual exploitation. In addition, this will support providers in understanding the questions to ask to support exploited youth to understand the layers of the exploitation. Find a partner, someone you have not talked to. Between the 2, choose who will be A and who will be B. Facilitator pass out scenarios. Read your role. Take a minute to reflect all the topics we talked about, recruitment to vulnerability to how do we respond. Everyone has 8 minutes to for scenario. Stop, provide 2 minute feed back within pairs. Facilitator will pass out another scenario. All the A people, find a new B person. Everyone has 8 minutes. Stop, provide feed back within pairs. Discussion in larger group.

H. Banteay Srei Programs providing safe space and opportunities for young women to grow and heal

Time: 30 minutes

Materials: Powerpoint

- a. **Banteay Srei History**
- b. **Mission:** Banteay Srei is a youth development, asset building organization that is non-judgmental of young SEA women who are at-risk of or engaged in the underground sex trade. We seek to provide the resources that support their healthy development through self-empowerment and self-determination.
- c. **Vision:** Our vision is to empower Southeast Asian women across generations to build community, achieve political power, and embrace the freedom to thrive. Although Banteay Srei is a youth development organization, we find creative ways to engage the different generations in our community as a means to provide intergenerational and holistic support for our young women.
- d. **Program Strategy:** Banteay Srei is a safe space for young Southeast Asian women, that promotes sex positive education, community building activities and leadership development to foster cultural pride, and self-determination for women at-risk of or engaged in sexual exploitation.

- i. Banteay Srei also looks at our services with an economic lens. Thus, we seek to advance economic security for young women – with increased health, peer and intergenerational support, and self-empowerment; young women are in a more effective position to determine and pursue economic security for themselves and their families, and to resist the economically ruinous trade of sexual exploitation. Utilizing strategies of peer support in conjunction with intergenerational support, Banteay Srei programs cultivates stronger connections to family, to culture, and to each other, increasing self-esteem, cultural pride, and the use of social networks as resources in seeking alternatives to improve young women’s economic stability and reproductive health.

**e. Strengthening Individual Support System**

- i. Sometimes we have developed a knee-jerk reaction to report to CPS/police but these may be more harmful than helpful; in order to support young people to be on a path towards a quality and healthy life...we must be invested in cultivating a healthy community.
- ii. Family Services
- iii. Educating family members about sexual exploitation
- iv. Translation services
- v. Relationship building activities
- vi. Cultural/youth healing spaces: Cooking program, where young women receive peer- and intergenerational-support while learning about own culture, history, food, and feeling safe; self-defense class, drama therapy

**f. CSEC Services**

- i. Emergency transportation
- ii. Court Advocacy
- iii. Access to health services
- iv. Short term intensive case management
- v. Referrals

**g. Peer based programming**

- i. Peer led education about sexual exploitation - recognizing that it’s a complex issue, we use a youth development + self-empowerment model to tackle the deeper issues and root causes + strengthen the youth: peer support, healthy decision making, mentoring, sense of belonging, support
- ii. Mentorship
- iii. Leadership development
- iv. Employment opportunities

**I. Partnerships**

- a. Health partnership with Asian Health Services (community based health center); address reproductive health, also, opportunity to screen and provide services
- b. Partnership with schools (wellness centers/nurses, academic support)
- c. Alameda County have first responder (BAWAR) and makes necessary referrals that provide language access, cultural relevancy, shelter, etc.
- d. If you get the phone call, you are the first responder. Who is on your resource grid?

**-This is an example of how organizations and community are working together to provide holistic services.**

## **J. Recap**

**Time:** 10 minutes

- a. Serve children & youth on all points of the spectrum of sexual exploitation
- b. Provide holistic, culturally sophisticated services that include:
  - i. Family history and medical history are both extremely crucial to providing holistic care
  - ii. community-based resources:
  - iii. build family/community support
  - iv. build peer support
  - v. mental health services
  - vi. medical services
- c. Provide a pipeline of leadership development + jobs – salient alternatives
- d. Be confident and prepared
- e. Be more organized than the traffickers – intra/inter-agency coordination
- f. Not solely rely on CJS to identify CSEC + gather accurate data
- g. **Walk away with 3 things:**
  - i. If she is being abused/exploited, it's not her fault. She has the right to get help + deserves better
  - ii. Be non-judgmental!
  - iii. **criminal → victim → survivor → leader**
    1. As we're delving into this work, we really need to have a lens that these young women have such a history of exploitation. We need to support them in their healthy development, gaining control over their lives, w/ the ability to make healthy decisions for themselves, have agency over their lives, to be leaders in their lives, and in their communities.

**Case Scenario #1: Maria – 14 yrs old, Chinese-Vietnamese American**

**Patient** – play your role as authentic as possible, make observations on how you feel when interacting w/your provider

**Your patient history:**

You have seen this provider for two years now. In previous sessions you have disclosed that you have had tension with your mom—mostly around boys, money, cell phone and clothes. During your last visit you disclosed that you were seeing someone and that you were sexually active with this person. The last time you came in, you told the provider that you like school, had lots of friends and were doing well at school.

**What’s going on now:**

You and your mom really don’t get along now and as a result you’ve been staying over at your boyfriends house a lot. You are super in love with your man, who is only 18 but wants to really take care of you—he pays for your phone now, takes you out to eat and even buys you really cute clothes. He likes it when you look sexy, so you wear more makeup and revealing clothing—which he buys for you.

There’s been some drama at school, lots of your friends have become haters and think that your boyfriend is trying to turn you out, so you really haven’t been messing with them b/c that’s just DRAMA. You love your boyfriend and really believe he genuinely is a good man. Speaking of drama—your man’s been getting jealous of you hanging out with your friends lately and accusing you of cheating on him. To prove to him that you’re faithful and love him, you decide to get a tattoo of his name on your wrist.

You’ve been missing out on school a lot more and your grades are suffering from it. You have not been sexually exploited (done any sexual exchange for money/favors).

**Case Scenario #1: Maria – 14 yrs old, Chinese-Vietnamese American**

**Provider** – review patient history and perform assessment, identify *if* there are any high-risk indicators, screen if necessary and make a referral if needed

**Patient History:** You have seen Maria since she started coming to your middle school. You know that she has had tension w/ her mom in previous visits—mostly around boys, money, cell phone and clothes. During her last visit with you, she disclosed that she was seeing someone and was sexually active with this person. The last time she came in, she told you that she enjoyed school, had lots of friends there and was academically doing well.

**Your Patient Now:** When Maria comes in, you notice that she is wearing a lot more makeup than before and seems to be wearing more revealing clothing. You also notice that she has a new tattoo on her wrist and that she smells like weed.

Proceed to make your HEADS(S) assessment and ask her about how things are going on at Home, with Education, Activities, Drugs, and Sex. Do you consider this patient to be at high-risk? How do you proceed forward with her situation? Referral necessary?

## **Case Scenario #2: Samantha 18 yrs old Vietnamese Female**

**Youth** - play your role as authentic role as possible, make observations on how you feel when interacting w/your mentor.

**History:** You are part of the Young Women Rise organization. Jenny is one of the Coordinators at YWR. You have been part of the youth program Jenny runs for about a year now, and you have also met with Jenny on a one-to-one basis. Thus, you really trust her because she listens to you, gives you good advice, has connected you to resources and follows through on her commitments with you. You recently lost your mom to cancer, you live with your dad but he is never home for you to have a relationship with him, and your siblings have all moved out of the house.

**What's going on now:** You got into a big fight with your boyfriend. You were angry and wanted to take revenge so you call up a guy you met through social media. He happened to be in the area and invites you to kick it. He picks you up and after dinner, you end up in another city. You ask him when he's going to drop you off at home and he ignores you. You spend a few nights with him and end up in another city. He says, he has to pick up his friend's girlfriend, but you end up at a motel. A week later, you are scared, and ask him when you get to go home. He grabs your neck and yells, "bitch, if you ask me one more time, I will beat the shit out of you. Damn girl, why you got me messed up. I'm sorry. Don't be mad ok." After a week, you are even further from home and he says to you, "Babe, we need to eat but I don't have money. You gonna work tonight." You end up stripping. He is forcing you to have sex with him every night. You're scared. One night, you run for your life and find your way to a Greyhound Station where you are able to get a ticket and return home. You call Jenny to pick you up.

When Jenny asks you how are you doing, answer honestly. And then proceed to tell her what you went through.

If she asks you to file a police report and/or a restraining order, you refuse because you are scared word will get back to him. He knows where you live.

## **Case Scenario #2: Samantha 18 yrs old Vietnamese Female**

**Youth Coordinator** – play your role as authentic as possible, make observations on how you feel when interacting w/your youth who is part of your youth program.

**Youth History:** Samantha has been part of your agency for a year. She is an extremely smart and caring young woman. Sam is always the first to volunteer to help around the office, or during program sessions. The other youth respect her because she listens to them and gives really great advice. They see her as an older sister. She is just about to finish high school and is in between jobs. Her mother recently past away, so she is grieving but doesn't have any safe space for her to talk to about her process. Her and her boyfriend have had an extremely unhealthy relationship for the past 3 years –breaking up every other week, cheating, manipulation, and emotional violence.

You are usually in contact with her at minimal, every other week. However, for the past month, you haven't been able to reach her. After 4 weeks, she texts you, "can you come pick me from the bus station. I need help." You pick her up and take her back to the office. At the office, you ask Sam, "Sam, how are you doing?"

Your goal is to understand what happened? Why weren't you able to reach her for the past 4 weeks? If she's ok. If she discloses to you, ask her if she would consider making a police report. If she refuses, continue to support her in processing what has happened. What steps does she want