

*Massachusetts Community Justice Project*

*An Initiative of the Massachusetts Trial Court*

# **Massachusetts Community Justice Workshop Report**

**Commercial Sexual Exploitation**

*Boston Municipal Court: Dorchester Division*



## Massachusetts Community Justice Workshop Report

### *Sequential Intercept Mapping: Commercial Sexual Exploitation*

#### Introduction:

The purpose of this report is to provide a summary of the Community Justice Workshop on Commercial Sexual Exploitation, utilizing *Sequential Intercept Mapping*, held for the Dorchester Division of the Boston Municipal Court on October 18<sup>th</sup>, 2017. This report includes:

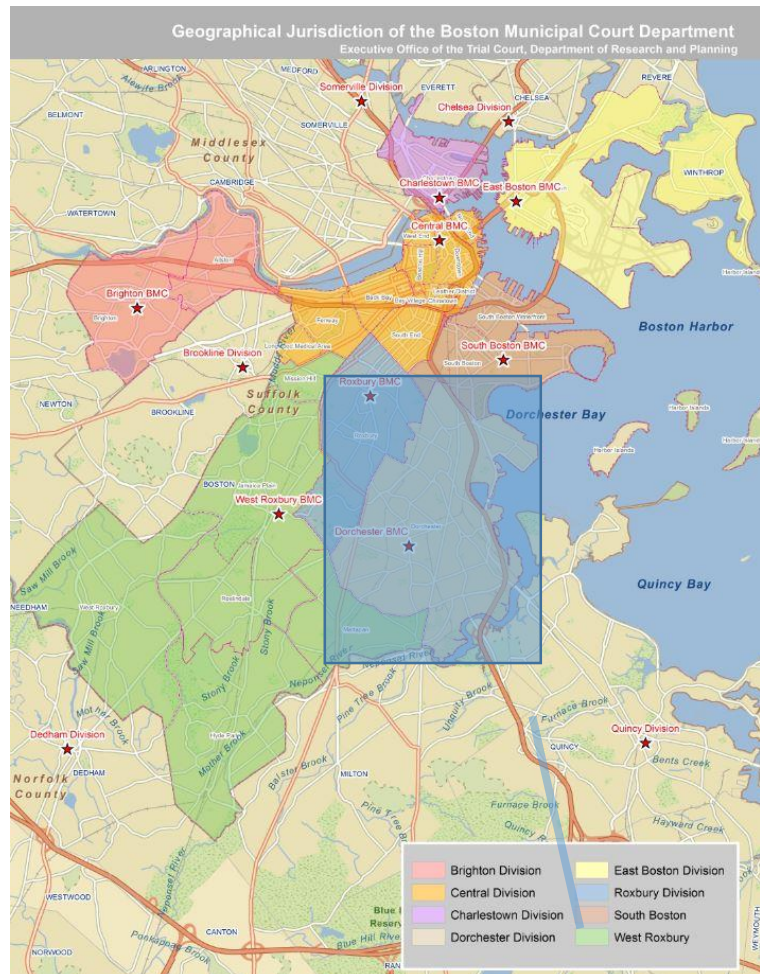
- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and this workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help the partners in the court jurisdictions action plan and achieve their goals.

The workshop was attended by 63 individuals representing multiple stakeholder systems including law enforcement, advocacy, mental health and addiction treatment, crisis services, human services, corrections, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by:

- Marisa Hebble, Coordinator of the Massachusetts Community Justice Project with the Massachusetts Trial Court
- Julia Reddy, Women's Services Coordinator for the Massachusetts Department of Public Health, Bureau of Substance Addiction Services
- Cherie Jimenez, Director of the EVA Center
- Donna Gavin, Lieutenant Detective of the Human Trafficking Unit in the Boston Police Department
- Tina Valila, Youth Services Manager for My Life My Choice

The planning committee for this workshop was chaired by Judge Kathleen Coffey, First Justice of the West Roxbury Division of the Boston Municipal Court. Planning committee members are indicated in Appendix A.



## Background of the Massachusetts Community Justice Project:

The Massachusetts Community Justice Project (originally known as the *Sequential Intercept Model* Project) is a Massachusetts Trial Court initiative. The Project was developed and realized through the efforts of the Trial Court Task Force on Mental Health and Substance Abuse. This interagency Task Force, chaired by Chief Justice Paula Carey, includes key stakeholders from the Trial Court, Department of Mental Health, Department of Public Health's Bureau of Substance Abuse Services, Department of Corrections, Committee for Public Counsel Services, and Sheriffs' and District Attorneys' Offices.

The Project is designed to facilitate effective and sustainable collaborations at the local level between justice system, treatment and recovery support systems, and community agencies. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental illness and/or addiction, enhance public safety and support quality of life for all.

## Project Goals and Objectives:

The goal of the Massachusetts Community Justice Project is to decrease the risk of justice-involvement and recidivism for people with mental illness and/or substance use disorders by:

- increasing community-level collaboration between criminal justice, behavioral health treatment and human service sectors;
- increasing capacity to identify the need for behavioral health treatment and recovery support among justice-involved people; and
- increasing connections to and engagement with treatment and recovery support for justice-involved people with behavioral health needs.

## Community Justice Workshop on Commercial Sexual Exploitation

This workshop, specific to commercial sexual exploitation and the justice system, was initiated by the Trial Court Human Trafficking Committee. This interagency committee, also chaired by Chief Justice Paula Carey, was a parallel effort to the Trial Court Task Force on Mental Health and Substance Abuse. Given the Trial Court efforts already underway utilizing *Sequential Intercept Mapping* and the common intersection between addiction, mental health, trauma, justice involvement and commercial sexual exploitation, this workshop was proposed and developed.

The broader goal of the workshop was to decrease barriers and increase opportunities for adult victims of commercial sexual exploitation to exit the sex trade by:

- increasing collaboration between justice system, treatment, healthcare and advocacy partners
- increasing capacity to identify when someone may be a victim of exploitation
- increasing connections to resources and support services

*This workshop focused on adult victims of commercial sexual exploitation. For more information on the multi-disciplinary response to commercially exploited youth in Massachusetts, please visit the Children's Advocacy Center of Suffolk County at [suffolkcac.org](http://suffolkcac.org).*

## Framework: The Sequential Intercept Model

Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders.<sup>1</sup>

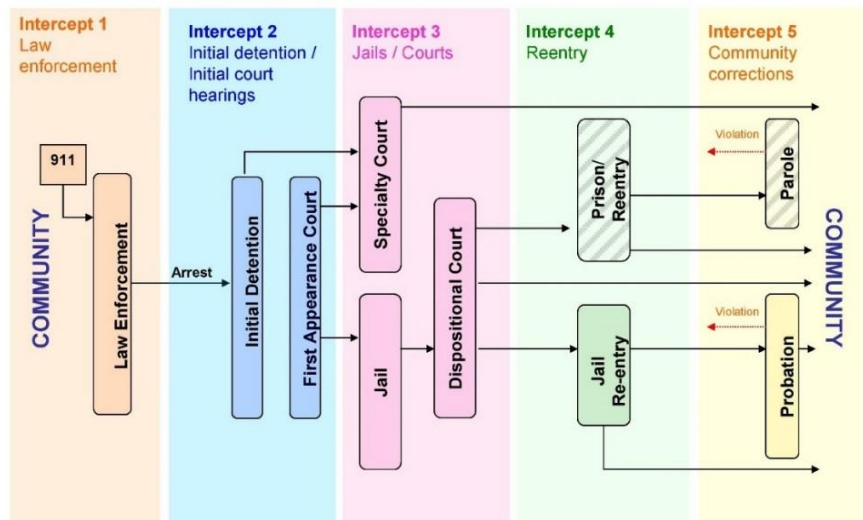
<sup>1</sup> SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

The model depicts the justice system as a series of points of “interception” at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.<sup>2</sup>

Points of intercept include:

- Intercept 1: Law Enforcement and Emergency Services
- Intercept 2: Initial Detention and Initial Hearings
- Intercept 3: Jail, Courts, Specialty Courts, Forensic Evaluations, and Forensic Commitments
- Intercept 4: Reentry from Jails, State Prisons, and Forensic Hospitalization
- Intercept 5: Community Corrections (Probation and Parole) and Community Support

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.



The Massachusetts Community Justice Project is including a discussion of

Intercept Zero at every workshop. Intercept Zero encompasses the places in the community where people with mental illness and/or addiction can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. Intercept Zero includes (but is not limited to): schools, healthcare providers, mental health treatment providers, homeless shelters, and human service agencies.

The Community Justice Workshop on Commercial Sexual Exploitation brought together key local stakeholders for a facilitated day-long meeting using *Sequential Intercept Mapping*.

Objectives of the workshop included:

1. Development of a comprehensive picture of how victims of commercial sexual exploitation flow through the region’s criminal justice system;
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities for change and initial development of an action plan to facilitate change.

Following is a *Sequential Intercept Model* map, a list of local resources and gaps for Intercepts 0-3, and the priorities for change identified during the workshop. Commercial Sexual Exploitation is abbreviated as CSE throughout.

**\*NOTE:** The map, resources, gaps and priorities were identified during the facilitated interactive group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.

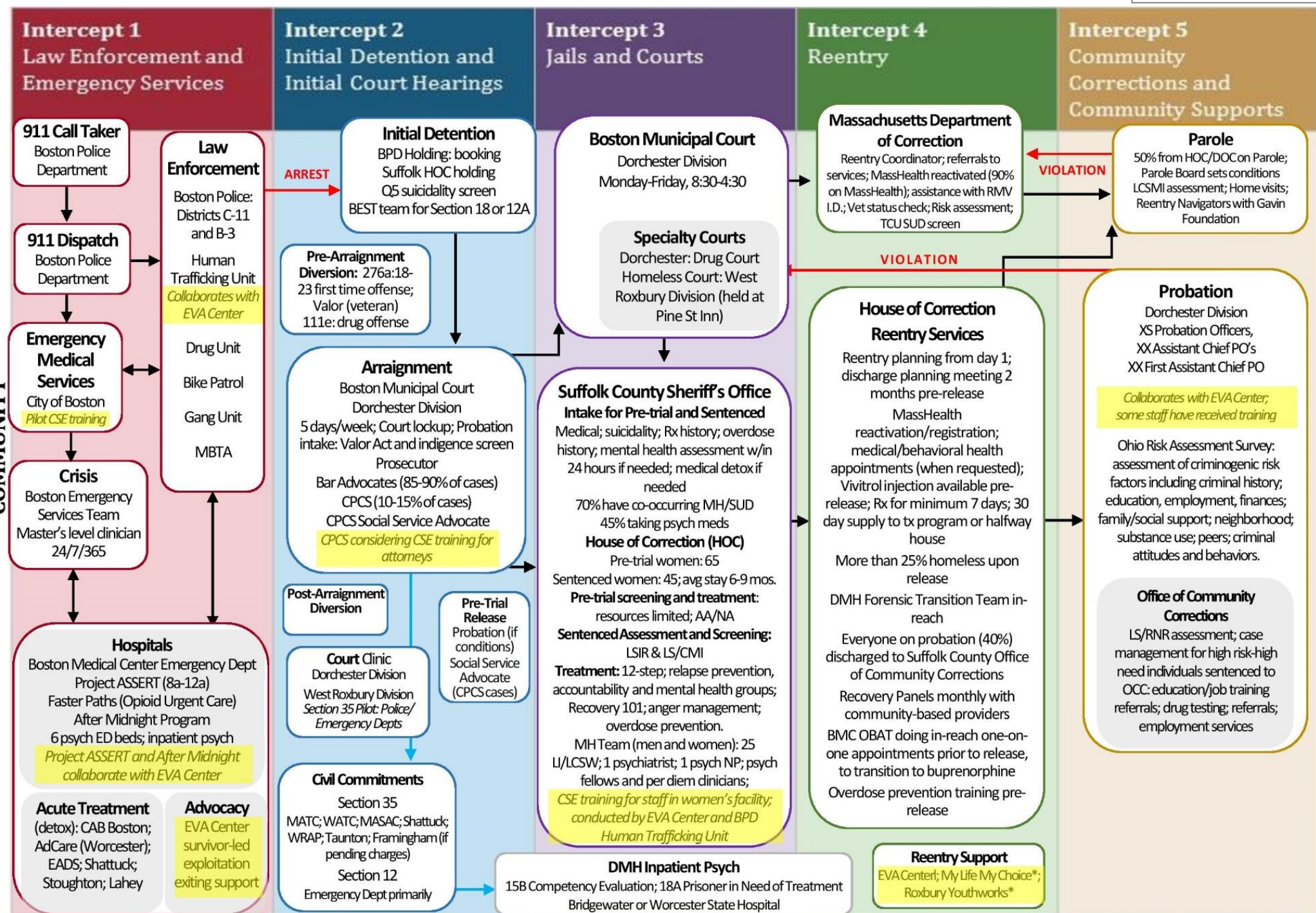
<sup>2</sup> Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57(4), 544-549.

# Boston Municipal Court: Dorchester Division • Commercial Sexual Exploitation • Sequential Intercept Map

= CSE-specific efforts

COMMUNITY

COMMUNITY



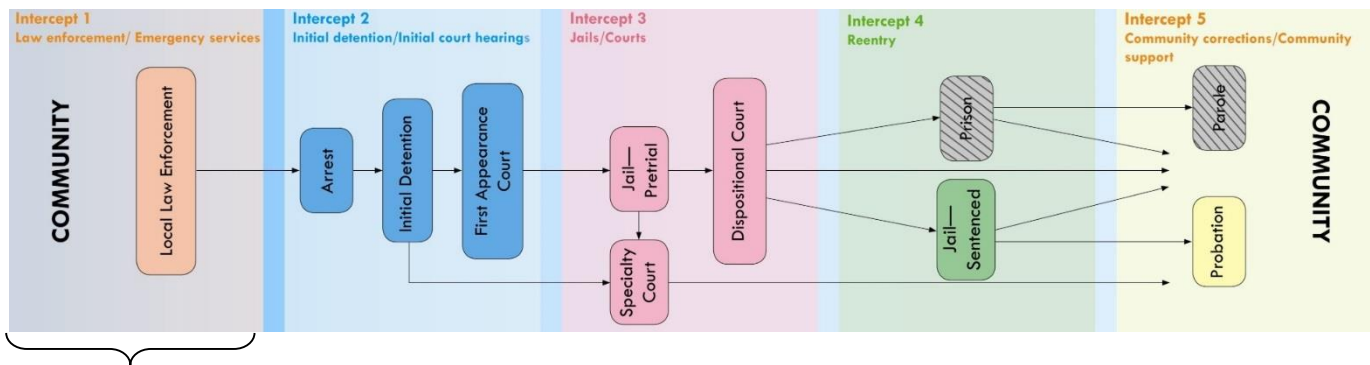
**CSE Advocacy/Support:** EVA Center; My Life My Choice (youth)\*; Immigrants' Rights and Human Trafficking Program; Boston University Law School; Roxbury Youthworks (youth)\*; Casa Myrna Vasquez Inc.; Polaris Project; Living in Freedom Together (Worcester)

**Partners:** Boston Area Rape Crisis Center; Children's Advocacy Center of Suffolk County; Boston Medical Center's Projects RESPECT and ASSERT; City of Boston Offices of Recovery Services and Women's Advancement; Women Connecting Affecting Change; MA Department of Public Health-Bureau of Substance Abuse Services; Trial Court Human Trafficking Task Force and Boston Community Justice Project

**Homeless Shelters/Housing Support:** EVA Center Transition Housing; Artemis (New Bedford); Pine Street Inn; Woods Mullen; 112 Southampton; Rosie's Place; Bay View

\*My Life My Choice and Roxbury Youthworks work with youth but will continue working with their clients who are 18 and over.

# Intercept 1: Pre-Arrest Diversion Law Enforcement/Emergency Services



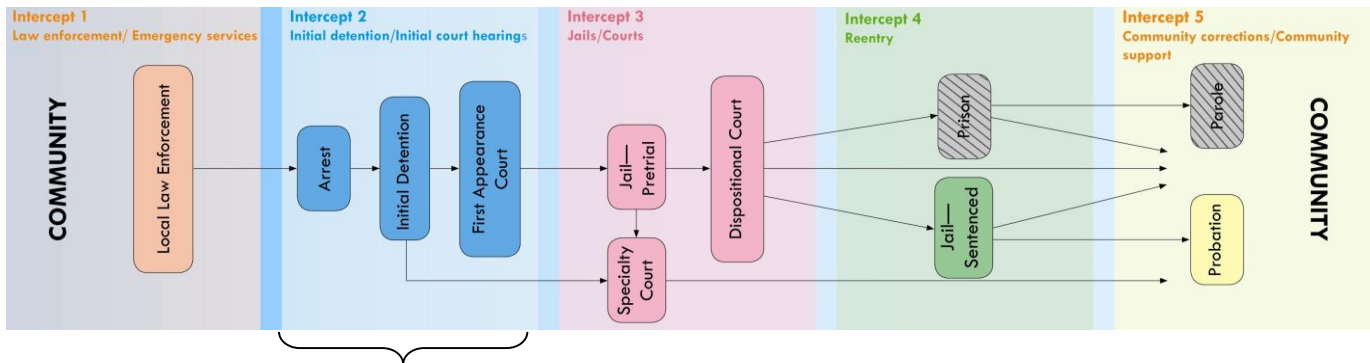
## Resources

- After Midnight program at Boston Medical Center: 24/7 accessed through Emergency Department; social worker assessment and case consultation; referrals through Project ASSERT at BMC or community agencies; served at hospital under protective status
- Emergency Department provider training
- Pregnancy test as part of medical clearance prior to detox
- Police Academy (Municipal Training Council) produced general training
- “Nightlight” surveillance model for youthful offenders/gang involvement could be adapted for this population (probation officers collaborating with police)
- MBTA transit police refer to Boston Public Health Commission/BEST team
- Roxbury YouthWorks works with survivors of CSE/sexual assault or at-risk cis-male and trans youth up to age 24; life coach and case management; GIFT (girls program) serves up to age 22 through DCF or probation referrals
- Boston EMS is piloting CSE awareness training; about 50 EMT’s have been trained
- My Life My Choice is training BEST crisis team in youth CSE victims

## Gaps

- No training for dispatch on CSE
- No specific training for BEST crisis responders in recognizing CSE adults
- Emergency Department providers and other hospital staff (registration, security, operators) need more training
- Current police officers need more training; only available to new academy classes at hire or promotion; no specific “how to interact” training
- Police buckets/silos (drug unit, gang unit) make holistic response difficult; no official communication protocols; no formal structure for officers to refer to BPD Human Trafficking Unit or community agencies
- No good data collection practices regarding trafficking cases; harder to quantify without “sex for a fee” charge
- No formal pre-arrest diversion protocol
- No procedural practice to flag cases with CSE involvement going into probation
- No formal referral process from MBTA to services (should file 51-A for cases under 18)
- Lack of inter-agency communication (youth often run away are placed across town lines)
- No specific CSE training for MBTA staff
- More law enforcement resources needed to find runaways
- Need more capacity to intervene earlier, online and with hidden populations (queer, POC)
- Need resources to help women exit the CSE trade – EVA Center is the only game in town for adult advocacy/exiting services

# Intercept 2: Initial Detention and Initial Court Hearings



## Resources

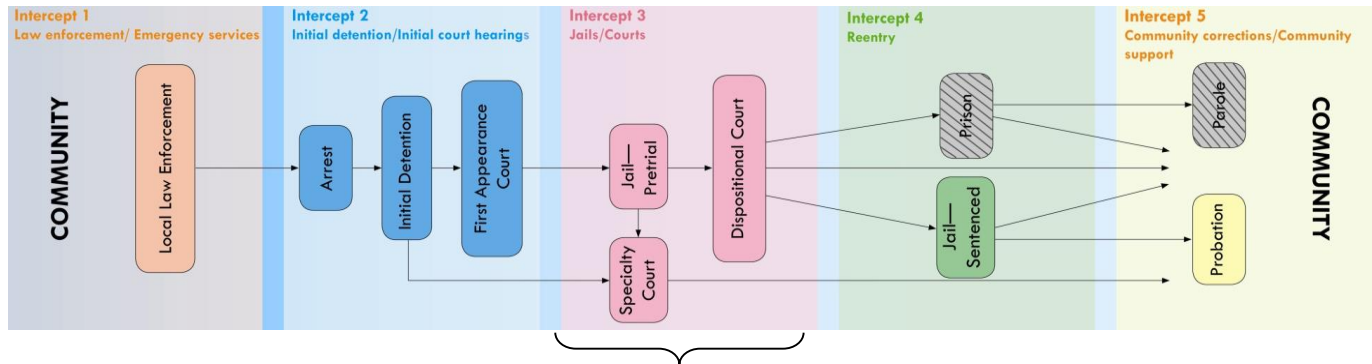
- Victim/witness advocate in police station in contact with Donna Gavin at BPD Human Trafficking Unit
- Citation of buyer is a deterrent tactic – public recognition and fine
- Clerk, in setting bail and reviewing record could divert to services if trained to identify CSE
- Pretrial diversion program for Transitional Aged Youth (MGL-276a) could be accessed if CSE is identified by defense attorney talking to prosecutor; client consent is required
- EVA Center has a safe home; 9 beds for women with their children; safety concerns are still present
- DCF contracted with My Life My Choice to make a video about CSE for foster parents and has a grant to work with Children’s Advocacy Center of Suffolk County on CSE
- Presentation to raise awareness among BMC Judges
- Court clinics do assessments for Section 35 and competency
- Pilot program for Section 35 through BMC West Roxbury; Judge Coffey and Dept. Supt. Cotter training Boston PD and Emergency Department providers on how/why/when to use Section 35
- Court clinicians may communicate to Judges and/or Section 35 treatment providers about CSE involvement; only if it is evident
- Some detox providers (CAB Boston) do specialized intake, tailored services and sign releases with community providers

## Gaps

- Need resources at Clerk’s hearings to move a victim into services with a citation rather than an arrest
- Community service providers intercept women at initial detention – lack of formal diversion program for women
- Training needed for clerks and bail bonds staff in holding onto women while service providers are called
- No diversion at holding before initial court hearing at police station
- Pre-trial diversion programs traditionally need to be associated with crime documented
- Services for crimes other than those associated with mental illness/addiction are not available; not enough capacity even to assess client for needs
- No formal CPCS/defense attorney training to identify potential CSE involvement; assessment does include “who is in the room for you?” which can clue attorneys into possible exploitation
- Defense attorneys need more time with client to build trust and get information
- No additional staffing/resources for probation to do pre-trial diversion

- Need community providers/advocates present at police stations, jails, courts to offer warm handoffs and start exiting process for appropriate individuals
- Screening and safety training needed in addiction/mental illness treatment programs – potential questions to ask at intake “Who are you with? How can we keep you safe?” Safety planning is needed at every stage of treatment continuum
- No specialized continuum of care for CSE victims
- Barriers to access DCF Transitional Aged Youth (18-22) services
- Lack of consistency in awareness and services around CSE among DCF staff, contracted providers, foster parents and group home operators
- Evaluation for section 35 doesn’t include specific questions about CSE
- CSE information, even if communicated to court clinician or treatment provider is not met with tailored services; addiction is addressed but not CSE exiting; including Section 35 treatment programs
- No network/task force/roundtable of cross-sector providers regarding CSE
- Released with conditions is overseen by multiple people who may or may not communicate with each other; not much interaction with probation officer
- EVA Center has a safe home with 9 beds; more capacity is needed
- Domestic violence shelters don’t offer enough in terms of stigma/safety; also hard to access

# Intercepts 3: Jails and Courts



## Resources

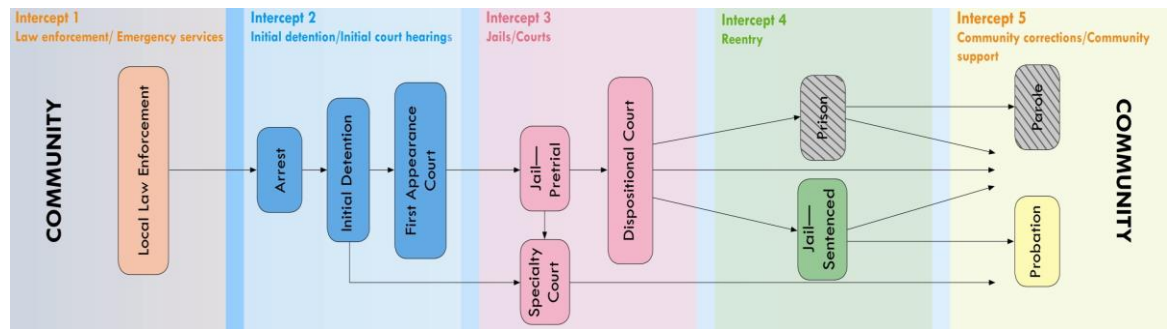
- There is some informal case-by-case communication to providers by Prosecutors or Probation – but contingent upon personal relationships
- Homeless Court can help eliminate warrants and barriers to housing etc. in Boston; for CSE victims who are also homeless
- Women Connecting Affecting Change
- Court social workers could offer services confidentially – if people are identified and referred
- Police Officer or Physician can petition a Section 35 warrant without a person present; but family members need to petition person
- Recovery panel project underway at Suffolk HOC with City of Boston, offers monthly groups with new and discharging women
- Suffolk HOC is offering staff training in November about CSE for Correction Officers and staff; also including trauma- informed practices and informal counseling
- BPD and HOC have MOU's but more (formalized) communication protocols are needed
- On site services individually and in groups available at HOC but more capacity is needed
- Video court capacity can address safety issues if having women in public courtroom is an issue

## Gaps

- No CSE specialty court or court diversion program in Boston
- Some Probation officers have had training in identifying or responding to potential CSE involvement; training is not compulsory.
- ORAS screen doesn't include CSE but does ask about addiction/mental illness
- How do we recommend services without publically shaming or outing the women in a public courtroom – sidebar?
- No safety-conscious communication protocols in court settings
- Need Donna (BPD-Human Trafficking Unit) and Cherie (EVA Center) to train providers on identifying CSE, sensitivity, safety and best practices for assisting exiting
- Probation is sometimes not a good option for women who don't feel safe in community; they would rather do their sentence
- Gap between minors and adult system – communication needed between juvenile and adult systems; juvenile court system is confidential; Probation Officers could seek information but confidentiality issues complicate this
- Family/custody questions not thoroughly discussed during adult probation assessments – ORAS

- No CSE point person in Probation; difficult because caseloads aren't lighter for those taking specialty/more complication cases
- Community provider (EVA Center) could come to probation to do a more lengthy assessment, interviewing, case management
- Trauma-informed public defender and/or probation officer assignment is needed; careful matching of CSE victims with particular PO's
- A probation orientation session would provide opportunity to offer CSE-specific resources and offer trauma informed introduction to process
- Probation Officers in drug court should screen for CSE involvement and divert them somehow (confidentially) into exiting services
- Juvenile court oversees 51A Care and Protection orders where CSE may be present; need training and DCF also needs training
- Jail intake assessment does not ask about CSE
- No CSE-specific services at jail; Front line jail officers are underutilized as a resource
- More communication needed between Boston Police Department and Suffolk HOC about safety concerns, separating defendants from victims during housing and transport
- Limited resources/capacity to offer services "behind the wall" but info-sharing is free for warm handoffs
- CSE specific services as a condition of probation, recommended, or if violation of probation occurs
- Need reliable timely information sharing between Boston Police, attorneys, and Suffolk HOC

# Intercept 0: Pre-Crisis Community Resources/Services



## Resources

### Advocacy and Mentoring

- EVA Center
- My Life My Choice
- Human Trafficking Legal Assistance – Boston University Law
- Roxbury Youthworks – GIFT program
- Rosie's Place
- LIFT in Worcester

### Active User Engagement/Harm Reduction

- AHOPE
- PAATHS
- SPOT
- Access to Recovery – Gavin Foundation
- AIDS Action committee
- Bridge over Troubled Waters

### Healthcare

- Boston Medical Center – Project Respect, Project Assert, After Midnight

- Boston Healthcare for the Homeless – taking advantage of HIV, HCV, STD testing session; question of engagement in trading sex for resources is asked

### Treatment/Recovery

- BPHC – AHOPE, PAATHS, behavioral health services
- Boston Methadone Clinic
- Devine Recovery Center
- Access to Recovery

### Homeless Shelters

- Rosie's Place
- Pine Street
- Artemis – New Bedford

### Other

- Human Trafficking Unit – Boston Police Department
- Women Connecting Affecting Change

## Gaps

- Screening and safety at treatment programs
- Resources for transitional aged youth aging out of DCF custody

## Priorities

### Priorities for Change

1. Increase advocacy capacity
  2. Cross-sector task force
  3. CSE specific training/policies/practices at addiction treatment programs
  4. Training for law enforcement
  4. Juvenile CSE workshop (tied with above)
  5. Pre-arraignment diversion practices/program at court
- CSE specific specialty court/program
  - Information sharing practices/protocols between Suffolk HOC (with police, attorneys, etc.)
  - Diversion program at BPD holding
  - Information exchange between juvenile and adult probation
  - Training for attorneys (prosecutors and defense)
  - Formal communication and referral system with in boston police to human trafficking unit
  - Probation training on CSE during orientation
  - Training on CSE for clerks and bailbonds people
  - Training for crisis and healthcare
  - CSE specific probation officer
  - Screening and services for CSE at Suffolk HOC

## Parking Lot

- Addressing demand
  - Fetal Alcohol Syndrome – cognitive issues
  - Care and Protections – Probate and Family Court
  - Jobs/job training
  - Expanded services
- 
- Training on LGBTQ specific to CSE
  - Training on local resources

## **Appendix Index**

Appendix A: Participant List

Appendix B: Workshop PowerPoint Presentation

Appendix C: Commercial Sexual Exploitation Resources

Appendix D: Massachusetts Community Justice Project Resources

Appendix E: Action Planning Tools

## Appendix A: Participant List

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## Appendix B: Workshop PowerPoint Presentation (abridged)

# Commercial Sexual Exploitation Community Justice Workshop

Wednesday, October 18<sup>th</sup> 2017



Trial Court  
Human  
Trafficking  
Committee

## Goals and Objectives for Today



Decrease barriers and increase opportunities for victims of commercial sexual exploitation to exit the sex trade

Increase collaboration between justice system, treatment, healthcare and advocacy partners

Increase capacity to identify when someone may be a victim of exploitation

Increase connections to resources and support services



Implement cross-systems mapping and action planning workshop using the *Sequential Intercept Model*

## Agenda Today

Remember to  
complete evaluation  
before leaving today

Workshop Overview

Create a Systems Map

Set Priorities for Change

Begin Action Plan

3

## Commercial Sexual Exploitation Overview

4

## Terminology

### Commercial Sexual Exploitation

- Sexual contact in exchange for a resource (money, housing, food, drugs, etc.)

### Victim/ Survivor

- Person who has exchanged sex for resources

### Pimp/ Trafficker

- Someone who controls and benefits from the commercial sexual exploitation of another person

### Buyer

- Person who purchases commercial sex

**Sex Trafficking:** The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is younger than age 18.

*Trafficking Victims Protection Act of 2000*

## Myths and Facts

Sex trafficking happens in other countries, not the United States

- Commercial sexual exploitation and sex trafficking occur every day in the U.S. Victims—both male and female—live in cities and small towns across America.

Victims of CSE are there voluntarily; it was their choice

- “Prostitution is a product of lack of choice, the resort of those with the fewest choices, or none at all.”

It is easy to recognize someone as a victim of CSE

- Professionals are often unaware that CSE occurs in their communities or lack the knowledge or training to identify and respond.

Getting out of CSE is simple: just leave

- There are many complex barriers to exiting CSE.

## Myths and Facts

Help is readily available to victims and survivors

- There are too few services to meet current needs; services are unevenly distributed geographically, lack adequate resources, and vary in ability to provide specialized care.

There is nothing fundamentally problematic about prostitution: it is just consensual sex for money

- Multiple studies over the last 30 years show that prostitution is inherently harmful.

Buyers are caught and punished for engaging in CSE

- Despite evidence that focusing on demand is effective at reducing CSE, buyers are often not the target of reduction efforts.

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## Risk Factors of Exploitation

Poverty

Homelessness

Unemployment

Addiction

Mental Illness

Intimate Partner Violence

Foster Care  
Group homes  
Running away

Young age

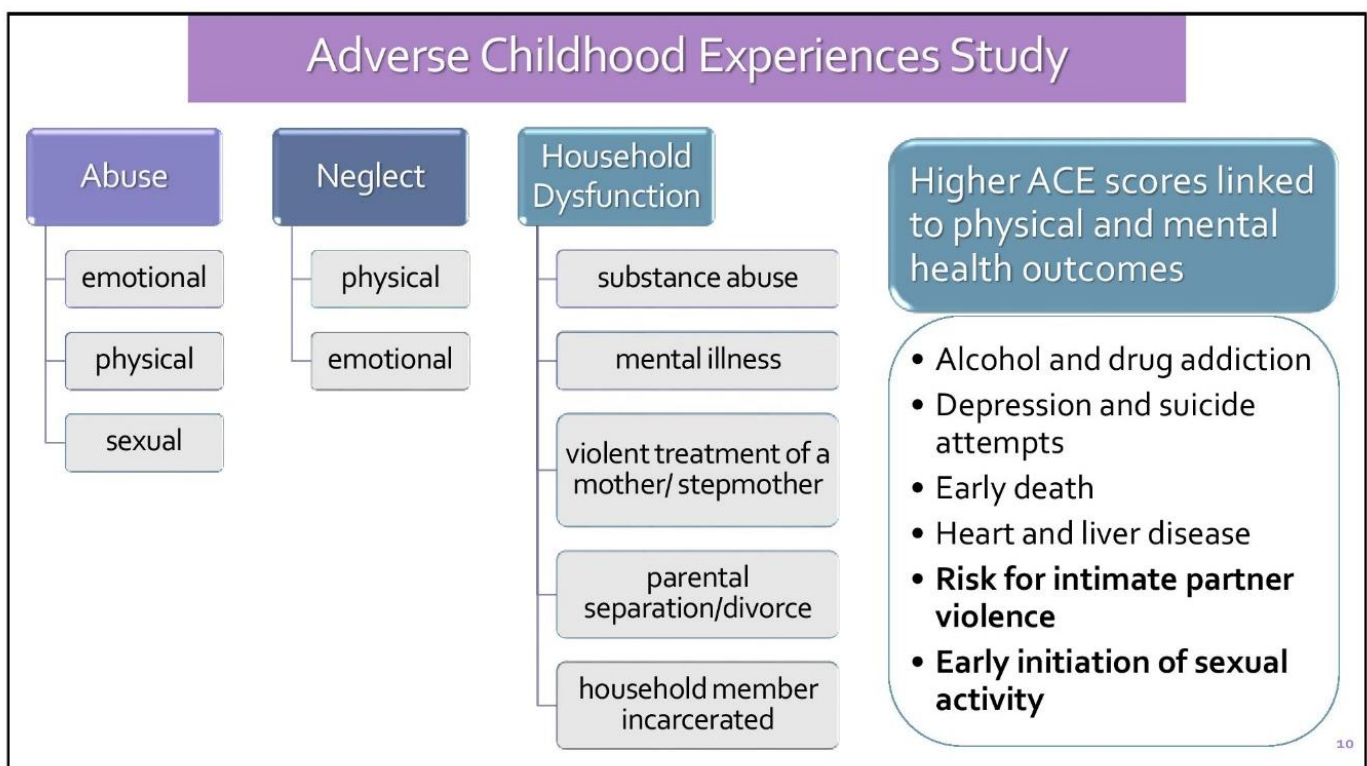
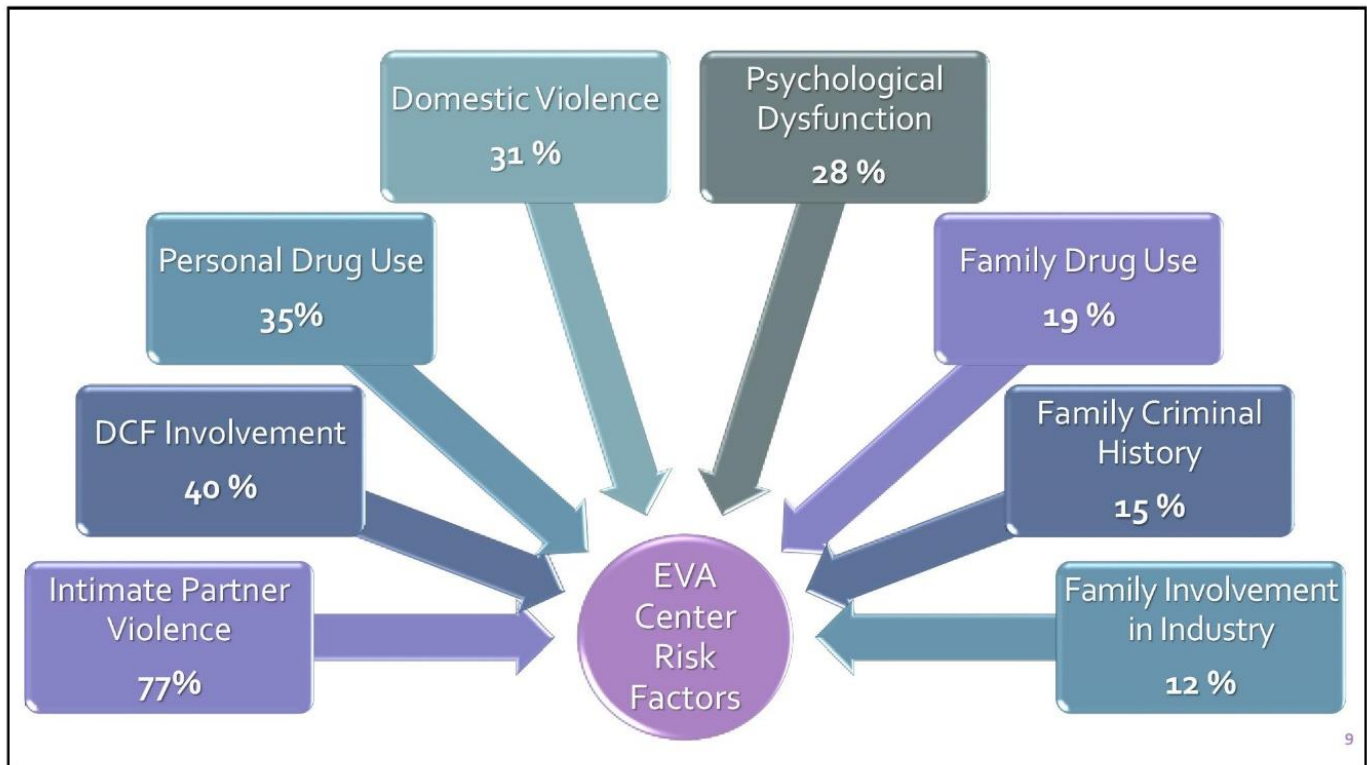
Justice involvement

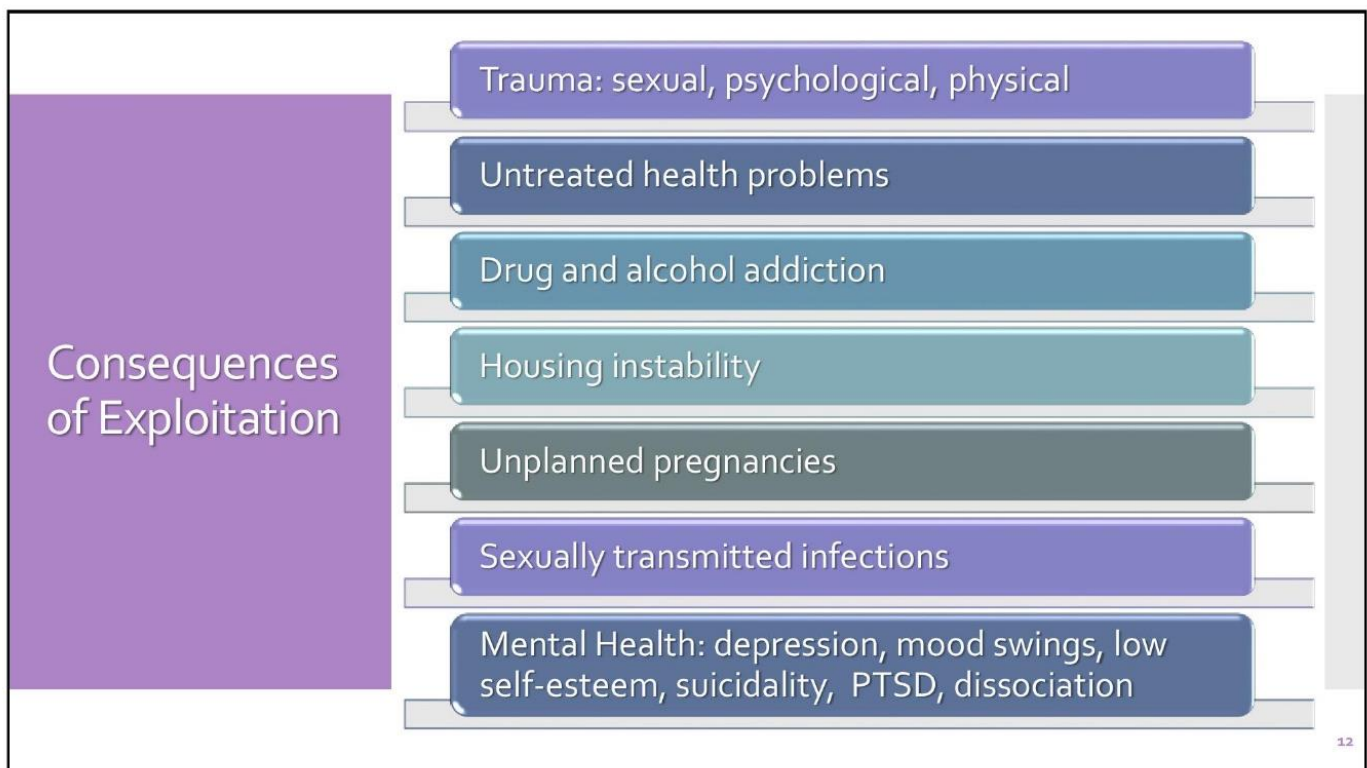
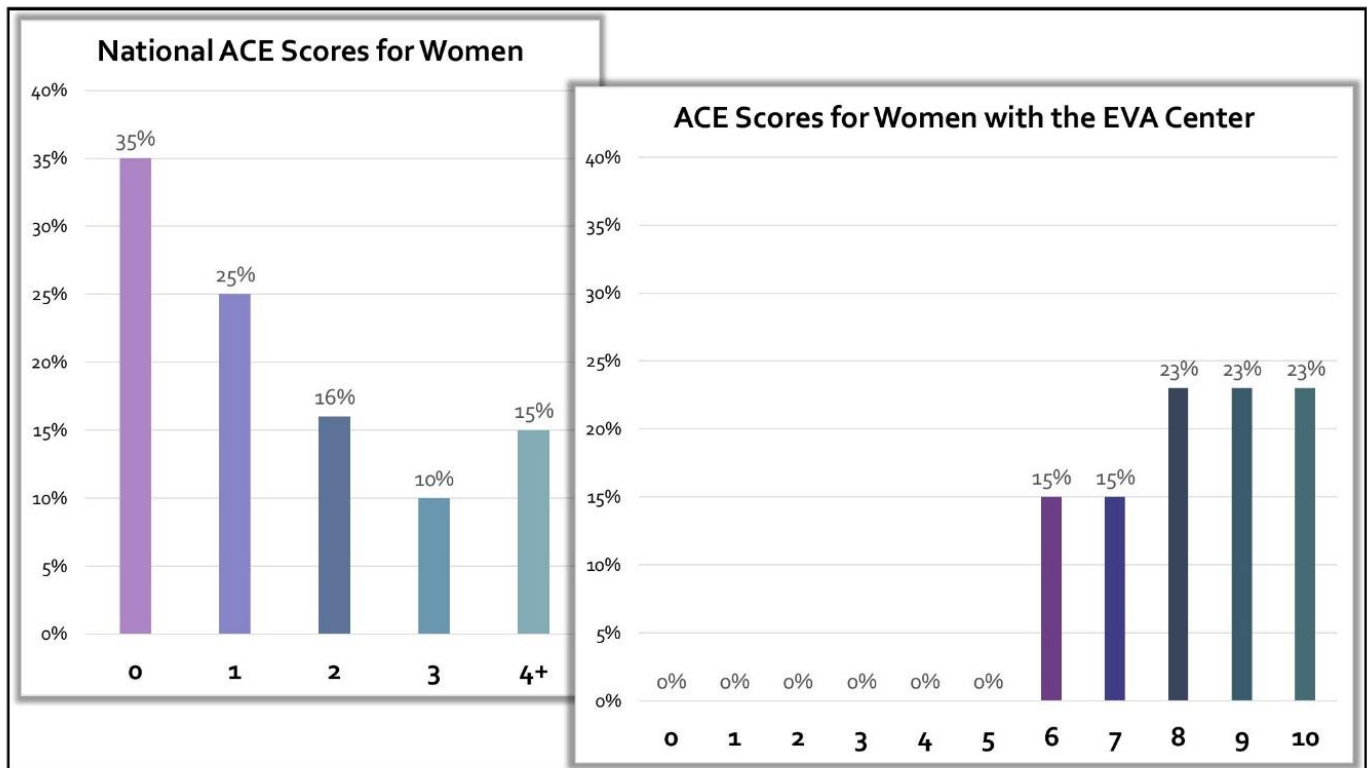
Parent addiction

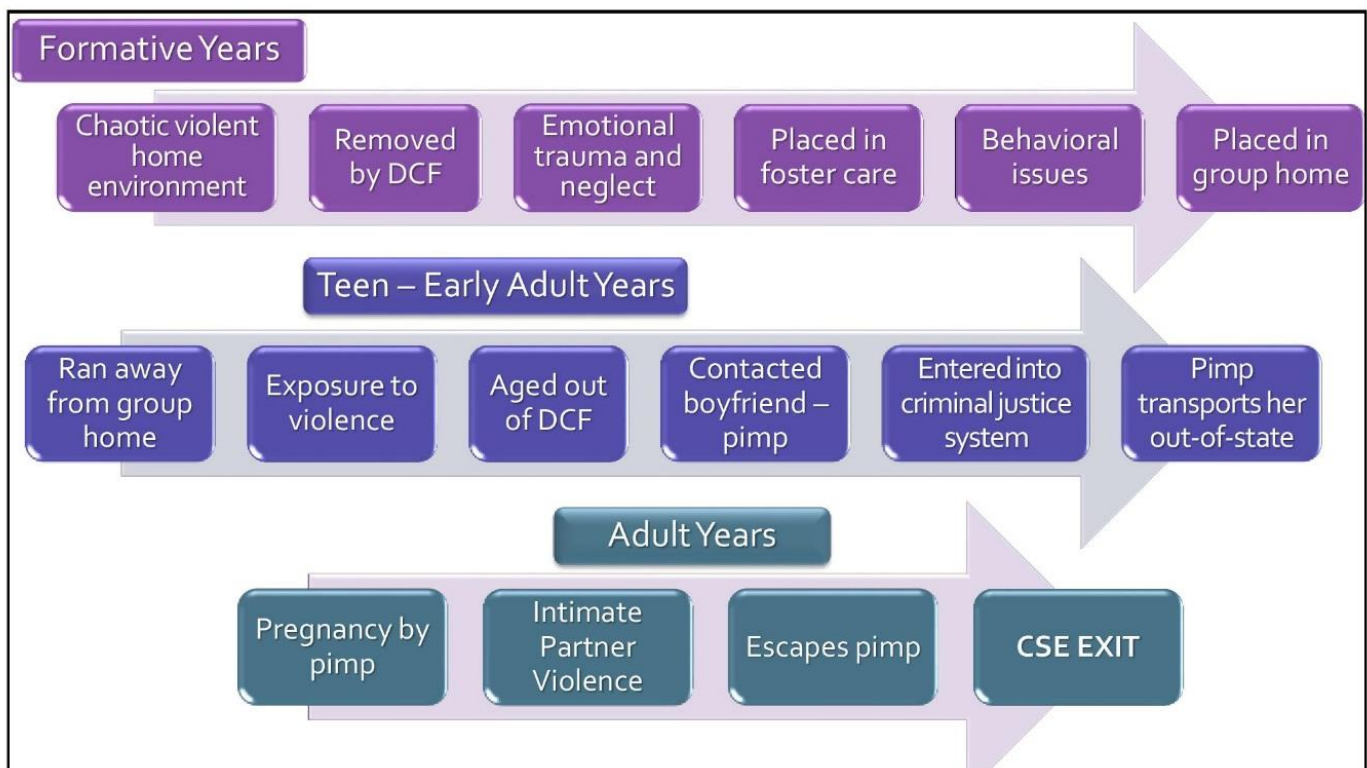
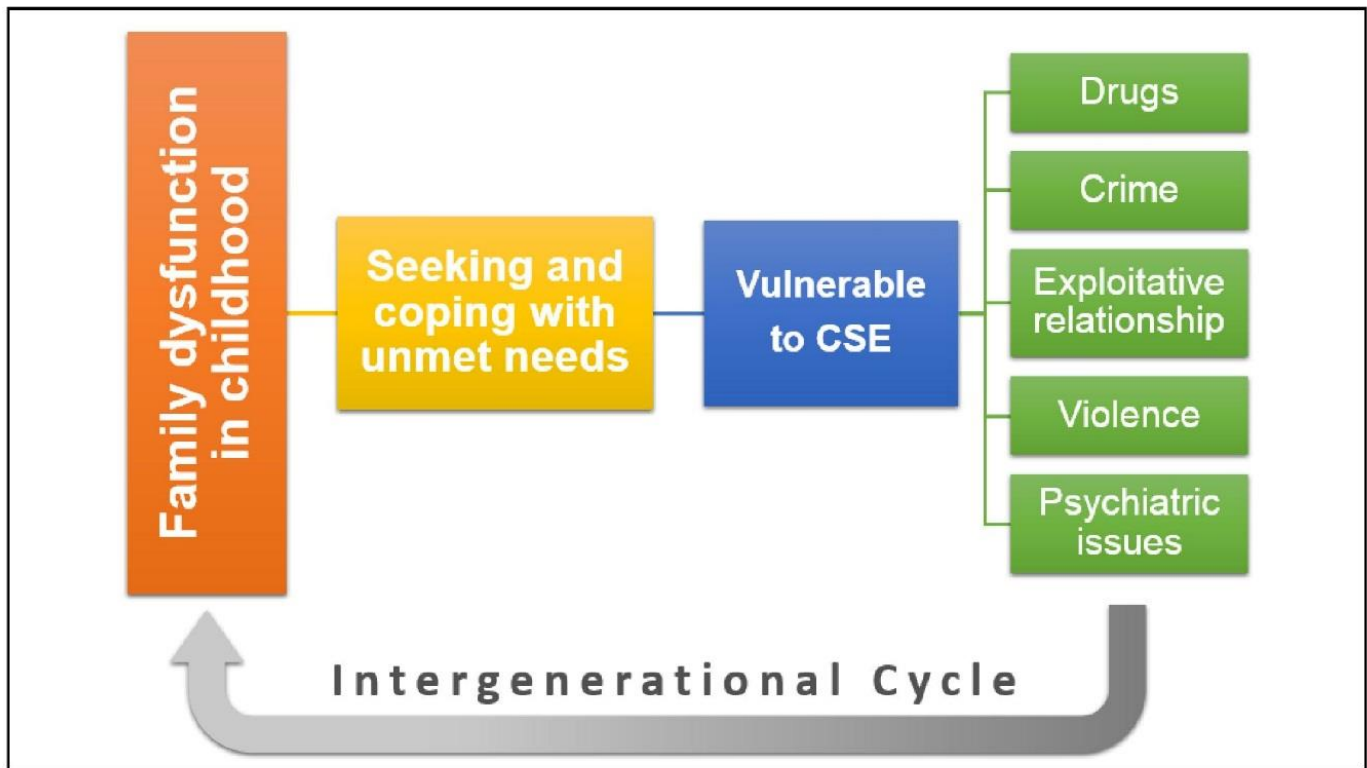
Parent mental illness

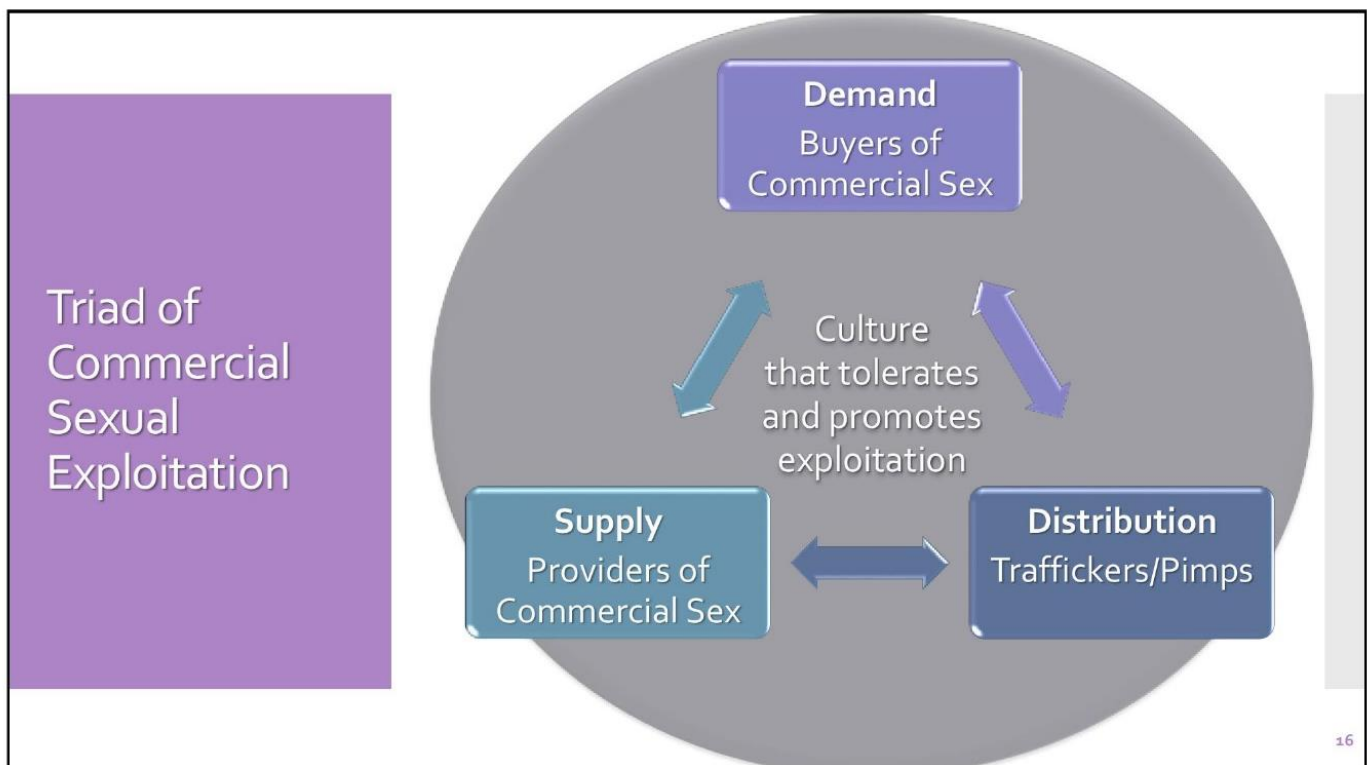
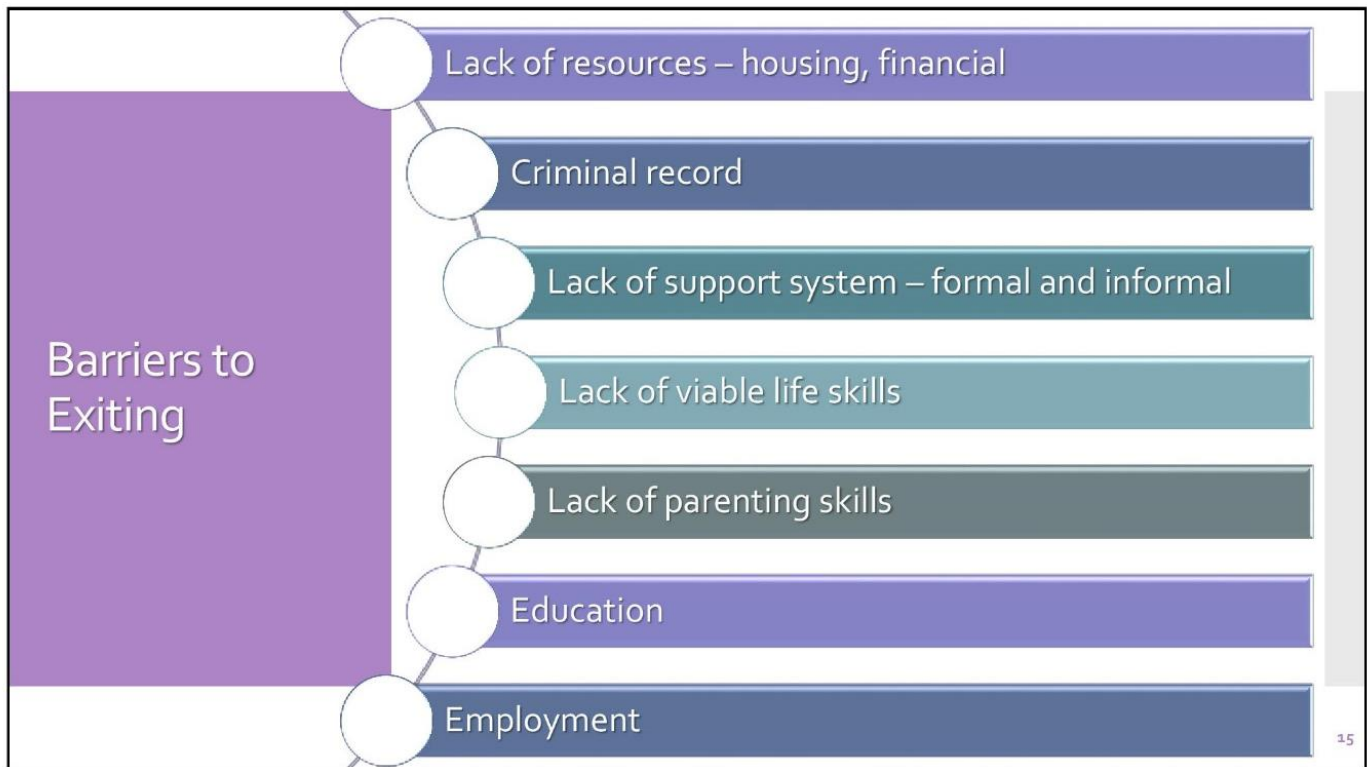
Marginalization  
Race  
Sexual Orientation

Childhood Trauma: Early Abuse and Neglect









## The Internet and Exploitation in Boston



Average number of ads for paid sex posted online every month: approximately **20,000**



Average number of responses to online ads for paid sex: **52**



Searches for sex happening daily: over **9,000**



Most frequent age of entry into prostitution: **14** years old

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## The Internet and Exploitation in Boston



**24%** of buyers admitted to paying for sexual acts while traveling for business



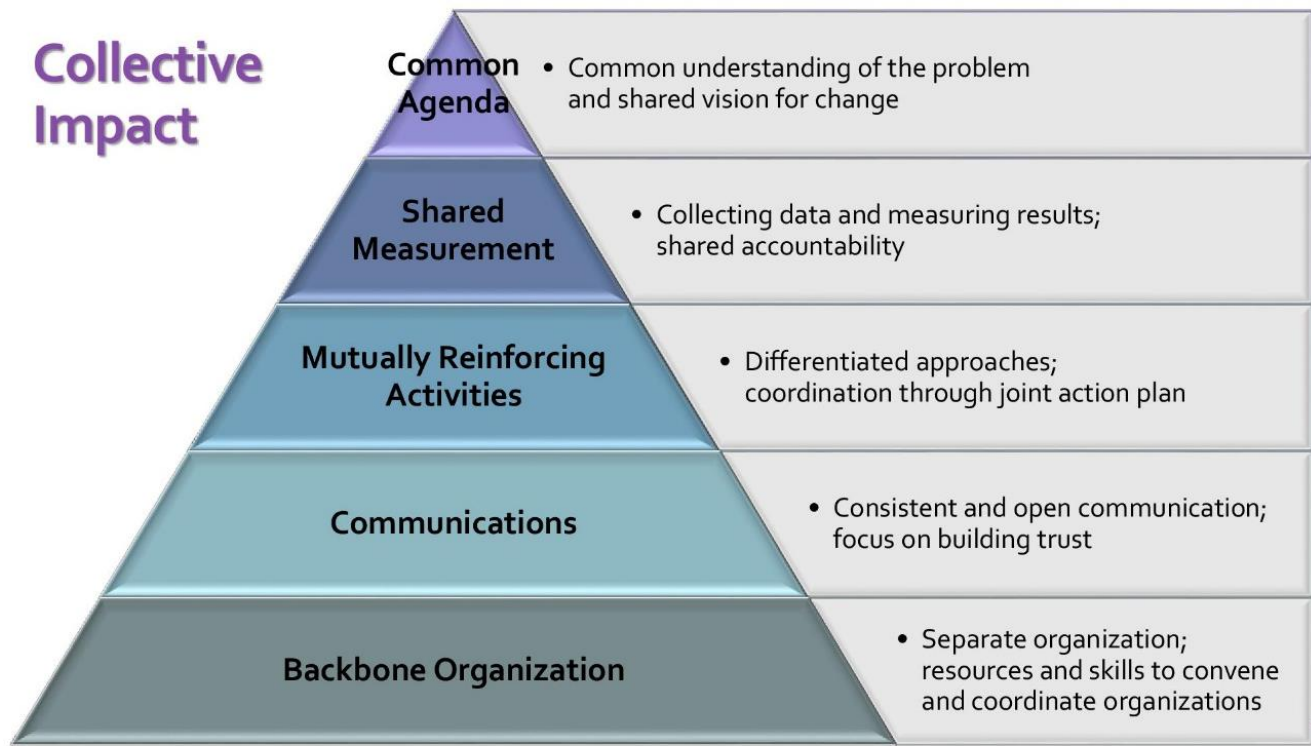
Peak time people search for sex online: **2pm**



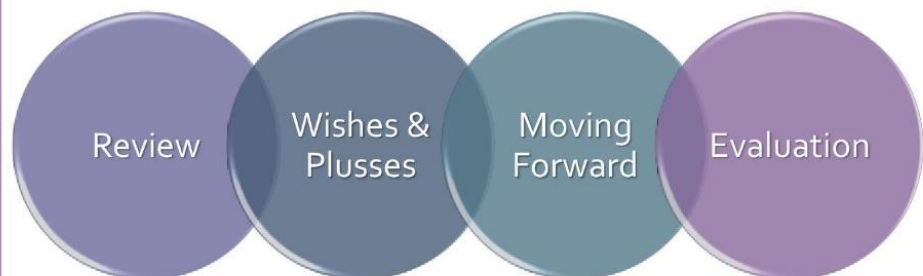
**13%** of callers responding to decoy ads originated from local businesses

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## Collective Impact



## Wrap-Up





## Appendix C: Commercial Sexual Exploitation Resources

### **EVA Center**

evacenter.org  
617.799.2133

### **My Life My Choice**

fightingexploitation.org  
617.779.2179

### **Human Trafficking Unit**

Boston Police Department  
bpdnews.com/fjc  
617.343.6533

### **CrimeStoppers Tip Line**

Boston Police Department  
bpdnews.com/tips  
Phone: 800.494.TIPS  
Text-A-Tip: CRIME (27463), send the word "TIP"

### **Children's Advocacy Center of Suffolk County**

suffolkcac.org  
617.779.2146

### **Project RESPECT**

Recovery, Empowerment, Social Services, Prenatal Care, Education, Community and Treatment  
Boston Medical Center  
bmc.org/obstetrics/project-respect  
617.414.2000

### **Project ASSERT**

Alcohol and Substance abuse Services, Education and Referral to Treatment  
Boston Medical Center  
bmc.org/programs/project-assert  
617.414.4388

### **LIFT**

Living in Freedom Together  
liftworchester.org  
508.827.1124

### **Human Trafficking Legal Assistance Program**

Ascentria and Boston University School of Law  
ascentria.org/legal-help-for-survivors-of-human-trafficking  
774.243.3045

### **Boston Public Health Commission Recovery Services**

bphc.org/whatwedo/Recovery-Services  
311 in Boston  
617.635.4500  
855.494.4057

### **Roxbury Youthworks**

GIFT Program: Gaining Independence For Tomorrow  
roxburyyouthworks.org  
617.427.8095

### **Boston Area Rape Crisis Center**

barcc.org  
617.492.8306  
800.841.8371

### **City of Boston Office of Women's Advancement**

boston.gov/departments/womens-advancement  
617.635.3138

### **Casa Myrna Vasquez Inc**

casamyrna.org  
877.785.2020 Statewide Domestic Violence Hotline

### **Polaris Project**

polarisproject.org  
202.790.6300

### **Demand Abolition**

demandabolition.org  
617.995.191

## Appendix D: Massachusetts Community Justice Project Resources

<b>Massachusetts Web Sites</b>	
Massachusetts Trial Court	<a href="http://mass.gov/courts">mass.gov/courts</a>
Department of Public Health: Bureau of Substance Addiction Services	<a href="http://mass.gov/dph/bsas">mass.gov/dph/bsas</a>
Department of Mental Health	<a href="http://mass.gov/dmh">mass.gov/dmh</a>
Substance Abuse Helpline – Locate Treatment Providers	<a href="http://helplinema.org">helplinema.org</a>
Massachusetts Behavioral Health Access - Treatment Bed Availability	<a href="http://mabhaccess.com">mabhaccess.com</a>
Massachusetts Center of Excellence for Specialty Courts	<a href="http://macoe.org">macoe.org</a>
National Alliance on Mental Illness (NAMI) – Massachusetts	<a href="http://namimass.org">namimass.org</a>
Massachusetts Rehabilitation Commission	<a href="http://mass.gov/eohhs/gov/departments/mrc">mass.gov/eohhs/gov/departments/mrc</a>
Community Health Training Institute – Coalition Training	<a href="http://hriinstitute.org">hriinstitute.org</a>
Learn to Cope – Family Support Network	<a href="http://learn2cope.org">learn2cope.org</a>
Allies in Recovery – Family Guidance and Training	<a href="http://alliesinrecovery.net">alliesinrecovery.net</a>
Massachusetts Association for Sober Housing	<a href="http://mashsoberhousing.org">mashsoberhousing.org</a>
Massachusetts League of Community Health Centers	<a href="http://massleague.org">massleague.org</a>
MassHealth	<a href="http://mass.gov/eohhs/gov/departments/masshealth">mass.gov/eohhs/gov/departments/masshealth</a>
Massachusetts Department of Veterans Services	<a href="http://mass.gov/veterans">mass.gov/veterans</a>
Mass Vets Advisor	<a href="http://massvetsadvisor.org">massvetsadvisor.org</a>
Physiology of Addiction Training Video	<a href="http://vimeo.com/155764747">vimeo.com/155764747</a>

<b>Additional Web Sites</b>	
Center for Mental Health Services	<a href="http://mentalhealth.samhsa.gov/cmhs">mentalhealth.samhsa.gov/cmhs</a>
Center for Substance Abuse Prevention	<a href="http://prevention.samhsa.gov">prevention.samhsa.gov</a>
Center for Substance Abuse Treatment	<a href="http://csat.samhsa.gov">csat.samhsa.gov</a>
Council of State Governments Consensus Project	<a href="http://consensusproject.org">consensusproject.org</a>
Justice Center	<a href="http://justicecenter.csg.org">justicecenter.csg.org</a>
U.S. Department of Veterans Affairs	<a href="http://va.gov">va.gov</a>
Mental Health America	<a href="http://nmha.org">nmha.org</a>
National Alliance on Mental Illness (NAMI)	<a href="http://nami.org">nami.org</a>
NAMI Crisis Intervention Team Resource Center; and Toolkit	<a href="http://nami.org/cit">nami.org/cit</a> ; <a href="http://nami.org/cittoolkit">nami.org/cittoolkit</a>
National Center on Cultural Competence	<a href="http://nccc.georgetown.edu">nccc.georgetown.edu</a>
National Center for Trauma Informed Care	<a href="http://mentalhealth.samhsa.gov/nctic">mentalhealth.samhsa.gov/nctic</a>
National Criminal Justice Reference Service	<a href="http://ncjrs.org">ncjrs.org</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://gainscenter.samhsa.gov">gainscenter.samhsa.gov</a>
National Institute of Corrections	<a href="http://nicic.org">nicic.org</a>
National Institute on Drug Abuse	<a href="http://nida.nih.gov">nida.nih.gov</a>
Network of Care	<a href="http://networkofcare.org">networkofcare.org</a>
Office of Justice Programs	<a href="http://ojp.usdoj.gov">ojp.usdoj.gov</a>
Ohio Criminal Justice Center for Excellence	<a href="http://neoucom.edu/cjccoe">neoucom.edu/cjccoe</a>
Partners for Recovery	<a href="http://partnersforrecovery.samhsa.gov">partnersforrecovery.samhsa.gov</a>
Policy Research Associates	<a href="http://prainc.com">prainc.com</a>
SOAR: SSI/SSDI Outreach and Recovery	<a href="http://prainc.com/soar">prainc.com/soar</a>
Substance Abuse and Mental Health Services Administration	<a href="http://samhsa.gov">samhsa.gov</a>
Pennsylvania Mental Health and Justice Center for Excellence	<a href="http://pacenterofexcellence.pitt.edu">pacenterofexcellence.pitt.edu</a>
USF Criminal Justice Mental Health & Substance Abuse Technical Assistance Center	<a href="http://floridatac.org">floridatac.org</a>

## Appendix E: Action Planning Tools

Priority Area 1: Increase advocacy capacity					
<b>Objective</b> What do we want to achieve?	<b>Activities/ Tasks</b> What do we have to do to meet the objective?	<b>Resources</b> What resources are necessary to complete the activity? (people, time, space, equipment, \$) Who should be at the table? Is anyone already engaged in this activity?	<b>Timeframe</b> How much time is required for the activity? When can action begin on this activity?	<b>Barriers</b> Are there any potential barriers to consider?	<b>Responsibility</b> Who will take the lead?
Secure funding to increase advocacy staffing at the EVA Center		Trial Court has applied for a federal grant that would fund an additional advocate at the EVA Center	Notification due October 2018		

Priority Area 2: Cross-sector Task Force					
Objective What do we want to achieve?	Activities/ Tasks What do we have to do to meet the objective?	Resources What resources are necessary to complete the activity? (people, time, space, equipment, \$) Who should be at the table? Is anyone already engaged in this activity?	Timeframe How much time is required for the activity? When can action begin on this activity?	Barriers Are there any potential barriers to consider?	Responsibility Who will take the lead?
Secure funding to staff a project coordinator who will convene a regular stakeholder/task force meeting		Trial Court has applied for a federal grant that would fund an additional advocate at the EVA Center	Notification due October 2018		

Priority Area 3: Commercial Sexual Exploitation specific training/policies/practices at addiction treatment programs					
Objective What do we want to achieve?	Activities/ Tasks What do we have to do to meet the objective?	Resources What resources are necessary to complete the activity? (people, time, space, equipment, \$) Who should be at the table? Is anyone already engaged in this activity?	Timeframe How much time is required for the activity? When can action begin on this activity?	Barriers Are there any potential barriers to consider?	Responsibility Who will take the lead?
BSAS held a women's specific treatment/recovery conference in April 2018 and held a CSE specific breakout			April 2018		

Priority Area 4: Training on Commercial Sexual Exploitation for law enforcement					
Objective What do we want to achieve?	Activities/ Tasks What do we have to do to meet the objective?	Resources What resources are necessary to complete the activity? (people, time, space, equipment, \$) Who should be at the table? Is anyone already engaged in this activity?	Timeframe How much time is required for the activity? When can action begin on this activity?	Barriers Are there any potential barriers to consider?	Responsibility Who will take the lead?

Priority Area 5: Juvenile Commercial Sexual Exploitation Sequential Intercept Mapping Workshop					
Objective What do we want to achieve?	Activities/ Tasks What do we have to do to meet the objective?	Resources What resources are necessary to complete the activity? (people, time, space, equipment, \$) Who should be at the table? Is anyone already engaged in this activity?	Timeframe How much time is required for the activity? When can action begin on this activity?	Barriers Are there any potential barriers to consider?	Responsibility Who will take the lead?

Priority Area 6: Pre-arraignment diversion practices/program at court					
Objective What do we want to achieve?	Activities/ Tasks What do we have to do to meet the objective?	Resources What resources are necessary to complete the activity? (people, time, space, equipment, \$) Who should be at the table? Is anyone already engaged in this activity?	Timeframe How much time is required for the activity? When can action begin on this activity?	Barriers Are there any potential barriers to consider?	Responsibility Who will take the lead?
Secure funding to increase advocacy staffing at the EVA Center to be available to probation staff who identify someone with exiting needs		Trial Court has applied for a federal grant that would fund an additional advocate at the EVA Center	Notification due October 2018		