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A Comprehensive Group Approach for Commercially Sexually Exploited Girls

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Project Girls Owning Their Lives and Dreams (GOLD) is a comprehensive group counseling program providing psychoeducational, growth, support, and counseling groups to adolescent victims of commercial sexual exploitation (CSE). Groups were facilitated by staff and community volunteers. Online surveys were administered to participants to gain their perceptions of the groups. Participants were generally satisfied with the groups and reported themes of bonding with peers, learning new skills, empowerment, and stress relief. Considerations for group work with this population are provided.

Keywords: *commercial sexual exploitation; life skills groups; mentoring; sexual victimization; group programming*

Commercial sexual exploitation (CSE) of children, also referred to as domestic, minor sex trafficking, is a social and legal issue that affects children worldwide. The U.S. Congress in the Trafficking Victims Protection Act of 2000 (TVPA) defines “sex trafficking” as a commercial sexual act that is induced by force, fraud, or coercion and in which the person induced to perform the act is under 18 years old. Examples of commercial sex acts include prostitution, stripping, live-sex shows, and any sexual activity of a minor that is controlled by a pimp, in strip clubs, Internet sex sites, or massage parlors (Cole, Sprang, Lee, &

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Cohen, 2016). In the past, terms such as child prostitute have been applied to these children, and they faced legal prosecution. However, these youth are now recognized as victims of abuse, exploitation, sexual assault, and rape.

It is estimated that between 100,000 and 300,000 children in the United States are victims of sex trafficking annually with many more at risk for CSE (Estes & Weiner, 2001; Lloyd, 2011; Wyler & Siskin, 2010), and these numbers are increasing each year (Ark of Hope for Children, 2017). The age of most victims is 14–17, and the majority are runaways, homeless, or thrown out of their homes and have used sex to acquire food, shelter, clothing, drugs (if addicted), and other necessities to survive (Cole et al., 2016). LGBTQ youth, who are often homeless due to familial rejection, are at an increased risk for CSE. Approximately 25–35% of boys who are involved in CSE self-identify as gay, bisexual, or transgender/transsexual and engage in sexual behavior with older men (Estes & Weiner, 2001). These children experience sexual violence and constant physical and psychological abuse, both threatened and real, in their daily lives. Among female victims of CSE, these traumatic experiences have been found to be strong correlates to a number of damaging mental health outcomes including depression, post-traumatic stress disorder (PTSD), anxiety, or combinations of all three (Hossain, Zimmerman, Abas, Light, & Watts, 2010). Their repeated victimization leads to physical injury, sexually transmitted infections, forced abortions, and infertility (Cecchet & Thoburn, 2014). For children, the experience of traumatic events has been shown to have profound, long lasting, developmental consequences (Snyder et al., 2012) including emotional and cognitive setbacks such as self-esteem issues, affective disorders, and suicidality (Hornor, 2010). There are high mortality rates for children involved in CSE (40 times higher than the national average, see Willis & Levy, 2002), and those that survive need support and comprehensive treatment to integrate back into society.

TREATMENT MODALITIES

Centers associated with the National Child Traumatic Stress Network provide residential treatment, case management, in-home counseling, outpatient, or school services for victims of CSE (Cole et al., 2016). Girls Educational and Mentoring Services (GEMS) in New York City, is one of the initial treatment and advocacy programs for trafficked girls. Despite the number of agencies providing treatment, research into appropriate treatments for victims of CSE is in its infancy. As Jordan, Patel, and Rapp (2013) state, “an effective treatment modality ... has not yet been

developed” (p. 363) but rather, clinicians are drawing on treatments used for common diagnoses these victims experience, including PTSD. Approximately 70–90% of victims of CSE have been sexually abused before they are recruited into CSE (Lloyd, 2011), and sexual abuse has been consistently identified as a risk factor for CSE. Therefore, treatment methods that have been utilized with victims of sexual abuse would be applicable to CSE populations. Similar to working with victims of sexual abuse, all methods of treatment for victims of CSE should be trauma-informed (Hardy, Compton, & McPhatter, 2013) with an understanding of the effects of trauma on victims and utilization of treatment interventions that do not retraumatize them. According to the U.S. Department of Justice, treatment provided to victims of CSE should be victim centered and focus on safety and empowerment. As Cecchet and Thoburn (2014) state, “There is a strong need to support survivor’s wellness and reintegration into the community without judgement and punishment” (p. 491). Treatment should be comprehensive, and include services such as vocational, life skills development, and psychological counseling.

Groups can be one of the treatment modalities included in a comprehensive treatment approach for girls who are victims of CSE. A distinct advantage of using groups with traumatized individuals is to address the social isolation that occurs due to the secretive nature of trauma and the resultant guilt and shame victims often feel (Deblinger, Pollio, & Dorsey, 2016). Groups provide opportunities to share experiences, provide mutual support and validation, and members learning from one another. Groups for sexually traumatized girls also provide multiple opportunities for telling and witnessing the trauma, managing and reducing symptoms of PTSD, grieving for the trauma and its consequences, and restoring trust and hope for the future (Castillo, Lacefield, Ce De Baca, Blankenship, & Qualls, 2014; Murray, Spencer, Stickl, & Crowe, 2017). The example of each group members’ modes of coping and progress become valuable agents for change for all participants.

Group Work With Childhood Victims of Sexual Abuse

There is a dearth of research on group treatment with victims of CSE, therefore, the efficacy of using groups with this population must draw on results of group work conducted with victims of childhood sexual abuse (CSA). There is ample evidence that trauma victims can be assisted in group work interventions. Group participation for CSA victims has been found to be effective in identifying and modifying group members’ post-trauma thoughts, feelings, and behavior pattern distortions (Castillo et al., 2014; McWhirter, 2006). Courtois (2008) reminds us that many survivors of trauma have been affected by

distrustfulness for a long time, thus affecting their ability to develop relationship building skills. Groups can be a means by which to work on interpersonal skills, form connections, and gain a sense of belonging, while providing a safe place to start healing, which is key in trauma work (Hickle & Roe-Sepowitz, 2014).

Lundqvist and Öjehagen (2001) suggest that pairing individual therapy and group therapy may be helpful. Outcome measures on adult female survivors of CSA enrolled in a two-year, group psychodynamic therapy program revealed improvements in psychiatric symptoms, social interaction and adjustment, and relationships to own children, partners, and friends. In a review of available articles published on the efficacy of group work with CSA victims, Miffitt (2014) found that several group treatment modalities (psychoeducational, TF-CBT, combined play and CBT) have shown to be effective in decreasing PTSD symptoms among child victims of sexual abuse, although no one particular therapeutic intervention was found to be superior to any other.

This article seeks to educate readers about a group counseling program conducted as one of the components of a comprehensive program for girls who have been victims of CSE. The purpose of engaging victims in groups is to empower them to find their strengths in a non-judgmental, healing environment as they recover from their traumatic experiences. Readers will be introduced to Project Girls Owning Their Lives and Dreams (GOLD). The types, purposes, and strategies of the groups conducted will be described along with evaluative feedback received from the participants. IRB approval was obtained for this study as part of a larger study on the treatment of victims of CSE. Considerations when utilizing groups for victims of CSE and future research will be discussed. This work may inform other agency's future programing with CSE victims.

STRUCTURE AND IMPLEMENTATION OF THE GOLD PROGRAM

Project GOLD Description

Project GOLD was created approximately 10 years ago to address the needs of commercially sexually exploited girls. At the time, there were no resources in the community and these victims were being arrested for prostitution. The project began at a child advocacy center (CAC), that specializes in the treatment of sexual abuse, and primarily raised awareness of the issue in the community. The project then expanded and eventually offered case management and counseling. After a few moves, Project GOLD began a residential safe house, sanctioned by the

state, which only remained open for a few months. The girls' involvement in child protective services and their running away proved challenging. One year later, Project GOLD reemerged as a drop-in center offering an array of services to victims, including groups. A staff member who had previously worked at GEMS and had experience with CSE helped create the program that exists today. Project GOLD is housed in Miami, Florida, which according to Estes and Weiner's (2001) is a "destination city" for CSE along with five other cities in the U.S. The Florida Department of Children and Families (DCF) and Department of Juvenile Justice (DJJ, 2014) reported that most of the calls received through the Florida Abuse Hot Line regarding CSE originated in Miami. Thus, there is a real need for this project in Miami.

As part of a larger CAC, Project GOLD provides wrap around services that include individual counseling, case management, group counseling, and advocacy. The group program offers comprehensive groups to participants on several nights of the week. The groups are offered at the outpatient drop-in center, a "home like" center located in a residential part of the city. The clients that participate in the groups are adolescent girls (aged 11–18), and they can participate in any or all of the services that are offered at the center. Clients are given the choice of what services they want to receive, although their youth advocate (case manager) may make recommendations. Typically, a client can be enrolled in services until the age of 18 but can continue to receive services for life as they are considered "members" of the organization. Project GOLD follows a team treatment approach, and the program philosophy includes the belief that one-to-one relationship building is essential to healing. Therefore, each girl who becomes a member at the drop-in center is assigned a specific staff member for mentoring, advocacy, and coordination for their specialized needs related to their recovery. The program is supported by a combination of grants and private philanthropy, so there is no charge for services, and members have opportunities to earn monetary rewards by attending groups. Additional incentives are available for educational achievements such as gaining a General Education Diploma or completing an internship. The girls' participation in the groups and services is tracked by the youth advocate and the program director who ensure the girls receive remuneration monthly.

Group Purpose and Goals

The literature on groups with victims of CSA and recommendations from the U.S. Department of Justice were reviewed to inform the staff on the types of groups and group themes that would best meet the treatment needs of CSE victims. Seven Project GOLD groups were

developed to serve psycho-educational, psycho-therapeutic, mentoring, and support functions, and consisted of the following (a) Art Therapy, (b) Recreation and Fitness, (c) Life Skills, (d) Cooking, (e) Substance Abuse, (f) Mentoring, and (g) Survivor Support. Each of these groups contained multiple sessions, often occurring over several months. There was no specific sequence to the groups and when girls entered Project GOLD they would begin in the groups that were being offered at that time.

Each group had a different focus, but the overall goal of the Project GOLD groups was to increase the coping skills and knowledge of participants by (a) providing mentors, (b) training on the use of coping, relaxation, and mindfulness skills to combat feelings of depression and anxiety, (c) enhancing support networks by connecting with other victims and survivors, (d) exposing them to new opportunities and experiences, and (e) educating them on the negative effects of substance abuse.

Group Member Recruitment and Screening

Clients are referred to the program through a variety of sources including child protection, law enforcement, child advocacy centers, and local counseling centers. Self-referrals are not common due to clients' unwillingness to identify as victims of CSE (Richard, 2000). Upon referral, clients are contacted and invited for an intake interview with their parent, guardian, or social worker. At that time, informed consent for treatment is obtained, and they are made aware of all the services available. Both girls and caregivers are welcomed with an orientation designed to help them obtain a better understanding of the organization, the program, and staff. At the intake interview, girls interested in attending groups are provided with the schedule of activities and transportation is arranged.

All potential members of Project GOLD undergo an extensive clinical assessment to determine if they are eligible for services. The clinical assessment consists of an intake interview, an extensive battery of assessments (e.g., Trauma Symptom Checklist for Children [TSSC; Briere, 1996], UCLA PTSD Index [Steinberg, Brymer, Decker, & Pynoos, 2004], and the Achenbach Youth Self Report [YSR; Achenbach & Rescorla, 2001]), exploration of a history of abuse, and indicators of exploitation. The only eligibility criteria for acceptance into Project GOLD are having experienced or being at risk for CSE. Those who do not meet the criteria are not eligible for services. Girls were considered at risk if they displayed a history of running away, were hypersexualized, engaged in sexual activities with multiple partners, were having sex at school, and engaged in substance use. Individuals who display these behaviors tend to be the ones that can

easily be recruited into CSE. Following the clinical assessment, the members are assigned a youth advocate that provides a tour of the drop-in center and explains the types of groups offered, the group process, available transportation, and financial incentives for participation. To date, 58 girls have participated in the Project GOLD groups.

Group Participants

There were 16 girls enrolled in the groups at the time of this writing, but the groups ranged in size with typically no more than 12 girls attending at a time. Ten girls provided demographic data and completed evaluation surveys. One girl refused to complete the survey. The girls ranged in ages from 15 to 18 ($M = 16.3$, $SD = .95$). They self-reported their race/ethnicity as Black ($N = 7$) and Hispanic ($N = 3$). Four of the girls were not attending school, one is obtaining a GED, one is in college, and one each was in eighth, ninth, tenth, and eleventh grade. All but two of the girls had a documented history of CSE (or domestic sex trafficking). Those who were not victims of sex trafficking were considered “at risk.” The girls surveyed had attended on average 300 sessions and been in groups on average for 21 months.

Group Leaders

Group leaders included staff from the CAC and community volunteers. There was a total of seven group leaders. Four of the group leaders (all female) were staff from the CAC and had experience with counseling. The other group leaders (2 male, 1 female) were recruited based on their interest in providing service to the agency as well as their expertise and certification in various areas in which the groups would be formed (e.g., yoga, cooking, recreation, art). This model of group leader recruitment draws on existing resources of the CAC while also utilizing available volunteers with specialized skills. Some groups (see descriptions below) were made possible by the volunteers, who essentially brought or provided an existing group program to Project GOLD. All group leaders attended an intensive training on CSE youth that was customized for them and were provided with additional guidance and mentoring from the Project GOLD program director, a school counselor. The program director also was in attendance or on site during almost all groups.

The training for the group leaders included general information about CSE, “do’s and don’ts” of working with the population. In addition, the program director shared examples of group behavior that might be displayed, role played how to handle difficult participants,

rules about interacting with the girls, physical contact, and boundaries. Although some group leaders were not formally trained in groups, they had conducted groups before. The community group leaders came with a group curriculum or program that they had developed and previously delivered elsewhere.

Group Structure

All groups were held at the drop-in center in the evenings with each group lasting 1 to 1.5 hours with a half hour allotted for dinner. The typical structure of Project GOLD is to offer two groups a night, on three weeknights (Monday–Thursday). Each group was typically offered once a week and the array of offerings varied each week. Girls arrived for groups in the evenings with transportation provided by the center to and from the groups. One group met off site (Cadenza, see description below) due to the nature of the group. The girls were always accompanied by chaperones on all outings (e.g., all youth advocates, program director). Given the time of the groups, a simple meal would be provided for dinner (or alternately the meal would be the result of the cooking group if offered that evening).

The groups were usually conducted in the center's living room or kitchen. The groups were open and new members were able to join at any time. Tourigny and Hébert (2007) conducted a comparison study of open versus closed groups and found that group structure was not shown to play a significant role in treatment outcomes for sexually abused adolescent girls, thus providing the rationale to conduct open groups. Further, keeping the groups open is aligned with the Project GOLD program philosophy of open membership for any girl. Once a girl joins Project GOLD, she is welcome to participate in any of the groups. Most groups cover a different topic each week so remaining open was not problematic. Since CSE girls are often runaways, early involvement in groups may help secure their commitment to treatment. Group member attendance varied significantly from group to group, based on the night and the number of girls present for that group, with only 30% of the girls attending the Recreation and Fitness Group (lowest attendance), 40% attending Substance Abuse, 70% attending Survivor Led, and 90% attending the other groups.

Group Programming

When creating the Project GOLD group program, every effort was made to offer a variety of groups that included most common group

types. Psychoeducational groups are typically structured groups that focus on prevention and human development (Furr, 2000). Project GOLD groups' psychoeducational content centered on substance abuse due to evidence that traffickers use narcotics to induce cooperation from victims (Palmer, 2010; Walker-Rodriguez & Hill, 2011), and the most common diagnoses among victims include substance abuse disorders (Clawson, Dutch, & Williamson, 2008). Relaxation, coping, and mindfulness concepts and strategies were also part of the psychoeducational content. Rachel Lloyd (2011), a former victim of CSE and developer of the GEMS program in New York City, reports that exploited girls need the opportunity to develop new skills and to create a new sense of self. She states "for girls...who've felt 'good' only at being in 'the life,'¹ the opportunity to learn new skills and develop hidden talents, whether it's poetry or art or cooking or boxing"...or a supportive peer, can begin to reshape and redefine who they see themselves as" (p. 230). Thus, cooking, art therapy, and opera were included in the group offerings to expose the girls to potential interests or undeveloped skills. There were also two psychotherapeutic groups, the Survivor Led and Life Skills groups. The purpose of the Survivor Led group was to provide a positive role model experience for the girls by having a survivor of CSE share her road to recovery and reintegration into society. The Life Skills group focused on specific life development skills the girls needed for self-sufficiency and independence, but also often led into discussions of past trauma and its impact on them. Mentoring, identified as a treatment need of victims (Kalergis, 2009), was also included in the programming in the form of three different mentoring experiences. Finally, there was some cross over in groups as some met multiple functions. More specific descriptions of the Project GOLD groups offered as part of a comprehensive treatment program follows below. Group programming for this population can serve as a model for counselor consideration in similar treatment agencies.

Art therapy group. The art therapy group was facilitated by a LMHC from the community with over 20 years of experience. The creative process involved in expressing oneself artistically can help individuals express intense and difficult emotions such as anxiety and fear, manage behaviors and feelings, reduce stress through self-expression, improve self-worth, and increase awareness of sexual abuse (Murray et al., 2017). The group enabled girls to use different mediums (e.g., collages, drawing, painting, clay, paper mache, sewing,

¹"The life" is a common term used to describe the experience of being commercially sexually exploited. Victims will refer to themselves as "being in the life."

bead work, and crafts) to express themselves creatively and non-verbally, while discovering new talents and enhancing existing ones. In this group, the participants were able to develop artistic skills, crafting abilities, fine motor skills, hand/eye coordination, analytical skills, color coordination, and creativity with use of color. The group's purpose was to foster individual creativity. Given the developmental level of the girls, the art therapist included many activities that resulted in a product that incorporated the girls' name. Seasonal decorations were also frequently made.

Recreation and fitness groups. The aim of the recreation and fitness groups was to empower participants through the practice of fitness, recreation, and yoga. By practicing yoga, group members learned techniques for grounding, calming, and centering both their bodies and their minds. The fitness and recreation group was designed to help girls release stress through exercise and to help participants feel better and develop healthy fitness habits. Activities incorporated sports, games, dance and movement, drama, and music. Sometimes these groups involved field trips to local attractions (e.g., zoo, waterpark, movies) or culturally enriching events (e.g., science museum, theatre). This group was led by a certified yoga instructor from the community or a Project GOLD staff member.

Life skills group. This group, led by a Project GOLD staff member, was designed to help promote mental well-being and competence in girls as they learned necessary life skills to help them deal effectively with the demands and challenges of everyday life. Such life skills included problem solving, critical thinking, effective communication, decision-making, creative thinking, interpersonal relationships, self-awareness, building empathy, and coping with stress and emotions. These were learned and practiced through observation, modeling, and role-playing. The participants were asked to practice learned skills in real life situations and report their outcomes back to group members.

Cooking group. The cooking group was designed and led by a community volunteer. In this group, participants had hands-on experience baking and cooking and were exposed to various palates. The group leader had cooking expertise and shared recipes, ranging from simple to complex, for the girls to make under supervision. Girls learned about healthy eating choices and menu planning. Teamwork and communication were stressed, and tasks were delegated to all those who wanted to participate. Another goal of the group was to expose the girls to

various careers in the restaurant and food preparation fields. The group was held in the kitchen of the center, and the girls were assigned various tasks related to the food preparation. The group leader was available for feedback and guidance. At the end of the food preparation, they enjoyed the meal. Eating the meal together allowed for a family style meal shared in a relaxed and calm environment that facilitated discussion among the girls.

Substance abuse. The focus of this psychoeducational, psychotherapeutic group, led by a licensed mental health counselor, was to educate the participants on substances and their effects. Content included information about both legal and illegal drugs, refusal skills training, relapse prevention, and education on usage and addiction. Group topics included healthy alternatives to chemical usage, dispelling drug myths and misconceptions, drug trafficking, and teens' vulnerability. Many of the girls who participated had used illegal substances. Experiential activities were used to apply psychoeducational material and included group sharing and processing. The group leader also created a Jeopardy type game to test the girls' knowledge. The substance abuse group was divided into six parts that included primarily a basic introduction to various drugs and substances, including tobacco and alcohol, and the myths surrounding drug use. Topics also included minorities and substance use, and girls shared their experiences. Short videos on substances including the effects of substances, people in recovery, or experts talking about drug use were shown to initiate discussions.

Mentoring. The mentoring groups consisted of three different types of group experiences. The first one, Unchained Project, paired female students from a local university with girls at Project GOLD. The college girls were part of a service organization and designed a curriculum for the purpose of working with CSE victims. They created lessons on career planning, goal setting, the importance of education, anger management, healthy relationships, and self-advocacy. The college mentors hoped to be positive influences in the girls' lives, encouraging them to stay in school, set goals, and find confidence within themselves. The general structure of the group included a check in, an activity related to the topic of the week, and then a closing activity. In addition to the group activities, each Project GOLD member worked with a mentor one-on-one on activities. An important aspect of this mentoring group was journaling. Each mentee had a journal in which they would write comments to their assigned mentor about any topic or a prompt provided based on the

material covered in group. The mentors would read the journals, if the mentees gave them permission, and would write comments back to the mentees.

The student finance mentoring group was a psychoeducational group led by a community member who owns a student finance league, a program that teaches money, life skills, business, employment, and professionalism. Over time, the group progressed from teaching the girls about finances to a mentorship that provided support so the girls could earn money and learn business and employability skills to help them maintain their new jobs, bank accounts, and financial responsibilities. In the group, the members practiced opening bank accounts, employment interviewing, preparing resumes, and professionalism, and then demonstrated these skills in the real world. Members completed internships such as working at a sports stadium learning customer service, operating cash registers, serving fast food, and counting and making change. Through these life experiences, group members were able to increase financial literacy, confidence, business, and life skills, establish and maintain bank accounts, and hold jobs.

The final mentoring program, Cadenza, was facilitated by the local grand opera company. The goal of the program was to expose the girls to the functioning of the opera, including experiencing it as a cultural activity to understanding the various opera careers. This group took place on site at the opera house and was chaperoned by Project GOLD staff. Two members of the opera administration created a curriculum that included socialization activities and education used in a group setting. Each week the girls learned about a different aspect of the opera. This often involved touring the facility and meeting various staff. Activities were created that would lead to discovering hidden talents they might have or sparking an interest in a career in opera. Two girls secured internships as a result of this project—one in makeup and one in theatre production.

Survivor support group. This psychotherapeutic and process group was led by a female survivor of CSE (a nurse) who shared her experiences with the group and her path to recovery. She challenged the group to take advantage of all the opportunities at Project GOLD and to respect themselves and each other. They spoke about various topics including the degradation of women in music, where they see themselves in the future, politics, and healing. She provided a safe environment for survivors to share their experiences while gaining insight and support from one another, in an attempt to build a sisterhood among them. It was designed to empower participants to make healthy decisions and avoid self-destructive behaviors. The group members were also encouraged to share their personal

experiences. The leader encouraged girls to find their “voice” and assert themselves in situations in their life.

PARTICIPANTS’ GROUP EVALUATIONS

Project GOLD is shaped and directed by survivor input, reflected in the program name that was created by the founding clients. As recommended by Elliot, Bjelajac, Fallot, Markoff, and Reed (2005), trauma informed services for victims should consistently involve the client in a collaborative relationship which seeks to develop and evaluate services. Feedback from the group members was used to conduct a preliminary evaluation of Project GOLD services. Participants completed an online survey of their satisfaction with groups to gain their perspectives and feedback. This information will be used to inform future programming at Project GOLD. Using the guiding principles of interpretivism, this study relied on naturalistic data collection methods (interviewing and analysis of responses) (Lincoln & Guba, 1985). Using these methods, the researchers hoped to ensure an adequate dialogue between them and the group members collaboratively. The meanings emerged from this research process.

Group Participants’ Survey

The survey consisted of a few demographic questions and inquired about the girls’ participation in various groups. There were two forced choice items (yes/no) that asked participants if they attended the group and if they found the group helpful. If a participant indicated she did not attend a particular group, she was not able to provide feedback on it (the survey moved to the next group question). The survey also contained an open-ended question asking participants to describe their answers. Participants responded to the above items on all groups they attended. The survey was administered online through Qualtrics on a tablet provided, and took approximately 10–15 minutes to complete. The administration date was chosen at random, and a research assistant, not involved in the groups, facilitated the administration of the survey. The research assistant is often present at the agency, so the girls were somewhat familiar with her. The survey was completely optional, and participation did not affect the girls’ receipt of group services or payment for group attendance.

DATA ANALYSIS

The researchers were assigned different tasks. The first author led study design efforts, co-created the survey, and conducted data analysis. The second author co-created the survey, was responsible for participant recruitment, administration of the survey data collection, and analysis processes. The third author assisted with participant recruitment and administration of the survey. The fourth author consulted with and provided feedback to the first two authors in the later stages of the data analysis and served as an auditor. All authors participated in writing about the participants' experiences accurately.

The authors acknowledged and paid close attention to their positionality in order to address subjectivity and potential bias. The relationship of the researcher to the researched (Campbell & Schram, 1995) is important to the issue of objectivity. The first author is a Euro-American professor in a counselor education program in the United States and an expert in child sexual abuse research and clinical work. She has facilitated group sessions with children and adults and has published scholarly work using qualitative methods. The second author is a Euro-American doctoral student in developmental psychology and a research assistant for Project GOLD. The third author is Hispanic and the program director of Project GOLD and a counselor and has extensive experience with victims of child sexual abuse. The fourth author is a Hispanic associate professor of counselor education and has experience running groups. She has also published a number of studies that have used different qualitative methods.

We specifically used Thematic Analysis in the tradition of Braun and Clarke (2006) to analyze the data. We adhered to the steps of Thematic Analysis, including immersing ourselves in the data, generating initial codes, searching for themes, reviewing themes, and defining and naming themes. The first two authors independently read and re-read the replies to the 7 open-ended questions in the Qualtrics survey several times. These questions asked participants to describe what they found helpful or not helpful about each group. The replies were downloaded from the online program and put into a Microsoft Word document for ease of analysis. These authors are familiar with the program as one is a consultant to the program and the other is a program research assistant. They then used a coding sheet developed for this study to identify some initial codes. Next each researcher sorted the different codes into potential themes, and collated all the relevant coded data into identified themes (Braun & Clarke, 2006). The next step was for each researcher to generate a list of different codes. These codes were then sorted into themes. Each researcher then refined her themes. We used a thematic map to help visualize the themes for each question. The researchers then

named their themes. Afterward the two researchers generated initial themes for each group, and they came together to discuss their impressions and agreed on an initial set of themes. Analysis relied upon organizing sections of the data in recurrent themes (Campbell & Schram, 1995) allowing the data to suggest names for the themes and using direct quotations from the participants to illustrate the type of data classified within each theme (as recommended by Breakwell, 2000). The use of the multiple coders helped with trustworthiness, as they worked independently and shared their results. Overlap and discrepancies were addressed, and the data were reviewed together one more time to consolidate, create new themes, and eliminate themes as needed. The fourth author then audited the agreed-upon themes and provided feedback and suggestions for revisions. The data in each theme were compared and contrasted by the two coders to make sure the data placed into each theme were internally coherent, consistent, and distinctive from the other themes.

The researchers engaged in reflexivity by discussing their assumptions about CSE and their relationship with the center. The trustworthiness strategies employed, along with reflexivity, included thick descriptions using the participants' direct quotes. Our review was data driven and not theoretically driven, as we were not aware of any theory related to group work with victims of CSE.

RESULTS

Results of Group Members' Survey

In general, the girls rated the groups positively. As one participant noted, "Most of the groups are helpful and fun although some are more appealing to us as a whole than others." For almost all of the groups, 100% of the girls reported a positive reaction (except for the mentoring group (75%) and the art group (87.5%)). The girls were receptive to taking the survey (e.g., only one refused) and they took their time to complete it independently. For the art group, respondents' themes centered on mental distraction, relaxation and stress relief, enjoyment, and fun, although one participant reported the group was not helpful. One participant stated, "I enjoy art therapy with [group leader] because it allows me a level of therapeutic release and relaxation that I can't achieve by simply talking about my problems. I answered yes because when I'm in art therapy I feel like what every emotion I felt before coming to group has went away." Another participant reported, "Me personally I feel art therapy is helpful for relaxation." Weight loss and stress relief were the two themes reported for the

fitness and yoga groups. One girl replied, "It helped me relieve stress" and another reported, "Cause I wanna lose weight and I find it real fun yes I was tired but I got thru it with the girls I didn't give up." The life skills group had two major themes including empowerment and resources. One participant reported, "Life skills has helped me immensely... achieve personal goals and helping me to stay hopeful while keeping me knowledgeable about things around me despite my personal situation." Another girl stated, "It has shown me how I could help myself in life and has given me resources that would allow me to be proactive." The recreation group themes dealt with exposure to new experiences, enjoyment, interaction with peers, and learning to have fun again. One participant stated, "I feel I experienced new things that I wouldn't normally do on a regular basis," while a different participant reported, "Yes because it's great to know you can enjoy different things instead of just smoking." The cooking group themes included learning new skills, enjoyment, fun, team work, and bonding with peers. The notion of team work was evident in this participant's comment: "It helped me learn and experience real world contact with food and other resources. Having fun while cooking. It also helped me with team work and patience." One girl stated, "I was able to learn how to prepare dinner. I learn different ways to prep the food. I enjoy it, it teaches me a good skill so one day I will be able to cook by myself." For the survivor led group, participants reported feeling connected to others, moving forward, expressing their feelings, role model, and the installation of hope. The survivor led group elicited a comment demonstrating the cohesion that was formed among the girls. This was exemplified in the response, "This is another group where all members of Project GOLD connect on a different level. We learn that we are truly not alone in the struggle of life and we have a chance to discuss common issues and relate to one another. This group is where we go from group mates to sisters." The substance abuse group provoked responses of alternatives to drug use, stopping drug use, and educational information. As one participant stated, "The knowledge we received in this group was helpful as most of us have used one substance or another it opened our mind to the seriousness of the risk and the dangerous toll substance abuse can take on our life." Finally, for the mentoring group, participants reported emotion management, empathic mentor, and one comment stating it was useless. As one participant stated, "The mentoring group helped me to address deeply hidden issues and it allowed us to help each other see things from different points of view." Another girl reported, "They [the mentors] were good. Each person was given a mentor that is willing to listen, guide you, understand your feelings and emotions."

DISCUSSION

The group treatment model described above can be implemented as part of a comprehensive treatment approach with CSE victims. The model consists of a variety of group experiences, backed by the literature, that offer victims alternatives to their current lifestyles. Psycho-educational groups aimed at teaching essential life skills, the dangers and consequences of using illegal substances, and that provide a safe place to discuss feelings resulting from past trauma, violence, and abuse can help reduce the fear, helplessness, and hopelessness experienced by these victims. The Mentoring and Survivor Support Groups provide group members with opportunities to learn from others who have experienced similar situations. In the Student Finance Mentoring group, the girls learned employability skills, how to act professionally in a work environment, and manage their finances. A small grant provided funding for the girls to earn money thus empowering them to lead productive lives. The results of the participants' survey revealed their satisfaction with the overall group experience. The girls reported they were able to form bonds and alliances with group members, their mentors, and the other group leaders during their time in the groups. Themes that arose from the participants included learning, bonding, connecting and moving forward in life. The notion that there is life beyond their past experiences arose and gave hope for a brighter future.

Additional Considerations of Group Work With Victims of CSE

Since Project GOLD works exclusively with girls, the findings of this paper and recommendations are applicable only to female victims of CSE. While there are advantages to having victims of CSE together in a group setting to support and learn from one another, attention should be paid to some considerations. Recruitment of girls by other girls to continue "in the life" is a unique problem with this population. This occurs when a girl who is in the group continues to be involved in CSE and tries to recruit other girls for her pimp. Adapting similar recommendations from the literature on substance abuse group treatment (U.S. Substance Abuse and Mental Health Services Administration, 2006), if a girl is known to be a recruiter or begins recruiting during her involvement in the groups, the group leader must inform the group member of the Project GOLD rules prohibiting recruitment and its consequences. When this has been suspected among group members, they are temporarily banned from groups until it is determined that they are no

longer recruiting. They are still able to receive other services from the program, just not group treatment. Relatedly, if a girl is found to be using substances or giving them to other girls in the group, she cannot continue in groups and is referred for substance abuse treatment, although she can still receive case management and individual counseling. In order to return to the groups, she must test negative for substances. A similar challenge is posed by a girl who presents as a same-sex attracted female and begins to make sexual advances toward other group members. In this case, she would be offered all the services of Project GOLD except groups. Another challenge in the groups is that some girls have a difficult time self-disclosing in group and prefer to remain silent or non-participatory. Group leaders were trained on how to encourage group participation, but no girl was forced to participate in any group. The center is large enough that girls are free to remove themselves from the group and rejoin at their own volition. Due to the developmental stages of the girls and their history of trauma, at times, clique formation occurs (Smetana, Campione-Barr, & Metzger, 2006; Thompson, Grace, & Cohen, 2001) and there is conflict among some girls. Another potential issue is possible retraumatization. The treatment of CSE victims is often complicated by their other preexisting problems related to their home environment, and this can complicate treatment (Jordan et al., 2013). Group leaders should be aware that many of the girls have substance abuse histories and other traumatic experiences which impact their recovery. To address some of the traumatic material and sexual issues, groups that focus on sexuality and health and teach the first four modules of TF-CBT may be useful with victims.

As mentioned previously, transportation to and from the groups was provided and seemed critical in ensuring attendance and removing barriers to treatment. In addition, participants received \$5 per group for attending. This incentive was provided to increase participation and give the girls some financial assistance. Payment was made to girls once a month through their youth advocates and was based on attendance at groups. If funding allows, programmers may want to provide financial incentives to increase participation. Group size may also vary as girls are often in crisis situations (e.g., running away) and may not be active in the groups. It is recommended that other agencies may want to use a secure room with closed doors. While the center had a "home like" atmosphere and the main living area was used to conduct the groups, sometimes group interruptions occurred. Careful screening of volunteers to lead the groups to ensure they are reliable is critical to program success. The confidence level of some members may fluctuate and at times be low thus more support from the group leader may be needed. Further, there is

always the possibility that one member can dominate, take over the group, and challenge the group leader causing monopolization. Group leaders need to be trained to deal with this dynamic.

Considerations for Other Group Offerings

Project GOLD offers a variety of groups to members and this paper represents the current offerings. A health and sexuality group was offered in the past by a community agency sex educator. That group covered such topics as abstinence, contraceptive use, safer sex practices, sexuality, hygiene, healthy vs unhealthy behaviors, and sex and the media. Due to the time limited nature of the group curriculum, once all girls had completed it, the group was discontinued. Another group that was offered was a gardening group to help the girls learn about planting vegetables, plants, and maintaining a garden. However, based on negative feedback, this group was discontinued. The Project GOLD therapeutic staff has offered a PRAC group that focused on the first four parts of TF-CBT (e.g., psychoeducation, relaxation skills, affect expression, regulation skills, and cognitive coping skills and processing). Just like the health and sexuality group, once girls had completed this group, it was removed from programming until new girls joined Project GOLD. The PRAC group has been the only closed group based on developer recommendations. The skills learned in that group build foundationally, thus requiring participation from the start.

LIMITATIONS AND FUTURE RESEARCH

Although feedback from the participants was obtained on most of the groups, there were some group offerings that were not assessed, and not all group participants were available to complete the survey. The date for data collection was a single night, thus only the girls present on that evening to attend groups were available to participate. Since the mentoring group consisted of several different types of groups, it would have been more helpful to ask about the specific mentoring program. To improve programming for all girls, further inquiry with those few participants who reported negative reactions to some groups would have elucidated the aspects of those groups that were found unhelpful. Hom and Woods (2013) argue that a firm understanding of survivors' psychological experiences will aid in developing culturally sensitive services for victims of CSE. Thus, a closer

examination of these girls' emotional reactions to the trauma, and how the groups may have ameliorated these symptoms can guide future programming.

CONCLUSIONS

This paper has described Project GOLD, a group approach that can be replicated and incorporated into comprehensive treatment programs for CSE victims. The approach can be modified to meet victims' specific needs because it includes a variety of groups with varying contents and foci. These groups are aimed at educating and providing life skills to victims to help them live substance free, mentally healthy, productive lives free from sexual abuse and exploitation. Community volunteers serve as role models and offer their expertise by facilitating specific groups (e.g., financial planning, cooking, fitness and yoga) in conjunction with the mental health professionals that provide therapy and regular mental health care. Evaluation of group processes, group satisfaction, client learning gains, and progress toward recovery should be consistent and continuous throughout treatment. Pre-and post-measures can be developed and used to determine gains in clients' knowledge, self-awareness, and progress toward recovery. The results of these assessments can provide valuable information to guide future programming. Participant feedback indicates that, in general, the groups were rated very positively and helped the girls learn new skills and connect with one another. Unfortunately, many children will continue to become victims of CSE and will need treatment. However, comprehensive group programming such as described in Project GOLD has been shown to have positive outcomes that indicate potential for future use by other treatment facilities. Groups can help CSE victims reintegrate into society by providing them with needed life skills, experiences, and the support necessary as they recover from their trauma.

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