Appendix

Terms used in the Model Interagency Protocol Framework:

I. Victim-Centered
A victim-centered approach places the victim at the heart of the planning and implementation of services in a meaningful way. This approach requires effort to engage and inform the victim so that she/he is empowered throughout the process.

II. Trauma-Informed
a. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “A program, organization, or system that is trauma-informed:
1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization.”

b. “Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

III. Strengths-Based
A strengths-based approach refers to “policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child

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and family’s unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan.”3

IV. Stages of Change Model
a. The Stages of Changes Model (SCM) was originally developed in the 1970s and early 1980s in the context of working with addicts. Recognizing that change does not occur in one step, the model lays out the sequential steps change requires: pre-contemplation, contemplation, preparation, action and maintenance. Since its original development, SCM has since been used in a range of fields to help service providers understand and effectively respond to the process of behavior change.
b. Girls Educational Mentoring Services (GEMS), a New York based organization that works with CSEC, connected the SCM to CSEC. A CSEC in “pre-contemplation” denies being sexually exploited. At the stage of “contemplation” a CSEC acknowledges abuse but is not yet prepared to leave. By the “preparation” stage, a CSEC is committed to leave and open to services offered. At the “action” stage, a CSEC is actively leaving the life. The final stage of “maintenance” involves skill building for a new life, avoiding triggers and remaining out of the life. The SCM also acknowledges that “relapse,” another stage, occurs and is a necessary step to full recovery and maintenance.4

V. Vicarious Trauma
Vicarious trauma occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning. Symptoms associated with vicarious trauma are very similar to Post Traumatic Stress Disorder. Compassion fatigue may be a precursor to vicarious trauma, and based on some definitions, vicarious trauma and compassion fatigue are essentially equivalent.