Meeting the Needs of Commercially Sexually Exploited Youth

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AND

The CHANCE program therapists and foster parents
Commercial sexual exploitation of children

- Florida has a significant sex trafficking market: Miami has been identified as a major hub
- Approximately 50-80% of child sex trafficking victims have child welfare histories
- Children who runaway, are homeless, or in foster care or group home settings are especially vulnerable
Commercial sexual exploitation of children

CSE takes multiple forms – child prostitution, child pornography and child sexual tourism

– Child are often victims of more than one of these forms of exploitation
– There is a cyclical nature to this victimization and multiple returns to their exploiters is not uncommon before achieving independence
– The ‘system’ often treats these children as criminals rather than victims

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Commercial sexual exploitation of children

- Risk factors associated with CSE:
  - History of trauma, especially sexual abuse
  - Lack of family/social support
  - Inadequate supervision
  - Chronic run away behaviors or homeless
  - Substance users
  - LGBTQ youth
  - History of child protective investigations and foster care

- Exploiters are attracted to children in foster care because of their vulnerabilities

- Children with trauma histories develop strong bonds with their exploiters
Treatment Needs of CSE Youth

• Basic needs such as food, clothing, shelter
• Medical care for physical trauma, injuries, reproductive health problems, malnutrition
• Mental health care for trauma-related problems (PTSD, depression, anxiety, etc.)
• Substance abuse treatment
• Legal and advocacy services
• Long term housing
• Transportation
• Job training and placement
• Independent living skills
Victim support services should

• Be trauma-informed & include trauma-specific interventions
• Include case management
• Be survivor-led and survivor – informed
• Include a broad spectrum of supports

• There has been limited research to date on effective treatment approaches for this population.
Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) is a pilot program developed by Citrus Health Network as part of a partnership with the Florida Department of Children and Families and Our Kids of Miami-Dade/Monroe, Inc., with research being conducted by the University of South Florida. The program began October 1, 2013.

The CHANCE Program addresses the emotional and behavioral needs of teenage survivors of commercial sexual exploitation.
How Does the CHANCE Program Provide Services?

• A key component of the CHANCE program is the commitment to continuity of care.

• Many survivors may best be served in a family environment with intense clinical services and support if they are receptive to treatment services and intervention.

• Other teens may need more intensive services delivered in a therapeutic foster home.

• Citrus Health Network developed two program tracks to meet the needs of this population:
  • CHANCE Specialized Therapeutic Foster Care (STFC)
  • CHANCE Community Response Team
What Is CHANCE Specialized Therapeutic Foster Care?

- Children are placed in a stable and secure family unit that will commit to their care.

- The intervention model includes a foster parent specially trained in both the behavioral and emotional needs of this population and the unique social factors related to commercial sexual exploitation. The foster parents are available 24 hours per day, 7 days a week, to respond to crises or to the need for special therapeutic interventions.
• Foster parents are uniquely trained to deal with the special needs of this challenging population and they are an integral part of the treatment team.
• CHN developed a 24 hour Train- The- Trainer Foster Parent Training Program
• Covered Topics include:
  • Risk factors associated with CSEC
  • How does commercial sexual exploitation affect victims’ physical, emotional and social well being
  • The role of Domestic Violence/Sexual Abuse in sexual exploitation
  • Helping and empowering survivors to transition out CSEC
What Are some components of CHANCE Specialized Therapeutic Foster Care?

- **Single Child Home:** Victims of abuse are vulnerable to exploitation, recruitment, and manipulation by peers. The CHANCE Program requires that the CHANCE child be the only foster child placed in the home.

- **Secure Home:** The homes are secured with an advanced alarm system that will both alert the foster parent of intruders and if the child is leaving the home without permission.

- **Home Support Staff:** The program also includes the opportunity to enhance the services that the child receives in the home with the inclusion of appropriately trained Specialized Home Support Staff available 24 hours-a-day, 7 days a week.
What services does the CHANCE Program provide?

- Children in both the CHANCE STFC and Community Response tracks are assigned the following upon entering the program:
  - An Individual Therapist: 2-5 times per week based on clinical necessity, on call 24/7
  - A Family Therapist: available when necessary
  - A Life Coach: 24 hour support, assistance and advocacy from a CSEC survivor
  - Group Therapy: Psycho-educational groups for CSEC survivors-16 week manualized curriculum
  - A Targeted Case Manager
  - Certified Behavioral Analyst Services: as clinically indicated
What Other services does the CHANCE Program provide?

- Children in both the CHANCE STFC and Community Response Team tracks will receive the following wraparound services upon entering the program:
  - Assessment and Evaluation
  - Individualize Treatment and Service Plan Development
  - 24/7 On Call Clinical Staff: For CHANCE clients and foster parents
  - Regular Monitoring: To ensure that the service and treatment plans goals and objectives are consistently pursued
  - Psychiatric Services
  - Substance Abuse Treatment
  - Primary Care Health Services
**Treatment Process**

**Engagement Phase**
- Building Trust
- Adjusting to new placement
- Establishing rapport
- Providing Psychoeducation
- Building Skills
- Meeting basic needs
- Identifying strengths and barriers
- Linking to services

**Trauma Processing Phase**
- Trauma Informed Care
- TF-CBT
- Increased Disclosure
- Continued Psychoeducation

**Transition and Maintenance Phase**
- Reinforce Skill Building
- Safety/Relapse Planning

**Critical Incident/Crisis Intervention**
WHY

DOES THE PROGRAM NEED A COMMUNITY RESPONSE TEAM?

• At this time the number of survivors of commercial sexual exploitation in Miami-Dade County exceeds the number of CHANCE STFC homes available.

• Children may reside in foster homes, shelter, group homes, or in relative and non-relative care. Some children will be in the care and custody of their parents or guardians from the onset of treatment.

• The CHANCE Community Response team will work with survivors who reside in alternative placements in an effort to stabilize them in their current environment or assist in the identification and transition of the client to an appropriate living situation.

• These children will be offered all of the same clinical services available to CHANCE STFC clients.
Commitment to Continuity

- The CHANCE team will follow the client and continue to provide services in the lower level of care (including relative and non-relative care, adoption, and reunification), or a higher level of care (SIPP) as long the child continues to reside in Miami-Dade County. Services will continue until they are no longer deemed clinically indicated.
How Many children are served by the CHANCE Program?

• Currently, there are 44 clients in the CHANCE program, between the ages of 13 and 18
  • 14 in Specialized Therapeutic Foster Care
  • 30 with the Community Response Team

• The CHANCE program has served 56 clients in STFC and 125 clients in the CRT since it originated in October 2013 as of June 2016.

• The Daily Rate for the STFC program is $210 per child per day; combined funding from Medicaid and DCF. This includes all services, and room and board.

• Currently, the majority of clients in the program are girls, but the program is designed to serve both boys and girls. We serve LGBTQ youth as well.
How is the CHANCE program evaluated?

• The University of South Florida (USF) has been contracted to evaluate the CHANCE Program.

• The evaluation is designed to assess:
  • Effectiveness of treatment interventions,
  • Fidelity to the program model, and
  • Youth outcomes in the following areas:
    • Functioning at home, school, and in community
    • Emotional/mental well-being
    • Trauma symptoms
Data collection

- Administrative data from Citrus, adult and youth justice, state mental health, and Medicaid management information systems
- Primary data are collected from youth, their caregivers, and their therapists at baseline and every three months:
  - Child & Adolescent Needs & Strengths-CSE version
  - Behavioral and Emotional Rating Scale-2nd Edition
  - UCLA Post Traumatic Stress Disorder Reaction Index
Youth Demographics & Background
Demographics (N = 98*)

• 94.9% female (n=93)
• 58.2% African-American/ Black (n=57)
• 28.6% Caucasian/ White (n=28)
• 39.8% Hispanic (n=39)
• 16.07 years at admission (range 12-18)
Sexual Abuse

- Sexual Abuse: 15% 31% 32% 23%
  - 1 episode of SA 6 mos. Of SA 6 - 12 months Abuse lasted > 1 year
- Duration: 22% 26% 20% 32%
- Emotional closeness to perp: 13% 31% 22% 35%
- Reaction to Disclosure: 13% 41% 33% 14%
- Frequency: 15% 25% 33% 27%
- Force: 38% 29% 19% 14%

Age at Onset:
- 16 & up – 7.6%
- 13-15 - 39.2%
- 6-12 – 45.6%
- 0-5 – 7.6%

Valid N = 79 - 88

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- 0 - no evidence
- 1 - history
- 2 - causing problems
- 3 - causing severe problem

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### Exploitation

**Age at Onset**
- 17 & up – 13.6%
- 14-16 - 34.6%
- 12 – 14 - 33.3%
- <12 – 18.5%

**Duration**
- Started last 3 months: 15%
- Begun in last year: 31%
- Intermittent > 2 years: 31%
- Ongoing > 2 years: 23%

**Perceptions of Danger**
- Valid N = 73 - 81
- 18%
- 21%
- 18%
- 44%

**Knowledge of Exploitation**
- Valid N = 73 - 81
- 16%
- 16%
- 16%
- 52%

**Stockholm Syndrome**
- Valid N = 73 - 81
- 32%
- 18%
- 16%
- 34%

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Youth Functioning & Strengths
Education Domain Functioning –
CANS-CSE

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline (n~94)</th>
<th>12M (N~37)</th>
<th>9M (n~50)</th>
<th>6M (n~57)</th>
<th>3M (n~73)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
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<tr>
<td>Time Out of School</td>
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<tr>
<td>Education Attainment</td>
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<tr>
<td>*School Behavior</td>
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<tr>
<td>*School Achievement</td>
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<tr>
<td>*School Attendance</td>
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</table>

**KEY:** 0 = no evidence of problems  
1 = history, minimal  
2 = moderate needs;  
3 = severe needs

* p < .05 level
Youth Strengths – CANS-CSE (mean scores)

**KEY:**
- 0 = Centerpiece strength
- 1 = Useful strength
- 2 = Identified strength
- 3 = No identified strength

- **Interperson**
- **Leadership***
- **Optimism***
- **Educational***
- **Vocational***
- **Talents / Interests**
- **Creativity**
- **Spiritual / Religious**

* p < .05 level

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Youth Risk Behaviors
Youth Risk Behaviors—CANS-CSE (mean scores)

**Intentional Misbehave**

**Judgment**

**Delinquency**

**Runaway**

**p < .01 level**

* **p < .05 level**

KEY:

0 = no evidence of problems  
1 = history, minimal  
2 = moderate needs  
3 = severe needs

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### Youth Runaway Behaviors – CANS-CSE (mean scores)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>12 M (N~29)</th>
<th>9M (N~42)</th>
<th>6M (N~51)</th>
<th>3M (N~62)</th>
<th>Baseline (N~89)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve Others</td>
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<tr>
<td>Return</td>
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<tr>
<td>Illegal Act.</td>
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<tr>
<td>Safety</td>
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<tr>
<td>Planning</td>
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<tr>
<td>Destination</td>
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<tr>
<td>Frequency</td>
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</tbody>
</table>

**KEY:**
- 0 = no evidence
- 1 = recent, act
- 2 = history, watch/prevent
- 3 = acute, act immediately

*p < .05 level
**p < .01 level
Youth Mental Health & Trauma Symptoms
Youth Behavioral / Emotional Needs – CANS-CSE (mean scores)

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline (N~100)</th>
<th>3M (N~73)</th>
<th>6M (N~56)</th>
<th>9M (N~48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use</td>
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<tr>
<td>Anger Control</td>
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<tr>
<td>*Adjustment to Trauma</td>
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<tr>
<td>Conduct</td>
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<tr>
<td>Oppositional</td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Impulse / Hyper</td>
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</table>

KEY:
0 = no evidence 1 = by history 2 = causing problems 3 = causing severe problems

*p < .05 level
# Youth Post-traumatic Symptoms – CROPS

<table>
<thead>
<tr>
<th>Time point</th>
<th>Baseline (N = 37) (X, SD)</th>
<th>3 months (N = 20) (X, SD)</th>
<th>6 months (N = 19) (X, SD)</th>
<th>12 months (N = 21) (X, SD)</th>
<th>12 Months (N = 18) (X, SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total score** (mean)</td>
<td>21.4 (10.1)</td>
<td>21.8 (11.8)</td>
<td>18.6 (11.4)</td>
<td>18.1 (12.2)</td>
<td>10.1 (8.0)</td>
</tr>
<tr>
<td>% with clinical concerns</td>
<td>54.1%</td>
<td>50.0%</td>
<td>52.6%</td>
<td>52.4%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>
Youth Experiencing PTSD Symptoms – PTSD-RI

- Reexperiencing
- Avoidance
- Increased Arousal

Baseline (n = 51) 3 months (n = 22) 6 months (n = 19) 9 months (n=18)
Lessons Learned, Challenges, & Next Steps
Challenges to implementation

• Stigma and misperception about the population continues to be rampant which fosters resistance among service providers and parents.

• Recruitment of foster parents for this population is extremely challenging due to misperceptions.

• Chronic elopements hinder engagement and bonding with foster families.

• Population is extremely challenging for treatment providers and caseloads must be minimized which is costly.
Challenges to implementation

* Services must be coordinated across systems and providers
Next Steps

Recruitment of additional foster parents to increase capacity in the CHANCE STFC Program.

Recruitment of additional foster parents to provide respite for current CHANCE parents.

Develop an employment system for CHANCE Clients!

Develop fidelity measures and protocols.

Incorporate administrative data into the outcomes analysis.

Compare youth in STFC and youth in CRT

Add a qualitative study component.