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## Improving Housing Services for Youth Survivors of Sexual Exploitation: An Exploratory Study

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# Improving Housing Services for Youth Survivors of Sexual Exploitation: An Exploratory Study

## Abstract

Children who have been commercially sexually exploited are a vulnerable population, often in need of housing services. However, little is known about housing services for this population. To address this gap, the current study aims to further the understanding and knowledge about housing services for children who have experienced commercial sexual exploitation (CSE) in the U.S. Through a structured online search and review of the research literature, we identified 56 programs thought to be serving children who have experienced CSE in the United States. Agencies were asked to complete a brief semi-structured survey on their services for youth who have been commercially sexually exploited. Of the 56 programs, 43 programs were still active and targeted for recruitment. 16 programs completed the surveys (37% response rate). Findings from the survey included variations across programs in lengths of stays and type of housing services offered, few formal protocols for data collection and evaluation, and generally strong support for the use of survivor mentors. Based on our literature review and survey analysis, we provide recommendations for implementing potentially effective new housing services and suggest some useful strategies for developing rigorous program evaluations.

## Keywords

youth, housing, at-risk, commercial sexual exploitation, domestic minors

## Cover Page Footnote

In part this research was supported by funding from Voices for Florida an organization that is dedicated to working with youth survivors but they had no involvement in the analysis, writing or conclusions of the present study. Correspondence regarding this article should be sent to: Danielle Groton, Phyllis and Harvey Sandler School of Social Work, 777 Glades Road, SO314, Boca Raton, FL 33431, [dgroton@fau.edu](mailto:dgroton@fau.edu), 561-297-4979

## Introduction

In the United States, there have been 51,919 reported cases of sex trafficking between 2007 when the National Human Trafficking Hotline became operational and 2018 (Polaris Project, 2019). Of these, many are thought to involve the sexual exploitation of children. In the latest available statistics of the total sex trafficking survivors (total of 23,078) contacting the hotline in 2018, 10,731 were adults, 4,945 were minors and 7,402 were unknown (Polaris Project, 2017). According to this data minors appear to make up at least 21% of the total sexually trafficked victims but it is likely that percentage was substantially higher if we would know the ages of the unknown group.

Children are considered victims of sexual exploitation when they engage in commercial sex *without* the use of force, coercion or fraud; this exploitation is defined as severe sexual trafficking since they are under 18 years of age and differentiate these youth from individuals over 18 years of age who *must* be subjected to force (Trafficking Victims Protection Act, 2000). Of note, while the legal definition of youth who have experienced commercial sexual exploitation (CSE) excludes youth 18 years and older, many programs provide services to youth in early adulthood (e.g., 21 years old) and vary with the age ‘youth’ must be to qualify for services (Clawson & Grace, 2007; Reichert & Sylwestrzak, 2013). Thus, since the current study is investigating the programs that serve these youth, we are also looking at a broader definition of youth survivors of CSE. Further, youth described in the literature and by programs may no longer be sexually exploited, may be re-exploited (i.e., runaway and return to their exploiter), or even be currently exploited while engaging in services; however, we refer to all youth as ‘survivors’ for the sake of simplicity and to be strengths-focused.

Unfortunately, it is very difficult to gather reliable and valid data on this group of youth some of whom are transient and on the move and more generally most of these young people are reluctant to talk with researchers, consequently there are no accurate estimates of youth survivors (those below or above the age of 18) of commercial sexual exploitation (CSE) in the United States (Institute of Medicine and National Research Council, 2013). Despite the uncertainty of the exact prevalence of CSEs they appear to make up approximately 1 in 5 of sexually trafficked victims (Institute of Medicine and National Research Council, 2013). The perceived severity and consequences of youth sexual exploitation has created a sense of urgency on providing effective housing services for these survivors of CSE (Statewide Council on Human Trafficking, 2017).

### Past Research

Studies currently don’t have reliable and valid data to evaluate the success of various housing programs for CSE (Farrell, Lockwood, Goggin, & Hogan, 2019). Despite this lack of information regarding outcome of such programs available studies indicate some level of need for more formal housing services and

placements for these youth survivors of CSE. The research also indicates that youth who are already without housing (homeless) are at higher risk for being sexually trafficked, reinforcing the need for specialized emergency shelters for the youth survivors of CSE (Farrell, Lockwood, Goggin, & Hogan, 2019; Lew, 2012) because these youth appear to have distinct and differing needs from other youth who are in foster care or emergency housing settings. This is the case even when comparing youth survivors of CSE to other youth with sexual abuse histories but who were not commercially sexually exploited. For example, a secondary analysis of the National Child Traumatic Stress Network's sample of foster youth (10.7% of the full data set) found that when compared to youth with sexual abuse histories, youth survivors of CSE had statistically significant ( $p < .01$ ) higher rates of several indicators of at-risk behaviors, including skipping school, inappropriate sexualized behavior, alcohol and substance use, criminal activity and running away from home (Cole, Sprang, Lee, & Cohen, 2016).

The perceived impact of these intense and severe traumatic experiences has led experts to argue that these youth would greatly benefit from more specialized CSE targeted services and housing (Farrell, Lockwood, Goggin, & Hogan, 2019; Hardy, Compton, & McPhatter, 2013). While the literature consistently documents the distinct needs of youth survivors of CSE, empirical studies identifying evidence-supported/tested practices that provide effective housing services for this population are scarce. In part this can be explained by the very limited number of empirical evaluations currently under way, completed or published.

The extant literature contains instead a few descriptive studies that identify common housing program elements. For instance, most housing programs described in the literature had unpublished addresses, 24-hour staffing, security cameras, alarm systems, and security personnel (Clawson & Grace, 2007; Reichert & Sylwestrzak, 2013). Beyond some of these shared basic program features, the programs described in the literature differed as to their structure and methods. For example, length of stay ranged from allowing the youth to stay through early adulthood while others required youth survivors of CSE to leave the program when they reached their 18<sup>th</sup> birthday (Clawson & Grace, 2007; Gibbs et al., 2015; Maculan, Lozzi, & Rothman, 2017; Reichert & Sylwestrzak, 2013).

The available literature describes some specific challenges related to working with this group of young people. Attending to perceived safety concerns by housing program staff seems to conflict with rapport building and enhancing the therapeutic alliance among youth survivors of CSE clients. For example, a study reviewing all the services for youth survivors of CSE in Florida found that stricter rules and policies provided more security for an agency but left youth more disempowered, vulnerable, and more likely to run away (O'Steen, 2016). O'Steen also interviewed program staff about services and outcomes, who reported that it was difficult to accurately and thoroughly track success, given the variety of needs

and goals identified for the girls in the program that might define individual client success (e.g., reduced run away behavior; identifying a trauma bond with exploiter, sobriety, reduction in anxiety, and educational achievement). This difficulty in being able to specify what constitutes success that is measurable may in part explain the sparsity of empirical articles on program outcomes regarding client success.

While these studies provide some information regarding some of the services available to youth survivors of CSE as noted previously, there are still many gaps in knowledge. For example, Clawson and Grace's (2007) study provides program details about four different programs serving youth survivors, but their study was completed before the first Safe Harbor policies were implemented in the U.S., which decriminalized youth survivors of CSE and emphasized targeted social services. Safe Harbor policies attempted to identify gaps in services and encouraged states to increase services-focused interventions (rather than punitive interventions) for youth survivors of CSE (Weiss, 2013), leading to new programs developing in this new strengths-focused climate. Further, of the four programs described in that study, two are no longer operational. So as important as the Clawson and Grace (2007) study was it was unable to address the impact of these changes and how current programs operate. As Moynihan, Pitcher and Saewyc (2018) conclude "[s]exual exploitation of children and adolescents is a topic that deserves increasing attention from research, health care, and social service communities" (p. 420), the present study is such an effort.

### **The Current Study**

There is ample research that youth survivors of CSE face unique barriers and may benefit from specialized services including housing (Farrell, Lockwood, Goggin, & Hogan, 2019; Hardy, Compton, & McPhatter, 2013). However, there is little empirical research to inform the creation and implementation of housing services aimed at these youth. The available research is either outdated or focuses solely on one program or one state's programs (Clawson & Grace, 2007; O'Steen, 2016), limiting the potential to compare current services across state lines. The present study aims to further the understanding and knowledge about housing services for youth survivors of CSE found in the U.S. from the perspective of the staff providing these services by surveying staff at various identified agencies across the United States. We have identified several areas for further inquiry among the current programs through our literature review, including specific agency program components and their individual implementation procedures, program eligibility criteria, and available outcome data or promising practices they have implemented that have not as yet been found in the youth survivors of CSE literature.

### **Methodology**

This study used a semi-structured survey to solicit program information using a purposive sampling strategy. First, we created a list of potential agencies to

interview from review of the empirical literature, online searches for agencies working with youth survivors of CSE, and snowball sampling of agencies we contacted (e.g., asking known agencies for recommendations of other agencies to contact). To be included in the sampling frame, agencies needed to meet three main criteria: 1) located in the United States, 2) providing housing or other direct services to youth survivors of CSE, 3) have specialized programming for youth survivors of trafficking. To note, while we originally planned to focus solely on housing programs for this study, we found that some programs were not currently providing housing services but were in the process of developing housing programs, had previously had housing programs, or worked in tandem with housing programs and provided supportive services (e.g., outreach and referral to housing programs). Thus, we included these programs to get their feedback as well on what works for engaging and serving youth survivors of CSE.

Through this protocol, we identified 56 programs thought to be serving youth survivors of CSE in the United States. For each potential program identified, whenever possible we gathered contact information, key staff members, parent agency where appropriate, and specific program information from their website.

Next, we created a semi-structured survey containing closed and open-ended questions related to agency and program features. There was a range of 18-22 questions depending on whether the program had previously, currently, or planned to have housing services (e.g., “How many total beds do you or those providing housing have available for youth survivors of CSE in your area?”; “Does your program serve all genders?”; “What do you feel works best about your program?”). Both authors participated in recruitment and data collection; for consistency we used a phone and an email script to solicit interviews from the programs. Our initial strategy was to both recruit and interview program staff via telephone, however this approach was unsuccessful in scheduling or completing the surveys. We switched to using direct email solicitation as the primary form of initial contact, which dramatically increased our response rates.

All outreach efforts were tracked in a confidential database, with up to four attempts to follow up on non-responses. For each program who agreed to participate, we asked that one program representative complete either a phone or email survey. Nine program representatives completed the survey via telephone, the remaining seven completed the survey by email. All completed survey data were entered into a master document organized by question type. Once all interviews were completed, the basic programmatic features were summarized for all programs, along with their strengths, weaknesses, and their recommendations.

## **Sample**

Of the original 56 programs identified, 12 were found to no longer be in operation, and one program was found to not yet be operational. Of the 43

remaining programs, we were able to survey 16 (37% response rate); the remaining agencies either declined participation or did not respond to multiple attempts of contact (See Figure 1).

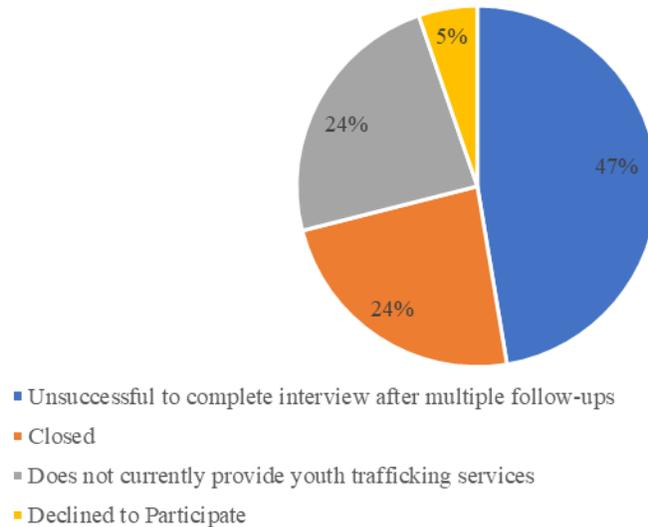


Figure 1. *Survey Incompletion Rates*

Program representatives were generally program directors or managers ( $n = 12$ ); the remaining participants were clinicians or advocates. Of note, only four states were represented in the sample: California, Florida, Minnesota, and Georgia. Our research team is based in Florida and thus we had more networking contacts within Florida, so while we attempted to recruit from multiple states across the United States (i.e., Illinois, Minnesota, Maryland, Massachusetts, Oregon, Ohio, New York), we had more success accessing and surveying Florida agencies ( $n = 10$ ). Of non-responding agencies, only 4 were based in Florida.

Eight of the programs provided housing services and eight did not currently provide housing services (See Tables 1 & 2, in Appendix, for detailed program information). The programs differed in the length of time in operation; the newest program had only been open for six months, and the oldest program had been providing youth survivors of CSE services for 39 years. On average, programs had 6.2 years of experience in working with youth survivors of CSE. Of these 16 programs, they varied somewhat in their client eligibility for services: four served any youth considered at-risk (e.g., homeless, delinquent, survivors of abuse) and in addition, had service tracks specific to youth survivors of CSE; the remaining 12 programs focused exclusively on youth survivors of CSE (See Tables 1 and 2). While most youth survivors of CSE programs were gender inclusive (served all genders), five programs had program eligibility criteria which required they served

only girls (See Tables 1 and 2). All programs offered a variety of psychosocial services such as psychotherapy most often trauma-informed cognitive behavioral therapy, a range of educational services, mentoring, employment assistance, therapeutic groups, and others. Programs generally reported funding from a variety of sources (e.g., state department of human services, Medicaid, Victim's Advocacy, etc.), although two programs reported only receiving funds from private donations and foundations.

Of the eight programs currently providing housing services, two offered therapeutic foster home placements, two offered emergency and transitional/supportive housing, two offered safe homes, and two had residential treatment programs for youth survivors of CSE; however, one of the residential treatment programs specified that their program was distinct from a traditional housing program because it was an inpatient mental and behavioral health program. In addition, one participating program had earlier provided a housing program, and two programs currently without housing services reported plans to soon begin offering housing services, a safe house and a specialized foster care program.

### **Findings**

While housing programs reported differences in physical capacity, length of stay, and participation criteria for youth survivors, all the programs shared several programmatic traits, perceived strengths, and challenges. We first compare the direct housing services offered among the eight programs currently providing residential services, and then present the findings related to how to best serve youth survivors of CSE with all agencies interviewed.

#### **Specific Housing Program Features**

Only the surveyed emergency shelters ( $n = 2$ ) were consistent in length of stay (up to 90 days), the other types of housing length of stays differed widely. Some programs permitted up to a year (but could extend that stay on an as needed basis), other programs allowed an open length of stay until the youth turned a specific age (i.e., 18 years, 24 years). Available beds specifically for youth survivors of CSE also varied greatly, ranging from only one bed reserved for youth survivors of CSE in one transitional program to 15 placements available via therapeutic foster care or residential treatment in other programs. While longer-term housing programs had this wide range in reserved beds, safe houses and emergency shelters had a narrower range of 2-9 such beds. One program representative, from a transitional housing program, noted they had a two year waitlist for their CSE-track beds, and two other program representatives noted that they had protocols in place to refer to another city or county for emergency shelter placement when they reached capacity at their own facility. None of the housing program representatives indicated issues with long-term bed vacancies, although one program indicated a problem with sporadic vacancies and how it impacted funding streams.

The housing programs' locations also greatly differed, with one program located in a suburban environment and the remainder in either rural or urban settings. Interestingly, some program representatives reported having an address of one of their programs public but another not (i.e., one program had their supportive housing address confidential, but their emergency housing location public). Generally, the surveyed programs that provided housing allowed clients to return to their programs if they temporarily ran away (one did not).

### **Strengths, Challenges, and Evaluation Methods**

We identified several common program/agency elements found in the surveys, despite the variation in location, types of services offered, and number of years in operation. The key commonalities were perceived strengths (the use of peer mentors, flexible client engagement, trauma informed care); the perceived common challenges related to navigating government and community systems and resources; very limited ability to follow up with clients and complete evaluations; and some promising outcomes, particularly related to reducing elopements and reducing impact of trauma. Each of these are described in more detail below.

**Reported Strengths.** Program representatives reported many strengths within their programs. Several programs ( $n = 8$ ) spoke about success in building rapport and “empowering” youth survivors of CSE. For example, two separate representatives referenced “meeting clients where they are at” both in geographic and emotional/personal ways. These program representatives emphasized the benefit of starting their work with youth at locations where youth felt most comfortable and developing a relationship from there. Having outreach workers or case managers meet youth in nontraditional settings was reported to help build the therapeutic alliance and served to reduce transportation barriers for youth.

Agency representatives also reported the importance of making housing services feel and look like a traditional home and allowing youth survivors of CSE to be active participants in shaping their program. For example, four programs either had formal youth advisory committees for feedback on program development or asked their clients to decorate and organize program space in order to feel more comfortable. Interviewees noted that when possible, continuity of aftercare through outreach case management or inter-agency collaboration helped their clients when relocating, to ease their transition to a new program or staff. Seven of the programs specifically referenced trauma informed or trauma-focused treatment modalities as perceived effective approaches to working with youth survivors of CSE.

Program representatives also identified some of the strengths of their teams. It was reported that well-trained staff and managers depended on trainings, seminars and workshops on the latest available CSE research and youth-focused treatments to keep them at their professional best. Programs that had full time, career minded staff reported that they were better able to build rapport with youth. Program representatives also emphasized how survivor mentors and culturally

diverse staff reflected in some ways the cultural diversity and traumatic experiences of the youth survivors and were reported to be critical to programmatic success. One program representative described how the survivor mentors met with youth survivors of CSE prior to the case manager, to facilitate organization trust building and help promote the therapeutic relationship with the case manager. In addition, programs with nurses or educational instructors on-site (either on-staff or contracted for certain days) reported these professions' presence as a major strength to their program.

Program representatives also reported that to successfully work with these youth, it was beneficial to use approaches that acknowledged the challenges in working with youth survivors of CSE, due to their high level of trauma and negative exposure to adults. Specifically, program representatives cited the following examples: individualized programs and safety plans for each client, minimizing the number of individual youth in a group housing setting, placing child survivors of CSE in foster care homes with no other children at all present, reducing any mandated elements to a minimum, and ideally completely removing coercive approaches. A few programs offered monetary incentives for completing certain program activities (e.g., educational workshops) to encourage participation and succeed in helping youth earn income in non-exploitive ways.

**Reported Difficulties and Limitations.** Many program representatives did not report any difficulties or limitations in their survey responses. Of those that did, the majority reported difficulties related to a lack of resources. Program representatives described how stigma, the secretive nature of exploitation, and distrust of adults created barriers to identifying and engaging youth survivors of CSE, which created inconsistent needs for services. Consequently, some program staff described how it was difficult getting consistent funding when they could not always fill beds, however other times programs exceeded capacity and described needing a waitlist for services.

Due to their program's limited financial resources, some agencies had to rely on community partners for some necessary services to address some of the youths' basic needs; however, two surveyed staff reported that community partners were not always responsive, and due to a lack of open communication among agencies they had difficulty coordinating care. In addition, many agencies had minimal financial resources making it challenging to provide enough beds or placements for youth or maintain a low staff to client ratio. Perhaps most importantly agencies had minimal (if any) resources available for data collection and follow up, preventing them from evaluating how effective the program was.

Beyond these challenges related to agency resources, program representatives noted the difficulties of navigating through various government, public, and private sector bureaucratic systems to start a new housing program or keep up with requirements and paperwork for current ones. One program

representative noted that paperwork took up a tremendous amount of her daily work, and a representative for another program noted that there was inconsistent and confusing information regarding housing and staffing requirements for housing programs serving youth survivors of CSE. Some programs had difficulties with engaging youth survivors of CSE, and two programs' representatives each reported that the more restrictive the policies (i.e., restricting cell phone and internet use) the more resistant the youth became to services, in some instances leading to some youth refusing to enter the program.

**Follow-up Protocols & Promising Outcomes.** As a result of the scarcity of resources for collecting and analyzing outcome data, three programs have formed ongoing partnerships with universities to conduct evaluations with varied success. One additional program representative expressed a desire to partner with a university in the future for implementing an evaluation. Beyond a lack of dedicated staff for evaluations, program representatives also noted difficulty translating individual client information into measurable data. For example, programs' clinical and case management staff tracked individual outcomes (usually in case files) and client progress was often discussed in staff meetings, but program staff were unsure how to take information from case files and aggregate it to reflect agency outcome goals.

Program representatives also discussed how difficult it is to measure proper outcomes for youth survivors of CSE, given their high levels of trauma, diverse personal goals, case plans, and context. For example, one program representative noted that building a healthy adult relationship with a staff member was a major accomplishment for these young people in the program, however that relationship is not a traditional outcome sought to be assessed in housing services and consequently may not initially appear as a legitimate outcome.

Overall, nine programs had plans to collect data, however because of resource limitations or difficulties in operationalizing their database, outcome data remained more a hope than a fact. For example, one program was collecting follow up data at 3, 6, and 12-month intervals, but their outcome data was not available at the time of survey collection because the agency was still setting up their data management system. The data most often reported when available for agencies was related to youth that runaway: one housing program noted that ~20% of their clients run away initially, but 50% of those return within a few days; another program noted that only 5 of 30 clients served (17%) ran away, and of those 3 returned; another noted that only 6 total clients have runaway in the several years of their housing program's existence.

Only one program had published specific outcome findings (Citrus Health Networks CHANCE program), and they did this in partnership with a university. They provided a series of evaluation reports that were published, the latest January of 2018 (Johnson, Armstrong, Landers, Dollard & Burr, 2018). One of their earlier

reports indicated statistically significant increases in the educational strengths, family functioning, living situation, use of recreational time, and reduction in developmental difficulties of the youth they worked with (Armstrong et al., 2016). Notably, the living circumstances on average statistically significantly improved at the 6-month wave of data collection but was no longer statistically significant at the 9-month assessment. CHANCE did also show statistically significant reductions in runaway behaviors at both 6 months and 9 months (Armstrong et al., 2016). We also note that statistical significance often used in such outcome studies is not necessarily the equivalent of clinical or empirical significance (real world impact) that we as helping professionals are interested in and is not directly addressed in any of these CHANCE reports.

### **Discussion**

Our findings corroborate much of the extant literature. Similar to other research, we found most housing programs had undisclosed addresses, and all programs provided support services beyond housing (e.g., tutoring, vocational training, etc.; Clawson & Grace, 2007). While the programs we interviewed did not specify staff to client ratios, program representatives emphasized the importance of keeping ratios low, which is consistent with prior findings (Reichert & Sylwestrzak, 2013). The staff we interviewed also echoed recommendations found in the literature regarding the importance of noncoercion of clients, emphasizing voluntary participation, permitting runaways to return, using where possible individual private housing settings, the necessity of having survivor mentors on staff, along with difficulties related to funding, building therapeutic relationships with youth survivors of CSE, and finding appropriate services for pregnant or parenting youth survivors of CSE (e.g., Clawson & Grace, 2007; Daniel, 2006).

There were some differences between our findings and prior research. For example, some of the earlier literature reviewed recommended restricting access to phones and the internet to protect the clients (Clawson & Grace 2007; O'Steen, 2016), but the majority of programs in our study allowed phone and internet use, citing the importance of employing the least restrictive methods possible. The rationale for these more flexible rules may also be due to many youth's resistance to entering programs without their cellphones, as noted by some of the program representatives.

While most of the longer term housing programs reported non-disclosed addresses, which is consistent with the extant literature on housing vulnerable populations (Clawson & Grace, 2007), both emergency shelter programs we interviewed had publicly available addresses; agency representatives at both programs reported that this allowed for youth to more easily locate and access the shelters. Finally, most of the programs reviewed in the literature emphasized gender-specific programs (for female identified youth survivors of CSE primarily;

Clawson & Grace, 2007; O'Steen, 2016), but most of the programs interviewed by us were gender inclusive.

### **Limitations and Strengths**

While this study offered additional important information to consider about housing programs for youth survivors of CSE, there are several limitations to consider. While other studies have had similar response rates to ours in the current study (e.g., Sivo, Saunders, Chang, & Jiang, 2006), we were still not able to recruit even half of the programs we contacted, and thus are limited in our ability to draw conclusions about the services provided to youth survivors of CSE. In other words, we do not know what services, challenges, and protocols the programs utilize that we were not able to connect with, and thus may be missing important information.

Further, many of the program representatives we interviewed were reluctant to share information regarding client outcome data. Many program representatives would only be interviewed with the condition that no identifying information about their program be shared, out of concern that candidly expressing program weaknesses or limitations could hurt future funding opportunities. Some of our survey questions had limited responses making it difficult to assess similarities and differences across agencies, particularly related to budgets and client outcomes. Finally, we disproportionately sampled from agencies in Florida and used a non-probability sample, limiting the generalizability of this study beyond the sampled agencies.

Although we were able to interview only 16 agencies, our use of multiple strategies to identify programs that service youth survivors of CSE added value to the study. We think despite these limitations the study did provide some valuable information to help improve clinical practice, and shape future evaluation research on the policies and functions of agencies working with victims of CSE. In the context of these strengths and limitations, we have identified several recommendations for practitioners and future research.

### **Implications & Recommendations**

Based on our findings, we have recommendations for practitioners and agency administrators working with youth survivors of CSE, as well as for future research. We recommend government entities consider simplifying the process to start a housing program, further investigation of client-focused and survivor mentor driven housing, and consideration of specific housing program components. Finally, we discuss strategies for evaluation of youth survivors of CSE housing programs, as there remains minimal empirical testing of these agencies.

**Simplifying Processes.** First, we recommend government and lead agencies consider simplifying the administrative process for starting a housing program and fostering inter-agency collaborations. As one interviewee noted, lead agencies could provide new housing programs an information packet to help streamline the process and shorten the time to program opening. Such a 'tool kit'

could include sample of required forms, government requirements for providing housing to minors, best practices, standards of care, resources on affordable trainings, and updated contact lists for agencies to reach out to each other especially within the youth survivors of CSE system of care. Access to such a tool kit, in tandem with networking opportunities, can help future and newer programs share consistent service delivery and better continuity of care for youth survivors of CSE who must relocate.

**Client-Focused & Survivor Mentors.** Second, we recommend programs consider client focused and survivor mentor driven housing. Programs with youth advisory boards described such groups as a major strength to their program, and this practice allows firsthand advice on how to best engage youth and make services appealing and comfortable for new clients. Perhaps client feedback surveys could be developed and implemented to ascertain specific recommendations from youth survivors of CSE as to the housing environments they particularly desire.

Survivor mentors were considered an essential strength in our interviews. While we acknowledge resources and logistics may be limited to staff a survivor mentor for all housing types, partnerships with agencies that do have survivor mentors to provide their services can help inform housing program policy and connect youth in these housing services to mentors. We also suggest agencies consider how outreach efforts may be aided by survivor mentors. There was consistent agreement by our respondents that survivor mentors can initially far more successfully engage a youth survivor of CSE client than any other treatment team member.

**Housing Program Recommendations.** Third, we wanted to present some specific housing components recommended by the program representatives interviewed in this study. One such suggestion was that foster homes should contain only the single placed child (no other children natural or fostered), so that the child can receive the full attention and support that is necessary for youth survivors of CSE to succeed. Because of the limited availability of child survivors of CSE trained foster parents, such foster placement may be scarce, so emergency sheltering of youth survivors of CSE will likely continue to remain a need and we recommend continuing to offer them.

Program representatives also recommend both shelters and safe homes should be designed as much as possible to look like private homes, with individual private bedrooms, be accessible 24 hours a day, or be situated near a daytime drop-in center, so youth may access services continuously. Agency representatives recommended that whenever possible both emergency shelters and safe homes designated for youth survivors of CSE should have between 3-8 (again for a sense of individual safety and support) occupants; for those areas with higher needs for youth survivors of CSE housing, multiple sites or multiple houses on a campus can serve a higher total number of young people while also maintaining a low client to

staff ratio. In addition, terms such as “foster care” or “emergency shelter” should be avoided due to the stigma and negative impact it has on youth seeking services. One agency noted it refers to foster homes as “host homes” and another emphasized the importance of letting an advisory board of youth come up with an attractive name for an emergency shelter.

**Evaluation & Follow-Up.** We recommend as part of both agency procedures and the research methodology employed formally soliciting feedback directly from the youth participants, including asking them what they think might be the best ways to assess client satisfaction and success. Many programs ( $n = 6$ ) described how case managers were tracking their clients’ individual successes, but this information was not generally documented in a database outside of individual case managers’ files nor consistently by all case managers. To address this, we suggest training case managers in Feedback Informed Treatment (Prescott, Maeschalck, & Miller, 2017) to solicit critical client feedback through two very brief validated measures to help shape and improve the therapeutic work and to integrate that with other systematic measures that clinicians can utilize within their case plans. For example, using Target Problem Scaling and Goal Attainment Scaling both allow case managers to develop goals or target behaviors with their clients, and the scales result in numerical data (e.g., a “0” if goal is only partially achieved, a “-1” if it is not at all achieved, a “1” if it is fully achieved; Kirst-Ashman & Hull, 2018).

The above approaches allow for clients to directly provide needed feedback to the clinical staff for improving the therapeutic relationship as well as developing personalized case plans, with realistic goals in the context of the client’s trauma and experiences, and the quantified information obtained would allow the clients, case managers and agency to collaboratively assess if the clients are making progress in reducing collaboratively targeted problematic behaviors and obtaining satisfactory rates of goal achievements.

Limited staffing and financial resources were most referenced as reasons for not gathering or reporting outcome data. In order to address this problem, we recommend creating a shared database across the system of care to provide more consistent data and allow for comparison across different program types. This may be achieved by offering financial incentives or training resources for those participating in such a shared database. Importantly, in such a database, categories for housing exit types and client tracking follow-up for at least a year should be maintained. We also recommend that agencies allocate up to 7.5% of the budget towards evaluation, especially programs that include housing programs, and whenever possible, there should be a designated staff person at each agency solely responsible for data quality, outcome data protocols, and reporting (e.g., Twersky & Abreton, 2014; personal communication with agencies). For new housing programs, we strongly recommend discussing an evaluation plan, potential

outcome variables and methods of data collection and reporting prior to the start of service delivery, so evaluative methods are inherent in staff workflow (Kirst-Ashman & Hull, 2018) rather than additional burdens.

### **Implications for future research**

While this study yielded helpful information about the structure and nature of services available to youth survivors of CSE, the methodological limitations of this study and the limited evaluation data currently available provides direction for further research. Future studies should attempt to recruit more representative samples of agencies serving youth survivors, perhaps by offering financial incentive or completing research at trainings or conferences these agencies are likely to attend.

Of course, obtaining outcome data from agencies and completing meta-analyses of agency results could shed light on which practices are most effective in serving youth survivors. A longitudinal program evaluation of an existing emergency or transitional housing program for youth survivors of CSE could identify which particular programmatic features are most beneficial to promoting long-term positive outcomes among youth, however such a robust design may be difficult to sustain due to the transient nature of the population. Thus, relying currently on the more easily employed cross-sectional program outcome evaluations still could examine client exits (e.g. into permanent housing versus back onto the streets, rates of runaway, etc.) to identify which programs retain and successfully exit clients and retrospectively try to identify successful programs and their elements for potential replication.

Given the emphasis placed on peer mentors/survivors in both the literature and among this study's the agency representatives, future studies should consider evaluating the multiplicity of ways peers may be used in this service arena. For example, an innovative approach worthy of testing with youth survivors of CSE currently used successfully in other high-risk groups (suicidal mental health clients for example) are Peer-Run Respite/Crisis Houses (Stefan, 2016). These would be houses with private bedrooms up to perhaps 6 youth survivors of CSE staffed by up to 3 adult CSE survivors who have already worked as survivor mentors elsewhere.

### **Conclusions**

With the current sparsity of meaningful empirical data evaluating and describing current housing programs and services for youth survivors of CSE we hope this preliminary empirical effort relying on a relatively small sample of survey responders working with this group will contribute to getting us closer to more rigorously understanding what are some of the critical features needed to help develop empirically well-tested models of housing and care for one of our most vulnerable and marginalized groups, youth survivors of CSE.

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## Appendix

**Table 1. Agencies Currently Providing Housing Services**

Agency	Housing Service Type	Beds Available	Length of Stay	Client Type	Non-housing services	Years in Operation
1	Specialized therapeutic foster care	15	1 year (flexible terms)	Survivors of CSE	Individual & family therapy; life coach; targeted case manager; trauma focused care; motivational interviewing; cognitive behavioral treatment	5 years
2	Safe House, Residential group and traditional foster homes	5 private bedrooms in Safe Home	varies	At risk Youth (safe house is for female survivors of CSE)	Counseling, mentorship, tutoring, life skills, physical fitness	4 years
3	Intensive Residential Treatment	Not reported	Not reported	Treatment track is for survivors of CSE	Outpatient therapy and case management	29 years total; 4 years offering CSE specific programming

4	Safe houses	3 per house (3 safe houses)	Until 18 years old (1 year avg length)	Female survivors of CSE	Mental health services and counseling, home schooling, medical services, “Big sisters”	12 years
5	Emergency and transitional housing	Emergency: 5 beds (2 reserved for CSEC) Transitional: 6 beds (1 reserved)	Emergency shelter: 90 days (avg stay 29 days) Transitional: 2 years (4 mo avg stay)	At risk youth	24 hour drop in center with lockers and showers, case management, employment help, chemical dependency	3 years
6	Emergency and supportive housing	6 beds in shelter; 5 beds for supportive housing	90 days in emergency shelter; up until 24 years for supportive housing	Survivors of CSE	Juvenile justice programming, survivor mentors, support groups, teacher on-site, visits from nurses, groups (e.g., yoga, drumming, native support)	4 years
7	Specialized foster care	Openings for 3 youth at a time	varies	Survivors of CSE	Case management; mindful yoga, free health clinic, life skills, employment/education help, survivor-led groups	20 years overall; 3 years offering CSE specialized programming

8	Residential Treatment	15 beds	1 year	Female survivors of CSE 12-17 years old	Trauma focused cognitive behavioral therapy, family and group therapy services, school on campus, life skills, case management, other treatment modalities (equine therapy, art therapy, rhythm and dance)	5 years
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**Table 2. Agencies Providing Non-Housing Services**

<b>Agency</b>	<b>Client Type</b>	<b>Non-housing services</b>	<b>Years in Operation</b>
1	Youth Survivors of CSE	Clinical services, mentoring, independent life skills, employment and education assistance, referrals	1 year
2	Youth Survivors of CSE	Psychiatric services, family planning teams, survivor mentors, clinicians	6 months
3	Youth Survivors of CSE	Trauma-informed counseling, survivor mentorship, transportation, advocacy, case management	1 year
4	All youth; plans on opening safe home for female survivors of CSE	Referral line for placement, basic needs products, outreach, education, partnership with local	2 years
5	Female youth Survivors of CSE 12-18	Mentoring, advocacy, group therapy, case management, built-in incentives for attending programming	19 years overall; 4 years for CSEC specific programming

6	Youth Survivors of CSE	Provides referrals to housing and specialized services for youth in housing placements that aren't CSE specialized (therapy, health, tutoring, case management)	4 years
7	Youth Survivors of CSE	Scholarships for mental health and educational services. Case management, free online tutoring, government IDs, transportation to testing sites	39 years overall; 7 years for educational services
8	At risk youth; plans on starting therapeutic foster program for youth survivors of CSE	Supportive services, crisis response and advocacy for youth picked up by law enforcement, support for youth testifying in court, mentoring, survivor advocates	8 years