

CSE Research to Action Brief

Translating Research to Policy and Practice to Support Youth Impacted by Commercial Sexual Exploitation (CSE)

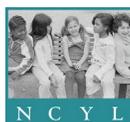
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TABLE OF CONTENTS

Acknowledgments / 3

Overview and Background / 5

Section 1: CSE Research to Action Brief: Executive Summary of Housing and Services Research / 7

Study 1: An Examination of System-Involvement and Living Instability Among Youth Experiencing Commercial Sexual Exploitation Using Administrative Data	9
Study 2: A Survey of Youth's Perspectives on Housing Options and Specialized Services	13
Study 3: Interviews and Case File Reviews with Youth Who Had Experienced Commercial Sexual Exploitation	17
Summary of Recommendations from the Research	21

Section 2: Doris Duke Research to Action Grant Follow Up Research / 23

Study 4: Administrative Data Follow Up: Identifying Dual System Youth	25
Study 5: Survey of Service Providers in Out of Home Group Care	27
CSEC Research To Action Summit	33

Section 3: Action Plan / 35

Recommendation #1: Recognize and Address the Impact of Trauma	37
Recommendation #2: Promote Consistent, Healthy Relationships Through an Expansion of Services and Connection to Other Caring Adults and Peers	39
Recommendation #3: Center and Promote the Child and Youth's Perspective	43
Recommendation #4: Require Comprehensive Training and Staff Supports	45
Recommendation #5: Enhance Multidisciplinary and Cross-System Collaboration	47
Recommendation #6: Build Capacity in the Placement Types That Provide More Stability for Youth with an Emphasis on the Elements Preferred by Youth	49
Recommendation #7: Address Racial/Ethnic Disproportionality and Provide Culturally Appropriate Services	51
Recommendation #8: Build a Robust Data Collection System to Improve Practice	55

Appendix A - References and Resources / 57

Appendix B - List of Summit Attendees / 63

OVERVIEW AND BACKGROUND

Across the United States, thousands of children and youth are bought and sold for sex every year. Commercial sexual exploitation (CSE) can involve child sex trafficking, child pornography, child sex tourism, and trading sex to meet basic needs (often referred to as “survival sex”). Traffickers often prey on vulnerable children and youth, such as those who have experienced childhood maltreatment, violence or chaos at home, foster care involvement, or juvenile justice involvement, or homelessness or running away (or some combination of these; see Hershberger, Sanders, Chick, Jessup, & Hanlin, 2018; Lutzman, Gibbs, Feinberg, Kluckman, & Aboul-Hosn, 2019; Varma, Gillespie, McCracken, & Greenbaum, 2015).

California contains three of the nation’s thirteen high-intensity child exploitation areas: Los Angeles, San Francisco, and San Diego (DOJ, 2009). In recent years, California has made several statewide policy changes to shift public perceptions of children and youth who have been commercially sexually exploited and developing supportive, multidisciplinary, non-punitive responses to serve the needs of these youth (see Figure 1). In 2014, the California legislature passed SB 855, which clarified that children and youth who experience CSE are victims of child abuse under the law and thus may be served by the child welfare system, rather than the juvenile justice system. This policy also established the Commercially Sexually Exploited Children Program (the “CSEC Program”), which counties elect to participate in by developing multidisciplinary responses to CSE. By opting into the CSEC Program and fulfilling its requirements, the counties are eligible for additional funding. In 2015, California codified the Federal Preventing Sex Trafficking and Strengthening Families Act through SB 794. This Act requires county child welfare and probation departments to establish protocols to identify, report, document, and serve youth who experience CSE or are at risk for CSE. The legislation also requires counties to take steps to locate and identify missing and runaway children and better understand their reasons for leaving home. In 2016, California further solidified its commitment to treating children and youth who have experienced CSE as victims of abuse, rather than criminals, through the passage of SB 1322, which prohibits the arrest of minors for prostitution and related charges.

As a result of these changes, California has moved away from criminalizing and detaining children and youth experiencing CSE. Instead, the state serves these youth using a multidisciplinary approach, with leadership from the child welfare system, juvenile justice system, community partners, and collaborative courts. This approach has highlighted the need for an array of appropriate housing options and services to address the multifaceted needs of children and youth who have been exploited.

Over the last several years, one of the initiatives in Los Angeles County related to CSE has been a focus on capacity building in order to provide specialized services and improve safe and stable housing for children and youth who have experienced CSE. The County established the following services: (1) two specialized courts for youth who have experienced CSE, one for delinquency cases and one for dependency cases; (2) specialized units within the Probation Department and the Department for Child and Family Services (DCFS) to provide strengths-based support and case management services; and (3) the use of community-based advocates for youth experiencing CSE and who are involved with DCFS or the Probation Department.

Regarding safe and stable housing for youth, the County has also focused its efforts on building capacity to provide a variety of safe out-of-home care options and identifying opportunities for further growth among out-of-home care options that provide more stability for this population. The research about serving children and youth with histories of CSE has identified very few promising practices and programs and, up until this point, there has been very little research about which types of homes provide more stability or about how youth experience these homes and services in their own words.

Given the dearth of research in this area and the great need to better serve youth, through a motion on May 12, 2015, the Los Angeles County Board of Supervisors directed a group of County departments to explore the feasibility of developing placement options for children and youth who have experienced CSE. These departments include DCFS, the Probation Department (Probation), the Department of Health Services (DHS), the Department of Mental Health (DMH), the Department of Public Social Services,

the Public Defender, and the Alternate Public Defender. In an October 16, 2015 Board Letter, the chief executive officer recommended dedicating funds to evaluate the availability and efficacy of programs for children and youth who have experienced CSE. In 2016, in response to the Board's directive, Probation conducted an initial review of housing options. This review included focus groups about the housing preferences of 40 youth being served through Probation. While these focus groups represented a starting point for assessing housing options for children and youth who have experienced CSE, the County identified the need for a more comprehensive understanding of youth's experiences in the systems.

Therefore, in July 2016, the Board of Supervisors approved a motion directing further research to better understand the impact of different housing options on stability for children and youth who have experienced or are experiencing CSE. Additionally, researchers were tasked with examining whether access to specialized services and supports—including assignment to the specialized CSEC units through Probation and DCFS, referral to a specialized court, and connection to a community-based advocate—

had an impact on youth's well-being. This research is summarized in section one and was presented to the Board of Supervisors in November 2018.

In March 2019, additional funding was granted to the first author from the Doris Duke Charitable Foundation to bridge the research to practice gap. This funding supported efforts to translate the recommendations from the 2018 research report on housing, summarized in Section One, to specific actionable practices and policies aimed at improving the well-being of youth in Los Angeles County. These efforts included: (1) follow up administrative data analyses to identify dual system involvement of youth with histories of CSE; (2) a survey of out of home care staff; and (3) a Research to Action Summit. Sections two and three of this brief summarize these efforts. The Research to Action Summit was held in November 2019 at Cal State LA, in partnership with the National Center for Youth Law, Probation, and DCFS. Key stakeholders—including service providers, policymakers, clinicians, and system-involved youth with histories of CSE—convened at the Summit to contribute to the Action Plan (see Section Three of this report).

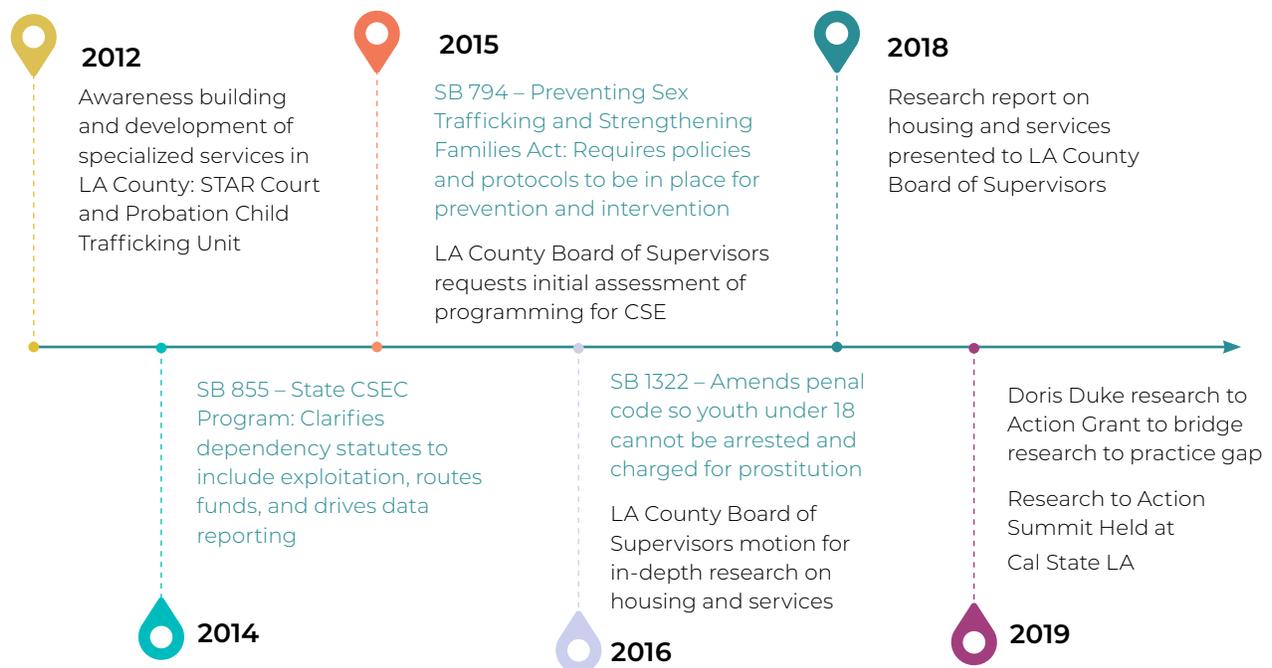


Figure 1. Timeline of Select State, LA County, and Research Efforts to Serve Youth Experiencing Commercial Sexual Exploitation

Section 1

Executive Summary of Housing and Services Research

This section briefly summarizes the research report on housing and services requested by the Board of Supervisors in 2016 and completed in 2018. The goals of this study were to explore which out-of-home care options were associated with greater living stability and whether specialized services for youth experiencing commercial sexual exploitation were associated with safety and well-being. The study took a multimethod approach to address these questions, with a focus on highlighting youth voice and youth experiences in their own words. This research and its implications set the stage for the Research to Action Grant and Summit described in the following sections.

The full report can be found [here](#).

Study 1

An Examination of System Involvement and Living Instability Among Youth Experiencing Commercial Sexual Exploitation, Using Administrative Data

Research Methodology

Los Angeles County's Department of Probation (Probation) and the Department of Child and Family Services (DCFS) provided administrative data on a total of 979 unique youth. Four groups of youth were identified to make comparisons between agencies and between youth who have experienced commercial sexual exploitation (CSE) and those who haven't. All youth were female with a history of out-of-home care placement.

Among youth who had contact with Probation ($n = 491$), about half of the youth ($n = 254$) were identified by Probation's Child Trafficking Unit as having experienced CSE and a history of out-of-home care. Among the youth who had contact with DCFS ($n = 488$), about half of the youth ($n = 246$) were identified as having a substantiated allegation of exploitation and a history of out-of-home care placement.

Additionally, youth without a history of CSE ("no-CSE") but with a history of out-of-home care were identified from the Probation and DCFS administrative data. These youth were matched to their respective counterpart who had a history of CSE based on the youth's sex (all female), age, and race/ethnicity to allow for an examination of differences between similar CSE and no-CSE system-involved youth.

Main Findings

Demographics and System Histories

Among the youth identified in Probation records with a history of CSE, 64% identified as African American and 29% as Latina. The average age at data extraction was almost 19 years old, so the data reflect their full juvenile justice history. The no-CSE comparison group was matched on these variables.

The age of first arrest was just over 14 years old for both the CSE and no-CSE groups.

For the youth identified in Probation records with a history of CSE, the first arrest referral charge was a misdemeanor for 58% of the youth and a felony for 38%. In comparison, 52% of the no-CSE group had been charged for a misdemeanor for their first arrest referral and 46% were charged with a felony. A significant difference was found on this variable, indicating that the CSE group was more likely to first come to the attention of Probation for a misdemeanor. However, the no-CSE group was more likely to first come to the attention of Probation for a felony.

Among the youth identified in DCFS records with a history of CSE, 60% identified as African American and 29% as Latina. The average age at data extraction was about 15 years old, which means we obtained child welfare records up until approximately age 15. The no-CSE comparison group was matched on these variables.

Children in both the CSE and no-CSE groups were first reported to DCFS for allegations of abuse or neglect around 6 and a half years old. However, youth with a history of CSE had a significantly higher average number of substantiated reports (9 substantiated reports on average) compared to the no-CSE group (7 substantiated reports on average).

Youth who had contact with Probation with a history of CSE were arrested more frequently, had more bench warrants issued, more petitions filed and sustained, and entered juvenile hall more often compared to youth who had contact with Probation but did not have a history of CSE. However, there were no statistically significant differences in the average amount of time each group spent incarcerated or average number of violation hearings (see Figure 2). Therefore, the CSE group experienced significantly more system contact but not significantly more time incarcerated.

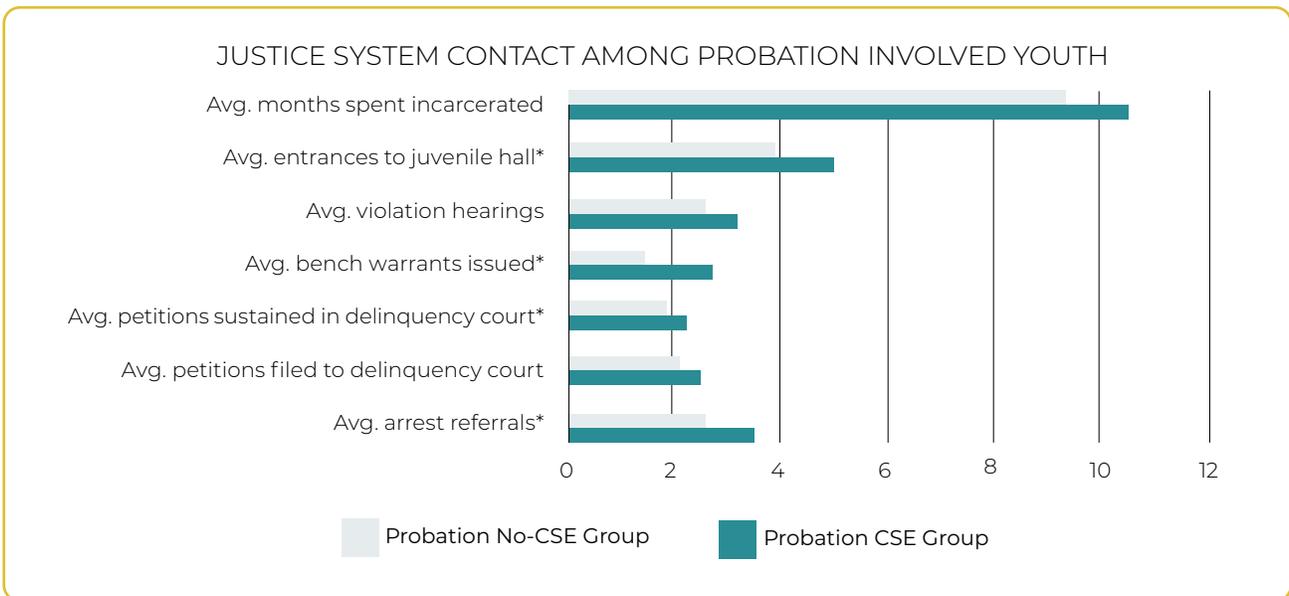


Figure 2. Summary of Comparisons in Juvenile Justice System Contact among Probation-involved Youth with a History of Out-of-Home Care.

*Statistically significant differences at the p < .05 level.

Out of Home Care Experiences

- All four groups of youth were, on average, approximately 12 years old when they first experienced out-of-home care. However, there was high variability in that average for the youth with DCFS contact (standard deviation of five years and four months).
- Youth with a history of CSE in both agencies experienced significantly more living instability compared to their counterparts (see Figure 3). Among all youth with DCFS involvement and a history of CSE ($n = 246$) there were 1,711 total unique placements compared to 400 among their counterparts ($n = 242$). Among the youth with Probation involvement with a history of CSE ($n = 254$) there were 1,145 unique placements compared to 985 among their counterparts ($n = 237$).

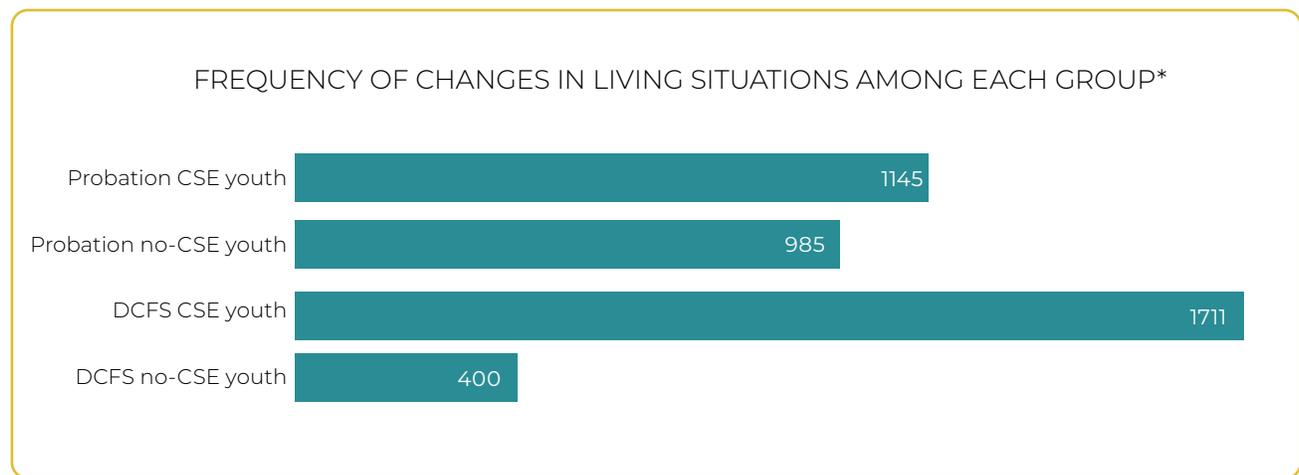


Figure 3. Frequency of Changes in Living Situations among Each Group.

*Statistically significant differences found between each group in both agencies.

- For youth in both agencies, the majority of the documented changes in their living situation were due to leaving care without permission (e.g., running away). Specifically, 84% of housing changes for the Probation CSE group and 82% for the DCFS CSE group were due to leaving care without permission. In comparison, 84% of the Probation no-CSE group and 56% of the DCFS no-CSE group had a change in their living situation (e.g., placement change) due to leaving care without permission.
- Medium-sized group homes had the longest average stays and the fewest placement changes for the Probation group with a history of CSE indicating more stability in this living situation for these youth.
- Medium-sized group homes and large out-of-county group homes showed some stability for the DCFS group with a history of CSE, though with some caveats. Medium-sized group homes for these youth had the shortest average stays but the least frequent placement changes due to leaving care without permission. Second, large out-of-county group homes had the longest average stays across all group home types. However, this may be an artifact of the location rather than youth finding safety and stability in this type of home. The survey findings described in the next study also indicate this might be the case.

Youth with DCFS contact who had experienced CSE had four times more housing changes than youth not identified as CSE

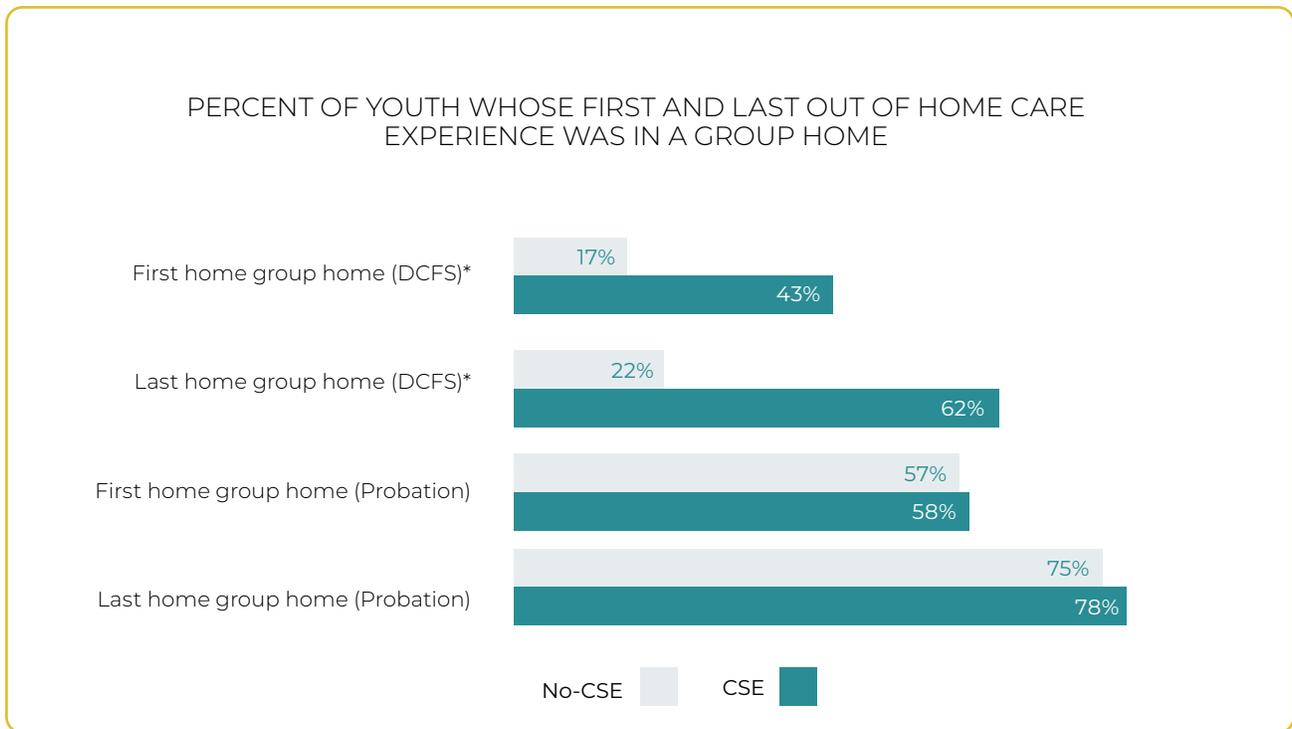


Figure 4. Youth's Experience of Group Homes as their First and Last Out-Of-Home Care Experience.
*Statistically significant differences at the $p < .05$ level.

- Youth who had contact with Probation, regardless of whether they had experienced CSE, were most likely to be in a group home as their first and last out-of-home care experience. In contrast, youth with DCFS contact who had experienced CSE were more likely to be in a group home for their first and last out-of-home care experience compared to their no-CSE counterparts (see Figure 4). While we did not disentangle when their experience of CSE began (e.g., before or after out-of-home care) it is likely that the group care experience put them at greater risk for CSE. Their no-CSE counterparts were less likely to live in group homes as their first out-of-home care experience. Indeed, examples of group homes being an entry point to CSE are described in more detail in Chapter 5 of the full report which includes the case narratives of youth.

Youth with DCFS contact who had experienced CSE were more likely to be in a group home for their first and last out of home care experience compared to their no-CSE counterparts



Study 2

A Survey of Youth's Perspectives on Housing Options and Specialized Services

Research Methodology

Surveys were developed and administered by the CSE Units/Divisions in the Probation Department and DCFS in LA County. Of the 121 girls and young women that responded, 56% were involved with Probation ($n = 68$) and 44% were involved in DCFS ($n = 53$). Just over half were identified as having experienced CSE (60%; $n = 73$) and 40% ($n = 48$) were not identified as having experienced CSE.

Main Findings

Out-of-Home Care Preferences

- The majority of all youth preferred unlocked housing options that were local to Los Angeles rather than further from home.
- Youth with a history of CSE preferred small group homes (i.e., 6-bed homes) and foster homes over large group homes. Small group homes had more personal time and attention from staff and were quieter and calmer (e.g., less drama). They also had more personal space (see Table 1).
- The top preferences for out-of-home care options among youth who had experienced CSE were foster homes and small group homes. Equal numbers of youth indicated these as their top preference of the out of home care options.
- Youth with a history of CSE preferred local homes over remote or out-of-state homes because they were closer to family. Yet, they were also more likely to prefer out-of-state homes (14% ranked as their top choice) than youth who had not experienced CSE (2% ranked as their top choice). Altogether, youth mostly prefer smaller home-like settings that are close to their families, but there is some variation in that preference. This variation indicates a need to discuss housing options with each youth and consider their unique preferences, as well as safety, when making decisions about living situations.

YOUTH PREFERENCES		
Type of Home	 Pros	 Cons
Large group home	<ul style="list-style-type: none"> • More socializing • More activities • More staff to make you feel comfortable • More services • Learn to deal with different personalities 	<ul style="list-style-type: none"> • Drama • No privacy • Fighting (easier to get into one and more around you) • Unclean • Too many girls, causes a range of problems
Small (6-bed) group home	<ul style="list-style-type: none"> • Less drama because fewer girls • More personal time and attention from staff • Home-like • Quieter and calmer • Can prepare your own meals, watch TV, have your own bed • More personal space 	<ul style="list-style-type: none"> • Staff • Fewer activities and programming • Drama • Small space
Foster home	<ul style="list-style-type: none"> • Like a real home • More freedom • More family-like • More normalcy 	<ul style="list-style-type: none"> • Not your real family
Local	<ul style="list-style-type: none"> • Close to family 	<ul style="list-style-type: none"> • Easy to go AWOL • Easy to get drugs
Remote	<ul style="list-style-type: none"> • Less likely to go AWOL • New people, new environment, new experiences • Better than out-of-state placement 	<ul style="list-style-type: none"> • Away from home • Miss family • Too hard for family to visit
Out-of-state	<ul style="list-style-type: none"> • Less likely to go AWOL • New experiences • Can focus on programming 	<ul style="list-style-type: none"> • Hard to adjust • Too far from family

Table 1. Summary of the Perspectives on the Positives and Negatives of Different Placement Sizes and Locations from Youth with a History of CSE.

- While youth who had experienced CSE were more likely to leave care without permission (e.g., run away) compared to those who hadn't experienced CSE, those who ever left care without permission reported similar behavior (see Figure 5). This indicates that although youth with histories of CSE are more likely to leave home or care without permission, all youth who reported running away at some point had very similar running behaviors. Thus, youth who leave home or care without permission and have not experienced CSE are a high-risk group for future exploitation. Prevention services must be targeted appropriately to reduce this risk.

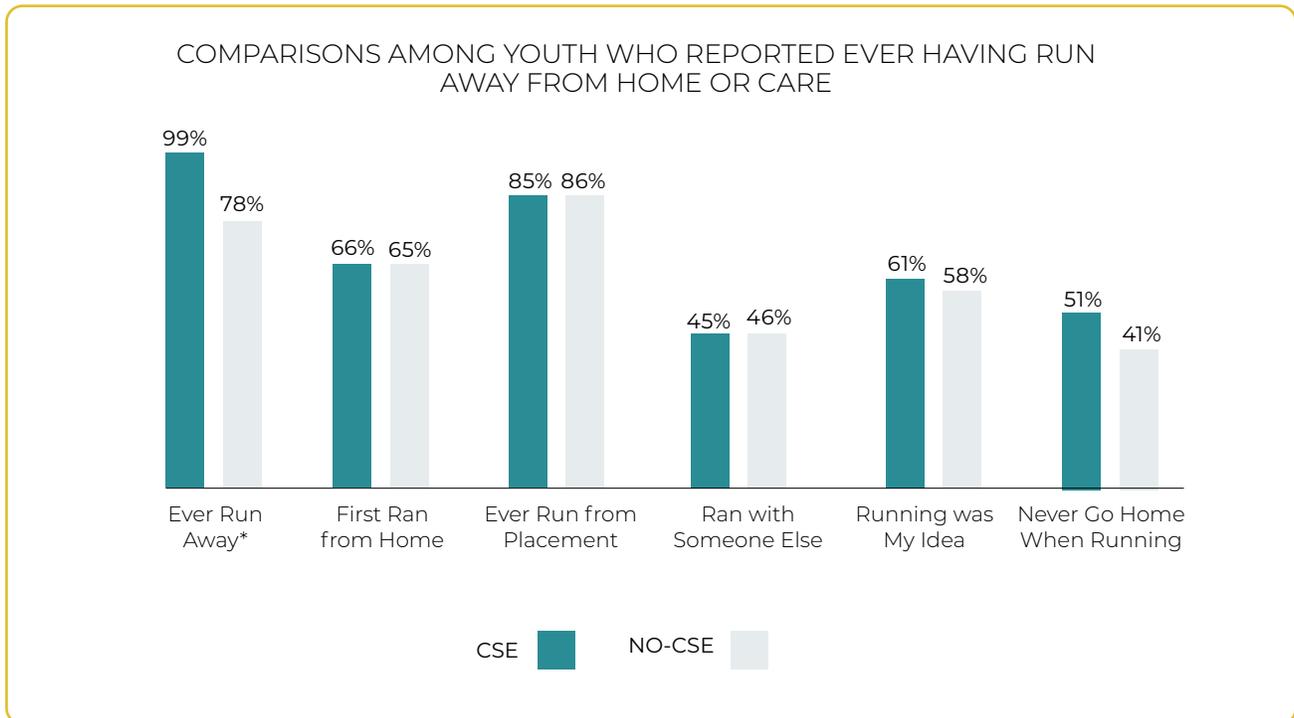


Figure 5. Comparing Running Behavior between CSE and non-CSE Girls among Youth Who Had Reported Ever Running Away.
 *Statistically significant difference at the $p < .05$ level.

Youth's Opinions of Specialized Services

- The majority of youth reported that receiving specialized services (i.e., dedicated judge, specialized probation officer or social worker, and community-based advocate) was helpful (see Figure 6).
- When asked how to improve housing options, the most common responses among youth who had experienced CSE were related to having more supportive staff in the homes. Youth highlighted the need to have empathic and supportive staff who were trained on CSE issues.
- Youth with histories of CSE seemed to find counseling valuable but did not like feeling forced into it or feeling forced to talk when they did not feel ready. In addition, some youth noted that the inconsistency in counseling was unhelpful (because of moving to new homes or counselor changes) and several youth noted a preference for individual counseling over group counseling.

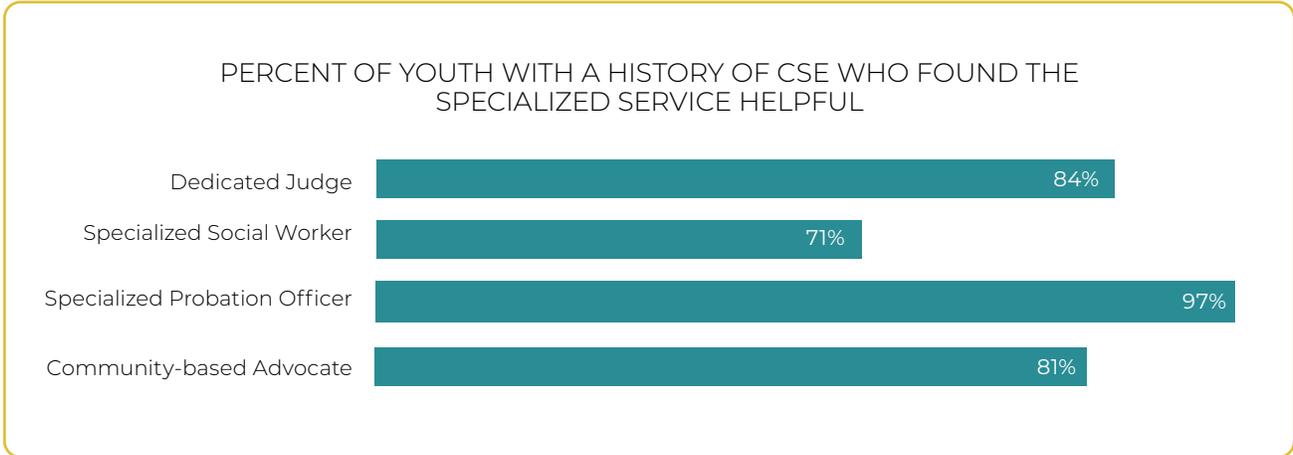


Figure 6. Percent of Youth with a History of Commercial Sexual Exploitation who Found the Specialized Service Helpful

 Helpful Things About Counseling in Care	 Unhelpful Things About Counseling in Care
<ul style="list-style-type: none"> • Family therapy • Someone that listens to you • Good to have someone who doesn't judge you • Learning new coping skills • Being able to talk to someone • Discuss how you are feeling or things that bother you 	<ul style="list-style-type: none"> • Group counseling • Having to tell my story • Feeling forced to open up when I'm not ready • Feeling like it's mandatory • Having to change therapists when the therapist leaves or placement changes • Inconsistent sessions/meetings

Table 2. Helpful and Unhelpful Things about Counseling in Care for Girls with Histories of Commercial Sexual Exploitation.



Study 3

Interviews and Case File Reviews with Youth Who Had Experienced Commercial Sexual Exploitation

Research Methodology

Three youth from each agency, Probation and DCFS, participated in an interview. Following the interview, a review of their case files was conducted and integrated into their personal narrative.

Their stories and feedback breathe life into this work and provide a rich and complex picture of who these young people are: their goals, interests, and hobbies; their friends and families, both birth and chosen; the challenges they have faced—through exploitation and beyond; and the resilience and strength that have helped them to endure and thrive. Following is a summary of the key findings and themes from the interviews and case file reviews, illustrated by snippets of the youth's stories and feedback.

Trauma. Youth trauma is often described as the outcome of a singular event or list of events stemming from their exploitation. However, many of the youth experiencing CSE have extensive and complex trauma beginning in early life. One youth, who spent her life in and out of foster care, and lost her mother at age 13, described, “I was fucking around. At the same time I didn’t care, but at the same time they didn’t know I was grieving for my mom. But I didn’t understand I was grieving either.”

“They didn’t understand that I was grieving for my mom. But I didn’t understand I was grieving either.”

Relationships. Several youth expressed that the connections they made with staff, caregivers, friends, and other individuals in their lives were transformational. One youth described the importance of having a consistent team to support her through her treatment. She said, “I think that I wouldn’t have made as much progress if I didn’t have my team. My direct team. Everything else I can care less about. My therapist, my case manager, have always stayed the same.” Another youth described the importance of her advocate: “I felt like how me and my advocate really bonded is—even though my family wasn’t there to see me, she was.”

“Me and my advocate really bonded ... even though my family wasn’t there to see me, she was.”

Youth also described the absence of positive relationships as a risk for exploitation. One youth said, “But it’s just like, I have abandonment issues with my family in general, so it was just him telling me he loved me was just a big thing.” The study revealed that youth felt more in control and

Sasha, Latisha, Skylar, Jasmine, Crystal and Jada** are six young women who agreed to share their stories of trauma, exploitation, healing, and strength as well as their goals and interests, giving us a true sense of who they are beyond labels and the incomplete information contained in their case files.

Though they have common experiences, they are individuals with unique histories, needs, aspirations, and sources of resilience that are critical to understanding how they have survived unspeakable horrors and where they want to go in their lives.

We thank these young people for their generosity and courage in sharing with us and encourage you to read more in the [full report](#).

** Pseudonyms are used in the report to protect their privacy.

“I have abandonment issues with my family in general... so him telling me he loved me was just a big thing.”

empowered when their voices were heard and their choices were considered throughout their interaction with Probation and DCFS. One youth said she “felt like she did not have a voice with her attorney or in court.” She explained: “I didn’t know you could personally speak to the judge yet so it was like this lady speaking for me.” Another youth expressed that her advocate was critical to getting others to hear her. She said, “She is like my voice when I can’t speak up. She knows how to get my point across without me having to lash out or do anything crazy.”

Staff support. Youth spoke extensively about the importance of staff support in group homes. One youth explained that staff is the main reason that youth stay or leave a placement. Specifically, she said, “95% of the females that don’t run away from their placements, it’s because of the staff.” Another youth spoke about finally finding someone to connect with after multiple housing changes. She really liked the staff at this home and connected with one person in particular. She said, “You could talk to her about anything.”

“95% of the females that don’t run away from their placements, it’s because of the staff.”

Collaboration. Youth could tell when the adults around them worked together to support them. A youth explained the importance of having a consistent team of people on her side. She said, “Everybody in the courtroom, they support. . . . You feel like a family.”

“Everybody in the courtroom... you feel like a family.”

Out of home care. Youth described their different needs and preferences for out-of-home care. One youth described large group homes as a harmful environment and said that smaller homes were better for her. She explained, “I guess I always told them that I always did want to go to a smaller placement because I mean, why wouldn’t you? Like. . . . you want a big placement full of multiple personalities. Of course, it’s gonna be more drama. Of course. All these girls just got out of jail or out of their own situation at home. . . . That’s why I don’t like big facilities. But, then those six beds are for sure like—that six bed, I liked that one. I completed that. I didn’t leave.” Another youth explained how placement in a group home precipitated her leaving care and entering exploitation: “I don’t think I was at that level to be placed there—I wasn’t that high risk yet—but exposing me to all of that stuff just made it worse.”

“I don’t think I was at that level to be placed there – I wasn’t that high-risk yet—but exposing me to all that stuff [in the group home] just made it worse.”

Culturally affirming services. Youth experiences also highlighted the importance of culturally affirming housing options. One youth described that she felt out of place in her current living situation because there is not a large black community there. She said, “I feel so out of place” and “everywhere I go they look at me.”

Youth want what any young person does

“How you’ll treat your child . . .

**You have to be there for them,
mentally and physically.”**

**“I feel like ya’ll should give
the girls hope, like they have
something to live for.”**



SUMMARY OF RECOMMENDATIONS FROM THE RESEARCH

The research report contained eight recommendations to better support youth with histories of commercial sexual exploitation and involvement in DCFS or Probation. These recommendations provide the foundation for the Research to Action Grant and the Research to Action Summit described in the next sections of this brief.

1

Recognize and Address the Impact of Trauma

As the findings of this study indicate, many girls and young women who have experienced CSE have experienced significant trauma, including childhood physical, emotional, or sexual abuse, and traumatic loss, both prior to and following their exploitation. Trauma-informed practices should be employed throughout all out of home care programs and services for children and youth who have experienced CSE. Agencies must remember that being “trauma-informed” does not mean simply understanding that youth have experienced trauma. Agencies must have specific practices and policies in place that promote and support the use of evidence-based, trauma-specific tools such as, but not limited to, screening, assessment, and treatment.

2

Promote Consistent, Healthy Relationships: Both Through an Expansion of Services and Connection to Other Caring Adults and Peers

The children and youth in these studies routinely reported that their close, consistent relationship with at least one caring adult was the primary factor that helped them to move from exploitation to safety and stability. The County and provider agencies should adopt policies that promote healthy and consistent relationships with service providers while also facilitating connections to family and other supportive adults or peers for youth in out of home care. This also includes ensuring additional avenues for prosocial activities and relationship-building.

3

Center and Promote the Child and Youth’s Perspective

The young people in these studies routinely reported feeling a lack of agency and control over their lives, and the benefit of being included and feeling heard in decisions that affect them. Facilitating inclusion of youth voice, choice, and meaningful participation in multi-disciplinary team meetings, court proceedings, and other decision-making points is necessary to support youth. The County should also establish or build upon existing youth advisory boards and other youth-led entities to gather regular feedback from youth on both individual and system level issues.

4

Require Comprehensive Training and Staff Supports

A main finding of our research is that children and youth respond more positively and are more engaged with individuals who are genuine, caring, and non-judgmental, and who are trained on CSE so that they understand the common issues facing children and youth who have experienced CSE. At the same time, youth stressed the importance of being recognized and supported as whole people beyond their experiences with exploitation. Staff training must be coupled with regular, comprehensive coaching and supervision, as well as self-care opportunities to promote sustainability and continuity among staff.

5

Establish Multidisciplinary Collaboration

These studies highlighted how children and youth who have experienced CSE interact with multiple systems—including child welfare, juvenile justice, physical and mental health, and education—often both before and after their exploitation. Effectively addressing youth’s holistic needs and supporting them to achieve their goals requires collaboration among these systems, community partners, caregivers and families, and, most importantly, youth themselves.

6

Build Capacity in the Placement Types That Provide More Stability for Youth with an Emphasis on the Elements Preferred by Youth

While the research identified several trends with respect to the types of housing options that appear to provide more stability as well as youth’s preferences, capacity must be built across placement types that can address the individual needs, goals, and preferences of youth. The emphasis should be on reducing reliance on large group homes, increasing home-like options, and providing a range of services and activities to meet youth’s needs.

7

Address Racial/Ethnic Disproportionality and Provide Culturally Appropriate Services

These studies highlight the stark reality of severe racial disproportionality of African American youth in the population of young people who have experienced CSE and are involved in the child welfare or juvenile justice systems. It also highlights the under identification of Latinx youth in these systems with histories of CSE. Because of the complex interaction of exploitation and other systemic racial and ethnic disparities, we recommend that agencies examine existing County strategies for addressing racial disparities and providing culturally appropriate services, their effectiveness, and potential opportunities for expansion to address CSE specifically.

8

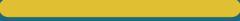
Build a Robust Data Collection and Evaluation System

There are no standardized outcome or process measures used systematically by agencies that are necessary for a robust evaluation which led to several limitations in the current research. Integrated data systems, standardized measurement tools, and improved tracking of youth’s experiences, and health and resilience outcomes are needed to better understand and serve system-involved youth who have experienced CSE.

Section 2

**Doris Duke
Research to Action Grant
Follow-Up Research**

Following the research report on housing and services, and the presentation to the Los Angeles County Board of Supervisors, additional funding from the [Doris Duke Fellowships for Child Well-Being](#) was sought and obtained to address two follow-up research questions and to organize a Research to Action Summit. The goal of the Summit was to develop the Action Plan detailed in Section Three so that the research-based recommendations could be directly translated to practices and policies aimed at improving safe and stable housing for youth in Los Angeles County impacted by CSE. This section describes the work done under this Research to Action grant.



Study 4

Administrative Data Follow Up: Identifying Dual System Youth

Research Methodology and Goal

Youth who have contact with both the juvenile justice and child welfare systems are commonly referred to as “crossover youth” or “dual-system youth.” This follow-up analysis of administrative data sought to explore the child welfare system (i.e., DCFS) histories, if any, of youth previously identified as Probation-involved in part one of our study (described in Study 1). The goal was to better understand youths’ trajectories through and across multiple systems and to identify areas of potential intervention and collaboration between the two systems.

Main Findings

- Nearly all youth in both Probation groups (i.e., one identified as having experienced CSE and one not identified as experiencing CSE) had a history of a maltreatment allegation. About 98% of the youth with a history of CSE ($n = 222$) and 94% of the comparison youth with no identified history of CSE ($n = 237$) were dual-system youth.
- As with the DCFS groups discussed in part one of our study, both Probation groups were about six years old on average at age of first maltreatment report. Both groups averaged between seven and eight maltreatment allegations across childhood and adolescence. Youth with a history of CSE and involvement in Probation were no more or less likely to have a maltreatment allegation compared to their Probation counterparts without a history of CSE, but they were significantly more likely to have experienced multiple allegations. More than three-fourths (i.e., 78%) of youth with a history of CSE experienced four or more allegations compared to 69% of youth without an identified history of CSE. This reveals chronic DCFS involvement which indicates that needs are not fully addressed at first system contact as well as higher levels of trauma among youth who are ultimately identified as having experienced CSE.
- About 5% of the youth who were not identified by Probation as having experienced CSE were identified by DCFS as having experienced CSE or being at risk for CSE. Importantly, about two-thirds (69%) of youth who had been identified as having experienced CSE by Probation had not been identified as having experienced CSE by DCFS. While it is possible that that the CSE occurred after DCFS involvement, this finding indicates (1) family needs were not addressed or were more severe than expected after the initial maltreatment allegation and (2) there is a need to promote communication about, and identification of, CSE populations across service systems.
- There were no statistically significant differences between the two groups (CSE and no-CSE) for the first allegation type. This indicates that the type of allegation that first brings children into the system may not be a specific risk factor for CSE among dual-system youth. In contrast, the DCFS youth with histories of CSE were more likely to have their first maltreatment allegation be sexual abuse than physical abuse compared to the no-CSE DCFS sample described in Study 1.
- Youth with a history of CSE had significantly more placement changes and averaged a higher number of substantiated allegations, a finding consistent with the prior research described in Study 1. While we did not analyze the data in a way that shows whether the CSE occurred before, during, or after out of home care transitions or maltreatment allegations, prior research (e.g., Lutzman et al., 2018) verifies that a higher number of moves and maltreatment allegations are indeed risk factors for CSE.

98% of youth with a history of CSE and 94% of the comparison youth with no identified history CSE were dual system youth



Study 5

Survey of Service Providers in Out of Home Group Care

Research Methodology

An electronic survey was developed to assess: (1) staffs' perceptions of working with youth in out of home care; and (2) ways to best serve youth who have experienced CSE while in out of home care. The survey was sent to administrators at a variety of group care settings. Forty-four emails were sent to approximately 34 different group homes asking administrators to forward the survey to their staff. Only 17 individual responses were received. Because the response rate was so low, the findings summarized below are not generalizable. However, they provide a small glimpse into service providers' experiences and perceptions, along with highlighting lessons learned in administering a survey of this type.

Main Findings

- Three males and 14 females responded to the survey. Ten respondents had completed graduate school; all these respondents attended some college. Eight respondents were either mental health staff or social workers, and the remainder had a mix of roles. Seven of the respondents worked at a short-term residential treatment program, three at a Level 12 home, and the rest at varying types of homes. The majority of the homes ($n = 9$) were large group homes (e.g., 24 or more beds). All but one respondent currently or previously had worked with youth who had experienced CSE.

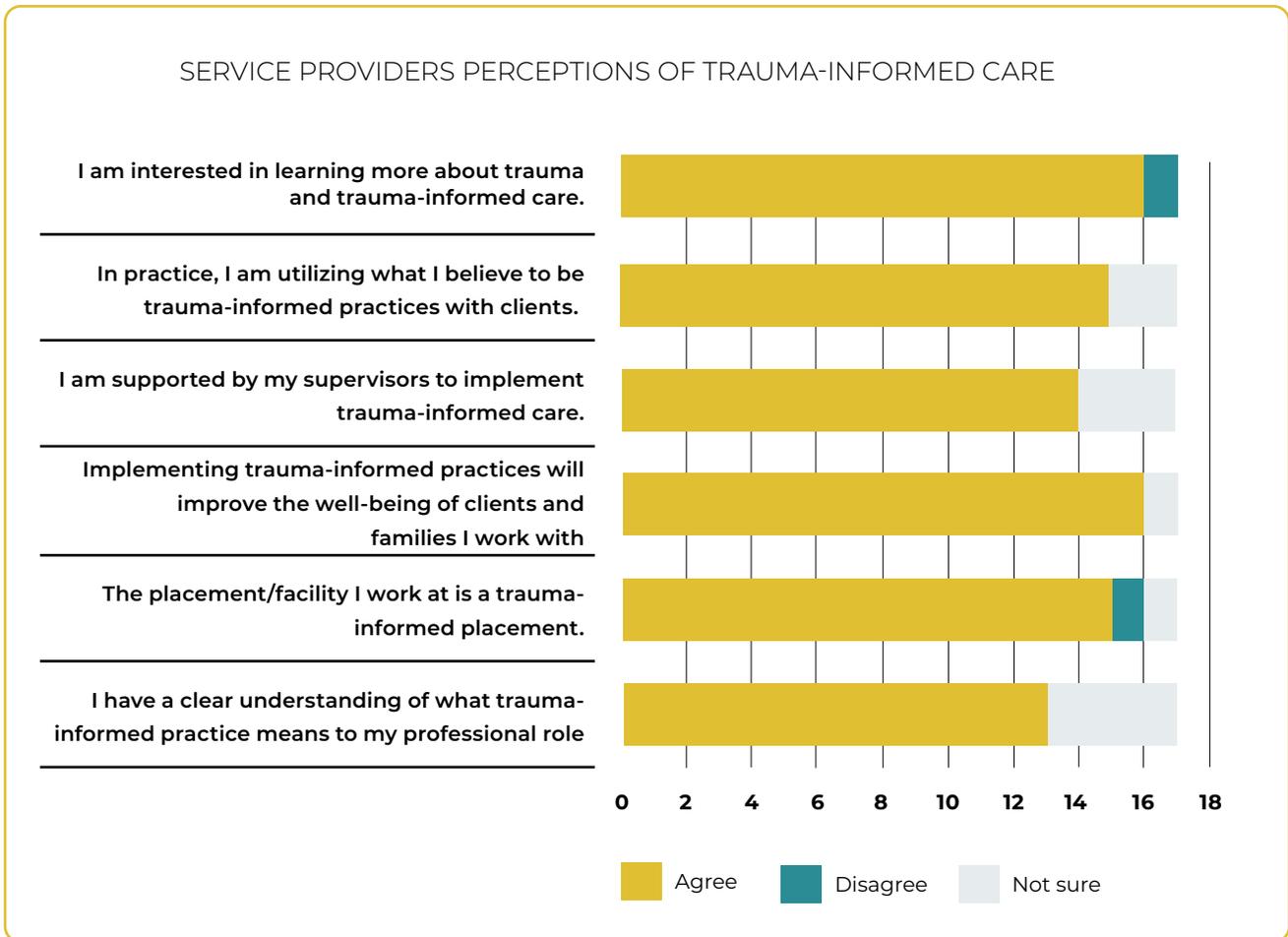


Figure 7. Group Home Care Providers’ Perspectives on Trauma-informed Care.

- Twelve respondents felt they had been adequately trained to perform their duties at their job, two did not feel adequately trained, and three were not sure.
- About half of the respondents had seen co-workers mistreat youth ($n = 10$) or differentially treat youth based on their race/ethnicity ($n = 8$).
- Respondents indicated that several appropriate services and protocols were in place, but many could be improved (see Figure 8).

GROUP HOME CARE PROVIDERS' OPINIONS ON SERVICES AND PROTOCOLS

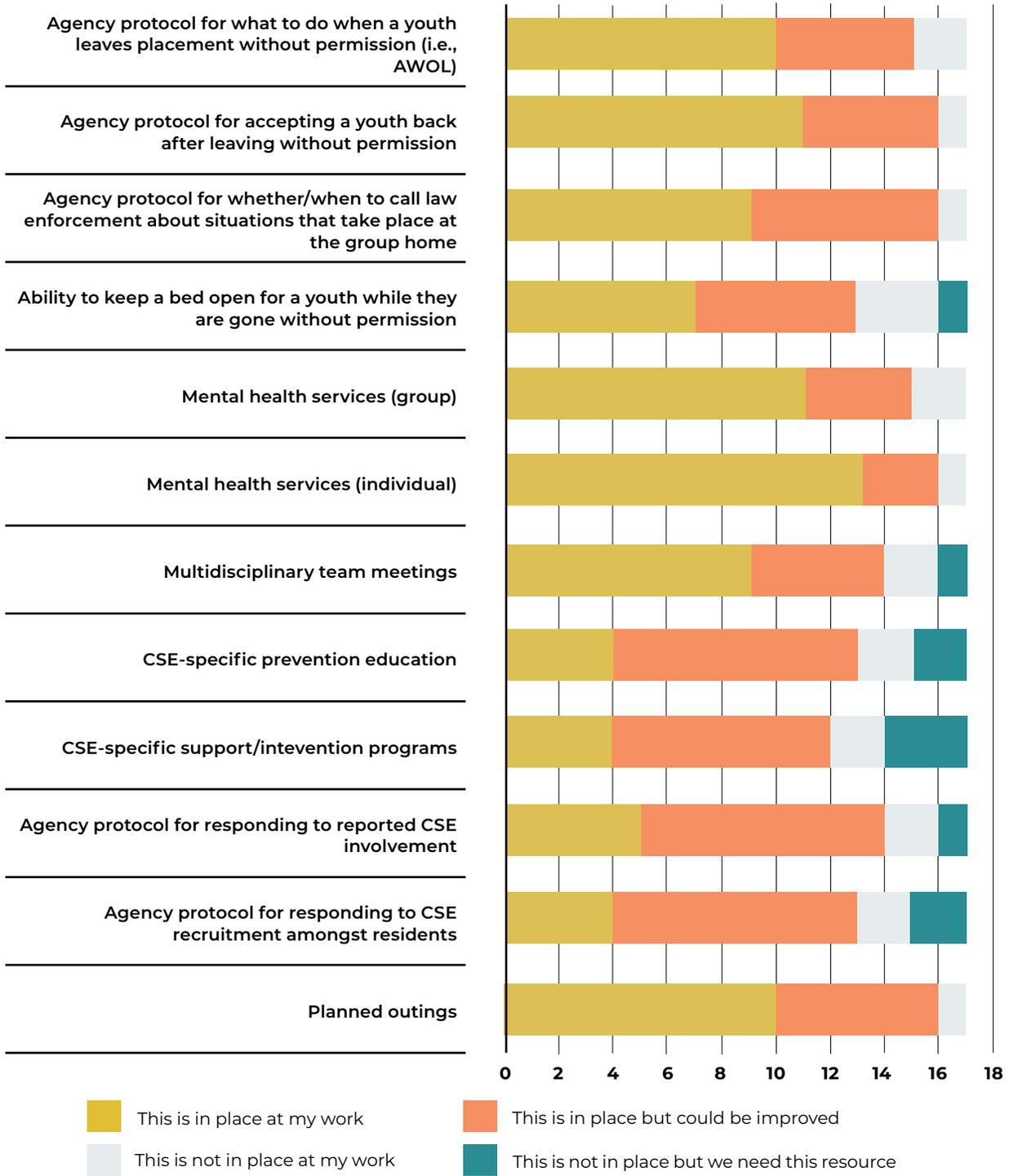


Figure 8: Group Home Care Providers' Opinions on Services and Protocols Available at their Place of Work.

- As shown in Figure 9, service providers were mostly knowledgeable and supportive of youth who had experienced CSE.

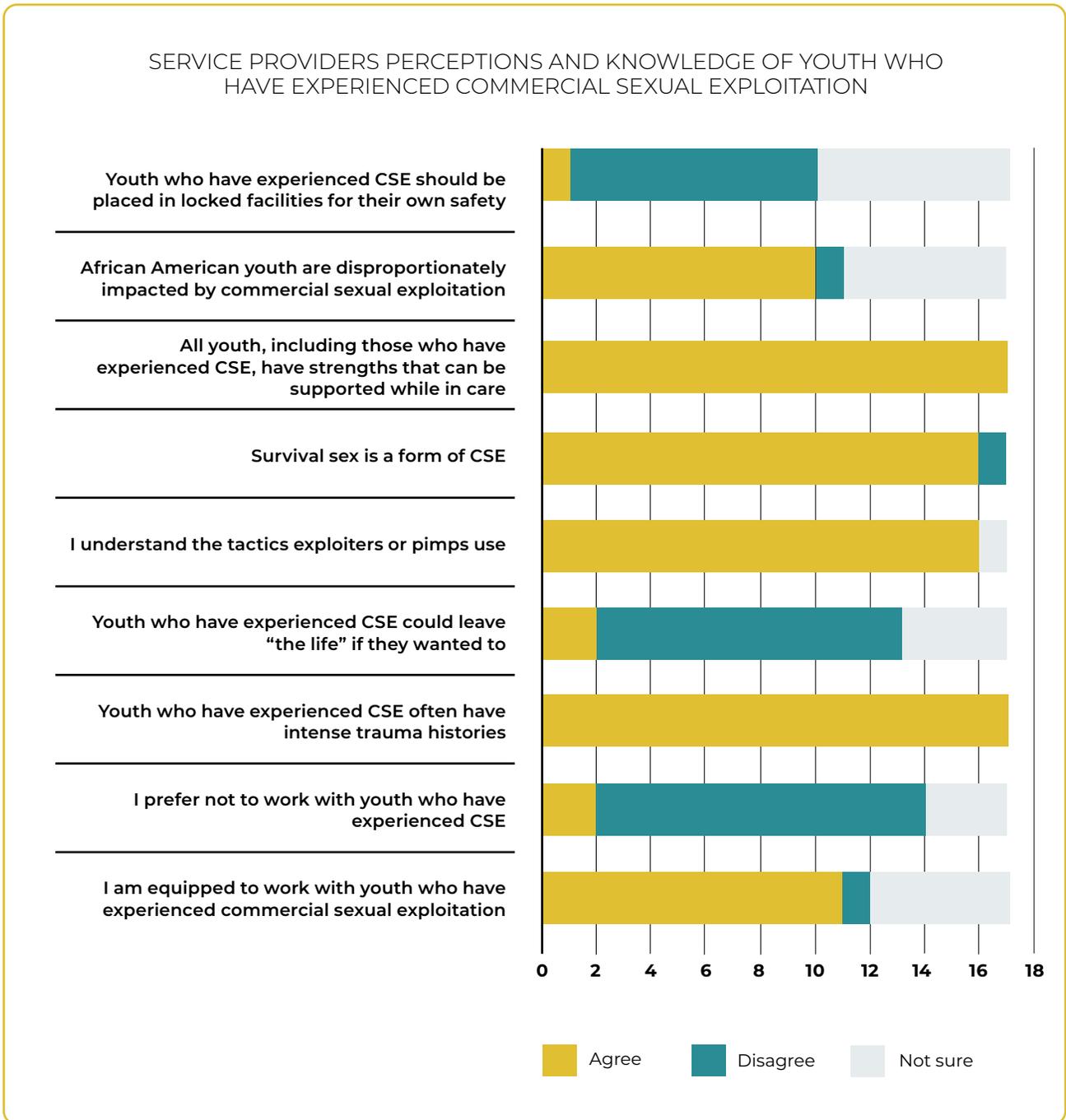


Figure 9: Group Home Care Providers' Perceptions and Knowledge of Youth Who Have Experienced Commercial Sexual Exploitation.

Note: Some questions have been shortened to fit on the chart.
 For inquiries regarding the full survey please email Carly Dierkhising at cdierkh@calstatela.edu

LESSONS LEARNED FOR FUTURE RESEARCH

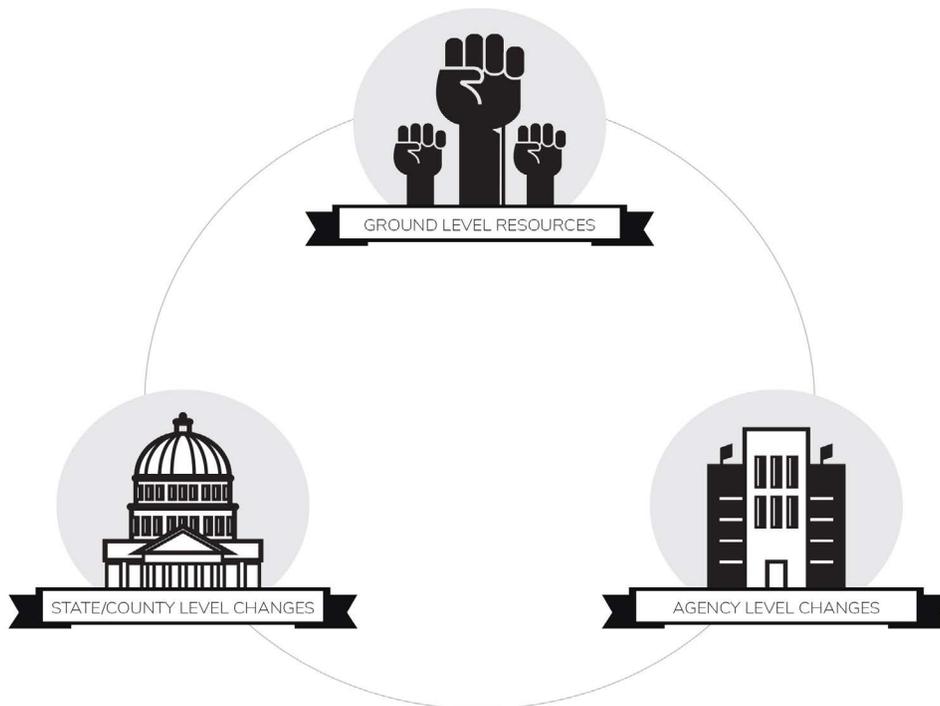
In the research report on housing, described in Section One, youth frequently discussed issues about staff at the different homes they had lived in. Because of this we felt it was important to hear staff and service providers' perspectives on their work as well. Unfortunately, due to an extremely low response rate, we were not able to fully understand their perspective based on this survey. The low response rate also makes the findings not generalizable to the broader population of service providers. However, there are important lessons learned from this experience for those who want to conduct similar research.

Lessons Learned and Recommendations

- Staff and service providers in group homes are extremely busy and may not have the time to complete a long survey electronically. In addition, because we were not able to receive the email addresses for all frontline staff, we had to rely on administrators to forward the link and information about the survey. This raised several challenges.
 - First, some administrators may have not sent along the survey. Indeed, at least one person responded and said their staff were too busy and they did not plan to forward the email.
 - Second, staff and service providers may not have understood what the survey was for or, if they did, they may not have felt it was important to their duties.
 - Third, because the survey was voluntary, staff may not have felt it was important or necessary to complete given their other responsibilities.
- Future research with frontline service providers in group homes should consider working with administrators to identify a way, if possible, to administer the survey in person. This could be done during a regular staff meeting, during the night shift, or at another time that is identified as convenient to the residential facility.
- While we offered a \$10 gift card to Amazon, a more effective incentive should be identified through conversations with service providers and administrators. For our study it is not fully clear if the incentive was not compensatory enough or if staff simply didn't receive our email.

CSEC RESEARCH TO ACTION SUMMIT

The researchers and their partners held a Research to Action Summit in November 2019 at Cal State LA. The goal of the CSEC Research to Action Summit was to develop an Action Plan with Los Angeles County to improve, create, and prioritize safe and stable housing for children and youth impacted by commercial sexual exploitation (CSE). Over 70 stakeholders, including county agencies, service providers, policy makers, clinicians, attorneys, survivors, and system-involved youth with histories of CSE attended the Summit (full list of attendees is included in Appendix B) and contributed their expertise to the Action Plan to ensure that it includes practical solutions.



The Summit was co-hosted by the National Center for Youth Law, Los Angeles County Probation Department, Los Angeles County Department of Child and Family Services, and the Los Angeles County Board of Supervisors. The day began with remarks from the hosts, followed by an overview of the primary research findings from the Housing Report (described in Section 1). Next, participants separated into several breakout sessions which focused on putting into practice the eight main recommendations identified by the research. These topics included:

- 1) Trauma-informed care;
- 2) Supporting healthy relationships;
- 3) Amplifying the youth voice;
- 4) Staff training and support;
- 5) Cross-system collaboration;
- 6) Building capacity in group homes;
- 7) Racial and ethnic disparities; and
- 8) Improving data collection to better support youth.

Facilitators with knowledge in these eight areas moderated the breakout sessions and discussions centered around specific practice and policy recommendations – including potential changes or additional resources needed at the individual, agency, county and state levels. These recommendations and discussions among stakeholders formed the basis for the Action Plan (set forth in Section 3).

Section 3

The Research to Action Plan to Support Safe and Stable Housing for Youth Impacted by Commercial Sexual Exploitation

The researchers and their partners held a Research to Action Summit in November 2019 at Cal State Los Angeles. The goal of the CSEC Research to Action Summit was to develop an Action Plan with Los Angeles County to improve, create, and prioritize safe and stable housing for children and youth impacted by commercial sexual exploitation (CSE). Key stakeholders—including county agencies, service providers, policymakers, clinicians, attorneys, survivors, and system-involved youth with histories of CSE—attended the Summit (full list of attendees is included in Appendix B) and contributed their expertise to the Action Plan to ensure that it will include practical solutions.

The Action Plan that follows is strongly rooted in the findings and eight recommendations from the prior research (see Sections 1 & 2), and the collaborative discussions of diverse stakeholders at the CSEC Research to Action Summit. In the Action Plan below, each of the eight themes is accompanied by specific translatable solutions in practice and policy. An Appendix follows with examples and resources.

The eight themes include:

1. addressing the impact of trauma,
2. supporting healthy relationships,
3. amplifying and centering youth voice,
4. training and staff support,
5. collaboration across systems,
6. building housing capacity,
7. racial and ethnic disparities, and
8. improving data collection to better support youth.

Because there is overlap among several of the themes, some Action Items are applicable to multiple sections of the Action Plan. Many of the recommendations could apply to youth in care more broadly. However, here we note the specific applicability to youth impacted by exploitation for the reasons set forth in the full research report. Finally, while some of the issues raised in the Action Items may be addressed in some form through existing county policies, state licensing requirements, or the Family First Prevention Services Act (or some combination of these), we highlight them here given that these requirements may still be in development. Our goals are to encourage the County to take proactive steps to support youth who have experienced CSE in creative, thoughtful, and comprehensive ways that go beyond minimum standards, and provide an avenue for County actions to be accompanied by accountability measures to make sure that they are carried out and have the desired impact.

RECOMMENDATION #1

Recognize and Address the Impact of Trauma

Action Item 1 **Implement Validated** **Trauma-Specific** **Screening & Assessment**

Many youth who have experienced CSE have experienced severe trauma, both before and as a result of exploitation. A foundational component in building a trauma-informed system/agencyⁱ is the identification of youth who have experienced trauma and are in need of trauma-specific services through standardized screening and assessment tools.ⁱⁱ A multidisciplinary group at the County level should select appropriate, standardized, validated screening and assessment tools.ⁱⁱⁱ These tools would be used across similar settings to ensure consistency and continuity of screening and assessment, and ensure staff are appropriately trained. The roll-out of the tools must include guidance on how to conduct screening and assessment in a trauma-informed manner. One aspect of roll-out should be transparent discussion with the youth in a developmentally appropriate way about the purpose of the screening or assessment, how the information will be used, and how it will support their health and well-being.^{iv} (See also Recommendation #8, Action Item #1.)

Action Item 2 **Embed a Trauma-** **Informed Clinician and** **Case Manager in the** **Specialized Probation** **and DCFS Units**

A dedicated trauma-informed and CSE-informed clinician, as well as a case manager, should be attached to the specialized CSEC units in Probation and DCFS. To support both youth and staff in the units, the clinician's role may include the following: conducting trauma-specific assessments, providing psychoeducation to youth and staff, addressing immediate crises, providing direct therapeutic services to youth, and addressing secondary traumatic stress among staff. The case manager's role may include: conducting trauma-specific screening, providing information to youth and staff about available treatment and support options, making referrals to appropriate trauma-informed interventions and treatment providers, and using motivational interviewing and other techniques to facilitate and ensure engagement between youth and other service providers. These people should have expertise, training, and experience in serving youth impacted by CSE, as well as in trauma-informed and youth-centered interventions and evidence-based trauma treatments.

Action Item 3 **Create and Disseminate** **a List of Trauma-Specific** **Treatment Resources**

Agencies, including Probation and DCFS, who are referring youth to treatment should have a regularly updated, searchable list or database of all agencies/clinicians that provide trauma-specific treatment or interventions, including, but not limited to, those specific to addressing CSE,^v in the community and across the out-of-home care continuum. This should include their specialties, treatment modalities, accepted insurance, and typical availability/location. Creating such a list will also enable the County to identify gaps in services by type and location so the County can focus on contracting with additional service providers to build capacity.

Action Item 4:
Ensure Therapists Follow Youth Through Transitions to Maintain Continuity of Care

To facilitate consistent and continuous treatment, reduce repeated retelling of one's experience, and support continuity in relationships, the County should adapt its policies, service delivery models, and funding structure to support clinicians to remain with youth even as youth move from home to home, between care and the community, or through staff transitions. Efforts should also be made to minimize and ease transitions by facilitating warm handoffs between departing and new clinicians. Examples of warm handoff practices include: requiring the transferring clinician and new clinician to meet together with the youth at least once; providing youth with an opportunity to ask questions of and develop rapport with the new clinician before the transfer; and collaborating with the youth to share necessary information with the new clinician.

Action Item 5:
Improve Continuity of Therapeutic Services for Youth in Short-Term Residential Therapeutic Programs (STRTPs)

Youth and providers report that the 6-month limit on length of stays in STRTPs provides insufficient time for some youth to build rapport with staff and effectively engage in mental health treatment. The County should coordinate with the California Department of Social Services (Child Trafficking Response Unit and/or Community Care Licensing), as well as those implementing the federal Family First Prevention Services Act, to identify creative ways of fostering continuity in therapeutic care beyond the 6-month limit, whether the youth remains in the STRTP or transitions to the community. These include but are not limited to: expanding funding to enable clinicians embedded in STRTPs to serve youth after they transition to the community or a lower level of care; use of technology to maintain the clinical relationships remotely, such as virtual therapy sessions/telehealth; and clarifying rules for extending a youth's stay in an STRTP beyond the 6-month limit when necessary for treatment purposes and agreed upon by the youth and their team.

Action Item 6:
Adapt County Agency Policies to Support Implementation of Harm Reduction Practices Across Multiple Disciplines

County agencies should review and revise their policies in accordance with guidance from the California Department of Social Services, which instructs counties to incorporate harm reduction (HR) principles into their work with CSE youth across all disciplines. Changes to agency policies, including DCFS and Probation policies, may be necessary to eliminate potential conflicts between HR approaches and agency policy and practice.^{vi}

RECOMMENDATION #2

Promote Consistent, Healthy Relationships: Both Through an Expansion of Services and Connection to Other Caring Adults and Peers

Action Item 1

Adopt County and Provider Agency Policies to Promote Connection to Family and other Supportive Relationships for Youth in Out of Home Care

Connection to family, broadly defined,^{vii} and other existing, healthy supports is a strong resilience factor that protects against exploitation. However, youth report that some housing providers treat home visits and other connection to family and other important relationships as a privilege to be earned. Through the contracting process, the County should require providers/caregivers to (a) eliminate any policies that restrict visitation, phone calls, video chat, and home visits as punishment or discipline;^{viii} (b) facilitate family invitations to regularly spend time with youth at group facilities, neutral locations in the community, or their homes; (c) build connection to family and supportive adults and peers into everyday routines, such as regularly scheduled phone and video chat; and (d) eliminate blanket “blackout periods” or transitional periods to new homes/placements where youth must earn points or otherwise wait for a certain amount of time before they are permitted to contact family or other outside supports, except when there is an identified safety risk associated with family member contact.

Action Item 2

Enhance Capacity of Specialized CSE Units and Advocates to Serve More Youth and Replicate Specialized Unit Practices More Broadly

Youth overwhelmingly report the benefit of consistent, dedicated, specially trained workers, as well as the additional contact and individual attention they receive from the specialized DCFS and Probation CSE units and community-based advocacy agencies. The County should expand resources to these units and organizations by funding additional staff positions, offering ongoing professional development and training, and reducing staff transitions, in order to increase capacity of the units to serve all eligible and interested youth. The County should also dedicate resources to replicate effective practices from the specialized units in nonspecialized units.

Action Item 3
Clarify Assessment and Referral Processes for Specialized CSE Units

To ensure all eligible youth are identified and transferred to the specialized DCFS and Probation CSE units, where agreed upon by the youth and their team, the agencies should clarify and standardize the assessment and transfer/referral criteria for the specialized units, including through the use of universal screening for trauma and CSE. (See Recommendation #1, Action Item #1, and Recommendation #8, Action Item #1). Probation and DCFS staff outside of the specialized units must also be knowledgeable about the transfer/referral criteria and process.

Action Item 4
Ensure Caseworkers/ Children's Social Workers Follow Youth Through Transitions to Support Continuity of Care

Youth noted the benefit of continuity of assignment to specialized probation officers in the Child Trafficking Unit; however, continuity through youth transitions is less consistent in the DCFS specialized unit. DCFS should revise its policies and practices, as needed, to promote staff continuity when a youth moves in and out of care, detention, or between homes and services. The County should also clarify the process by which a youth can request a new worker in situations in which training specialties, approach, or personalities are not a match. As with clinician transitions, for situations in which a change in social worker is necessary, the County should clarify the process for facilitating warm handoffs between workers to support continuity of information and support relationship building between the youth and workers. Examples include: requiring the transferring worker and new worker to meet together with the youth; providing youth with an opportunity to ask questions of and develop rapport with the new worker before the transfer; and collaborating with the youth to share necessary information with the new worker.

Promote Consistent, Healthy Relationships: Both Through an Expansion of Services and Connection to Other Caring Adults and Peers

Action Item 5

Increase Funding and Monitoring of Spending on Pro-Social Activities for Youth in Care, Including Increasing Transportation and Recreational Staff

Youth, survivor leaders, and providers alike highlight how funding and staffing shortages routinely restrict access to healthy activities that foster youth's healing and development of supportive relationships. Through the contracting process, the County should require that STRTP providers dedicate sufficient funding to cover youth participation in community-based, pro-social activities and effectively monitor these funds. This includes dedicated funding for adequate staff to coordinate activities, conduct outreach, and transport and supervise youth participation. The County should take steps to incentivize local businesses, organizations, and public agencies (such as local parks and recreation departments) to provide reduced cost/free opportunities to youth in out-of-home care and explore mentoring opportunities with organizations such as Court Appointed Special Advocates (CASA) and Big Brother/Big Sister.

Action Item 6
Expand Range of
Activities Offered in
Care Based on Youth
Feedback

The County should use youth information gathering/feedback mechanisms to identify and prioritize development of additional activities and include youth in the planning of activities. (See Recommendation #3, Action Items #1 and #2). County and/or provider agency policies should be amended to allow immediate access to these activities when a youth enters a new home as a part of the therapeutic process and to help build trust and rapport, rather than earned through a prolonged, rewards-based system. Access to such activities should only be restricted due to a clear violation of rules that have been previously communicated to the youth. (See Recommendation #3, Action Item #4.) Some such activities include:

- life skills building, such as grocery shopping, meal planning, cookoffs, laundry, budgeting, resume writing, and driver's education;
- physical fitness and sports, such as gym memberships, kickboxing classes, yoga;
- nature activities, such as going to the beach, hiking, volunteering with animals, gardening, skiing, and equine therapy;
- music and art;
- educational and vocational activities, such as college tours, job shadowing, and interviews and internships with professionals in fields of interest;
- religious activities of their choice such as going to church, prayer, observing religious holidays; and
- opportunities for community service.

RECOMMENDATION #3

Center and Promote the Child and Youth's Perspective

Action Item 1

Establish an Ongoing Mechanism for Gathering Youth and Survivor Feedback on System-Wide Issues and Changes

The County should establish or build upon existing youth advisory boards and other youth-led entities to gather regular feedback about out-of-home care experiences, elicit input on strategies for improvement, and respond to proposed system changes.^{ix} The County should also encourage or require STRTP providers to develop, maintain, and rely on residential youth councils. These advisory groups should be included in decision making about new programs and policies, placements/housing options, and services the County or providers are developing. Youth/survivor participants should be compensated for their time and recognized for their contributions and expertise. The County should consult with existing youth/survivor advisory boards and groups (e.g., CSEC Action Team Advisory Board) to develop structures that avoid re-traumatization and tokenizing.

Action Item 2

Improve Mechanisms for Seeking & Incorporating Youth Input about Individual Housing Experiences and Services in Real Time

The County should create a standardized system for soliciting and incorporating individual youth voice and perspective into decisions about their lives at key points of change and at regular intervals, such as housing changes, court appearances or surrounding Child and Family Team meetings (CFTs). Some examples include: individual interviews or surveys about housing and services to be regularly administered by an advocate, social worker, or other trusted adult; and coordinating with the Foster Care Ombudsperson's Office about individual complaints.

Action Item 3

Increase Youth Voice in Child and Family Team (CFT) Meetings by Improving Fidelity to CFT Models through Monitoring and Coaching

The County should improve the quality of Child and Family Team meetings by monitoring fidelity to CFT policies and coaching staff about how to elevate youth voice in CFTs. Some specific ways of elevating youth voice in the CFT process include: ensuring youth are included in and consulted prior to the CFT, ensuring that individuals important to the youth are invited, holding meetings at times and locations that facilitate participation of those individuals, and including and prioritizing agenda items of concern to the youth.

Action Item 4
Improve System for
Communicating Rules
and Rule Changes to
Youth in Out-of-Home
Care

Inconsistency in rules across different housing settings is confusing and disempowering to youth, especially those experiencing multiple transitions. The County should build upon existing STRTP licensing standards to establish a standard process for STRTPs to communicate rules and rights (including the Foster Youth Bill of Rights) to youth as soon as they transition to a new home or facility. This information should be provided in multiple formats (including verbally and in writing) in an interactive manner rather than simply providing a rulebook or handbook to youth, and can include creating a peer-to-peer monitoring component to foster connection and provide leadership opportunities among residents. It is important for mechanisms to be in place to ensure youth have an opportunity to provide feedback about existing rules or proposed changes to rules.

Action Item 5
Create Accessible Online
Forum for Youth

Create or build upon an existing accessible online forum or application that allows youth to easily find out information and ask questions about the system, their rights, laws and rules that apply to them, community resources, and application processes for services, including transitional living services.^x The forum or application can also serve as a feedback mechanism for youth to make suggestions and raise complaints about their experiences.

RECOMMENDATION #4

Require Comprehensive Training and Staff Supports

Action Item 1 **Increase Funding and Availability for CSE-Specific Training for Staff and Caregivers Working with CSE Youth**

The staff and caregivers who work directly with youth often have difficulty accessing training and resources that would positively impact their interactions. This is because schedules, priorities, and resources may not align to make these critical training opportunities possible. The County should expand funding for, and training requirements related to, CSE for housing providers, caregivers and all agency staff.

All caregivers, agency, and housing staff—from line to leadership, and on all shifts (including night and swing shifts)—should receive basic CSE training, covering:

- dynamics of power and control, risk factors and indicators, and pathways of entry to CSE;
- strengths-based language and reducing misperceptions and “otherizing”; and
- trauma and its impact on child and adolescent development, including the ability to identify traumatic stress reactions which can impact youth’s ability to trust adults, youth behavior, living stability, coping mechanisms, and youth’s ability or desire to engage in services.

Specialized CSE unit staff, caregivers providing care to older youth (10+), Intensive Services Foster Care families, and housing and service providers (including health and mental health providers) in facilities that serve youth impacted or at high risk of exploitation should receive in-depth CSE training on a regular basis, with frequent refresher trainings, covering:

- application of a trauma responsive approach; emotion regulation skills (of self and youth); everyday activities to support emotion regulation throughout the day; posttraumatic growth;
- additional information on the impact of trauma on development from a biopsychosocial perspective;
- diversity in backgrounds and experiences of CSE-impacted youth, including the disproportionate impact of CSE on certain populations;
- intersection of CSE and other system involvement;
- reproductive health and sexual development, health, and safety;
- trauma bonding, healthy relationships, and boundary setting;
- effective engagement and rapport-building techniques;
- skills-based intervention techniques, including crisis de-escalation, conflict resolution, and motivational interviewing;
- safety planning for youth and staff, including developing safe spaces;
- dynamics and methods for counteracting recruitment strategies, such as understanding traffickers’ pressure on exploited youth to recruit others within placements;
- strategies for proactively supporting youth to remain at home or in care, and decreasing episodes of leaving home/care without permission;
- harm reduction;
- stages of change;

Action Item 2
Ensure Training
Translates
to Direct Practice

The County should focus on translating training material to direct practice in multiple ways, including:

- providing supervisors with additional resources to support staff;
- using supervision as problem-solving sessions for staff to practice implementing new skills;
- provision of one-to-one coaching to help staff work through challenges as they arise;
- regular refresher skills-based trainings with interactive role-playing;
- using staff meetings to provide technical assistance, share successes and challenges, and lessons learned about the skills and knowledge from trainings;
- updating organizational or agency policies to reflect the use of best practices learned at trainings and direct practice; and
- establishing accountability mechanisms to ensure that training is being provided regularly to all relevant staff and caregivers.

In order to ensure that trainings are useful to staff and relevant to day-to-day practice, all trainings should:

- be created by or provided by trainers with subject matter expertise in CSE and other specific topics;^{xi}
- include an evaluation component to allow staff to provide feedback on trainings; and
- be vetted by youth/survivors, through the County's youth/survivor advisory structures (see Recommendation #3, Action Item #1).

Action Item 3
Implement Staff
Wellness Resources
to Reduce Secondary
Traumatic Stress

The County should (1) provide additional funding and (2) require providers through the contracting process to ensure staff working with this population have access to wellness resources to reduce vicarious trauma and secondary traumatic stress,^{xii} and promote compassion satisfaction.^{xiii} Such resources and activities could include:

- trauma-informed supervision;
- debriefing opportunities following critical incidents;
- connections to and funding for employee assistance programs or other employee benefits for mental health and wellness;
- trainings;
- support groups;
- shifting organizational policies that support staff's self-care, such as flexible work schedules and virtual work opportunities;
- policies tracking or requiring employees to take vacation and other time away from work, and policies allowing staff to access regular self-care, such as therapy or exercise, during work hours; and
- morale- and community-building activities such as appreciation circles and staff awards, birthday and achievement celebrations, staff retreats, and culturally relevant events.^{xiv}

There should also be clear agency structures for filing grievances and addressing concerns with Human Resources.

RECOMMENDATION #5

Enhance Multidisciplinary and Cross-System Collaboration

Action Item 1

Enhance Existing Multidisciplinary Teams and Child and Family Teams

Current multidisciplinary team (MDT) and child and family team (CFT) structures can be improved by adding partners currently not participating, including substance use treatment providers, LGBTQ+-serving organizations, and Regional Center liaisons. In addition, the role of intermittent partners, such as education, public health, mental health providers, and housing providers/caregivers, can be expanded. Each entity should identify a dedicated participant or champion who regularly attends the meetings to facilitate development of deeper relationships and rapport among MDT/CFT members and youth. Virtual meeting participation should be enhanced to ensure that individuals who work directly with the youth or family (such as case -carrying probation officers, social workers, clinicians, and other direct service providers) can participate without creating undue travel or other logistical burdens.

Action Item 2

Build and Implement New Multidisciplinary Protocols to Increase Multidisciplinary Teaming around Critical Transition Points

Multidisciplinary collaboration is occurring more consistently in LA County at certain key points, including at identification (in part due to development of the Law Enforcement First Responder Protocol and the Detention Protocol) and in relation to court proceedings (through MDTs in the specialized courts and through ongoing development of the Victim Witness Testimony Protocol). The County should invest in developing formalized multidisciplinary protocols, requiring multidisciplinary teaming, and increasing training about collaboration at key points of transition including (a) changes in placement/housing and school, (b) when youth leave care without permission, (c) contact with law enforcement, (d) aging out of care, and (e) psychiatric crisis or hospitalization (e.g., hold pursuant to CA Welf & Inst Code § 5150.^{xv})

Action Item 3
Integrate and Improve
Coordination Between
MDTs Focused on the
Same Youth

The County should improve coordination and communication between parallel multidisciplinary teams (MDTs) for youth impacted by multiple systems (e.g., Probation and DCFS) and, where possible, eliminate duplicative MDTs by holding a single MDT with all relevant participants for each youth. Where multiple meetings for the same youth are unavoidable, the differing goals of each should be clearly defined, relevant partners from each agency and unit working directly with the youth should be invited (including the specialized CSE units within Probation and DCFS, and the 241.1 unit), and a system for communicating necessary information among the different MDTs should be established. The County should also clarify procedures for communicating the results of the various meetings to the court(s) in which the youth are engaged to facilitate coordination among the courts and avoid conflicting orders.

Action Item 4
Revisit County and
Agency Policies Limiting
Communication between
DCFS Staff and Children's
Dependency Attorneys

Restrictions on and confusion about the permissibility of direct communication between DCFS staff and children's attorneys creates unnecessary delays and lapses in information about important developments such as placement changes, hospitalizations, and arrests. Though relevant for all youth, such communication is particularly critical in specialized courts, such as the STAR and DREAM courts,^{xvi} where collaboration among parties is emphasized and prioritized. The County should consider whether policies can be adapted to allow communication between DCFS staff and attorneys directly, or whether clarification or streamlining the role of County Counsel is needed to ensure timely and collaborative communication between agency partners and children's attorneys. Any recommendations or changes should comply with law surrounding information sharing, confidentiality, and attorney-client privilege.

RECOMMENDATION #6

Build Capacity in the Placement Types That Provide More Stability for Youth with an Emphasis on the Elements Preferred by Youth

Action Item 1 **Increase Availability of Family-Based Housing Options for Youth Impacted by CSE**

Despite most youth preferring family-like settings, youth with histories of CSE are over-represented in group care, both because of a shortage of lower-level options and because relative homes and traditional resource families may not be, or are perceived to not be, prepared to serve the youth's needs. The County should invest resources in increasing family-based options, including relative placements, Intensive Services Foster Care homes, and treatment foster care homes. Flexible funding should be available to support innovative programs, including pilots, that replicate or build on promising models from other jurisdictions. Components from such models include: recruitment and retention focused on identifying individuals or families who have experience with, or are interested in, providing care for teenage youth, youth with high levels of trauma, or those impacted by CSE; building small networks of resource family homes with dedicated respite care providers with training and expertise in serving CSE youth; provision of enhanced specialized training for resource families that clarifies and addresses damaging perceptions about CSE youth and provides skill-based resources on how to support teenagers in their care; and providing access to individualized, one-on-one supportive resources. (See Action Item #2 below, and Recommendation #4, generally). Additionally, before exploring options outside the home, resources and supports should be provided to the youth's family to keep them in the home.

Action Item 2 **Expand Supports for Resource Families Serving Youth Impacted by CSE, Including the Parent Empowerment Program, Parent Partners, and One-on-One Coaching**

The County should expand its Parent Empowerment Program and support provided by parent partners who have graduated from the program to resource families and other caregivers supporting youth impacted by CSE.^{xvii} Formalized training should be coupled with ongoing, on-the-ground support through parent partners, one-on-one coaching by clinicians, or specially trained coaches. Partners and coaches should be available 24/7 (through a hotline, virtually, or in person) to help navigate and stabilize crisis situations, troubleshoot situations as they arise in real time, provide skills-based knowledge, and translate that knowledge and training into practice.^{xviii} Access to training and coaching should continue even if the youth leaves the home to encourage and support the family in welcoming back the youth when they return home and to reduce housing changes.

Action Item 3**Ensure New CSE-Focused STRTPs Contain Critical Trauma-Informed and CSE-Informed Elements**

Any CSE-focused STRTP or other congregate care models, including those funded by the Family First Prevention Services Act and those currently in development, should include, at a minimum, the following components:

- smaller, more home-like settings, with:
 - outdoor space, if possible, to allow for more flexible movement by youth beyond facility walls;
 - private, personal space and protection of personal belongings; and
 - shared, home-like activities and responsibilities, such as cooking meals
- access to survivor and/or peer advocates and mentors
- CSE intervention curriculum
- trauma-informed practices and interventions included in programming and policies
- consultation with youth on design of physical space, schedule and routine, food items available, individualized selection of toiletries and personal care items
- clear, simple, timely grievance process for addressing youth concerns, available in a range of formats (in writing, in person)
- specially trained staff during all shifts, especially night and swing shifts where high needs typically arise (see Recommendation #4)
- clear, but flexible policies related to youth leaving the home without permission (see Action Item #4 below)
- clear rules/policies that are uniformly communicated to youth (see Recommendation #3, Action Item #4)
- access to a range of prosocial activities, based on youth feedback (see Recommendation #2, Action Items #5 and #6)

RECOMMENDATION #6, CONT.

Build Capacity in the Placement Types That Provide More Stability for Youth with an Emphasis on the Elements Preferred by Youth

Action Item 4

Revisit and Provide Training on Bed Hold and Absence without Permission Policies

The County should clarify policies related to bed holds and placement changes when youth leave care to reduce confusion and ensure consistent implementation of these policies across out-of-home care settings. In addition, the County should consider extending the amount of time space is held for a youth to reduce transitions and encourage continuity of housing, relationships, and treatment. As needed, the County should coordinate with the Department of Social Services (Child Trafficking Response Unit or Community Care Licensing) to clarify:

- allowable amounts of time and under what conditions space can be held open for youth who leave care;
- funding sources for bed holds;
- whether flexible policies related to leaving care are permitted, such as allowing short “breaks” or “community passes” for youth to take a walk to cool down, go to the store, visit preapproved places or homes, or other developmentally appropriate activities without a report of absence without permission;
- how to seek waivers to licensing restrictions to permit more flexible policies around absences without permission; and
- how these policies apply to nonminor dependents.

Once policies are clarified, the County should implement training related to bed hold policies and leave from care. This must include both administrators as well as line staff, resource families, and youth. This training should include:

- clarification of the above policies and procedures;
- appropriate messaging from staff and caregivers to youth about absences from care to encourage youth to return to care rather than fearing discipline or loss of a place to live;
- incorporating practices that celebrate a youth returning from an absence rather than disciplining them; and
- skills-based training to plan ahead to prevent absences from care, including de-escalation techniques, recognizing triggers that cause youth to leave, identifying alternative coping mechanisms, and active planning about “breaks” or “community passes” where the youth can leave care without a report of absence without permission.

Action Item 5
Streamline and Prioritize
Proactive Transition
Planning

Youth with histories of CSE experience more housing transitions than other youth. The County should support agency staff, caregivers, and youth to conduct proactive planning to reduce moves and ease the difficulty of transition if and when a youth may be required to move between placements or when returning home. This planning process should prioritize the youth's well-being by:

- communicating in a clear and developmentally appropriate manner with the youth about housing options and potential changes (see Recommendation #3, Action Item #2);
- encouraging continuity of relationships through transitions (see Recommendation #1, Action Items #4 and #5; Recommendation #2, Action Item #4);
- coordinating among the multidisciplinary partners in advance of and through transitions (see Recommendation #5);
- providing one-on-one supports to caregivers in moments of crisis or destabilization (see above, Action Item #2) as well as when youth are preparing to return home;
- training staff and caregivers on de-escalation and other skills-based interventions to support youth without requiring a housing transition (see Recommendation #4); and
- adopting clear and flexible absence without permission and bed hold policies (see above, Action Item #4).

RECOMMENDATION #7

Address Racial/Ethnic Disproportionality and Provide Culturally Appropriate Services

Action Item 1

Mandate Ongoing Implicit Bias Training to All Caregivers and Agency Staff

African American youth make up about 8% of Los Angeles's youth population but about two-thirds of the CSE population of girls and young women in out-of-home care. They represent a disproportionality of over eight times their community population. Historical and structural racism, and socioeconomic and social barriers, contribute to this disproportionality.^{xix} However, one effective way to reduce implicit or subconscious biases is to train on implicit bias. All staff, as well as family-based and group care-based caregivers, should receive regular, in-depth implicit bias training with well-respected trainers who can provide evidence-based tools for mitigating the impact of bias.^{xx} Training should include intersectional principles recognizing the manner in which race, gender, and socioeconomic status interact to over-sexualize and criminalize certain youth impacted by CSE.^{xxi}

Action Item 2

Implement Strategies that Target Racial and Ethnic Disparities in Juvenile Justice and Child Welfare Systems

Because racial disparities exist in other systems that put youth at heightened risk for exploitation, reducing disparities in those systems is essential to reducing the disproportionate impact of exploitation on youth of color. The County should collaborate with organizations focusing on reducing racial and ethnic disparities within the child welfare and juvenile justice systems at key decision points such as arrest, referral, disposition, and out-of-home care decision making.^{xxii} This will also, ideally, reduce some of the downstream disruptions with family, placement, and access to services.

Action Item 3

Reduce Reliance on Law Enforcement as Primary Method of Identifying Youth Impacted By CSE

Reliance on law enforcement street-based and internet-based operations as the primary method of identifying youth experiencing CSE has the unintended consequence of disproportionately identifying African American cis-gender females as exploited, while under-identifying other populations. Law enforcement efforts must include identification of youth in other settings, including in familial trafficking situations and through websites that target other subpopulations of youth, including Latinx and Native youth, boys, and trans and gender nonconforming youth. In addition, to avoid widening the net of youth subject to law enforcement or juvenile justice system interaction, which disproportionately affects youth of color, the County should continue to fund and prioritize training of educators, health care and mental health care professionals, and other professionals who regularly interact with youth to increase identification of CSE in those fields.^{xxiii} Additionally the County should expand partnerships to community-based organizations that provide street outreach and organizations that work with youth as another mechanism of identification to reduce reliance on law enforcement.

Action Item 4
**Conduct an Assessment
 of Culturally Appropriate
 Services for Youth and
 Families**

Availability and effectiveness of culturally appropriate services for youth and families is critical to the youth and family's engagement in services and, ultimately, to their healing. Although the County has taken some steps to provide culturally appropriate services, an assessment of the available services should be conducted. This assessment should identify ways culturally supportive services are or could be incorporated into everyday practice by probation officers, social workers, clinicians, caregivers, and others working with youth, as well as the specific community-based programming available to support the cultural diversity of youth impacted by CSE. Where the assessment identifies gaps, the County should develop additional services and resources with leadership and input from the target community. To the extent such practices are already being used, further evaluation through formal research, focus groups, or polling to ensure they are effective and appropriate from the community's perspective is imperative.

Action Item 5
**Improve Data Collection
 related to Race/Ethnicity**

Youth of color are disproportionately impacted by CSE, but County data systems do not allow for accurate tracking of race/ethnicity. Improved data can support more in-depth analysis of who is most affected and provide a basis for targeted interventions to reduce disparities and the development and provision of culturally appropriate services. Some ways of improving race/ethnicity data collection include:

- Ensure consistency of race/ethnicity categories across systems to facilitate cross-system comparisons.
- Require data collection to be based on self-identification, rather than observation by the person filling out the form.
- Allow identification as mixed or multiracial, coupled with the option of checking multiple boxes or fill in for identities not captured in the data system (rather than using "other").
- Clarify categorization of Latinx people who are categorized as white.
- Proactive identification of native youth within the Probation system, in ways that mirror and build upon existing requirements within the child welfare system related to the Indian Child Welfare Act (ICWA).
- Encourage those working with youth to ask directly about connections to cultural resources or services and record such connections in service plans.

RECOMMENDATION #8

Build a Robust Data Collection System to Improve Practice

Action Item 1 **Implement Universal, Systematic Screening for Commercial Sexual Exploitation**

A validated screening tool to identify those experiencing or at risk for commercial sexual exploitation should be implemented in Probation and DCFS. Universal screening with such a tool is useful in order to: increase early identification of youth;^{xxiv} reduce the role of bias in identification (see Recommendation #7); support data collection about prevalence of CSE (Recommendation #8, Action Item #4); and increase knowledge about the needs of youth (Recommendations #1 and 2). These agencies, with input from stakeholders (including youth), should identify the most appropriate tool to use and the point of contact within each system where the tool should be implemented. Information gained from this tool should be used only for providing services, improving practice, and measuring prevalence. It should not be used in ways that reduce or limit youth's out-of-home care or service options.

Action Item 2 **Improve Tracking of Exploitation Experiences**

In line with recommendations from the statewide CSEC Action Team,^{xxv} the County should take steps to improve and standardize its tracking of exploitation and incidents of exploitation across agencies. Standardization will ensure that the County has an accurate understanding of the prevalence of exploitation, regardless of who identifies a youth as CSE, including clarifying between at risk, suspected and confirmed exploitation, types of exploitation experience, recurrence of exploitation, and demographics of youth most impacted.

Action Item 3 **Build Integrated Data Systems between Agencies for Multisystem Youth**

Our data reveal that *nearly all* Probation-involved youth in out-of-home care who have experienced CSE also have current or past child welfare system involvement, but many youth are not identified as having child welfare contact. This knowledge further supports the call for integrated data systems that can facilitate increased communication between agencies and maximize resources that are available across agencies. Examples in Los Angeles exist for dual-system youth that can be built upon for youth impacted by CSE.^{xxvi} Such information sharing should be accompanied by guidelines making clear that data sharing should be used for the purpose of coordinating services, tracking incidences of exploitation, and allowing for cross-system collaboration, not for punitive purposes against the youth.

Action Item 4
Expand Data Collection to Include Health and Resilience Outcomes and Youth's Progress in Care

Currently, no data exist on health and resilience outcomes that can indicate whether services are positively impacting youth. In addition, there are very few available data points to track youth's progress in care. Both Probation and DCFS should work together to integrate data points in their respective data collection systems that capture positive outcomes and progress in care, building upon two related initiatives currently in place at the county and state level.^{xxvii} Some example data points include:

- medical and mental health outcomes
- subsequent arrest/violation history
- interactions with traffickers
- contact with providers when away from home or care
- educational attainment
- physical, emotional, spiritual, and mental health
- substance use
- engagement in recreational or employment activities
- healthy relationships with peers and adults
- reduction in absences from home, care, or school
- housing stability and progress (i.e., step down from higher levels of care)
- increased engagement in multidisciplinary and collaborative settings focused on case planning and coordination

APPENDIX A - RESOURCES & REFERENCES

RECOMMENDATION #1: RECOGNIZE AND ADDRESS THE IMPACT OF TRAUMA

Trauma-Informed Care and Systems

i Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

National Child Stress Traumatic Stress Network. *Essential elements of a trauma-informed juvenile justice system*. <https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/justice/essential-elements>

National Child Stress Traumatic Stress Network. (2018). *Essential elements of a trauma-informed child welfare system*. <https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/child-welfare/essential-elements>

Learning for Action. (2018). *Healing systems: Reflections on the first four years of Trauma Transformed*. http://trauma-transformed.org/wp-content/uploads/Healing-Systems_Reflections-on-Trauma-Transformed.pdf

Trauma Screening and Assessment

ii Kerig, P., For, J., & Olafson, E. (2014). *Assessing exposure to psychological trauma and posttraumatic stress symptoms in the juvenile justice population*. National Child Traumatic Stress Network: Durham, NC & Los Angeles, CA.

iii National Child Traumatic Stress Network's Measures Review Database. <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews>

iv National Child Traumatic Stress Network. *Trauma Screening*. <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>

CSE-Specific Trauma-Informed Treatments

v Basson, D., Langs, J., Acker, K., Katz, S., Desai, N., & Ford, J. (2018). *Psychotherapy for commercially sexually exploited children: A guide for community-based behavioral health practitioners and agencies*. Oakland, CA: WestCoast Children's Clinic. Available at: https://www.westcoastcc.org/wp-content/uploads/2018/10/MH_Treatment_Guide_CSEC.pdf

Cohen, J., Mannarino, A., & Kinnish, K. (2017). Trauma-focused cognitive behavioral therapy for commercially sexually exploited youth. *Journal of Child and Adolescent Trauma*, 10(2), 175–185. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5499701/>

vi California Department of Social Services Child Trafficking Unit. (2018). Harm Reduction Series. <https://www.cdss.ca.gov/Portals/9/CWPPDB/CTRU/Harm%20Reduction%20Paper%20-%20Introduction.pdf?ver=2018-10-12-113906-737>

California Department of Social Services Child Trafficking Unit. (2019). Harm Reduction Series: Social Worker. All County Information Notice No I-28-19. https://www.cdss.ca.gov/Portals/9/ACIN/2019/I-28_19.pdf?ver=2019-07-23-145815-020

California Department of Social Services Child Trafficking Unit (2019). Harm Reduction Series: Probation Officer. All County Information Notice No I-50-19. <https://www.cdss.ca.gov/Portals/9/ACIN/2019/I-50-19.pdf>

Kern County Procedural Guide Commercially Sexually Exploited Children (CSEC). Please contact the National Center for Youth Law for more information.

**RECOMMENDATION #2: PROMOTE CONSISTENT, HEALTHY RELATIONSHIPS:
BOTH THROUGH AN EXPANSION OF SERVICES AND CONNECTION TO OTHER CARING ADULTS AND PEERS**

Family Engagement

vii Rozzell, L. (2013). *The role of family engagement in creating trauma-informed juvenile justice systems*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Available at: <https://www.nctsn.org/resources/role-family-engagement-creating-trauma-informed-juvenile-justice-systems>

Cell Phone Usage

viii 22 CCR § 84072(8)(A)(2). Community Care Licensing regulations permit providers to restrict phone use in accordance with the facility's discipline policy. However, maintaining connection to family and other natural supports is often most important during times of transition, escalation, or challenge, and thus should be restricted as little as possible.

RECOMMENDATION #3: CENTER AND PROMOTE THE CHILD AND YOUTH'S PERSPECTIVE

Formal Bodies that Center the Voices of Individuals with Lived Experiences

ix National Center for Youth Law. CSEC Action Team Advisory Board. <https://youthlaw.org/case/csec-action-team/>

San Francisco Department on the Status of Women (n.d.). Mayor's Task Force on Anti-Human Trafficking. <https://sfgov.org/dosw/mayors-task-force-anti-human-trafficking>

Saving Innocence, Survivor Leadership Academy for Youth (SLAY), Los Angeles, California. Please contact the National Center for Youth Law or Saving Innocence for more information.

x Alliance for Children's Rights. (n.d.) Know before you go. Available at: <https://knowb4ugo.org/>

California Homeless Youth Handbook. (n.d.). Available at <https://www.homelessyouth.org/us/california>

RECOMMENDATION #4: REQUIRE COMPREHENSIVE TRAINING AND STAFF SUPPORTS

CSE-Specific Training Providers

xi Nola Brantley Speaks. For more information: <http://www.nolabrantleyspeaks.org/>

Leslie Briner. For more information: <https://www.wcsap.org/training/facilitator/leslie-briner-msw>

My Life My Choice: Learn How to Reduce the Risk of Exploitation in Congregate Care. For more information: https://static1.squarespace.com/static/5c9a6c6a12b2be00012725d9/t/5e4c07edcbc08f59eebfa7eb/1582041069780/Online-Course_Flyer_Apr28-Jun2pptx.pdf

Staff Wellness and Addressing Vicarious Trauma

xii National Child Traumatic Stress Network. Secondary Traumatic Stress. Available at <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

xiii Mathieu, F. (2012) *The compassion fatigue workbook*. New York, NY: Taylor and Francis.

xiv National Child Traumatic Stress Network. (n.d). *Using the secondary traumatic stress core competencies in trauma-informed supervision*. Available at https://www.nctsn.org/sites/default/files/resources/fact-sheet/using_the_secondary_traumatic_stress_core_competencies_in_trauma-informed_supervision.pdf

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress. A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. Available at https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

National Child Traumatic Stress Network. (n.d.). *Taking care of yourself*. Available at https://www.nctsn.org/sites/default/files/resources/fact-sheet/taking_care_of_yourself.pdf

Multiplying Connections. (2018). *What is reflective supervision*. <https://www.multiplyingconnections.org/become-trauma-informed/what-reflective-supervision>

Miller, B., & Sprang, G. (2017). A components-based practice and supervision model for reducing compassion fatigue by affecting clinician experience. *Traumatology*, 23(2), 153–164. <https://doi.org/10.1037/trm0000058>

RECOMMENDATION #5: ENHANCE MULTIDISCIPLINARY AND CROSS-SYSTEM COLLABORATION

xvi For information on the Succeeding through Achievement and Resilience (STAR) Court, see Newcombe, A., French, E., Walker Brown, K., & Guymon, M. (2020). *All hands on deck: Identifying and supporting commercially sexually exploited youth in the juvenile justice system* (pp. 42-50). Los Angeles County Probation Department; National Center for Youth Law. <http://online.fliphtml5.com/rxqwd/xjhi/#p=1>

RECOMMENDATION #6: BUILD CAPACITY IN THE PLACEMENT TYPES THAT PROVIDE MORE STABILITY FOR YOUTH PROGRAMS SUPPORTING CAREGIVERS OF CSE YOUTH WITH AN EMPHASIS ON THE ELEMENTS PREFERRED BY YOUTH**Housing Programs for Youth Impacted by CSE**

Citrus Network CHANCE Program (Florida). <http://www.citrushealth.org/CHANCE>

The Mockingbird Society Care Model (Washington) <https://www.mockingbirdsociety.org/family-model>

Freedom Forward - Safety, Opportunity, and Lifelong Relationships (SFSOL) Housing Model (San Francisco, California). <https://www.freedom-forward.org/fam>

Programs Supporting Caregivers of CSE Youth

xvii Los Angeles Parent Empowerment Program.

<https://cfpic.org/sites/default/files/1.3%20B%20PACT%20PEP%20Parent%20Empowerment%20Program.pdf>

UC Davis. Caring for Sexually Exploited Youth: A Trauma-informed, Skill-based Curriculum for Caregivers. Please contact author for more information.

xviii The CHANCE, Mockingbird, and Freedom Forward housing models (see note above) all contain strong caregiver support programs.

RECOMMENDATION #7: ADDRESS RACIAL/ETHNIC DISPROPORTIONALITY AND PROVIDE CULTURALLY APPROPRIATE SERVICES

Implicit Bias Interventions

xix Eberhardt, J. L. (2020). *Biased: Uncovering the hidden prejudice that shapes what we see, think, and do*. London, United Kingdom: Penguin Books.

Implicit Bias Training

xx Jennifer Eberhardt, Professor, Department of Psychology at Stanford University, Stanford, CA. <https://web.stanford.edu/~eberhard/about-jennifer-eberhardt.html>

John Powell, Director at Institute for Belonging and Inclusion. <https://belonging.berkeley.edu/johnpowell>

Dr. Ken Hardy, Professor of Family Therapy at Drexel University. <https://catalog.erickson-foundation.org/speaker/ken-neth-hardy-158061>

Understanding the Intersection of Commercial Sexual Exploitation, Juvenile Justice, and the Criminalization of Black Girls

xxi Blake, J. J., & Epstein, R. (n.d.). Listening to Black Women and Girls: Lived Experiences of Adulthood Bias. Georgetown Law: Center on Poverty and Inequality. Retrieved from: <https://endadulthoodbias.org/wp-content/uploads/2019/05/Listening-to-Black-Women-and-Girls-v7.pdf>

Epstein, R., Blake, J. J., & Gonzalez, T. (2017). Girlhood Interrupted : The Erasure of Black Girls' Childhood. Georgetown Law: Center on Poverty and Inequality. Retrieved from: <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2017/08/girlhood-interrupted.pdf>

Ocen, P. A. (2015). (E) racing Childhood : Examining the Racialized Construction of Childhood and Innocence in the Treatment of Sexually Exploited Minors. UCLA Law Review, 1586(2015), 1586–1640. Retrieved from: https://www.uclalawreview.org/wp-content/uploads/2019/09/Ocen-final_8.15.pdf

Saar, M. S., Epstein, R., Rosenthal, L., & Vafa, Y. (2015). The Sexual Abuse to Prison Pipeline: The Girls' Story. *Rights4Girls*, (August), 1–2. Retrieved from: <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/02/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf>

Strategies and Interventions to Reduce Racial/Ethnic Disparities

xxii The W. Haywood Burns Institute for Justice Fairness and Equity Training. Available at <https://www.burnsinstitute.org/services/training/>

Lai, C. K., Skinner, A. L., (2016). Reducing implicit racial preferences: II. Intervention effectiveness across time. *Journal of Experimental Psychology*, 145(8), 1001–1016.

St. John, V., Murphy, K., & Liberman, A. (2020). *Recommendations for addressing racial bias in risk and needs assessment in the juvenile justice system*. https://www.childtrends.org/wp-content/uploads/2020/01/Duke-Risk-Assessment-FAQ_ChildTrends_Jan2020-1.pdf

Lai, C. K., & Banaji, M. R. (2020). The psychology of implicit intergroup bias and the prospect of change. In D. Allen & R. Somanathan (Eds.), *Difference without Domination: Pursuing Justice in Diverse Democracies*. Chicago, IL: University of Chicago Press.

FitzGerald, C., Martin, A., Berner, D., & Hurst, S. (2019). Interventions designed to reduce implicit prejudices and implicit stereotypes in real world contexts: *A systematic review*. *BMC psychology*, 7(1), 29. <https://doi.org/10.1186/s40359-019-0299-7>

Vera Institute of Justice. (2020). Promoting racial equity in prosecution. <https://www.vera.org/securing-equal-justice/promoting-racial-equity-in-prosecution>

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, 48(6), 1267–1278. doi: 10.1016/j.jesp.2012.06.003

xxiii 3 Strands Global Foundation. (n.d.). *Human trafficking prevention education*. <https://www.3strandsglobalfoundation.org/human-trafficking-prevention-educat>

Greenbaum, V. J., Dodd, M., & McCracken, C. (2018). A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatric Emergency Care*, 34(1), 33–37. <https://doi.org/10.1097/PEC.0000000000000602>

RECOMMENDATION #8: BUILD A ROBUST DATA COLLECTION SYSTEM TO IMPROVE PRACTICE

CSE-Specific Screening Tools

xxiv Basson, D., Rosenblatt, E., & Haley, H. (2012). Research to action: *Sexually exploited minors (SEM) needs and strengths*. Oakland, CA: WestCoast Children's Clinic (2012). https://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL1.pdf

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Improving Data Collection

xxv Commercially Sexually Exploited Children (CSEC) Action Team. (2020). *Using data to improve outcomes for children and youth impacted by commercial sexual exploitation*. Please contact the National Center for Youth Law for more information.

xxvi Examples in Los Angeles include the 241 MDT database, a CWS/CMS application that serves as the referral database for the DCFS 241.1 Unit and allows Probation and DMH access to enter data. Additionally, Probation has access to ProLite, a CWS/CMS application that allows Probation to check the DCFS status of youth.

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APPENDIX B - LIST OF SUMMIT ATTENDEES

Mae Ackerman-Brimberg
National Center for Youth Law

Camille Bailey
National Center for Youth Law

Eric Ball
Department of Child and Family Services

Misty Bautista
Department of Child and Family Services

Ashley Bray
CA Department of Social Services

Ariel Bustamante
LA LGBTQ Center

Joyce Capelle
Crittenton

Shelly Catarino
LA Dependency Lawyers

Kristine Chan
University of California, Irvine

Jenny Cheung
Children's Law Center

Elsie Van Clief
Children's Law Center

Kellee Coleman
Community Care Licensing

Carmen Condon
Department of Mental Health

Maria Contreras
National Center for Youth Law

Mel Darden
LA LGBTQ Center

Amber Davies
Saving Innocence

Violet Dawson
Probation – Child Trafficking Unit

Carly B. Dierkhising
Cal State Los Angeles

Andrea Lane Eastman
Children's Data Network

Adela Estrada
Department of Child and Family Services

Ed Fithyan
Department of Child and Family Services

Jennifer Garriott
Maryvale

LaSonya Gibbs
Department of Child and Family Services

LaToya Gix
Divine Interventionz Inc.

Sarah Godoy
University of California, Los Angeles

Qualiema Green
Community Care Licensing

Joan Gregory
Vista Del Mar

Michelle Guymon
Probation – Child Trafficking Unit

Hannah Haley
West Coast Children's Clinic

Ivy HammonD
UC Berkeley

Lori Harris
Public Defender Office

Michael Harris
National Center for Youth Law

Kelley Hartman-Barr
CA Department of Social Services

Andrew Hernandez
Hillsides

Nicole James
Probation – Child Trafficking Unit

Sara Jones
Saving Innocence

B.K. Elizabeth Kim

University of Southern California

Myla Lampkin

Department of Mental Health

Lesli LeGras

National Center for Youth Law

Sonia Lopez

Senator Holly Mitchell

Sonia Martinez

Children's Law Center

Hedvig Marx

Community Care Licensing

Frank McAlpin

LA LGBTQ Center

Laura McKee

Department of Child and Family Services

Jennifer McLaren

County Counsel – Sacramento

Roberta Medina

Department of Child and Family Services

Juanita Montes

Department of Mental Health

Michael Nakaji

Vista Del Mar

Allison Newcombe

National Center for Youth Law

Gihan Omar

CHANCE

Natalia Orendain

University of California, Los Angeles

Kimberly Oros

Children's Law Center

Sarah Pauter

Chadwick Center for Children and Families

Isaiah Pickens

National Center for Child Traumatic Stress

Claudia Pineda

Department of Child and Family Services

Jason Plunkett

ZOE

Sheela Ramesh

Freedom FWD

Karen Richardson

Department of Child and Family Services

Erica Rodriguez

LA LGBTQ Center

Vicki Rosales

Department of Mental Health

Christina Salazar

Department of Mental Health

Jacquelyne Sandoval

Cal State Los Angeles

Shamece Small

Probation – Child Trafficking Unit

Dennis Smeal

LA Dependency Lawyers

Simone Smith

Starview

Natalie Spiteri-Soper

Starview

Luciana Svidler

Children's Law Center

Nanora Thompson

Homeless Adolescent Wellness Center

Alia Whitney-Johnson

Freedom FWD

Emily Williams

Board of Supervisors – Mark Ridley Thomas

Ester Yu

ZOE