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EXPLORATORY STUDY OF RETENTION AND EFFICACY IN FEMALE DOMESTIC MINOR SEX TRAFFICKING RESIDENTIAL PROGRAMS

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EXPLORATORY STUDY OF RETENTION AND EFFICACY IN FEMALE DOMESTIC MINOR SEX TRAFFICKING RESIDENTIAL PROGRAMS

By

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Dedicated to:

All girls in need of safe homes post sex trafficking

I would like to acknowledge the safe homes that participated in this study. Thank you for your willingness to give of your busy schedules to help improve the lives of the girls you serve. A special thank you to my supervisor, Daphene Roberts, and my internship at The Porch Light for helping me to better understand this population.

Abstract

If the problem of sex trafficking was not difficult enough to manage, the restoration process of survivors certainly is; specifically in treating survivors who do not want to be rescued and have no intention of changing once they are. Due to a myriad of reasons, primarily including trauma, many female victims of Domestic Minor Sex Trafficking (DMST) are refusing treatment and running away from facilities that attempt restoration. This study seeks to ascertain the various reasons that girls run, as well as the strengths and challenges that care providers have found in their healing process. Qualitative results assessed from three DMST residential facilities across the United States found that facilities are in need of enhanced micro, mezzo, and macro levels of care, as well as an option for girls that are in need of a temporary lock down facility. Each safe home interviewed was widely different from the others and had numerous successes and challenges in its functioning.

Key words: Domestic Minor Sex Trafficking (DMST), Commercial Sexual Exploitation of Children (CSEC), Safe Home, Residential Care, Retention, Efficacy.

Table of Contents

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Introduction

Residential programs, or safe homes, for survivors of sex trafficking exist all over the United States. Unfortunately, girls brought to these programs are of a vulnerable population and have the tendency to run away before completing their treatment or required length of stay. This paper explores aspects of safe homes that may reduce running and how homes are currently dealing with this issue. This was accomplished through a survey of professionals that come into frequent contact with this population through their work in a safe home. The topic is explored through addressing the areas of client needs, strategies for retention, and suggestions for an ideal safe home.

Sex trafficking is a global problem and is found in many forms, making it difficult to diagnose and treat its' many and varied victims. Often times it is difficult to distinguish between victims of sex trafficking, prostitutes, and sex workers, further lengthening the process (Roe-Sepowitz, Gallagher, Hickle, Pérez Loubert, & Tutelman, 2014). In addition, there is the question of whether it is even possible to voluntarily sell your body for sex, regardless of one's age. Though the problem of male and adult victims is equally horrendous, this study will focus on identified female victims of Domestic Minor Sex Trafficking (DMST). Once a victim is identified, she then begins the long process of rehabilitation. It is along this journey that many young women choose a life of prostitution over a safe home that is trying to 'fix' the woman (Gajic-Veljanoski & Stewart, 2007). The psychology behind this 'choice' and the factors that push her away are examined in the following chapters; as well as ways that professionals may

help or hinder, including an outline of potential solutions to frequent problems that safe homes experience.

Literature Review

"The United States is the only modern democratic country where the majority of trafficking victims are its own citizens" (Patel, 2015, p. 395). Sex trafficking in the United States may have captive media attention yet it is not well understood. Portrayals of saving innocent victims from a life of imprisonment and forced sexual labor give the impression that sex trafficking victims are eagerly awaiting rescue; however, this is rarely true. Victims of sex trafficking often do not believe themselves to be victims, herein lies the difficulty of helping someone who does not feel that she needs to be helped. This literature review sets the tone to answer the following questions: How severe is the problem of sex trafficking? Why are 'rescued' girls running away from safe homes? And how can service providers increase their retention and efficacy?

Sources for this review were chosen primarily through an Ebsco search using key terms "sex trafficking," "human trafficking," "DMST," "prostitution," "safe home," and "runaway." From there, the sources of the articles that were determined to be relevant were examined and the next search began. After the articles were all chosen, they were thematically grouped based on the research questions stated above. Because there was no literature that specifically addressed retention rates in safe homes, the goal of this review is to target all factors that may contribute to a lack of retention and efficacy in sex trafficking residential facilities.

In order to navigate this review, a few definitions needed to be established. Domestic Minor Sex Trafficking (DMST) refers to girls, for the purpose of this paper, in the United States under the age of 18 who have been forced or coerced into doing sexual labor of any kind; this also includes survival sex, or the prostituting of oneself in order to meet safety or material needs (Countryman-Roswurm & Bolin, 2014). A "victim" refers to a girl currently involved in DMST,

while the term “survivor” was used in reference to girls who have lived through DMST and are either seeking help or have successfully exited. The Commercial Sexual Exploitation of Children (CSEC) is a broader term that encompasses all aspects of DMST as well as rape, molestation, and incest (Patel, 2015).

How severe is the problem?

The scope of sex trafficking is very difficult to determine and almost always underestimated. One study sought to understand the global scope of sex trafficking, its determinants, the current health care response, and a possible future response by comparing the public health services of eight different cities around the world. They found reasons that contribute to this difficulty include: a lack of sound methodology, no universal definition of sex trafficking, it’s hidden nature, the reluctance of victims to self-identify, shame associated with trafficking, lack of a universal database, and a dependence on the trafficker. They categorized the main determinants of sex trafficking to include: childhood abuse, familial dysfunction, early exposure to violence, lack of education, economic need, objectification of women, high demand among men, and racial discrimination. The health care systems’ response to the problem of sex trafficking has been traditionally limited. Health care systems currently in place tend to lack culturally sensitive care, physical and mental health services, and health care for the children of victims. The fact that sex workers are not accessing the limited available resources is reportedly due to the criminal nature of trafficking, fear of discrimination, long wait times, and the ignorance of health care providers of trafficking (Marcus et al., 2012).

A different article addressed how justifications can affect sex trafficking and rely on the vulnerabilities of victims (Copley, 2014). He proposed applying the theory of delinquency which states that “individuals compensate for criminal behavior and minimize social control by evoking

forms of socially acceptable excuses and justifications called techniques of neutralization" (Sykes & Matza, 1957, as cited by Copley, 2014, p. 47). Traffickers exploit the vulnerabilities of the women they use and employ various neutralizations to justify their actions. These neutralizations include: denial of responsibility, denial of injury, denial of victim, condemning the condemner, and defense of necessity. Denial of responsibility occurs when the trafficker tries to minimize their own role by placing the entire agency on the woman. Denial of injury is when the trafficker claims that the monetary gain is more beneficial to the woman than the physical harm. A denial of victim dehumanizes the sex worker and views her as more of a commodity than a human being of worth. Condemning the condemners happens when the trafficker sees law enforcement and society as the ones to blame. The defense of necessity claims that having sex workers is necessary in order to prevent the rape of 'innocent' or 'pure' women. The author asserts that these neutralizations allow for sex trafficking to become acceptable from the perception of those that employ them (Copley, 2014).

In contrast to the outsider's perspective Copley addresses, Heilemann and Santhiveeran did a content analysis of current literature attempting to deduce the hardships and coping strategies of females in prostitution (2011). Women in prostitution experience many threats to their physical well-being and are much more likely to die young than their peers who do not engage in prostitution. Some physical hardships include: rape, robbery, drug-related problems, and reproductive problems (Heilemann & Santhiveeran, 2011). Psychological hardships include: "depression, post-traumatic stress disorder (PTSD), suicidal thoughts, and strong feelings of shame and guilt" (Heilemann & Santhiveeran, 2011, pp. 66-67). Social hardships include: homelessness, strained familial relationships, and being outcaste by society as a prostitute. In order to cope with these hardships, the women may employ both positive (i.e. peer support, a

personal safety plan, and positive thinking) and negative (i.e. drug and alcohol use, and self-mutilation) coping skills (Heilemann & Santhiveeran, 2011).

In addition to understanding hardships and coping strategies, there is a need to understand the physical and mental health problems of sexually exploited women and adolescents. Physical and mental health problems were assessed as well as experiences of violence (Zimmerman et al., 2008). In one study, fifty-nine percent of the women interviewed "reported pretrafficking experiences of sexual or physical violence, and 12% had forced or coerced sexual experience before age 15 years; 26% cited more than 1 perpetrator, with many naming a father or stepfather" (Zimmerman et al., 2008, p. 56). The most prevalent health concerns were headaches, tiredness, dizziness, back pain, loss of memory, stomach pain, pelvic pain, and gynecological infections. Of the mental health problems, depression was the most reported, with 39% having had suicidal thoughts within the past week. The majority of girls were also identified with posttraumatic stress symptoms (Zimmerman et al., 2008).

Another article reviewed literature from 2000 to 2011 on sex trafficking in North America; it sought to address victim's vulnerabilities through a Life Course Theory (LCT), age, and gender lens. The use of LCT helps to explain long-term sex trafficking victimization, its causes and outcomes. The author found that each stage of the trafficking process (the place of origin, transit, and destination) had its own individual risk factors. Some common risk factors, however, include economy, educational level, substance use, sexual preference, and physical or sexual abuse. Other factors drew victims to trafficking such as: the need to belong (especially prevalent in abused females and LGBT males), the possibility of earning large sums of money, and the perspective that selling sex was intriguing. The author asserts that viewing sex

trafficking as a multi-dimensional problem (encompassing age, gender, and society) allows for progress to be made in regards to treating and preventing the problem (Reid, 2012).

An article by Twill, Green, and Traylor presents a study on 22 adolescent girls in a 90 day residential treatment program for prostitution (2010). This program attempted to meet the complex needs of survivors through assessments, treatment, education, and therapy. Through these activities, the program hoped to achieve personal growth, decrease criminal activity, and increase social functioning in the girls. After being discharged from the facility the girls were either returned home, placed a community residential facility, or placed in foster care. Of the girls interviewed, 50% did not commit any new offenses following discharge (in the one-year time period evaluated). The other 50% committed minor offenses, none of which included prostitution. The girls were also evaluated for IQ with their average score a 70; over half of the participants had an IQ score that indicated a special need. Posttraumatic Stress Disorder was found to be the most prevalent mental health problem with depression coming in second (Twill, Green, & Traylor, 2010).

Why do girls run away?

The role of trauma in dealing with survivors of sex trafficking cannot be underplayed. An article by Becca Johnson sought to assess the needs of sex trafficking victims and assert the importance of providing services to meet those needs in a trauma conscious manner. The author states that without service providers having a solid understanding of trauma, "victims may discontinue essential services needed in their recovery" (Johnson, 2012, p. 371). The basic physical needs of the victim should be met before one can address mental and psychological needs. Once basic needs are met, mental health services, safety and future planning may begin. Due to the complexity of symptoms, victims often remain silent about their maltreatment – some

not even classifying their experiences as such. In response, the author suggested that the best and most holistic approach to survivor aftercare is to first meet physical needs, then emotional and mental needs through Trauma Focused Cognitive Behavioral Therapy (TF-CBT) (Johnson, 2012).

Another article examines findings from three programs that identify and serve domestic minor human trafficking victims: Standing Against Global Exploitation Everywhere (SAGE), Salvation Army Trafficking Outreach Program and Intervention Strategies (STOP-IT), and The Streetwork Project at Safe Horizon (Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2015). For this study, program workers were interviewed based on their interactions with 15 clients each for a total of 45 youth. The interviews with program workers were structured to include their client's perceived needs, the services that address these needs, and assessment of whether services provided were helpful (Gibbs et al., 2015). The authors identified client reasons for discontinuing services as "the absence of other means than trafficking to meet survival needs, emotional engagement with facilitators, and reluctance to leave a familiar situation" (Gibbs et al., 2015, p. 5). The authors conclude that in order for clients to one day live functional adult lives they must be provided with services that address their safety, well-being, social relations, and independence (Gibbs et al., 2015).

Girls may also run due to a feeling of being misunderstood and looked down upon by service providers. In one study, girls were asked about their work, experiences, living situations, environment, prior use of services, alcohol and drug use, and how they would like to be treated by an outreach worker (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013). When the girls were asked how street outreach workers could help them materially, "They identified condoms and lubricant as their primary need, followed by hygiene supplies…. Other items that

were not mentioned regularly included cosmetic sponges, used intervaginally to mask menstrual periods, as well as mace and first-aid kits" (Holger-Ambrose et al., 2013, pp. 334-335). The authors concluded that the first step in improving street outreach is in the creative delivery of services that adequately address the needs in a non-judgmental fashion (Holger-Ambrose et al., 2013).

One study was created with the goal of assessing the entry/exit process of street prostitution and noting factors that may cause either reentry or success. The authors interviewed 18 women initially and then again 3 years later. Of the 18 women, 5 had successfully exited prostitution while the remaining 13 either were still actively prostituting or at high risk. For the 5 women, their reasons for exiting included losing custody of children, imprisonment, and severe drug related health issues; all of these women had previous attempts at leaving prostitution (Dalla, 2006). There were four significant factors to their exit process: services, relationships, economics, and spirituality. Though the author was discouraged to find that less than half of the women were successful in exiting prostitution, she acknowledged that the exit process is complex and will often take women multiple attempts before they can leave for good (Dalla, 2006).

One article examined the fallacy of captivity and freedom being complete opposite states of being, as well as the perception that all sex workers are slaves held against their will (Soderlund, 2005). Although "some women use brothel raids and closures as an opportunity to leave the sex industry, others perceive the rehabilitation process itself as a punitive form of imprisonment" (Soderlund, 2005, p. 66). While service providers and caring adults may view safe homes as a healthy means of rehabilitation and respite, girls are often placed in them without their input and against their will. The Trafficking Victims Protection Act (TVPA)

became law in 2000 during the Clinton administration. The TVPA differs from the UN Protocol in that it makes no distinction between voluntary and forced sex work. The human rights issue of sex workers is questioned: is it the woman's right to be rescued from sex work or is it her right to have a choice? The author concludes that freedom cannot be watered down to mean engagement in paid versus unpaid labor, and that all people need to experience freedom according to their own values (Soderlund, 2005).

Many DMST victims are found through prostitution charges and are criminalized instead of being offered exit services, perpetuating their life in trafficking. Factors that allow DMST to thrive include: victims failing to self-report, a popular myth that this isn't happening to domestic citizens, a focus on foreign victims, a lack of uniform legislation and funding, and the highly profitable nature of the business. The authors conclude that the United States will be best able to reduce the number of victims through public education on DMST, unifying legislation, allocating more resources to domestic victims, and understanding the relationship between prostitution and sex trafficking (Kubasek & Herrera, 2015).

How can service providers increase retention and efficacy?

The problem of retention in sex trafficking safe homes is an unstudied phenomenon, lending itself to few works of literature. One author, however, focuses on the reintegration services currently available to human trafficking survivors and how they can be improved. Refugee-based organizations may also accept survivors due to the similarities in the populations; refugees are often forcibly displaced, separated from their families, threatened, physically and sexually abused, and experiencing acculturation. Though these factors may be similar to sex trafficking survivors, they differ in their solitude and often unwillingness to accept help. Organizations that serve domestic violence clients may also serve the needs of trafficking

victims; these women's situations may be more related than refugees, yet trafficking survivors often require a longer stay than victims of domestic violence. This is due to survivors having multiple traumas that are more complex and often inflicted by numerous people as opposed to a domestic violence situation. Trafficking-specific organizations may offer more intensive case management, yet often lack the capacity to cater to victims that speak foreign languages. Because safe homes need 24/7 staff, it is difficult to be able to consistently staff the house with someone who speaks the language at all hours. In addition, advocacy is a major element in ending human trafficking and is often done in the wake of a huge media covered disaster. Though this coverage is appreciated and helpful, it fails to accurately represent the problem as a whole in the United States. In order to improve this situation, the author asserts that a trafficking prevention program is the best choice; this program would address human rights, migration, labor rights, poverty, conflict, education, and discrimination (Shigekane, 2007).

A return to fundamental social work values would also be extremely helpful in working with those involved in sex work of any kind; these values include acceptance, affirmation of individuality, non-judgment and objectivity, purposeful expression of feelings, and self-determination. Acceptance means listening to the clients perceived needs instead of acting like we know what they've been through and what they need. Affirming one's individuality requires that social workers meet clients on their level and try to reduce the amount of obstacles that keep them from treatment. Creating an environment that is non-judgmental and objective means that we do not blame the client for being a client and needing services; while other agencies and law enforcement may send the message that they are the problem, social workers need to exude acceptance and objectivity. The purposeful expression of feelings refers to being able to be the person that will listen and accept the client's feelings with unconditional positive regard. Self-

determination accepts that the client has the right to make their own decisions regardless of what we think of those decisions. Social workers have the obligation to provide the necessary information and to employ the above mentioned values, but it is still the client's decision whether to accept the help (DeBoise, 2014).

Another article found that the majority of adult and child human trafficking survivors were found to be female and sexually exploited. Mental health care providers were usually the ones to identify them as trafficking cases although other professions (e.g. general practitioners, police officers, and social workers) also identified victims. In responding to the needs that survivors face, health care providers found social and legal instability to be the greatest barrier in adults, and in children, a lack of parental engagement. Though survivors of any age face a myriad of challenges, health care professionals can help by improving communication between service providers, addressing both social and physical needs, and being well informed on the signs of human trafficking (Domoney, Howard, Abas, Broadbent, & Oram, 2015).

Through interviewing the service providers of such women, Hom and Woods gathered three themes of "Pimp Enculturation, Aftermath, and Healing the Wound" (2013, p. 76). Pimp enculturation deals with how a woman entered into exploitation and her experiences throughout; this includes the violent, nonviolent, and isolation techniques used by the woman's trafficker to control her. Aftermath refers to the consequences of living such a life, including the woman's mental and physical health. One interviewee claimed that "survivors received no respite from the trauma, in that 'the body remembers'" (Hom & Woods, 2013, p. 78). Healing the wound refers to the components of care that were deemed necessary for the rehabilitation of survivors. One aspect of this is street outreach. This is where a service provider ventures into problem neighborhoods to meet victims where they are. The authors concluded that due to the unique

mental and physical health problems associated with trafficked women, service providers need to be informed enough to recognize victims and be able to treat them with a holistic approach (Hom & Woods, 2013).

Some professionals have found that use of the Public Health Model (PHM) may prevent violent sexual acts toward girls being commercially exploited. It is believed that in order to prevent the Commercial Sexual Exploitation of Children (CSEC), efforts should be focused on perpetrators and not victims. Victims should not be burdened with the responsibility of refraining from exploitation, but instead the ones buying and pimping girls should be taught to respect females as equals and not commodities. The public health model caters to the societal causes of CSEC and creates intervention strategies for all involved parties. It does this by using research to address policy, incorporating prevention strategies, addressing societal perceptions and stereotypes that perpetuate the problem, and involving victims and perpetuators in services. This is necessary due to the discrimination and historically negative view of women, as well as the desensitization of rape and sexual violence that is prevalent in our society. In order to cultivate societal respect toward women, a mandatory curriculum to be taught in schools nationwide may be the answer. The curriculum would be age appropriate, starting in kindergarten and be present all through high school; discussing gender respect and sexual consent. The author concludes that if appropriate gender respect curriculum and PHM are implemented nationwide (and eventually worldwide), the demand for the CSEC would decrease (Patel, 2015).

Another approach is to understand and analyze current legislation and implementation of the ‘Safe Harbor’ of trafficking victims. A Safe Harbor law “may *decriminalize* juvenile prostitution… and/or establish *diversion* programs” (Barnert et al., 2016, p. 250). States that did not include the decriminalization factor consider juvenile prostitution a punishable crime.

Through their research, the above authors found that provisions for a Safe Harbor law should include: a standard timeframe, prevention strategies, trafficker penalties, specified protection, funding, and collection of data. They concluded that a model Safe Harbor law would incorporate both decriminalization and diversion, increased penalties for traffickers and buyers, and sustainable funding mechanisms (Barnert et al., 2016).

Reaching out to victims where they are can be an essential tool in successful rehabilitation. One particular article seeks to determine if prostituted adults show more success exiting prostitution through the Reaching Out to the Sexually Exploited (ROSE) program compared to the traditional criminal justice route diversion. This study involved a two day intervention where the police department brought all the women they would have otherwise arrested for prostitution to the ROSE event. The women were then given access to physical and mental health care, a survivor mentor to guide their process, safe housing and drug rehabilitation. The project had the unanticipated benefit of creating a more trusting relationship between law enforcement and prostituted women. The authors concluded that attendance at Project ROSE was equally as effective at reducing prostitution as the traditional route, yet saved the state an average of 1,420.80 dollars per woman and was done in a more supportive, less judgmental environment (Roe-Sepowitz et al., 2014).

Conclusion

There are many different ways to tackle the problem of DMST yet the best avenue of approach is not likely to be any one of the ideas mentioned above, but a combination. Though there are no specific articles addressing the problem of retention in safe homes around the United States, the above literature review offers insight into the core of the problem and gives suggestions to its solution. The severity of DMST is crippling our society and the victims it

claims, while these victims often refuse help; in order to increase retention in safe homes, a comprehensive treatment program for survivors must be developed.

Methodology

A qualitative design was used to ascertain the primary physical, emotional, and psychological reasons that girls may run away from safe homes. Surveys were sent to safe homes from Appendix A, which was compiled through searches of safe homes by state. Though safe homes exist in the majority of states, there is still a good portion of the United States that is without. Some states have multiple safe homes, others have none. No safe homes were found in states marked with "N/A," however, this may only indicate lack of a website. The data collection began with a phone call (if number found), and then followed up with an email soliciting completion of the survey.

In order to create a more diverse pool of participants responses were elicited from every region of the United States, the final respondents were from California, Florida, and Massachusetts. Participants were given an electronic survey (Appendix B) consisting of six open ended questions, as well as space to add additional comments. Questions addressed various aspects of the services provided to the girls, runaway factors, and the unique perspective of the individual being questioned. Answers to these questions were analyzed by two researchers and organized by key words and concepts, with good interrater reliability. The use of gathered information through service providers was inspired by a related study on the experiences of women who have been commercially sexually exploited, and was chosen to elicit a more likely response without infringing on client confidentiality (Hom & Woods, 2013). Responses were elicited from the safe homes listed in Appendix A; however, only three homes responded to the questionnaire. This is due to a myriad of reported reasons; primarily including agency policy, confidentiality, and lack of time or incentive. Respondents included in this study experience frequent (three or more days a week) contact with girls aged 12 to 18, currently recovering from

sex trafficking through residential care. Respondent Three was from a safe home that caters to the trafficking population as well as youth with similar behavioral problems. Participants were of various occupations in the safe homes, with all having frequent contact with the population.

Analysis of Data

Survey respondents varied in location and programs, yet reported many similarities. Though few responded to the survey, those that did gave answers rich in detail. Identifying information has been removed from the following analysis of data, with the respondents being referred to as Respondent One, Respondent Two, and Respondent Three. Relevant data was identified and themes were agreed upon by two researchers. All information and quotes were taken from Appendix C.

Safe home operation

Safe homes described by the three respondents varied greatly. Respondent One caters to DMST on a much larger scale than Respondents Two and Three. They claim to have "rescued over 10,000 American children from prostitution" in the United States (Appendix C). They do this through an outreach, shelter, and school. Respondent Two can serve up to five girls in their home at a time, aimed at offering long term care for up to a year, offering a "safe, supportive place to heal from traumas they have experienced" (Appendix C). Respondent Three currently serves 67 adolescent girls ranging in age from twelve to twenty-two. These residents may be in care for reasons other than trafficking, yet exhibit similar behavioral problems as those seen in DMST victims.

Respondent One is a privately funded organization with its own hotline ready to rescue victims 24/7, as well as providing an on campus school, and transportation for girls to use their services free of charge. This agency also employs a community outreach that serves girls currently in prostitution, offering them services and a way out of the life. Their in-home program "features an on-site school and college placement program... youngsters complete our rigorous and comprehensive program of academic and life-skills education, caseworkers are available to

provide ongoing case management to hundreds of graduates" (Appendix C). This shows attention to every aspect of the girls needs. They are also able to cater to the needs of girls that speak many different languages and offer high school equivalency courses as well as free online tutoring. These services expand to reach not only victims in their shelters, but also ones of drug programs, and domestic violence. In addition, they serve students internationally of sex trafficking ages thirteen to seventeen.

Respondent Two varies from One and Three by being a Christian faith-based program. They serve female victims of DMST ages twelve to eighteen in a residential setting. They are "nurtured to grow physically, emotionally and spiritually" (Appendix C). There are less beds than most group homes in order to be able to provide more individualized care, with a staff to client ratio minimum of 1:4 on the floor 24/7. Each girl is given their own bedroom and bathroom, something frequently required in sexual safety plans of DMST victims. Upon admission, each girl is assessed for her needs and given a personalized plan in order to meet those needs. Girls are given weekly trauma focused therapy by the house clinician, as well as case management for their education. All girls attend public school, though each girl is sent to the school that will be able to provide her the best education according to her needs. Life and job readiness skills are taught directly through staff as well as indirectly in daily tasks. When girls age out or complete the program, they are allowed to slowly transition into independent living, reunification, or other appropriate placement.

Respondent Three is an intensive residential group home program for girls ages twelve to twenty-two. These girls come in with emotional and behavioral problems in need of more attentive care than most girls their age. The home boasts of a 1:3 staff to client ratio in a secured campus. They provide "individual, group, and family therapy, structured daily programming, and

medical and psychiatric services," (Appendix C), as well as an on-site school that some of their girls attend, while others attend public school or therapeutic schools in the area. The girls sleep in single or double bedrooms, with each building featuring classrooms, a kitchen, dining room, living room, and space for indoor and outdoor recreation. As a whole, the campus has its own gym, art room, library, fitness room and outdoor playing field.

All respondents mentioned schooling as being a key factor in their service provision for girls. In a study done on services for DMST victims, over 50 percent of all victims were in need of educational support (Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2015, p. 4). Meaning that the majority of DMST victims are either behind in school or unsure of how and where to continue. Agencies that are able to provide guidance in this area, as well as tutoring and a focus on school work, are able to better provide for this population. This allows the girls to have options outside of the life. Two of the respondents found this need so great that they had their own schools on campus, catering to the specific educational needs that trauma causes. Post-traumatic Stress Disorder is prevalent among victims of DMST, which may cause intrusive thoughts, depression, and anxiety (Hom & Woods, 2013, p. 78), all of which can make trying to pay attention in school very difficult.

The faith-based component of Respondent Two provides an additional element to the healing process. Frequently victims of DMST are unaware of a need or desire for a spiritual aspect of their treatment. Other times they crave it as a means of escape, protection, and solace. Incorporating spirituality into a home like this is a difficult undertaking and must be done with care. Most clients in need of these services are much more concerned about meeting basic safety and physiological needs before they can address their spiritual needs. This was noted in a study of perceived needs from the view point of the agency. Only one agency out of eighteen

mentioned spiritual care as a need of their clients, the most prevalent need being housing (Baker & Grover, 2013, p. 315). On the other hand, the component of spirituality has the ability to heal far beyond human capability. In addition, many of the services available to victims are provided by churches and denominations.

Successful completion of programs

The different homes and programs of the respondents give way to vastly different ideas of a successful completion. Respondent One's idea of a successful completion was that the girls be "no longer dependent on criminal activity for survival" (Appendix C). Respondent Two desires their girls to meet the individualized goals set by the program team upon arrival. Respondent Three, on the other hand, was exhaustive in their response. They want their youth to transition into a "lower level of care- reunification with family, a foster home, pre-independent living or independent living, and a less restrictive group home" (Appendix C). They also want a decrease in a multitude of referral behaviors (i.e. running, truancy, familial conflict, aggression, self-injurious behavior, and suicidal ideation), as well as a reduction in trauma and mental health symptoms.

"'Survival sex' refers to the selling of sex to meet subsistence needs" (Greene, Ennett, & Ringwalt, 1999, p. 1406). Many youth found in the DMST industry came to be there due to a lack of provision of basic needs. In fact, about a quarter of youth found on the street engaged in survival sex (Greene et al., 1999, p. 1408). Respondent One would say that a successful completion of their program is simply no longer needing to engage in sex to survive. They want the youth to feel safe and to be in a place where they can either provide their own needs or are in a placement that will take care of them.

For Respondent Two, successful completion revolved around girls abiding by and meeting program goals. These goals will vary according to the girl and her specific needs. Some girls may require goals that address educational, safety, or personal goals. All girls will be given goals that target their independent living skills, trauma, and therapeutic needs. These goals are outlined in a service plan that is unique to the individual and documented by the clinician, with measurable objectives and strategies to meet their goals.

Respondent Three had two primary goals that encompassed a successful completion: (1) transition into a lower level of care, and (2) a reduction in negative behaviors. It can be speculated that all of the respondents would like for their residents to one day move into a lower level of care, making them less dependent on such specialized services. A reduction in negative behaviors is, however, a more individualized goal. The respondent was unclear as to how they addressed the negative behaviors of their residents. In one study an service provider stated, "instead of us treating the symptoms it is important that we begin to create programs that get to the root cause of the trauma that they have been through" (Hom & Woods, 2013, p. 79). This can be done through therapy, as mentioned by some of the respondents, and sometimes by simply meeting the girls' basic needs.

The great differences reported by these three programs indicate what each founder believed to be the root problem of this issue. For Respondent One it was criminality, for Respondent Two it was faith, and for Respondent Three it was behavior. Each program may address all three aspects of the issue, yet they do so from the above mentioned lenses. For instance, if there were an issue of criminality, Respondent Three may view it as a behavioral issue and vice versa. An ideal safe home would be able to incorporate the viewpoints of all three, equally addressing each aspect of the girls care.

Frequency of runaways

When respondents were asked how often girls ran from their programs, their responses were rarely (Respondent One) and occasionally (Respondents Two and Three). This does not indicate much, other than validating the presence of an issue. This is likely primarily due to the fact that "women often do not recognize that they are being exploited" (Hom & Woods, 2013, p.79). If they are unaware of their exploitation, it is then much more difficult to change behaviors and patterns. And if the girl sees nothing wrong with their situation, she will be unwilling to leave it. The same article speculates that "a lot of women don't come forward and don't ask for help because they are afraid they are going to get in trouble themselves" (Hom & Woods, 2013, p. 79). One safe home that was contacted mentioned that their home had closed down due to how difficult dealing with this population was and other obstacles involved in running a safe home.

Challenges and strengths of care

In any program there are certain strengths and challenges that affect the treatment of those in their care. In regards to keeping girls engaged in these programs, strengths and challenges can be divided into external and internal aspects. External factors include physical aspects of care, while internal factors refer to mental and emotional aspects. Respondent One initially stated that they had no difficulty in keeping girls engaged, but later conceded to an obstacle. While Respondents Two and Three noted both external and internal challenges that occur within their residence.

External challenges

Though Respondent Two acknowledged external challenges, only Respondent Three addressed their challenges. They stated their biggest obstacles as:

> lack of a physically secure environment- close to a big city and public transportation, open campus, unlocked doors; need a higher staff to youth ratio in order to physically engage with youth to prevent running; some Dept. of Children and Family workers are not aligned with using restraints to prevent runs; no higher level of care for youth with chronic and acute running and exploitation experiences to stabilize them (Appendix C).

This response indicates a need for an entirely new facility. For a facility to be able to meet all of the above mentioned needs, funding is likely a seemingly insurmountable barrier. Funding aside, the respondent has made some very practical observations.

The first obstacle that is cited is a lack of security. With the behavioral problems and trauma that victims often have, security is majorly important. The security these girls need is twofold: security against outside threats, and security against their inward tendencies to run and put themselves back in harm's way. The current facility is likely able to provide adequate security against outward threats by providing the girls a safe home that meets all of their needs. The present problem is in how to create a facility that prevents runaways without locking the girls in jail. Being sexually exploited is not a crime and should not be treated as such. However, there is a need of a facility that is able to cater to girls that frequently run. The second obstacle that Respondent Three cites is being close to a big city with ample transportation opportunities. These two problems combined allow for girls to easily leave and relocate from the facility. They know that they can get money for sex, and feel empowered to be able to be able to take care of themselves. This is often seen as a better option than foster or residential care, leading to more runaways.

The next obstacle noted was an insufficient staff to youth ratio. This is a frequent problem for workers in residential care, due to both funding and burnout. Though funding may be a pre-determined factor in an agency, burnout is not. This burnout can be cause by various aspects of the job, but is primarily due to vicarious trauma and compassion fatigue. Vicarious trauma can be defined as the "resulting cognitive shifts in beliefs and thinking that occur in social workers in direct practice with victims of trauma" (Newell & MacNeil, 2010, p. 60). While compassion fatigue is more of a "the overall experience of emotional and physical fatigue that social service professionals experience due to the chronic use of empathy when treating patients who are suffering in some way" (Newell & MacNeil, 2010, p. 61). These two factors combine to create overwhelming stress for residential workers. The trauma that the girls in care have experienced is so great that it affects care givers immensely, contributing to the high turnover rate often seen in these facilities. Respondent Three believes that having an increased staff to youth ratio would allow for greater engagement of clients and thus fewer reported runaways.

External strengths

Strengths reported by the respondents came in all forms. Respondent one was quick to address all the strengths that their program had to offer:

> we have great programs - onsite school - 5 are placed in college each year - extensive case management so they feel like they are moving toward their goals as an adult - good food - comfortable bedroom - great outings and kept busy all the time - there is no sitting around waiting for something to happen - progress is measured weekly and announced in a staff meeting where they participate (Appendix C).

A big distinction that Respondent One possesses at their facility is the onsite school, with an option to attend the local public school. This is especially helpful considering that some girls need the added restriction and comfort that an onsite school would offer, while others are in need of a little more freedom that can be found in the public school – depending on where they are in their treatment process. If a girl is fearful that her trafficker may find her, she is able to stay onsite where she can better be protected. Alternatively, if she is not in current fear of her trafficker and is being weighed down by the restrictiveness of her placement, she is able to leave campus for school.

Another strength Respondent One displays is their ability to send up to five girls to college each year. With the rates of higher education increasing every year, this could give a girl the advantage that she needs to succeed in her later adult life. For the other girls in care college is often either a non-possibility or not the best option for them as an individual. It is sometimes better for girls to go straight into a trade or technical school, depending on their educational background and strengths. Alternatively, if a girl is ready for college and wants to take that route, the foster care system has various programs that allow children in care to go to college for either a reduced rate or free of charge, depending on the state.

Respondent One also cites that they have excellent food, living conditions, and outings to keep the girls busy and satisfied with their placement. After the crisis and trauma of being trafficked subsides even a little and their basic needs are being met, girls are quick to complain about boredom. When given the chance to get bored, girls become much more likely to run. Some may begin to dwell on the good parts of their past, when they were free to leave and do whatever they wanted: free to roam the streets, free to have a boyfriend, and free to do what they want when they want. They remember the freedom and choose to ignore the negative, making

excuses and justifying how the trafficking aspect wasn't really that bad. By giving the girls ample opportunity to engage themselves in positive activities, "there is no sitting around waiting for something to happen," no time to consider leaving (Appendix C).

Internal challenges

Internal challenges is the only category that gleaned a response from every respondent. Respondent One addressed the infamous "love of a boyfriend," Respondent Two noted a lack of behavioral control, and Respondent Three addressed support, goals, safety, and peer pressure (Appendix C). Each response highlights a different aspect of working with DMST victims that is particularly difficult to manage.

Respondent One's "love of a boyfriend" touches on pimp idolatry. In one study, "the start age for pimps was mid-to-early teens and the beginnings were with similarly aged schoolyard friends, girls from the neighborhood and girlfriends who for the most part willingly sold sex" (Horning, 2013, p. 306). This challenges the idea of older men selling young girls, however, is certainly not the only model of pimping present with girls in care. Pimps, or traffickers, present in many forms. Some are family members supporting a drug addiction, others are friends in school trying to make money, or older individuals giving food and shelter to a vulnerable runaway. In all three scenarios, though they may differ, the pimp is providing for a basic need; often times that need is the need to feel loved. If it is not food or money, it is love.

Respondent Two cited "resident's inability to modify negative behaviors" as an internal challenge in their home (Appendix C). Negative behaviors are often due to a lack of coping skills and an inability to control emotions. This may be displayed by residents in the form of yelling, throwing food/items, breaking objects, running away, substance abuse, self-harm, and eating disorders. These behaviors can cause girls to feel inadequate in a restorative program. They may

feel as though they are incapable of meeting the goals set for them, leading them to want to quit and run away from the program. While helping professionals know that these behaviors are normal for persons that have experienced trauma, without that understanding, girls may view themselves as broken.

Specifically, Respondent Three describes "lack of family engagement or natural supports; balancing their goal of independence with safety precautions; peer conflict or recruiting by peers as a trigger to running" collectively as their internal challenges (Appendix C). When a girl is lacking in support from her family, she has no foundation of trust from which to build off of. It becomes more difficult for her to then trust her residential care givers or anyone else for that matter. If she is unable to build that trust, she is not able to bond with caregivers, furthering the likelihood that she will run. Secondly they note a balance of safety and independence. Keeping this balance is problematic for adolescents that haven't been trafficked; when you add trauma and the self agency they may have gained through selling sex, the problem intensifies. Lastly, peer influence as a trigger to running. The girls can be triggered by a peer leaving, making the option look desirable, or by a peer recruiting to run with them.

Internal strengths

Respondent One was, once again, quick to address their strengths; targeting multiple aspects of the clients internal functioning.

> we keep them busy –they actively participate in activities all day, every day to reach their adult goals… extensive case management so they feel like they are moving toward their goals as an adult… progress is measured weekly and announced in a staff meeting where they participate… we limit their contact with anyone other than legal guardians and family (Appendix C).

Primarily Respondent One indicates the effectiveness they have found in keeping girls busy with activities. The activity not only enriches their stay, pushing them towards their goals, but it also leaves less time for boredom and thoughts of running. When girls are kept active, they feel like their time in the home has purpose and are presumably more likely to stay. The extensive case management provided by the facility allows for more comprehensive care of the individual. Girls are not given the opportunity to be forgotten or ignored. Their progress is evaluated weekly and they are active participants in their own healing process. The weekly staff meeting also allows for all staff to be informed of the client's progress so that they are able to best serve her, without error due to miscommunication. The limited contact with people outside of the home serves to restrict a girl's ability to contact previous pimps and others that have had a negative influence in their life. This allows for the girls to grow at their own pace, with limited outside interruption. All these factors combine to reduce rates of runaways, as Respondent One noted the event as a rarity.

For Respondent Two, the biggest internal strength is that their "care team is trauma informed" (Appendix C). The importance of providing trauma-informed care to the trauma laden victims of DMST cannot be overstated. In fact, "without this foundation, victims may easily be re-traumatized, feel violated, invalidated, rejected, unsafe, misunderstood, helpless, and hopeless. Without this foundation, victims may discontinue essential services needed in their recovery" (Johnson, 2012, p. 371). Discontinuation of services in a residential facility presents in clients as running. Indicating that retention in these facilities is directly related to having trauma-informed care.

Solutions to challenges

In addition to the strengths and challenges mentioned by the respondents, they also were able to share some of the practice wisdom they had gained through operation of their facilities. Each of the answers given by the respondents may be categorized into one of three levels of practice known to social workers: micro, mezzo, and macro.

Micro solutions

Micro level social work can be described as working one-on-one with an individual to address their problems and meet goals. In this study, Respondent Two described using micro social work to address their clients' problems: "Engaging the resident in building trust, establishing safety, offering choices, collaborating with the resident to affect change and providing empowerment opportunities for the resident" (Appendix C). All of these solutions are centered on the client and the worker building relationship and working through problems as a team. They seek to first build trust with the resident, establishing a foundation from which to work from; this is done through providing a safe haven for the resident, and by following through with commitments. The residents are also given choices throughout their stay, allowing for them to be more active participants in their progress, as well as allowing them to have some control over their situation. This facility also seeks to empower the resident in as much as they can, without compromising their safety. Empowerment has the ability to give residents a feeling of self efficacy and that they are making progress towards their goals. An essential obstacle to overcome in regards to their desire to stay in a program.

Mezzo solutions

Mezzo level social work involves working with small groups and local schools or organizations. This was best described by Respondent One in their response:

> a good school where progress is steady, exposure to a world they did not know existed, keeping them busy with activities, weekly reports on progress which holds case managers and support staff accountable, great social opportunities and great recreational activities (Appendix C).

The school described in this response is on campus, creating more effective communication between teachers, case managers, and caregivers. Respondent One again cites their weekly staff meetings as a source of success in their program. These staff meetings are the epitome of mezzo social work. They incorporate people at all levels of care: the client, caregiver, case manager, and program director. This integration of the different levels makes for a greater understanding of the overall problem and reduces the chance of miscommunication.

Macro solutions

Macro level social work can be seen on a larger level, working with larger systems and programs. This is seen in Respondent Three's quote:

> community partnerships with local law enforcement; community partnerships with organizations (My Life My Choice, GIFT, SEEN) who specialize in CSEC; preventative psychoeducational groups; partnering with a local supported job resource; will be testing delayed egress doors; all staff on campus are trained in responding to youth who have been exposed to CSEC; TF-CBT to address trauma symptoms (Appendix C).

Though this quote actually includes aspects from micro, mezzo, and macro levels of social work, the macro level is highlighted. Respondent Three is able to enrich their program through beneficial partnerships to important organizations. Their relationship with law enforcement

allows for girls to be readily returned to their care in the case of runaways. It may also foster a better relationship between the girls and law enforcement, building trust and respect between two populations that are often at odds. The partnerships they have with CSEC programs enhance the care that the girls receive through a better understanding and researched methods.

Conclusions

The safe homes in this study gave rise to many different strengths and challenges that can be used to aid safe homes around the United States. The struggles they presented outlined areas for change while their successes can be shared to improve others. In review of the respondent's answers, the ideal safe home would include:

1. Numerous healthy and engaging activities,
2. Positive opportunities for empowerment,
3. Addressment of pimp ideation,
4. Education for girls on their own trauma and expectations for healing,
5. Psychoeducational group therapy,
6. Behavioral modification training,
7. Policy to address staff burnout,
8. A team that is trauma-informed,
9. A thorough combination of micro, mezzo, and macro practice, and
10. An option for girls that need temporary lock down care.

Though including all of the above mentioned points is a lofty goal for most facilities, incorporation of a majority may aid in improving retention among DMST residential facilities.

The primary strength of this study is in its exploratory nature, and the fact that comprehensive research on this topic is not currently available. The survey also yielded quality qualitative data that can be useful in future research, as well as a nearly comprehensive list of safe houses in the United States. The greatest limitation of this study is in the low number of respondents, making the data not generalizable. In addition, some questions on the survey did not capture the intended data.

Future research should continue study of this topic with a greater number of respondents that can create more generalizable data. Researchers may also consider doing a study from the perspective of girls in care instead of their caregivers, broadening understanding of the issue. In addition, to date, there is no quantitative data on the topic which would provide a better understanding of the scope of the issue.

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Appendices

Appendix A: Female DMST Safe Homes by State

Table 1

Safe Homes

ST	Agency	Number/Email	Website
AL	Hope House	225-819-0000	http://www.traffickinghopela.org/
AK	Sex Trafficking Alaska	sextraffickingalaska@gmail.com	http://sextraffickingalaska.com
AZ	Hope Wing-Dream Center	602-346-8701 http://www.phxdreamcenter.org/contactus	http://www.phxdreamcenter.org/humantrafficking
AZ	Streetlight	623-435-0900 info@streetlightphx.com	http://www.streetlightphx.com
AR	PATH	501-993-1641	http://pathsaves.org/
CA	Courage House	916-517-1616 info@2bu.org	http://courageworldwide.org/ http://couragetobeyou.org/
CA	Children of The Night	818-908-4474 llee@childrenofthenight.org	http://childrenofthenight.org/
CA	Faces of Slavery	855-690-4860 info@castla.org	http://facess.org
CO	Restore Innocence	719-425-9405	https://www.restoreinnocence.org/

CT	HART	860-236-4511	http://www.ct.gov/dcf/cwp/view.asp?a=4743&Q=563020
DE	Zoe Ministries	http://www.zoe-delaware.org/contact-us.html	http://www.zoe-delaware.org/
FL	The Porch Light	863-687-8811 children@theporchlight.org	http://www.theporchlight.com/
FL	Wings of Shelter	239-340-2980 wingsofshelter@aol.com	http://wingsofshelter.com
GA	Wellspring Living	770-631-8888	https://wellspringliving.org/
GA	Living Water for Girls	678-783-0126 info@livingwaterforgirls.org	http://Livingwaterforgirls.org
HI	Hoʻōla Nā Pua (A New Life For Our Children)	808-445-3131 info@hoolanapua.org	http://hoolanapua.org/our-story/
ID	Wipe Every Tear	208-473-7208 info@wipeeverytear.org	https://wipeeverytear.org/
IL	Anne's House	promise@usc.salvationarmy.org	http://salarmychicago.org/promise/annes-house/
IN	Courtney's House	202-525-1426	http://www.courtneyshouse.org
IA	Dorothy's House	https://www.facebook.com/pages/Dorothys-House/1748786735400554	http://dorothyshouse.org/

KS	ASERCA	316- 684-6581	https://wch.org/services/aserca
KY	N/A		
LA	Free Indeed Home	info@lacaht.org	http://www.lacaht.org/about-the-home/
ME	N/A		
MD	Safe House of Hope	443-690-9679 http://safehouseofhope.org/contact/	http://safehouseofhope.org/
MA	Germaine Lawrence-ACT Group Home	781-648-6200	http://germainelawrence.org
MI	N/A		
MN	Sol House	218-722-7431	http://lifehouseduluth.org/about/
MN	Breaking Free	651-645-6557	http://breakingfree.net
MS	N/A		
MO	N/A		
MT	N/A		
NE	N/A		
NV	N/A		
NH	N/A		
NJ	N/A		
NM	N/A		
NY	Gateways	914-773-6173	http://Jccany.org

	Program	jcca@jccany.org	
NY	Girls Educational and Mentoring Services	212-926-8089	http://www.Gems-girls.org
NC	Emma's Home-Transforming Hope Ministries	919-943-1477	http://www.transforminghopeministries.org
NC	Hope House-On Eagles' Wings Ministries	977-276-8023	http://www.hopehousenc.com
ND	N/A		
OH	Second Chance	419-469-8820 secondchance@tamohio.org	http://www.secondchancetoledo.org
OK	N/A		
OR	Athena House-Janus Youth	503-233-8111	http://janusyouth.org
OR	Redemption Ridge	541-816-4415; 1-888-256-7921 frontdesk@redemptionridge.com	http://redemptionridge.org/
PA	N/A		
RI	N/A		
SC	Hopewood Haven	864-735-0678 help@hopewoodhaven.org	http://hopewoodhaven.com/about-our-home.php
SD	N/A		

TN	N/A		
TX	Freedom Place	281-210-1516	http://www.freedomplaceus.org
TX	One Voice Home	806-429-2192 onevoicehome@gmail.com	http://www.onevoicehome.org/
UT	N/A		
VT	N/A		
VA	Youth for Tomorrow	703-368-7995 http://youthfortomorrow.org/#contact	http://youthfortomorrow.org/
WA	The Bridge Program	206-694-4500 info@youthcare.org	http://www.youthcare.org
WV	N/A		
WI	N/A		
WY	N/A		

Appendix B: CSEC Safe Home Survey

1. Describe the operation of your safe home, its' programs, and services.
2. What does a successful completion of your program look like?
3. How often do girls runaway or are moved to a different placement before completion of your program? (Very often, Regularly, Occasionally, Rarely, Never)
4. What do you consider to be some of the obstacles in physically keeping girls in your program?
5. What do you consider to be some of the obstacles in keeping girls mentally engaged in your program?
6. Describe something that you have found helpful in preventing/resolving the above mentioned problems.
7. Additional comments:

Appendix C: Verbatim CSEC safe home survey responses.

***Disclaimer*.** The above responses are reported verbatim from the survey, with no alterations to punctuation or spelling. With the exception of identifying information, this was blacked out from the reported material.

Question 1.

Respondent One. [redacted] is a privately funded non-profit organization established in 1979 with the specific purpose to provide intervention in the lives of children who are sexually exploited and vulnerable to or involved in prostitution and pornography. PROGRAM DESCRIPTION The [redacted] home is open to child prostitutes throughout the United States, and the [redacted] hotline is ready and able to rescue these children 24 hours a day. We provide free taxi/airline transportation nationwide for America's child prostitutes who wish to escape prostitution and live in our home. Our hotline staff works closely with law enforcement to rescue children from vile, dominating pimps. Our home features an on-site school and college placement program. After youngsters complete our rigorous and comprehensive program of academic and life-skills education, caseworkers are available to provide ongoing case management to hundreds of graduates. In 2011, Dr. [redacted] created [redacted] [a street outreach] to help even more children and young adults in a more cost effective manner. [redacted] has rescued over 10,000 American children from prostitution RIGHT HERE IN THE UNITED STATES in the last 37 years – that is more children than all of the child sex trafficking programs in America combined. [redacted] serves all ages of students (adults, children) seeking to learn academic and/or language skills required to escape sexual exploitation and/or poverty. There are no requirements. No fees. The student only needs

access to a computer or mobile phone and a desire to learn. We do everything online from a call center in our shelter home. We can be available 24/7 to provide tutoring in any language. IN AMERICA, we provide a FREE LIVE ONLINE HIGH SCHOOL EQUIVALENCY AND ENGLISH TUTORING PROGRAM serving Goodwill of [redacted], drop in centers, shelters, domestic violence programs, drug programs and individual children and young adults throughout the United States. Our American students tend to be 18 – 24 years old - many who have aged out of the foster care system without an education. INTERNATIONALLY, we offer FREE, LIVE, TUTORING. [redacted] provides free, live, online math and ESOL (English for Speakers of Other Languages) tutoring, taught by LIVE tutors working in a call center within our shelter home. We do everything online from a call center in our shelter home. We provide live tutoring 24/7 in ANY language. Internationally our students have been 13 – 17-year-old sex trafficking victims living in orphanages and unable to attend regular school because the threat of kidnapping for sex or labor trafficking.

Respondent Two. [redacted] seeks to provide a faith-based residential program for girls, ages 12-18, who are victims of commercial sexual exploitation. This program is named [redacted]. Within the program, girls will be provided a safe, supportive place to heal from traumas they have experienced, and nurtured to grow physically, emotionally and spiritually. The program will include assessment of the girl's needs and an individualized plan will be developed to meet each girl's specific needs to restore her to a healthy life. Each girl will be provided services by trauma informed, sensitive staff members, and will include trauma focused therapy, an individualized education plan, life skills training and job readiness skills. A continuum of care is afforded within [redacted], to

allow a slower transition as needed, into independent living, family reunification or other appropriate community placement.

Respondent Three. [redacted] is a Residential and Intensive Group Home program for adolescent girls (ages 12 to 22) with emotional and behavioral problems. We provide 1:3 staff to student ratio in a staff-secured campus. We proved individual, group, and family therapy, structured daily programming, and medical and psychiatric services. There is a school on site, which some youth attend. Other youth attend public or therapeutic schools in the surrounding communities. There are 67 youth on campus.

Question 2.

Respondent One. no longer dependent on criminal activity for survival

Respondent Two. When the resident meets all goals set forth by the program and [redacted] Care Team.

Respondent Three. Youth transition from our program to a lower level of care-reunification with family, a foster home, pre-independent living or independent living, and a less restrictive group home. The typical length of stay is 1 year. At discharge, the youth's referral behaviors will have decreased. Examples of referral behaviors include running and involvement in commercial sexual exploitation, as well as trauma symptoms, mental health symptoms, truancy, family conflict, verbal and physical aggression, self-injurious behavior, and suicidal ideation/attempts.

Question 3.

Respondent One. Rarely

Respondent Two. Occasionally

Respondent Three. Occasionally

Question 4.

Respondent One. It is not a problem because: because we have great programs - onsite school - 5 are placed in college each year - extensive case management so they feel like they are moving toward their goals as an adult - good food - comfortable bedroom - great outings and kept busy all the time - there is no sitting around waiting for something to happen - progress is measured weekly and announced in a staff meeting where they participate

Respondent Two. Obstacles: resident's inability to modify negative behaviors. Not a problem because**:** [redacted] care actively engages the residen to move toward healthy change

Respondent Three. Obstacles: lack of a physically secure environment- close to a big city and public transportation, open campus, unlocked doors; need a higher staff to youth ratio in order to physically engage with youth to prevent running; some Dept. of Children and Family workers are not aligned with using restraints to prevent runs; no higher level of care for youth with chronic and acute running and exploitation experiences to stabilize them

Question 5.

Respondent one. Obstacles: love of a boyfriend. Not a problem because: we limit their contact with anyone other than legal guardians and family and we keep them busy - they actively participate in activities all day, every day to reach their adult goals

Respondent two. Obstacles: the resident's distractibility due to trauma. Not a problem because: the care team is trauma informed

Respondent three. Obstacles: lack of family engagement or natural supports; balancing their goal of independence with safety precautions; peer conflict or recruiting by peers as a trigger to running

Question 6.

Respondent One. a good school where progress is steady, exposure to a world they did not know existed, keeping them busy with activities, weekly reports on progress which holds case managers and support staff accountable, great social opportunities and great recreational activities

Respondent Two. Engaging the resident in building trust, establishing safety, offering choices, collaborating with the resident to affect change and providing empowerment opportunities for the resident

Respondent Three. community partnerships with local law enforcement; community partnerships with organizations (My Life My Choice, GIFT, SEEN) who specialize in CSEC; preventative psychoeducational groups; partnering with a local supported job resource; will be testing delayed egress doors; all staff on campus are trained in responding to youth who have been exposed to CSEC; TF-CBT to address trauma symptoms