

Recommendations to improve out of home care from youth who have experienced commercial sexual exploitation

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ABSTRACT

Identifying safe and stable housing is of critical importance for the prevention of commercial sexual exploitation (CSE) among children and youth involved in the child welfare or juvenile justice systems living in out of home care. The current study seeks to explore youth's experiences, opinions, and perceptions of out of home care, with a focus on group care, in order to identify what types of living situations are preferred and how out of home care can be improved. A convenience sample of 121 girls and young women responded to a survey about out of home care. Just over half were identified as having experienced CSE (60%; $n = 73$) and all youth were involved in either the juvenile justice or child welfare system. Overall, youth preferred unlocked out of home care options that were closer to home and/or more home-like (e.g., small group homes or foster homes). Youth reported several pros and cons of each out of home care option and offered their opinions on how to improve care. Youth with histories of CSE were more likely to run away from home or care but there were several similarities in running behavior between both groups, highlighting the need for prevention efforts among youth who leave care without permission as well as the importance of identifying stable housing. Grounded in the youth's voice and perspective, several specific recommendations for improving out of home care options are offered based on the findings.

1. Introduction

The availability of safe, stable housing is of critical importance for both preventing the commercial sexual exploitation (CSE) of children and youth and supporting this population to live full lives outside of exploitation. Unsurprisingly, without stable housing, already vulnerable youth are more susceptible to exploitation by a trafficker who is coercing or forcing them to sell sex, or more likely to be in a position where they have to trade sex to meet their basic needs (Smith, Vardaman, & Snow, 2009). Many youth who have experienced exploitation need assistance obtaining basic necessities, such as food and clothing. Capitalizing on these needs, traffickers frequently deprive or severely restrict victims' access to these items as a means of control. Additionally, because isolation from friends, family and community is another common method of control, youth leaving exploitation may have few people or places to return to in order to access these resources (Smith et al., 2009).

High percentages of victims have a history of involvement with the child welfare and juvenile justice systems (Cook, Barnert, Ijadi-

Maghsoodi, Ports, & Bath, 2018; Dierkhising & Branson, 2016; Miller, Arnold-Clark, Walker Brown, Ackerman-Brimberg, & Guymon, 2020)). Prevalence rates of CSE among youth in these systems are difficult to measure, but these systems are frequently working with those impacted by CSE. For example, specialty juvenile court dockets specific for youth who are experiencing CSE are becoming more common (e.g., Bath et al., 2020; Liles et al., 2016) and among 361 children and youth identified by law enforcement in Los Angeles County as having experienced CSE, more than 85% had prior involvement with the child welfare system (Miller, Arnold-Clark, Brown, Ackerman-Brimberg, & Guymon, 2020). State-level administrative data from Illinois up to 2016 reveal 2373 investigations of sex trafficking reported to child protective services and from 2010 to 2015 a steady increase in these types of investigations (Gibbs, Hardison, Lutnick, Miller, & Kluckman, 2015).

Knowing that young people involved in the child welfare and juvenile justice systems are more vulnerable, traffickers sometimes focus their recruitment efforts around places where these youth are likely to be, including shelters and group homes. In addition, because of devastatingly effective recruitment tactics, youth with histories of CSE

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often leave group homes, shelters, and other out of home care options, sometimes returning to their traffickers out of fear, necessity, or due to attachment to their traffickers arising from trauma-coercive bonding (Sanchez, Speck, & Patrician, 2019). Many children and youth leave and return to an exploitative situation multiple times before they find stability and can be free from exploitation. Youth also may be leaving an unstable home environment or leaving out of home care without permission for other reasons (e.g., to see their families) putting them at increased risk for CSE.

Adding to these challenges in providing stable housing to system-involved youth, many shelters and group homes have strict policies prohibiting youth from leaving without permission and some may refuse to accept youth back when they return. When youth leave care without permission it is often referred to as running away or absent without leave (AWOL). While this term is commonly used in public service systems, it is often a misnomer because youth leave care for a variety of reasons and for varying lengths of time (Crosland & Dunlap, 2015). Anecdotally, youth have been deemed as running away when they walked to the corner store without permission. Thus, youth are, at times, labeled as ‘runaways’ or ‘AWOL’ for typical adolescent behaviors simply because of the nature of their living situation. The term is also problematic because it connotes blame on the youth for behaviors that may be developmentally appropriate, as well as behaviors that the youth may deem as necessary for their own safety, such as leaving a place where they are facing abuse or conflict, or due to coercion from an exploiter.

When youth leave care without permission and/or are rejected from returning to care based on group home policies youth are put at greater risk for continued exploitation through further housing instability (Latzman, Gibbs, Feinberg, Kluckman, & Aboul-Hosn, 2019). For example, among a large sample of youth in the child welfare system in the state of Latzman et al. (2019) found several important associations among leaving home or care without permission, youth’s housing instability, and risk for CSE. Using data from 37,000 youth, the authors found that the odds of human trafficking¹ while on runaway status (i.e., youth who had left out of home care without permission and were reported by the home as missing) increased when a youth had a higher frequency of foster care placements in their history (i.e., more housing instability). Specifically, youth who had a median number of 18 placements in their history had a 70% greater chance of experiencing human trafficking while on runaway status compared to youth with one out of home care experience. In other words, every additional placement increased the risk for human trafficking (Latzman et al., 2019).

Housing instability and increased likelihood of leaving care without permission is more frequent among youth living in congregate care (Latzman et al., 2019). Across the nation there has been a movement to reduce the use of congregate care (Chadwick Center and Chapin Hall, 2016; Palmer, Ahn, Traube, Prindle, and Putnam, 2020; Payne, 2016), an umbrella term for group care settings such as group homes, due to the widespread recognition of the harmful effects and overuse of this type of living environment for children (Children’s Bureau, 2015; Dozier et al., 2014). National data reveal that children and youth in group care are nearly three times as likely to have a clinical diagnosis, more likely to spend a longer time in foster care, and more likely to have been removed from home due to behavioral problems (Children’s Bureau, 2015) indicating that children and youth in group care are a high needs population. Research has also shown that youth with a history of at least one stay in a group home are 2.4 times more likely to be arrested and 40% of all arrests among youth in child welfare are correlated with group home stays (Ryan, Marshall, Herz, & Hernandez, 2008). Goodkind, Shook, Kim, Pohlig, and Herring (2013) also found an increase in arrest based on experience in congregate care. In their work

this increased risk for arrest was found specifically among White youth and girls when controlling for other variables (Goodkind et al., 2013). Overall, experience in group care settings has been identified as contributing to youth crossing over from the child welfare to juvenile justice system (e.g., dual system or crossover youth).

A snapshot of youth in California in 2019 showed nearly 62,000 children and youth were in the foster care system, including youth involved in either the juvenile justice or child welfare system (Webster et al., 2020). Despite the evidence indicating negative impacts of group care, 6% of all youth in the foster care system were in group homes; however, of those in group homes nearly 85% were between the ages of 11–17. Specifically, 45% were aged 16–17, 40% were aged 11–15, and group homes were the most common living situation for youth aged 16–17 (Webster et al., 2020). In addition, national data reveal that nearly one in four adolescents, aged 13 and older, first out of home care setting was congregate care (Children’s Bureau, 2015). Clearly, adolescents are disproportionately impacted by congregate care; a developmental stage where children learn and practice autonomy and more advanced self-regulation skills. As stated in the consensus statement on group care by the American Orthopsychiatry Association; “An institutional setting with fixed rules and procedures that are not adapted to the individual is not conducive to the healthy development of autonomy.” (Dozier et al., 2014, p. 221).

In 2018 the Family First Prevention Services Act, H.R. 1892, 115th Cong., tit. 7 (2018) was signed into law which dramatically changes how child welfare systems can fund out of home care for foster youth. The Families First Act, among other key changes, disallows Title IV-E funds to be used to pay for congregate care for longer than two weeks; however, this restriction doesn’t apply if the foster child is at-risk for CSE as well as a few other specially identified populations (Pilnik, n. d.). In essence, this legislation recognizes the harm of congregate care living for youth, but it also means that youth impacted by CSE may still live in these settings. At the time of this writing, this legislation is still being interpreted and implemented at the state level. This represents a critical opportunity for states and localities to consider how to best support youth impacted by CSE and living in group care.

The current study is exploratory in nature and takes an applied research approach in order to address the specific problem of housing instability among youth with histories of CSE. The goals of the current study are to; (1) evaluate which types of out of home care options youth in child welfare and juvenile justice prefer and why; (2) compare youth’s preferences based on history of CSE; (3) explore factors related to leaving care without permission; and (4) identify youth recommendations and opinions on how to improve group homes. We take a multi-method approach to achieve these goals. Quantitative data are analyzed in addition to open-ended survey questions which are thematically analyzed through an inductive approach to identify the most common responses (i.e., themes).

2. Methods

2.1. Survey administration

Surveys were developed by the Directors of the CSE Units/Divisions of the juvenile justice and child welfare systems in Southern California as part of a County initiative to gain more knowledge about youth’s preferences and experiences in out of home care. Surveys were optional and administered via pen and paper. De-identified secondary data was received from the Probation Department and child welfare system by the first author and approved by the first author’s IRB Office as an exempt IRB given the nature of the data.

Convenience sampling was used in both the child welfare and juvenile justice systems. Youth with open Probation cases were asked to complete the survey with their Probation Officer or on their own. Youth were selected from juvenile facilities, out-of-home care, and the community (i.e., youth on probation). Youth with open child welfare cases

¹ The authors included both labor and sex trafficking in their analyses, but the predominant trafficking experiences were commercial sexual exploitation.

Table 1
Size and location preferences of housing options in ranked order.

	1st choice		2nd choice		3rd choice	
	CSE	No-CSE	CSE	No-CSE	CSE	No-CSE
	%(n)	%(n)	%(n)	%(n)	%(n)	%(n)
Size of Home						
Large Group Home	19%(12)	29%(13)	25%(16)	27%(12)	57%(35)	44%(20)
Small Group Home	42%(28)	39%(18)	44%(29)	57%(26)	14%(9)	4%(2)
Foster Home	41%(26)	36%(16)	29%(18)	16%(7)	30%(19)	49%(22)
Location						
Local*	76%(48)	94%(44)	8%(5)	4%(2)	16%(10)	2%(1)
Remote	12%(7)	4%(2)	71%(42)	84%(38)	17%(10)	11%(5)
Out-of-State*	14%(8)	2%(1)	21%(12)	9%(4)	66%(38)	89%(40)

* Significant difference based on CSE experience ($p < .05$).

were selected from a youth club or from Social Workers' caseloads. The youth participating in the club completed the surveys during a meeting. A child welfare administrator walked them through the questions by reading the questions to them and checking to see if clarifications were needed. Youth selected from caseloads completed the survey during a face-to-face visit or telephone call with their Social Worker. Social Workers were instructed to assist the youth with any questions that they may have had while taking the survey either in person or via telephone. Only females were selected to participate in the survey because they are disproportionately identified as having experienced CSE and involved in the child welfare or juvenile justice systems.

2.2. Survey variables

Out of home care histories and preferences. Youth were asked to identify whether they had lived in any of the following types of homes: locked home, out-of-county or state home, large group home, small (6-bed) group home, foster home, and other. Youth were then asked specific questions about their preferences on these different homes. First, they were asked if they preferred locked or unlocked homes, and why. Next, they were asked to rank their preferences in terms of size (large group homes, small group homes, and foster homes) and locations (remote, local, and out of state), which included open-ended follow-up questions regarding the pros and cons of each option.

Perceptions of counseling. Youth were asked how they felt about counseling services in out of home care and whether they found it helpful.

Leaving care without permission. Youth were asked if they had ever left care without permission ("ran away"), how old they were when they first left without permission, whether they left out of home care or their home first, how many times they left without permission, whether they left with someone else, whether it was their idea to leave, and if they went home when they left out of home care.

Opinions on how to improve out of home care. Youth were asked what they think would make out of home care better and what training group home staff need to work with youth who have experienced CSE.

2.3. Analytic plan

The survey sought to compare the experiences of youth who had been identified as having experienced CSE to those who hadn't. When possible, null hypothesis significance tests were performed using ANOVA or chi-square statistics to identify whether there were statistically significant differences between subsamples in how they responded. Open-ended feedback was also solicited from youth with histories of CSE and thematically analyzed from an inductive approach to identify the most common themes/responses among youth based on the survey question.

3. Results

3.1. Participants

Of the 121 girls and young women that responded, 56% were on Probation ($n = 68$) and 44% were involved in the child welfare system ($n = 53$). Just over half were identified as having experienced CSE (60%; $n = 73$) and 40% ($n = 48$) were not identified as having experienced CSE. Ten girls and young women (8%) reported that they were pregnant or parenting (3 no-CSE; 7 CSE). No additional demographic information was collected by the Departments.

3.2. Out of home care and preferences among all youth

Nineteen percent of the youth reported having been in a locked placement, 16% had been in an out-of-county or out-of-state placement, 60% had been in a large group home, 63% had been in a small (6-bed) group home, and 33% had lived in a foster home.

The majority of youth preferred unlocked placements (98% no-CSE subsample; 87% CSE subsample) to locked placements. When asked why they preferred unlocked placements, four themes emerged. Two interrelated themes were having freedom and not wanting to feel like they are in jail. For example, youth stated, "My freedom is important, nobody wants to feel incarcerated," "I don't want to feel like a prisoner," and "I feel that unlocked placements let you have more freedom." Two additional themes were regarding the normalcy of unlocked homes and the activities available at these types of homes. For example, youth stated, "Because I at least feel at home," "So I can feel like I am actually a part of the community," and "To be able to participate in activities in the community, sports, job, and shopping."

As shown in Table 1, youth with histories of CSE ranked small group homes and foster homes nearly equally as their top placement preference out of the three options they were given; they most frequently chose small group homes as their second choice, and large group homes as their third choice. For youth without histories of CSE, the most commonly selected first and second place options were small group homes (39% and 57%, respectively), and the most selected third place option was foster homes. There were no statistically significant differences found when assessing how youth ranked these homes based on history of CSE.

When asked to rank their top three preferences for location, the response options were local, remote (e.g., out-of-county), or out-of-state. As shown in Table 1, the majority of both groups ranked local homes as their top location preference. Both groups also ranked remote most frequently as their second ranked location preference, and out-of-state as their most frequent third location preference. Although both groups ranked these locations similarly, there were significant differences found between the groups. First, the youth without histories of CSE were significantly more likely to rank local homes higher ($F(1,$

Table 2
Themes of the positives and negatives of different sizes and locations of homes from youth with histories of CSE.

	Pros	Cons
Large Group Home	More socializing More activities More staff to make you feel comfortable More services Learn to deal with different personalities	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	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	Staff Fewer activities and programming Drama Small space
Foster Home	More personal space Like a real home More freedom More family-like More normalcy	Not your real family
Local	Close to family	Easy to AWOL Easy to get drugs
Remote	Less likely to AWOL New people, new environment, new experiences Better than out-of-state	Away from home Miss family Too hard for family to visit
Out-of-State	Less likely to AWOL New experiences Can focus on programming	Hard to adjust Too far from family

108) = 6.93, $p < .05$: CSE subsample $M = 1.39$, $SD = 0.75$; no-CSE subsample $M = 1.09$, $SD = 0.35$). Specifically, 76% of the CSE subsample ranked local as their first choice and 94% of the no-CSE subsample ranked local as their first choice. In addition, youth with histories of CSE were significantly more likely to rank out-of-state homes higher ($F(1, 101) = 8.29$, $p < .01$: CSE subsample $M = 2.51$, $SD = 0.73$; no-CSE subsample $M = 2.89$, $SD = 0.41$) compared to their counterparts. Specifically, 14% of girls and young women with a history of CSE ranked out-of-state as their first choice compared to 2% of girls and young women with no history of CSE.

3.3. Reasons for out of home care preferences among girls and young women with a history of CSE

Youth with histories of CSE also listed benefits and drawbacks of their top three home preferences. The themes among their responses are listed in Table 2. In reference to small group homes, youth most often stated that there is less drama because there are fewer girls, that they are more home-like, there is more attention from staff, and there is

more personal space. Conversely, some stated they do not like the staff at small group homes, that they struggled with the small space, and there were fewer activities and opportunities for programming. For foster homes, youth liked that they are more home-like and family-oriented, but they did not like that they were not their own families, which made it harder for them to feel comfortable.

When discussing large group homes, some youth liked having more girls around to socialize with; some said more people around helped them learn to deal with a variety of personalities. In contrast, however, the most common drawback of a large group home was having more girls there. Youth most frequently reported more drama in these homes because there were more girls, including more fighting, less privacy, and people coming and going a lot. They also reported, as a positive, liking the increased availability of activities as well as more staff members in large group homes. Some indicated that more staff is appealing because there was a greater chance there would be someone they would connect with.

Regarding housing locations, youth preferred to live locally so that they were near family (see Table 2). Conversely, they also reported it was easier to be absent without permission and easier to get drugs. It is notable that this was the only question in the survey that elicited any response about drugs. For both remote and out-of-state options, youth stated as a positive that it was harder to leave or run away, and they provided new opportunities for activities and a greater ability to focus on programming. On the other hand, youth reported that it was hard to be away from family and for family to visit these locations. For out-of-state locations, youth also reported it was hard to adjust to these homes. Youth did not discuss traffickers often, but one youth mentioned traffickers in reference to remote (e.g., out-of-county) housing: she stated that “it’s still easy for a trafficker to go pick you up.” For local housing, one youth stated, “it’s too easy to AWOL and for the trafficker to expect you to return to him.”

3.4. Leaving care or home without permission

Youth with histories of CSE were significantly more likely to have run away from home or left care without permission at some point ($X^2 = 13.55$, $p < .001$) and those with histories of CSE reported leaving care or home without permission significantly more frequently than the comparison group (Fig. 1: $X^2 = 13.44$, $p < .01$). However, youth in both groups reported a very high prevalence of leaving home or care without permission. Specifically, 99% of the CSE subsample compared to 78% of the comparison group reported having ever run away from either home or out of home care (see Fig. 2). There was no significant difference in how old youth were when they reported they first ran away (CES $M = 13.6$ years old; non-CSE $M = 13.4$ years old).

While youth with a history of CSE were more likely to have ever left home or care without permission, there were no differences among the samples on the other variables related to leaving home or care without permission. As shown in Fig. 2, about two-thirds of all youth who had ever left home or care without permission first ran away from home,

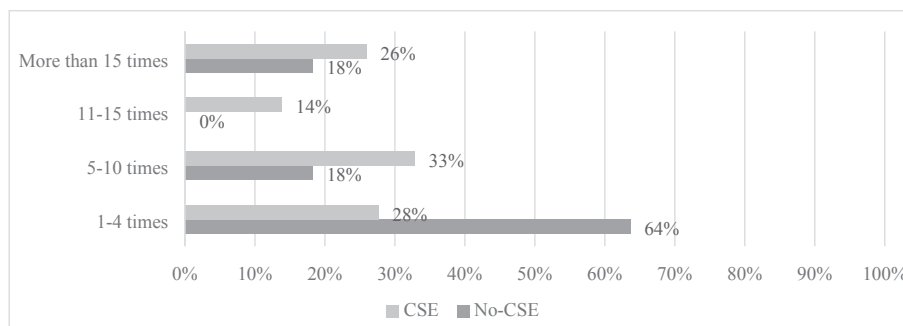


Fig. 1. Percent of Youth Indicating the Number of Times They Left Care without Permission Among Youth Who Had Reported Running Away at Some Point (n = 91).

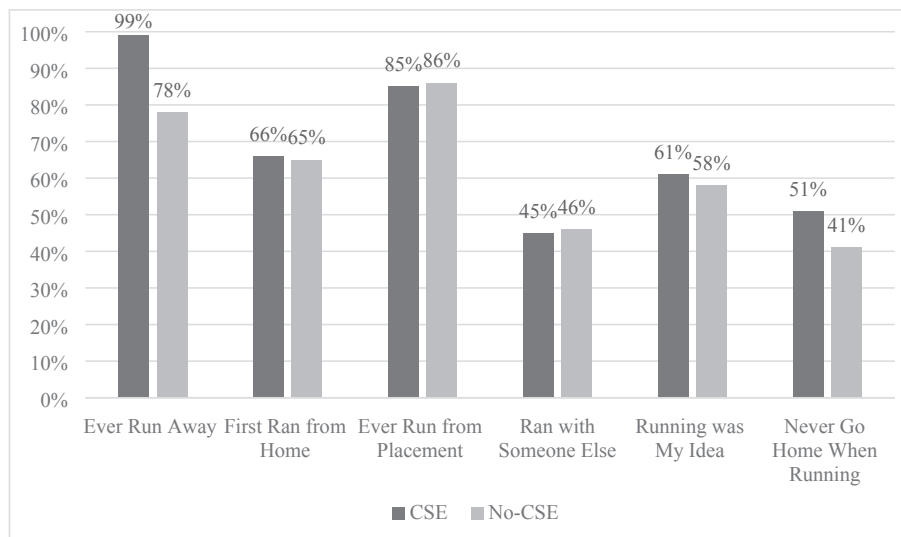


Fig. 2. Comparing Running Behavior between the CSE and no-CSE Subsamples Among Youth Who Had Reported Ever Running Away (n = 91).

most had run away from out of home care at some point, nearly half had left care with someone else, just more than half said running was their idea, and 41% of those without a history of CSE and 51% with a history of CSE stated they never went home when they left care without permission.

3.5. Opinions on counseling in out of home care among girls and young women with a history of CSE

Youth with histories of CSE were asked whether they found counseling in out of home care helpful or unhelpful. The themes from their responses are shown in Table 3. Overall, they found counseling valuable for a variety of reasons, but they also did not like feeling forced into it or feeling forced to talk when they did not feel ready. In addition, youth consistently noted that inconsistency in counseling (because of changes in their living situation or counselor changes) was unhelpful. For example, one youth stated, “When you change placements you have to start all over with a new therapist.” Another youth stated regarding what is unhelpful, “That the therapist leaves and you get a new one. That happened a lot in placement.”

Some youth with a history of CSE reported a preference for one-on-one therapy: “I feel good with the one-on-one therapy instead of group therapy.” Others reported liking family therapy: “It was really helpful. Family therapy gave a comfortable place to talk about difficult topics.” However, several youth noted that they did not like group counseling. Reasons included: they were not comfortable, other girls were rude, things said in groups were spread around, other people talked too much, and some girls were not ready to be open in groups.

Table 3
Themes from Youth’s opinions on counseling in care among girls and young women with histories of CSE.

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 its mandatory ● Having to change therapists when the therapist leaves or placement changes ● Inconsistent sessions/meetings

3.6. Opinions on how to improve out of home care among girls and young women with a history of CSE

Youth were asked what type of training they believe group home staff should have to work with youth with histories of CSE. The most common response or theme was training on CSE. Specifically, youth expressed the desire for staff to understand what they had been through more, and how to not be judgmental. For example, “Staff need more advice on CSEC issues, sometimes they made me feel bad and ashamed.” In contrast, some youth reported that there is no way that staff could understand what they had been through since they had not been through it themselves. For example, “No training compares to what we go through or can help work with us if you haven’t went through it.” Other themes included training on trauma or mental health and how to recognize the signs of, or how to reduce, running away such as, “Knowing the signs of a person getting ready to AWOL.”

Youth with histories of CSE were then asked what would make placement better. The most common themes were better staff, more money, better food, more outings and activities, better and more immediate therapeutic services, more clothes, and more passes. For example, “Longer home passes, passes to other relatives and more services.” Another girl recommended, “Immediate therapeutic services, even the day you get there I need that; more group sessions; longer family passes.” Another theme was flexibility; specifically, youth discussed the need to have some flexibility for when they are upset, such as being able to go on a walk or listen to music.

Regarding staff, youth’s responses indicated two primary themes; a need for more compassionate staff and staff with good communication skills. For example, youth stated; “More dedicated and understanding staff”, “Good communication skills, understanding, and not judgmental”, and “Having staff you can talk and confide in”. One youth stated that it would be better “if staff were not disrespectful. Once they know you’re in the life they treat you differently. Not all staff, just some.”

4. Discussion

The current study explores youth’s opinions about group care among youth involved in either the juvenile justice or child welfare systems with a specific focus on youth with histories of CSE. Findings reveal that nearly all youth prefer unlocked placements (98% non-CSE; 87% CSE) which is not surprising given youth’s need for freedom and autonomy. The majority of youth also reported preferring out of home care options that were closer to home. However, youth with a history of CSE were more likely to rank out-of-state placements higher in

preference (14% ranked as their top choice) compared to youth without a history of CSE (2% ranked as their top choice). In addition, youth without histories of CSE were more likely to rank local homes higher. To contextualize these responses, it is important to recall that only 16% of youth reported ever having been in an out-of-state or out-of-county group home; thus, responses from youth, both with a history of CSE and not, were *not* all based on experience of living in a remote group home. Instead, youth based these responses on their perceptions of what they thought it would be like. Youth with a history of CSE stated a benefit of out-of-state group homes was that they were less likely to leave without permission. In contrast, they also stated it was harder to adjust to out-of-state group homes and hard to be far from family.

Youth mostly preferred smaller home-like settings that were closer to their families. When asked to rank small group homes, large group homes, and foster homes in order of preference, both groups nearly equally ranked small group homes and foster homes. The qualitative data indicate that youth with histories of CSE like the smaller space and that there is less drama with fewer girls in a smaller home, while disliking the lack of activities and opportunities for programming in small group homes. In contrast, larger group homes provided these additional opportunities, such as having more activities and more services, while also having more potential conflict among larger groups of youth. These findings indicate that a merging of the positives from the small and large group homes may provide a more ideal setting for youth. Specifically, a small, home-like setting with plenty of activities, services, and diverse staff, but also fewer other youth, may strike the right balance for many youth.

The youth surveyed who have experienced CSE reported leaving home or care significantly more often than youth without histories of CSE. Yet, youth who reported ever running away had similar running behaviors, regardless of whether they had experienced CSE. They reported similar histories of where they first ran from, whether they ran from out of home care, and whether they ran with someone else or alone. This indicates that although youth with histories of CSE are more likely to leave home or care without permission, youth who leave home or care without permission and have not been identified as CSE are a high risk group for future exploitation and prevention services must be targeted appropriately to reduce this risk. This is line with previous research that consistently shows running away as a risk factor for CSE (e.g., Lutzman et al., 2019) and that out of home care through the child welfare system is in and of itself a risk factor for CSE (Reid, 2018). Future research should focus both on prevention efforts to reduce youth leaving care as well as identifying what youth do when they leave care in order to inform those prevention efforts.

With regard to what might make group homes better, youth discussed the need to increase staff training on CSE and have staff with better communication skills and more compassion. For instance, many girls stated that staff need training on issues related to CSE in order to be less judgmental and increase rapport and engagement. Girls also reported needing more money, better food, more outings and activities, better and more immediate therapeutic services, more clothes, and more home passes. These are important recommendations and would be bolstered by future research on staff's perceptions of working with youth with histories of CSE and the types of training they receive and/or want.

Youth with a history of CSE found counseling in out of home care helpful but its usefulness was diminished when the counselors were inconsistent or changed around too much. In addition, youth found groups to be difficult to engage in and most seemed to prefer individual therapy. Unfortunately, many counselors are specific to certain homes, which means that when youth experience a change in their living situation, they also experience a change in their counselor and lose any trust and rapport that may have been established. Group and foster homes should consider ways in which counselors can remain consistent in youth's lives, providing continuity of care, despite changes in their living situation.

4.1. Practice and policy implications

The current study provides several recommendations for states and local jurisdictions working to identify and develop safe and stable housing options for youth with histories of, or at-risk for, CSE. Interestingly, many youth had opinions and preferences about homes they hadn't even had experience living in which means that even when youth haven't been to a certain type of home they still have a sense of whether or not they want to live there. This highlights the need to discuss housing options with youth when making decisions on where they will live. This recommendation is grounded in principles of adolescent development that suggest that decisions about where a youth will live should include discussion with youth in order to promote agency and autonomy (Dozier et al., 2014). The shared decision-making model developed for use in medical settings has been recommended for use when working with youth who have experienced CSE with specific application to housing decisions (Sahl & Knoepke, 2018). Sahl and Knoepke (2018) offer specific examples and steps in how to use shared decision making when discussing housing options and preferences with youth. These steps include; acknowledging options, discussing risks and benefits of each option, clarifying what is important to them in their living situation, and what their initial and informed preferences are for each option (Sahl & Knoepke, 2018). Even when youth's preference may not be where they are able to live, having the ability to discuss their preference can promote a sense of control in decision-making about their life. This is a particularly important developmental asset in adolescence that system-involved youth have less opportunity to develop, particularly those living in congregate care (Dozier et al., 2014).

The design of group care settings should incorporate the positive attributes of different types of homes while minimizing the negative. As these findings highlight, there is a need to increase opportunities for a range of activities (e.g., community service, outings, etc.), diverse staff to connect with, continuity among staff and clinicians, and smaller home-like settings while reducing the use of large group homes where too many youth are living in one place. Oftentimes, group homes rely on community-based organizations to provide outings and activities for youth. Any barriers to these opportunities should be identified and addressed by jurisdictions to ensure availability of options to these activities in the community. This could be done by encouraging or requiring group care providers, through the contracting process, to provide sufficient funding to cover youth participation in community-based, pro-social activities, as well as funds and time for staff to transport and supervise youth participation.

Inconsistency in counselors was highlighted as being unhelpful in youth's out of home care experience. In addition, youth mostly preferred individual counseling to group counseling. To facilitate consistent and continuous treatment policies, funding streams should support clinicians remaining with individual youth even as youth move from home to home, between care and the community, or through staff transitions. Continuity in care for youth who transition from home to home frequently, such as youth with histories of CSE, may reduce exacerbation of traumatic stress reactions through the retelling of their story, facilitate rapport, and increase engagement in treatment. When transitions must occur efforts should be made to minimize and ease transitions by facilitating warm handoffs between departing and new clinicians such as: 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. This youth-focused approach is grounded in principles of trauma-informed care which has shown promise among this population (Cohen, Mannarino, & Kinnish, 2017; Kinnish et al., 2020). These models should be prioritized as youth with histories of CSE in residential care have extensive trauma histories which, when untreated, have significant implications for social and emotional functioning in adulthood (Felitti, Anda, Nordenberg,

Williamson, Spitz, Edwards, & Marks, 1998; Lanctôt, Reid, & Laurier, 2020; Ogle, Rubin, & Siegler, 2013).

Ensuring that staff in group homes are knowledgeable about CSE, understand the dynamics of CSE, and able to develop positive rapport with youth while minimizing stigmatization were all recommendations highlighted by youth. This indicates the need for comprehensive training. Staff in group homes - from leadership to the frontline - should receive the same training fundamentals such as topics on the dynamics of power and control, risk factors and pathways of entry to CSE, strengths-based language and reducing misperceptions and "otherizing"; and trauma and its impact on child and adolescent development. More in-depth training would be needed for staff in group homes that work specifically with youth who are impacted by CSE. However, since not all youth who are at-risk for or experiencing CSE are identified by systems, basic fundamental training for all group care staff is needed.

It must also be recognized that working with traumatized populations can lead to burnout, compassion fatigue, and secondary traumatic stress reactions (Middleton & Potter, 2015; Schmid et al., 2020) which may be why youth felt many staff were not compassionate. A focus on staff wellness is an essential element of a trauma-informed system (National Child Traumatic Stress Network, 2016). Trauma-informed residential settings for youth in out of home care have been found to not only better support youth but reduce physiological stress among staff (Schmid et al., 2020). Implementing a trauma-informed milieu can help combat secondary traumatic stress, compassion fatigue, and burnout. By improving the working conditions and wellness of staff, youth benefit through engagement with more consistent and stable sources of support.

4.2. Limitations

The current study must be interpreted in light of its limitations. First, the generalizability of the findings is restricted by the convenience sampling strategy and the geographic specificity of the sample. The sample only included females which also limits the ability to generalize to other populations of youth who are impacted by CSE such as males, gender nonconforming, or gender fluid youth. In addition, limited demographic information was gathered about the sample. It is possible that there are between group differences on certain preferences or experiences, but it was not possible to assess for this in the current study. Importantly, the fact that the surveys were administered by the youth's social worker or probation officer may have also influenced youth responses. Finally, there were some issues related to the survey format (e.g., inconsistent response options) which reduced the clarity for some of the responses. Nevertheless, this exploratory research among an extremely vulnerable, hard to reach population still offers important lessons for systems working with youth impacted by CSE that are grounded in the youth's voice and personal experiences.

5. Conclusion

Creating more safe and stable homes for youth who have experienced CSE through continuity in care, developing more appropriate group care settings, improving staff training, and utilizing trauma-informed care may reduce the frequency of youth leaving care without permission. Frequent leaving from home or care is both a risk factor for and indicator of potential CSE. Both prevention and intervention efforts should include supporting youth to remain at home or in care by addressing the factors that push youth out or pull youth away from care. The current study highlights the fact that system-involved youth are running away from home or care frequently, despite a history of CSE. Thus, all youth who leave home or care without permission should be a primary focus for the prevention of CSE. Future research should assess which strategies, practices, and policies are most effective at keeping youth safe and stable while in out of home care. There are several opportunities to do so for all youth in care, and specifically for youth

impacted by CSE, under the Families First Act. States developing their group care options should consider the findings and recommendations from the current study while also partnering with researchers to evaluate whether their strategies are effective in promoting stability for youth.

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CRedit authorship contribution statement

Carly B. Dierkhising: Conceptualization, Formal analysis, Data curation, Writing - original draft, Writing - review & editing, Project administration, Supervision, Funding acquisition. **Kate Walker Brown:** Conceptualization, Writing - original draft, Supervision. **Mae Ackerman-Brimberg:** Conceptualization, Writing - original draft, Writing - review & editing. **Allison Newcombe:** Conceptualization, Project administration.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.childyouth.2020.105263>.

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