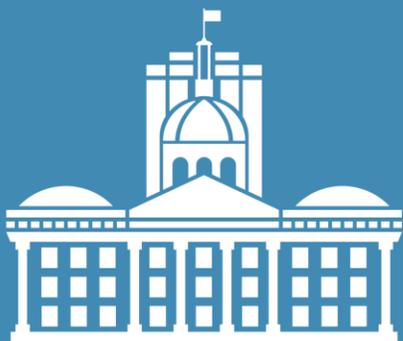


Placement Options for CSE Victims Have Increased; CSE-Specific Services Remain Limited

Report No. 19-05

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OPPAGA

Office of Program Policy Analysis and Government Accountability

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EXECUTIVE SUMMARY

In 2018, 400 children were verified as victims of commercial sexual exploitation (CSE) in Florida. This number has increased each year of our reporting, ranging from 264 victims verified in 2015 to 381 in 2017.¹

The number of safe house and safe foster home beds has increased in the past year. Despite the increase, there are still a limited number of safe houses in the state and a small percentage of verified CSE victims are placed in them. New home operators reported several challenges to developing and operating safe houses, including funding, complying with local building regulations, and difficulty in finding information on safe house licensing and certification requirements.

CSE-specific services in Department of Juvenile Justice (DJJ) facilities are limited. DJJ staff reported that the department does not independently provide CSE-specific services for CSE victims while they are in DJJ detention centers or residential programs. For children with a known history of CSE and an existing CSE-specific treatment provider, DJJ arranges communication between the child's treatment teams.

As in prior reports, CSE victims do not fare well in a variety of short-term social outcomes. Victims identified in our prior reports have high rates of subsequent Department of Children and Families and DJJ involvement and low performance in K-12 schools. A case file review of victims with subsequent CSE verifications found similar outcomes as well as a high prevalence of behavioral health issues and extensive histories with the child welfare system.

REPORT SCOPE

Section 409.16791, *Florida Statutes*, directs OPPAGA to conduct an annual study on the commercial sexual exploitation of children in Florida. We issued the initial report in June 2015 and subsequent annual reports in July of 2016, June of 2017, and June of 2018. This review reports on the number of children that the Department of Children and Families identified and tracked as victims of CSE; describes specialized services provided to CSE victims; and presents short- and long-term outcomes for children identified in the 2015 through 2018 reports.

¹ See OPPAGA reports [15-06](#), [16-04](#), [17-09](#), and [18-05](#).

BACKGROUND

Human trafficking includes two types of exploitation: commercial sexual exploitation (CSE) and forced labor.² Florida law defines human trafficking as the exploitation of another human being through fraud, force, or coercion.³ Florida law does not specify coercion as a condition of the CSE of children but defines it as the use of any person under the age of 18 for sexual purposes in exchange for money, goods, or services or the promise of money, goods, or services.⁴ Federal and state law both criminalize human trafficking of adults and children.⁵

Numerous authorities engage in activities to address human trafficking crimes and assist victims, including activities related to prevention, education and outreach, victim identification, investigation and prosecution of offenders, and comprehensive services for victims. Law enforcement agencies involved in the process include the U.S. Department of Homeland Security, Federal Bureau of Investigation, Florida Department of Law Enforcement, and local sheriffs' offices and police departments. Other key entities include the Office of the Attorney General, State Attorneys, and U.S. Attorneys' Offices that pursue convictions against individuals charged with trafficking in Florida.

In addition to investigation and prosecution, federal, state, and local government organizations also seek to identify and serve trafficking victims. Florida has local human trafficking task forces in all regions of the state that coordinate and provide training to various entities who may encounter, identify, or serve trafficking victims. At the state level, Florida's Department of Children and Families (DCF) takes the lead in identifying and managing services for CSE victims who are minors. DCF has a statewide human trafficking coordinator as well as three regional human trafficking coordinators and operates the statewide Florida Abuse Hotline, which receives calls alleging commercial sexual exploitation of children. Child protective investigators, through both DCF and sheriffs' offices, investigate the allegations.⁶ When investigators identify youth involved in trafficking, the investigator conducts a safety assessment to determine if the child can safely remain in the home. DCF contracts with community-based care lead agencies in all 20 circuits across the state to manage child welfare services, including services for CSE victims. Lead agency subcontractors provide case management, emergency shelter, foster care, and other services in all 67 counties.

The Department of Juvenile Justice (DJJ) partners with DCF to identify CSE victims brought into the delinquency system and to divert them to the child welfare system when possible. At delinquency intake and throughout the delinquency service continuum, DJJ staff assesses all children and screens those who demonstrate indicators related to sexual exploitation; some of DJJ's prevention partners also screen for CSE. When appropriate, DJJ and its partners refer children to DCF.

² Labor trafficking includes debt, bonded, and forced labor.

³ Section [787.06](#), *F.S.*

⁴ Section [409.016](#), *F.S.*

⁵ 22 USC 7102 and s. [787.06](#), *F.S.*

⁶ DCF directly employs child protective investigators in all but seven counties in Florida. In Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton counties, sheriffs' offices conduct child welfare investigations.

PREVALENCE

Number of verified CSE victims continued to rise in 2018; population characteristics similar to victims identified in prior reports

To assess prevalence of CSE victims in Florida during 2018, we analyzed the number of allegations and subsequently verified CSE cases recorded by the Department of Children and Families (DCF) throughout the year. The following prevalence analysis only includes CSE victims who had a verified CSE finding by DCF for calendar year 2018. Verified means that a preponderance of the evidence supports a conclusion of specific injury, harm, or threatened harm resulting from abuse or neglect.⁷

More CSE victims were identified in 2018 compared to prior years. In 2018, 400 CSE victims were verified through child protective investigations in Florida.⁸ This number has increased each year of our reporting, ranging from 264 victims verified in 2015 to 381 in 2017.⁹

Although reports to DCF's Florida Abuse Hotline alleging CSE continue to increase annually, these increases have been progressively smaller in each of the past several years. For example, reports increased by 57% from 2015 to 2016, by 20% from 2016 to 2017, and by 7% from 2017 to 2018. According to DCF staff, the leveling off of the rate of hotline reporting is not surprising, given that DCF policies on the identification of victims and public awareness campaigns have been in effect for several years.

As in prior years, the counties with the highest numbers of CSE hotline reports include Miami-Dade (286), Broward (282), and Orange (189). Of the reports referred for investigation, most came from DJJ/Department of Corrections/criminal justice personnel (21%) and law enforcement (16%). Fifty-nine percent (1,521) of these reports resulted in child protective investigations.¹⁰ (See Exhibit 1.)

⁷ A verified finding is one of three possible investigative outcomes. Other outcomes include no indication, which means no credible evidence was found, and not substantiated, which means credible evidence exists but did not meet the standard of being a preponderance of the evidence.

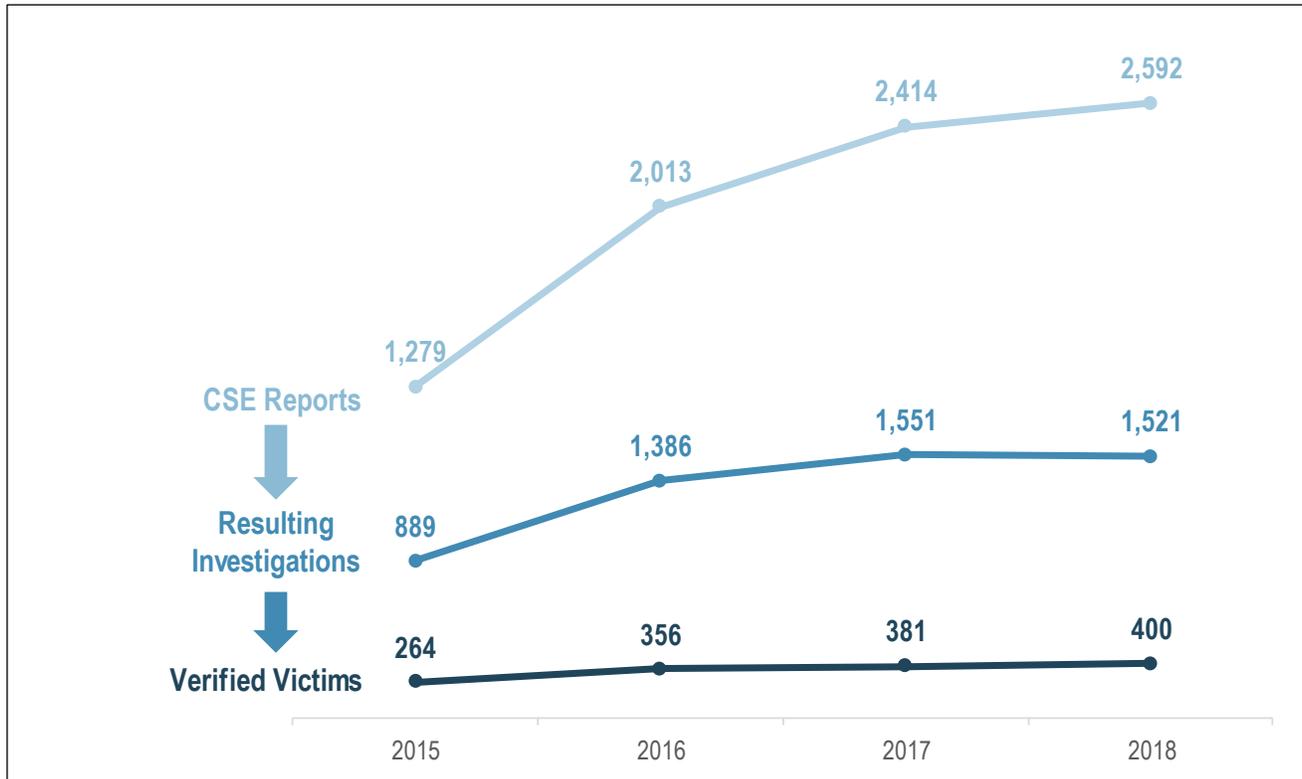
⁸ To estimate the number of allegations and subsequently verified CSE cases, we relied on DCF's Florida Safe Families Network data on hotline intakes and child protective investigations during 2018.

⁹ Due to prior issues with DCF maltreatment codes, we do not include comparisons to 2014 in this section. For more information, see OPPAGA report [15-06](#).

¹⁰ Four additional reports were screened in under a general human trafficking maltreatment code. These reports were not included in the analysis, as we could not determine which reports were related to CSE, as opposed to labor trafficking.

Exhibit 1

The Number of CSE Reports and Verified Victims Continued to Rise in 2018



Source: OPPAGA analysis of Department of Children and Families data.

DCF hotline staff did not refer cases for investigation if the allegation did not rise to the level of reasonable cause to suspect abuse, neglect, or abandonment based on statutory definitions (78%), there were no means to locate the victim (9%), or the alleged perpetrator was not the child's caregiver (6%).¹¹ Hotline staff screened out this 6% of cases (54 reports) because the perpetrator was someone other than the child's caregiver, despite DCF policies to the contrary.¹² For typical child welfare reports, the caregiver must be the alleged perpetrator for the report to be referred for a child protective investigation; however, DCF policies state that CSE cases warrant investigation regardless of the perpetrator's identity. DCF staff reported that these cases were screened out as the result of a training error, and the department reports that it has recently provided additional training to hotline counselors to address this issue.

In 2018, DCF investigations resulted in verified CSE cases involving 400 child victims, 49 of whom were verified in more than one investigation. An additional 370 cases were not substantiated, meaning there was credible evidence but not enough to meet the standard of being the preponderance of evidence required to verify a case. The counties with the highest numbers of verified victims included Broward (51), Miami-Dade (40), Duval (33), and Orange (32). These four counties accounted for 39% of all the verified victims in the state. (See Appendix A for verified victims by county.)

Verified CSE victims in 2018 share similar demographic and other characteristics with CSE victims in prior reports; the majority remained in the community. Similar to what we found in prior years, most CSE victims identified in 2018 were white, female, and between 14 and 17 years of

¹¹ An additional 7% of cases were screened out for other reasons, including that the child lived out of state or did not meet statutory guidelines.

¹² This percentage of calls screened out due to not meeting the caregiver statutory guideline is the same as in 2017.

age. In 2018, the majority of verified CSE victims remained in the community, meaning they remained with their parent or caregiver and did not enter the state's child welfare system; the remaining CSE victims were dependent children and under the care of the state's child welfare system.

Of the 400 CSE victims verified in 2018, 239 (60%) did not receive in-home protective services or were not placed in out-of-home care within six months of their verified CSE investigation, up from 56% the previous year. The remaining 40% did receive in-home protective services or out-of-home care services during or as the result of a CSE investigation. At the time of the investigation, 24% of verified victims were dependent and already placed in out-of-home care, which is down slightly from 26% in 2017. Of these dependent children, over half resided in a residential setting, such as group care, residential treatment, or a DJJ facility, and nearly one quarter were on runaway status, most frequently from a family setting.^{13,14} Of all verified CSE victims, 10% entered out-of-home care within six months of their CSE investigation, 3% were receiving in-home protective services at the time of their CSE investigation, and 8% received in-home protective services after their verified CSE.

Community children continue to differ from dependent children, particularly with respect to prior maltreatments and living arrangement. As in prior reports, our analyses found that there are key differences in community and dependent children's experiences. For example, while the majority of all CSE children with available information on living arrangement at the time of the CSE verification lived with at least one biological parent, more community children (78%) than dependent children (33%) were living with at least one biological parent at the time of CSE verification.

Of all verified CSE victims in 2018

- 60% were **community children**, or children who remained at home and did not enter the child welfare system; and
- 40% were **dependent children**, or children who were under the care of the child welfare system.

The results of our analyses also support findings from studies of CSE of children related to prior maltreatment. These studies have found that a history of child sexual abuse can be a predictor of commercial sexual exploitation and that there can be significant associations between CSE and maltreatment other than sexual abuse. One study identified several neglect-related risk factors that were significantly associated with commercial sexual exploitation, including maternal drug problems.¹⁵ Numerous studies have identified associations between CSE and child welfare system involvement, especially extensive histories of foster care and congregate care placements.¹⁶ Our analysis found that 58% of the 400 verified CSE victims in 2018 had at least one verified maltreatment prior to their first CSE investigation in 2018, up slightly from 55% in 2017.

The incidence of certain prior maltreatments was markedly higher for dependent children than community children. More dependent children experienced at least one verified maltreatment prior to their 2018 CSE (81% compared to 42%). Dependent children have a higher incidence of prior maltreatments concerning parental substance misuse (33% compared to 21%) and parental neglect (55% compared to 32%). In addition, there were variations in prior placements and services. Eighty-one percent of dependent children had prior in-home protective services or out-of-home placements, compared to 23% of community children. For other types of maltreatment, the variations

¹³ Family settings include traditional foster homes, therapeutic foster homes, and relative and non-relative caregivers.

¹⁴ DJJ facilities include juvenile detention centers and residential commitment facilities. A small percentage of the placements in this category includes stays in county jails and police departments.

¹⁵ Gibbs, Deborah A., Alana M. Henninger, Stephen J. Tueller, Marianne N. Kluckman, "Human Trafficking and the Child Welfare Population in Florida." *Children and Youth Services Review* 88 (2018) 1-10.

¹⁶ Ibid.

between community and dependent children were less pronounced. Compared to community children, slightly more dependent children had verified non-CSE sexual abuse, verified physical abuse, or verified parental inability to protect the child prior to their 2018 verified CSE. (See Exhibit 2.)

Exhibit 2

The Incidence of Prior Maltreatments Differs Between Community and Dependent Children

Prior Maltreatment Type	Incidence Among Dependent Children	Incidence Among Community Children
At least one verified maltreatment prior to 2018 CSE verification	81%	42%
Prior maltreatment concerning parental substance misuse	33%	21%
Prior maltreatment concerning parental neglect	55%	32%
Prior in-home protective services or out-of-home placements	81%	23%
Prior non-CSE sexual abuse	26%	21%
Prior physical abuse	22%	19%
Prior parental inability to protect child prior to 2018 verified CSE	37%	31%

Source: OPPAGA analysis of Department of Children and Families data.

PLACEMENTS AND SERVICES

CSE service model is slowly evolving to ensure placements and services for dependent and community children, but challenges remain

Few CSE victims were placed in safe houses following their CSE investigation; concomitantly, CSE victims spent limited time in safe houses in 2018. In previous reports, we identified several reasons why few children are placed in safe houses following their CSE investigation: some children have mental health and/or substance abuse issues that must be treated before placement in a safe house can occur; some children cannot meet the admission criteria for safe houses; and the limited number of safe house beds means lead agencies must place children in other settings, often with wraparound services and one-to-one supervision. Only 18 (13%) of the 138 children who spent time in out-of-home care during or after their CSE investigation were placed in a safe house in 2018, which is a decrease from the 26 served in safe houses in 2017. Fewer CSE victims placed in safe houses may be due, in part, to the closing of a safe house in early 2018.

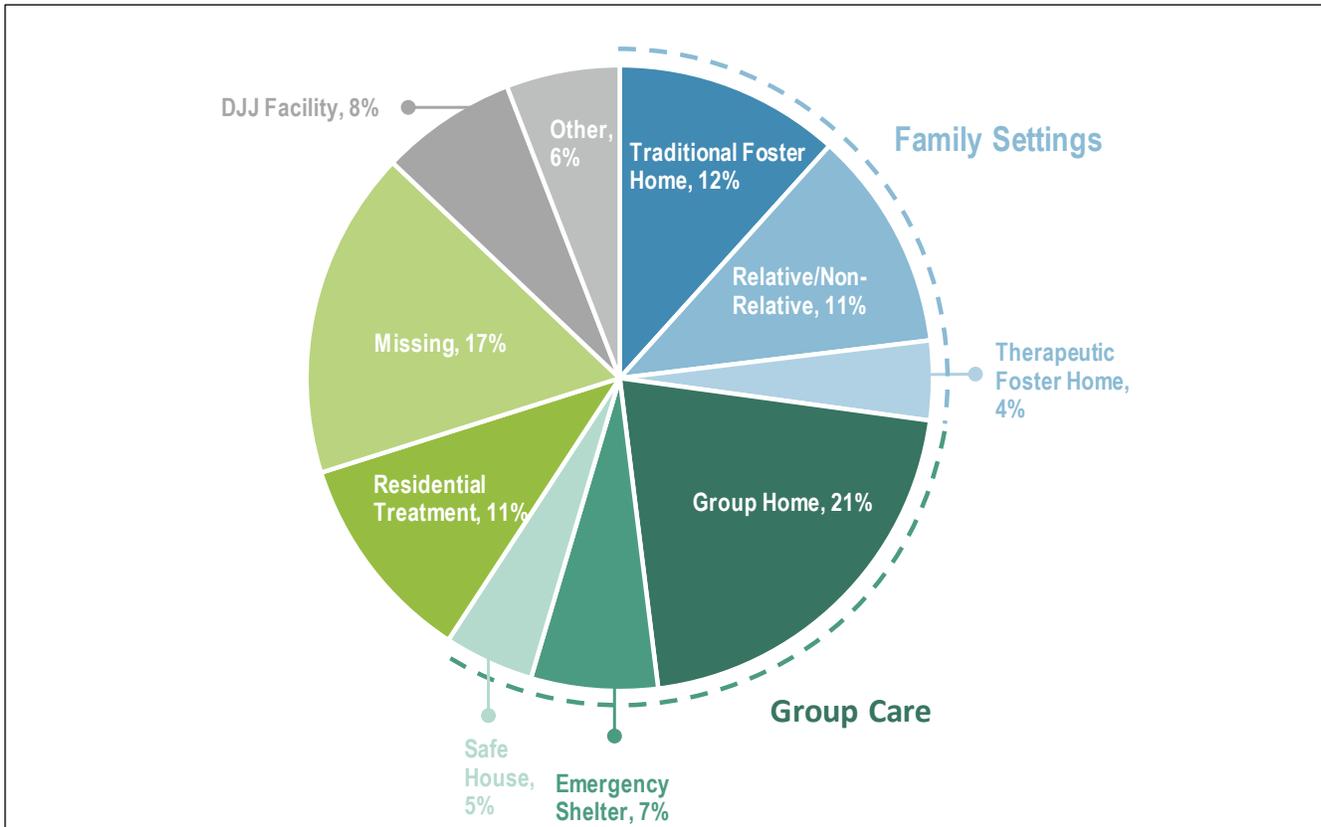
In 2018, the most common placements for CSE victims following their CSE investigation included group homes (other than safe houses) and family settings. The 138 children who spent time in out-of-home care during or after their CSE investigation spent only 5% of their time in a safe house, down from 9% in 2017. For these children, 50% of their time was spent in a residential setting, which includes any licensed out-of-home care placement that is not a family setting, with no change from 2017.¹⁷ While the time spent in a residential setting remained stable, the amount of time spent in a family setting increased from 23% to 27%.¹⁸ (See Exhibit 3.)

¹⁷ Residential settings include group homes, emergency shelters, safe houses, residential treatment centers, and DJJ facilities.

¹⁸ To calculate percentage of time, we totaled time spent in every placement for all children from the CSE investigation intake date to either the end of the removal episode closest to the CSE investigation or the end of the follow-up study period (March 14, 2019).

Exhibit 3

The Percentage of Time Spent in Different Out-of-Home Care Settings Varied for CSE Victims in 2018^{1,2}



¹ The 138 children who spent time in an out-of-home care setting are a subset of the 400 verified CSE victims.

² Other includes temporary placements such as hospitals and visitation.

Note: Due to rounding, percentages do not total to 100%.

Source: OPPAGA analysis of Department of Children and Families data.

While the number of safe house and safe foster home beds has increased, there continue to be barriers to establishing new facilities. DCF staff reported that as of November 2018, 54 safe house beds were licensed and certified in the state, an increase from 34 beds reported in 2017.¹⁹ According to department staff, 29 safe foster home beds were available as of November 2018, an increase from 15 beds available in 2017, and the regional availability of safe foster home beds has improved.^{20,21,22} As discussed in previous OPPAGA reports, there are ongoing challenges associated with recruiting and retaining safe foster homes. For example, it is difficult to recruit foster parents for adolescents in general and especially for CSE victims due to the stigma surrounding these children as well as foster parents' concern for their personal safety. Safe houses continue to face development, implementation, and operational challenges. Funding remains the primary concern of safe house founders and directors. Safe houses rely on a variety of funding sources for their start-up and daily operations. Safe house administrators reported that they need private donations and other funding sources to cover the initial costs of securing land and renovating or constructing houses, and this can be a lengthy process. In addition to per diem rates paid by lead agencies, safe houses may also seek private funding

¹⁹ The closure of a safe house in early 2018 resulted in the loss of five beds.

²⁰ Safe foster home beds are no longer concentrated in DCF's Southern Region and are now available in other regions: 14 beds in the Central Region, 2 beds in the SunCoast Region, and 2 beds in the Northeast Region.

²¹ While there are 83 total safe house and safe foster home beds available to CSE children, the number of children who could possibly benefit from such placements is greater than the number of available beds. For example, as of March 14, 2019, there were 168 CSE children in out-of-home care, 24 with in-home protective supervision, and 239 community children who might benefit from such CSE-specific placements.

²² As of May 2019, there was a new safe house in DCF's SunCoast Region, for a total of 59 safe house beds.

or partner with other providers whose services are eligible for Medicaid reimbursement. (See Appendices B, C, and D for more information on funds expended by lead agencies for CSE placements and services and appropriations to providers.)

Local regulations such as zoning ordinances and building codes can create challenges for safe house development. Zoning for group homes remains problematic due to neighborhood objection, and rezoning or obtaining zoning variances can be lengthy processes. Local ordinances may cause delays in construction and require additional costs; for example, the founder of one new safe house encountered unanticipated construction costs for a fire suppression system, which is not required under group home licensing rules and can reportedly cost up to \$20,000, depending on the location. Some directors of new safe houses stated that they were not aware of all the rules and statutory requirements of CSE-specific providers when they began developing their safe house programs and that a central repository of information on the licensing and certification processes would be helpful to future safe house developers.

The Open Doors Outreach Network continues to work with community CSE victims. The Open Doors Outreach Network is a statewide public-private partnership to improve care and coordination to victims of commercial sexual exploitation and trafficking between 10 and 24 years of age. Each program site is staffed with a three-person outreach team consisting of a survivor mentor, regional advocate, and clinician experienced in complex trauma. The outreach team is on call 24/7 and provides immediate and ongoing support to victims, including, but not limited to, crisis intervention, day-to-day care management, and information and referral to meet the individual needs of the victim. The program focuses on community children but may also serve children in the dependency system.

The program director reported there has been greater demand for network services due, in part, to ongoing community outreach by the Open Doors teams as well as more collaboration with local law enforcement, service providers, and DCF. Since 2017, the program expanded from 19 to 32 counties. The program served 395 CSE victims through March 31, 2019.²³ The program continues to work with lead agencies to provide services for community children as well as with safe houses to provide services to children once they return to their homes. In addition, the director reported that safe housing continues to be a growing need for all CSE victims, regardless of whether they are dependent or community children. The program reports that it continues to expand its outreach, training, and educational services.

DCF six-month follow-ups further highlight the challenges in serving community CSE victims. The department's regional human trafficking coordinators are required by law to complete six-month follow-ups with caregivers and case managers of CSE victims, and coordinators began conducting these follow-ups in 2018.^{24,25} Some coordinators reported successfully contacting the majority of caregivers; the remaining caregivers were not responsive or had changed their telephone or home address. Coordinators reported that few caregivers were actively involved in the multidisciplinary team staffing process primarily due to work commitments; however, many caregivers were receptive to the service plan developed by the team and to services recommended in the plan. While service referrals based on the service plan were made, coordinators reported that children often would not engage in services or would start services without completing them due to chronic runaway episodes or refusal to participate in services. Other reasons for children not engaging in services included

²³ Open Doors served a total of 575 victims as of March 31, 2019. This number includes adult and minor victims.

²⁴ Chapter [2017-23](#), *Laws of Florida*.

²⁵ OPPAGA interviewed DCF's three regional coordinators to learn about their experiences in the first year of the program.

turning 18 years of age shortly after the service plan was developed or being confined in DJJ residential programs. In some cases, caregivers had arranged services for CSE victims prior to the service plan being developed. Coordinators reported that CSE-specific services are limited in both urban and rural areas. Rural areas, according to one coordinator, are especially challenged because they are also limited in basic services, such as transportation.

CSE-specific services in Department of Juvenile Justice facilities are limited. DJJ staff reported that the department does not independently provide CSE-specific services for CSE victims while they are in DJJ detention centers or residential programs. For children with a known history of CSE and an existing CSE-specific treatment provider, DJJ arranges communication between a child's existing community-based treatment team and the treatment team within a residential program. When it is possible for the youth's existing CSE-specific service provider to work with the child while in a DJJ program, DJJ assists to maintain the existing relationship. For dependent youth, case managers and community service providers are members of the facility's transition team planning the youth's re-entry into the community.

OUTCOMES (2013 THROUGH 2017)

Many children with verified CSE have DCF and/or DJJ involvement in the years following verification; K-12 school attendance rates are low

This section includes children identified in our prior reports, from 2013 through 2017, referred to as the outcome population. We examined children's outcomes in three areas: (1) child welfare, (2) juvenile justice, and (3) education. For the child welfare and juvenile justice outcome measures, we considered short-term outcomes for the subset of all CSE-verified children for whom data were available for at least one year following their initial CSE verification (n=769 for DJJ measures, n=286 for DCF measures). For the education outcome measures, we looked at the educational status of school-aged CSE victims in the school year following their initial CSE verification (n=1,046). We also include comparisons for certain measures where children could be tracked for at least three years (n=107 for DJJ measures, n=54 for DCF measures, and n=409 for education measures) and report the differences seen in this time.^{26,27} For many of the measures, the children we could track for the different time periods did not make significant progress. In addition to examining outcome measures for CSE victims who are still minors, we also conducted analyses of outcomes for CSE victims who have turned 18 years of age. (See Appendix E for more information.)

Outcomes at both one and three years after CSE verification show high rates of subsequent involvement with DCF. More than half (54%) of the CSE victims in our outcome population who could be tracked for at least a year had a subsequent DCF investigation within that year; of those, 44% had verified findings in at least one of their subsequent investigations. During this year, these children spent the largest amounts of time in family settings and group care (29% and 25%, respectively).²⁸ The remainder of their time was spent in placements such as residential treatment, DJJ facilities, and on runaway status. Despite being one of the placements where these children spend a large percentage

²⁶ The number of children for which data were available for each measure (for both one-year and three-year spans) may vary across measures.

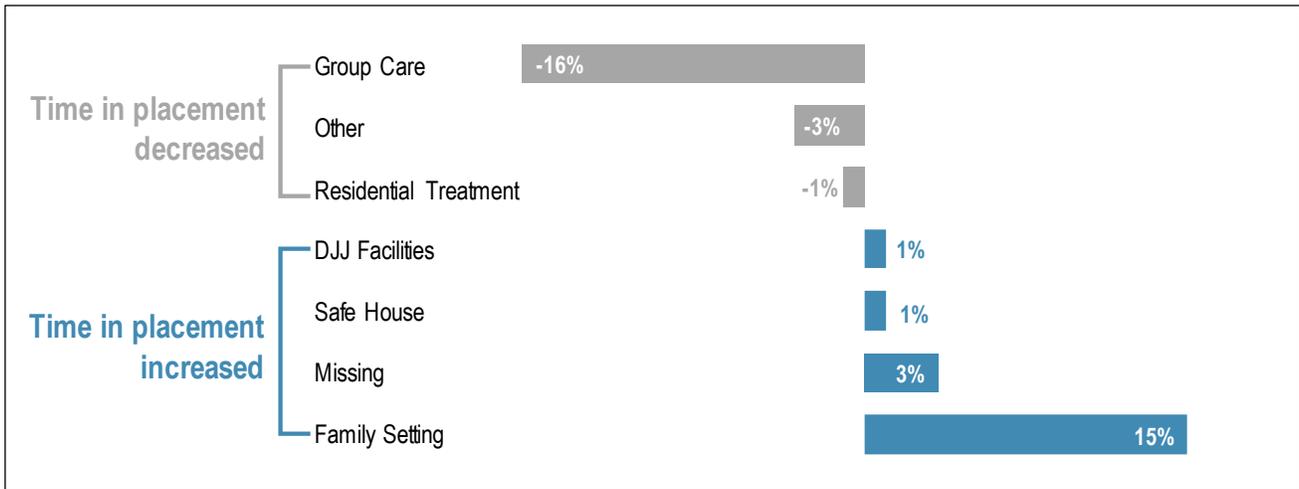
²⁷ Because of the need to track outcomes for at least three years before the child turned 18, the outcomes reported for these measures tend to include younger children and children who were identified in the first two years of our reports.

²⁸ For these measures, group care includes group homes and emergency shelters.

of their time, the amount of time spent in group care is less in later entry cohorts (38% in our 2014 report compared to 22% in our 2017 report), while the amount of time spent in family settings is greater (16% in 2014 compared to 31% in 2017). (See Exhibit 4.) This is similar to the trend seen across the child welfare system generally.

Exhibit 4

CSE Victims Who Were Identified in 2017 Spent Less Time in Group Care and More Time in Family Settings Than CSE Victims Identified in 2014^{1,2}



¹ This is based on data for verified CSE victims in our outcome population who could be tracked for at least one year.

² Other placements include temporary placements such as hospitals and visitation.

Source: OPPAGA analysis of Department of Children and Families data.

In the first year following their CSE verification or entry into out-of-home care, using a bridged calculation, victims averaged 7.7 formal placement changes.²⁹ When considering unbridged placements, and including interruptions due to runaway episodes, victims’ placement changes increased to 11.8 changes in one year. The majority (67%) of those in out-of-home care ran away from care at least once during the year. Runaway rates were highest for children living in group homes and therapeutic foster homes; 37% of group home placements and 32% of therapeutic foster home placements had a runaway episode.

In the first year following CSE verification or entry into out-of-home care, victims averaged 7.7 formal placement changes.

In addition to the frequent changes in children’s placements, many children are remaining in out-of-home care for at least a year.³⁰ For those who entered out-of-home care following their first CSE verification, on average, more than 80% were still in out-of-home care after one year; however, this appears to be decreasing across report cohorts (92% in 2014 compared to 78% in 2017).

²⁹ Bridged placement calculations do not include temporary placement changes due to a child running away, being hospitalized, having visitations, etc. For example, if a child runs away from a placement and then returns to the same placement, a bridged calculation would only count that as one placement and not a placement change.

³⁰ According to federal and state law, a permanency hearing must be held no later than 12 months after the date the child is considered to have entered foster care. The hearing determines the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent; placed for adoption and the state will file a petition for termination of parental rights; referred for legal guardianship; or, in the case of a child who has attained 16 years of age, placed in another planned permanent living arrangement. A permanency hearing must be held at least every 12 months for any child who continues to be supervised by the department or awaits adoption.

Considering the three years following their first CSE verification, the rates of involvement with DCF increased for those who could be tracked for this period. Nearly three-quarters (73%) of the victims we could track over this time had a subsequent DCF investigation; of those, 66% had verified findings for at least one investigation. During this time, dependent CSE victims spent 32% of their time in group care and 24% of their time in family settings.

When examining placement changes for children who could be tracked for three years (a subset of those who could be tracked for one year), it appears that children's placements are more stable. Using a bridged calculation, over three years, these children averaged seven formal placement changes per year. Using an unbridged calculation, they averaged 10 changes per year. While the number of placement changes is slightly lower for this group, the percentage of children who had a runaway episode is higher. Eighty-one percent ran away from at least one placement over three years, with children most frequently running from group homes and safe houses (45% and 42%, respectively).

The majority of the children who were in out-of-home care after their CSE verifications and could be tracked for three years remained in out-of-home care until they turned 18 years of age. That is, 70% of those who were 15 or older when they entered out-of-home care following their CSE verification (or who were already in out-of-home care) aged out of care by the end of the three years.

Nearly three-quarters of children who entered out-of-home care and could be tracked for three years aged out of care.

When including all the children in our outcome population, 22% had at least one subsequent verification of CSE, 46% of whom were community children.³¹ Nearly half (47%) of children with a subsequent CSE verification spent some time in out-of-home care between their first and second CSE verification. These children spent the largest amounts of time in group homes or on runaway status (24% and 21%, respectively). Children with at least one subsequent verification averaged 290 days between their first and second CSE verifications.

CSE victims continue to have high rates of involvement with the delinquency system in the years following their initial CSE verifications. We reviewed DJJ data to determine the extent of these children's subsequent involvement with the juvenile justice system. Of those who could be tracked for at least a year, 46% had an arrest within the year following their first CSE verification. The majority (68%) of those children were arrested more than once within that year. The primary charges for these arrests were assault and/or battery (17%), aggravated assault and/or battery (15%), and violation of probation (14%).³² Nearly half (47%) of these victims received at least one DJJ service within the year, including detention (38%), probation (25%), residential commitment (10%), and diversion (10%) programs.

Nearly half of the children that could be tracked for a year had a DJJ arrest.

Of those individuals who could be tracked for three years, 59% were arrested by DJJ in the three years following their first CSE verification; 84% of those children were arrested more than once. Thirty-seven percent of the primary charges were for aggravated assault and/or battery. Among these victims, 59% received at least one DJJ service in the three-year

³¹ To provide the full number of children who had subsequent verifications, the measures related to re-victimization are not constrained to those who could be tracked for at least one year and instead include the entire outcome population.

³² Children may have been charged with multiple offenses during these arrests; however, for the purposes of these calculations, we only include the most serious charge associated with each child for the follow-up year.

period, including detention (52%), probation (39%), residential commitment (17%), and diversion (14%) programs.

In the years after verification, the majority of CSE victims were enrolled in school; however, they had low attendance and lower-than-expected grade levels. We examined educational outcomes for CSE victims who we could track for the full school year following their first CSE verification using Department of Education data on K-12 school enrollment, grade level, and attendance. In the school year following their CSE verification, 85% of CSE victims had a K-12 enrollment in a Florida public school.³³ However, 60% were in a lower-than-expected grade level based on their age, 42% of whom were two or more years behind. Additionally, 42% of those enrolled attended for less than half the school year.

Nearly half of those enrolled in the school year following their CSE attended for less than half the school year.

For those individuals that we could track for three years in the K-12 system, 94% were enrolled at some point during this time. More than half (58%) of those that were enrolled were in a lower grade level than expected based on their age. This is slightly lower than the rate seen for CSE victims within one year of verification; however, there were substantially fewer children enrolled at the three-year mark, so those who were further behind at the one-year mark may no longer be enrolled in the K-12 education system. Of those that were enrolled, 52% attended school for less than half the year.

REVIEW OF RE-VICTIMIZED CHILDREN'S CASE FILES

Re-victimized CSE children face significant challenges

As seen in the outcomes section, many CSE victims have subsequent investigations and verifications of CSE. In an effort to gain a better understanding of the outcomes and circumstances around such victims, we reviewed case files of 40 re-victimized CSE children from our outcome population.³⁴ (See Appendix F for more information on re-victimized children.) OPPAGA randomly selected files from DCF's Florida Safe Families Network database and included case files for 20 dependent children and 20 community children. Where relevant, we will make comparisons to prior years' case file reviews of dependent and community children, which did not focus exclusively on re-victimized CSE victims.

Story of Child A

Child A was a dependent child whose two children also went into foster care. Child A had visitation with the children but did not meet case plan requirements, including attending anger management and parenting classes. The child was a frequent runaway and had several placement changes. The child had parental rights terminated before turning 18.

³³ Children may be enrolled in school but not appear in the data for several reasons. First, the identifying information for the children in the outcome population may be inconsistent between DCF and Florida Department of Education data. Second, enrollment records are not available for children who attended school out of state or attended private or home school. As a result, the counts of enrollments, attendance, and highest grade completed may be low. Further, some children may not be enrolled at all, particularly those whose age during this academic year exempted them from K-12 enrollment.

³⁴ We identified children with an initial CSE verification that occurred between July 1, 2013 and December 31, 2016, and who had a subsequent CSE verification between the initial verification and March 14, 2019, the end of our investigation data.

Story of Child B

Child B experienced many verified investigations by DCF from an early age when the child lived with their biological mother, who struggled with substance abuse and engaged in prostitution. Allegations included substance-exposed child, inadequate supervision, medical neglect, and family violence. The child was removed from the mother's care at the age of 13 and placed with a relative. Allegations and investigations for mental and physical abuse occurred, and the relative asked for the child to be removed from her care. In addition to the relative care placement, other child welfare placements included traditional therapeutic foster homes, group care, and residential treatment for substance abuse and mental health. Specialty placements included a safe house, maternity home, and Agency for Persons with Disabilities group home.

The case file reviews found that re-victimized CSE victims experienced problematic family and personal factors. In this and prior years' reports, we have found that community and dependent children differ across several characteristics, including living arrangement, prior maltreatment, and behavioral health issues, among others. However, the case file reviews conclude that within the re-victimized population, community and dependent children are more similar to each other than they are within the total CSE population.

Re-victimized dependent and community CSE children share similar family and maltreatment factors.

The case files we reviewed had many common characteristics, including evidence of prior maltreatment; poverty; unstable home life; family dysfunction, including parental mental illness and substance abuse; chronic running away from home or a placement with increasing frequency and duration; a parent or caregiver's involvement in domestic violence; a child's use of substances; and a child's emotional, behavioral, and school problems. In many cases, there were allegations of sexual abuse from young ages by family members or the mother's paramour as well as histories of sexual assault and early sexual activity. We noted a higher incidence of prior sexual abuse allegations for our re-victimized children than in

previous years' case file reviews of community and dependent CSE victims. Many had prior allegations of CSE that were not verified, or their parent or case manager had suspicions before they were ever verified, suggesting that many may have been exploited a considerable amount of time before their first verification.

Most re-victimized CSE children had pronounced behavioral health issues. Prior to being identified as a CSE victim, many children in our case file review had diagnosed mental health issues, including depression, bipolar disorder, ADHD, oppositional defiant disorder, and post-traumatic stress disorder. Many of the children with diagnosed mental health issues were prescribed one or more psychotropic medications to treat their mental health conditions, which often were taken intermittently. While a few children in the case file review sample had diagnosed developmental or learning disabilities, we found that most children struggled academically with failing grades, frequent truancies, suspensions, and expulsions. When children did attend school, their attendance was often disrupted due to their behavioral issues, such as verbal or physical aggression toward teachers or fellow students.

We also found extensive poly-substance abuse issues for the children, including cocaine, heroin, methamphetamines, prescription opioids, and marijuana. In previous years, we found that fewer community children than dependent children had serious mental health and substance abuse issues. However, our current case file reviews of re-victimized children indicated that community and dependent children were similar in their mental health issues and substance use. Many children

experienced frequent involuntary commitments due to their mental health and substance abuse. Compared to our previous file reviews of community and dependent CSE victims, the re-victimized group appeared to be involuntarily committed more frequently. Nearly all cases had chronic runaway episodes that lasted weeks, months, or years, during which some parents or case managers suspected CSE occurred.

Re-victimized CSE children had extensive involvement with the juvenile justice system. The majority of the children in the case file review were involved with DJJ before, during, and/or after their CSE cases; many were on probation for a variety of offenses. In many cases, their DJJ involvement was exacerbated by their runaway behavior, as their running violated their probation.³⁵ While on the run, children also engaged in behaviors and activities that worsened their situation in the juvenile justice system, such as shoplifting, drug possession, and auto theft. This can result in a cycle of charges and detention, and sometimes residential programs, which can deter runaways from returning. In many cases, the 21-day stay in a detention facility was the children’s most stable placement. In the previous case file reviews, we found

Story of Child C

Child C was diagnosed with schizophrenia, bipolar disorder, and ADHD but was rarely compliant with prescribed medications. The child engaged in intravenous drug use starting at the age of 12 and was addicted to heroin, cocaine, and amphetamines. The child’s exploitation included exchanging sex for drugs and money. The child’s background includes multiple inpatient mental health and substance abuse treatments as well as outpatient therapy. The child was a chronic runaway and has an extensive delinquency history. Child C turned 18 in a juvenile justice residential program.

Story of Child D

Child D was a dependent child who also has an extensive history with the delinquency system. Prior to their first CSE verification, the child had charges of probation violation, grand theft auto, and burglary. After the child’s first CSE verification, their involvement with DJJ continued, including incarceration for violation of probation following an extended runaway episode where the child disclosed being exploited. Following this incarceration, the child ran away again and turned 18 while on the run.

that fewer community children than dependent children were involved in the juvenile justice system.

The exploitation of re-victimized CSE children was often survival sex. In many cases, re-victimized children solicited themselves during runaway episodes in exchange for shelter, food, and/or transportation, often referred to as survival sex. In some instances, children were exploited by a third party, and some of the victims became recruiters of other CSE children. Some victims advertised themselves through websites, while exploiters found others in hotels or on the street. Victims often described their exploitation as being done to receive something they wanted, such as material goods, drugs, and/or money. Many of these victims would not acknowledge that they were being exploited or that what they were doing was problematic.

Many re-victimized children displayed chronic runaway behavior, which may have resulted in multiple verifications of CSE. In many cases, the victim was continuing to run away on a regular basis, while investigations

were initiated only when the child was discovered doing something resembling trafficking. For

³⁵ This same pattern is also evident in the total CSE population. In 2018, 54% of children who were arrested within the year following their initial verification received a charge for violation of probation.

example, a parent of a community child or the house parent of a group home may call in a report when a child runs away, but if the child returns on their own and there is no explicit evidence of trafficking, the instance will likely not result in an investigation. In these circumstances, where chronic runaway behavior is combined with multiple CSE verifications, it does not appear that the exploitation is ceasing and then beginning again but that the child is continuing to engage in this behavior throughout their teens.

Few of the re-victimized children received specialized CSE services; some re-victimized community children entered the child welfare system. Many of the victims who were in out-of-home care at the time of their subsequent CSE investigation did not receive a placement or service change as a result of the CSE investigation. Some children did receive recommendations for placements or service changes; however, the recommendations often were not acted upon because the child refused to engage in services or ran away before or shortly after services could be put in place. If the child did receive specialized CSE treatment, they often had many placement disruptions, including getting kicked out of placements due to aggressive or defiant behavior or running away. A few were placed in safe houses (usually for short durations) or safe foster homes, received wraparound services from a CSE provider in a traditional group home setting, and one child received services from a community drop-in center. Overall, we found few orchestrated placement changes for re-victimized CSE children and few placements with safe harbor providers. Most of the victims in the files we reviewed were placed in traditional group or foster homes as well as therapeutic placements for substance abuse and mental health issues.

Some community children in the files we reviewed eventually entered the child welfare system and went into foster care, whether through subsequent child maltreatment investigations or through abandonment by parents or caregivers. This differs from our previous case file review of community children, where we did not find that these children entered the child welfare system. In this year's review, many of the re-victimized children also had one or more children of their own, though they were often removed because the mothers could not comply with case plans due to mental health issues, running away, or commitment to behavioral health or juvenile justice facilities. Additionally, we saw few victims enter extended foster care or maintain their eligibility once in the program.³⁶ Several community and dependent children turned 18 while on runaway status or in a juvenile justice detention or commitment program, and some were reunified with their parents.

RECOMMENDATIONS

We recommend that DCF and DJJ expand the provision of CSE-specific services for victims residing in DJJ facilities. CSE victims continue to have high rates of involvement with the dependency system in the years following their initial CSE verifications. In addition, re-victimized CSE children have extensive challenges and extensive involvement with the juvenile justice system. While many CSE victims spend a considerable amount of their time in DJJ facilities, the provision of CSE-specific services while in these facilities remains limited unless provided by a community organization with whom a child has an existing relationship. There may be opportunities to improve the provision of CSE-specific services provided to verified victims residing in DJJ residential programs by both DCF and DJJ. For example, DCF and the lead agencies could work with local DJJ facilities to ensure that

³⁶ Extended foster care refers to continuing care for young adults as defined in s. [39.6251](#), F.S.

community-based CSE service providers are able to provide services to children in these facilities regardless as to whether there is an existing relationship with a CSE service provider.

We recommend that DCF create a repository of information for new CSE providers. Our interviews with new providers revealed that some providers are not aware of all the rules and statutory requirements of CSE-specific providers. Providers reported that it would be helpful to have a central source of this information when developing programs. We recommend DCF create a repository of information, including listings of applicable laws, rules, department policies, and other relevant guidance, to be made available to new providers to help facilitate the development and implementation of CSE-specific services such as safe houses.

APPENDIX A

County-Level Prevalence Data

OPPAGA identified 400 verified victims of commercial sexual exploitation in 2018. Broward, Miami-Dade, Duval, and Orange counties had the highest numbers of victims. (See Exhibits A-1 and A-2.)

Exhibit A-1

Number of Verified CSE Victims by County

Community-Based Care Lead Agency	County ¹	Verified CSE Victims	Percentage of Verified CSE Victims
Big Bend Community-Based Care, Inc.	Bay	8	2.0%
	Calhoun	2	0.5%
	Gadsden	1	0.3%
	Holmes	1	0.3%
	Jackson	3	0.8%
	Leon	10	2.5%
	Wakulla	1	0.3%
Brevard Family Partnership	Brevard	16	4.0%
Embrace Families	Orange	32	8.0%
	Osceola	2	0.5%
	Seminole	9	2.3%
ChildNet, Inc.	Broward	51	12.8%
	Palm Beach	15	3.8%
Children's Network of Southwest Florida	Charlotte	1	0.3%
	Collier	3	0.8%
	Lee	13	3.3%
Community Partnership for Children	Putnam	1	0.3%
	Volusia	15	3.8%
Communities Connected for Kids	Indian River	2	0.5%
	Martin	4	1.0%
	Okeechobee	2	0.5%
	St. Lucie	10	2.5%
Eckerd Community Alternatives	Hillsborough	12	3.0%
	Pasco	9	2.3%
	Pinellas	7	1.8%
Families First Network	Escambia	14	3.5%
	Okaloosa	4	1.0%
	Santa Rosa	4	1.0%
	Walton	1	0.3%
Family Support Services of North Florida, Inc.	Duval	33	8.3%
	Nassau	2	0.5%
Heartland for Children	Highlands	6	1.5%
	Polk	11	2.8%

Community-Based Care Lead Agency	County ¹	Verified CSE Victims	Percentage of Verified CSE Victims
Kids Central, Inc.	Hernando	1	0.3%
	Lake	4	1.0%
	Marion	16	4.0%
	Sumter	1	0.3%
Kids First of Florida, Inc.	Clay	2	0.5%
Our Kids of Miami-Dade/Monroe, Inc.	Miami-Dade	40	10.0%
	Monroe	1	0.3%
Partnership for Strong Families	Alachua	12	3.0%
	Bradford	1	0.3%
	Columbia	1	0.3%
	Taylor	1	0.3%
Sarasota Family YMCA, Inc.	Manatee	8	2.0%
	Sarasota	4	1.0%
St. Johns County Board of Commissioners	St. Johns	3	0.8%
State Total		400	100.0%

¹ Counties not listed did not have any verified victims during the study timeframe (though they may have had investigations). Counties presented above were the counties of CSE victims' initial intake.

Source: OPPAGA analysis of Department of Children and Families data.

APPENDIX B

Lead Agencies Continue to Expend Additional Resources for CSE Victims

For Fiscal Year 2017-18, lead agencies expended nearly three-quarters more than their Department of Children and Families allocation for CSE victims' services. Expenditures totaled \$5.2 million with an allocation of \$3 million. (See Exhibit B-1.)

Exhibit B-1

Lead Agencies Expended 173% of Their Budget Allocation for Fiscal Year 2017-18

Lead Agency	Counties Served ¹	DCF CSE Allocation ²	Total Expenditures of Fiscal Year 2017-18 Funds ³	Percentage of Funds Expended ⁴
Big Bend Community-Based Care	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, Washington	\$61,224	\$0	0%
ChildNet	Broward	505,102	206,655	41%
ChildNet	Palm Beach	306,122	210,746	69%
Children's Network of Southwest Florida	Charlotte, Collier, Glades, Hendry, Lee	107,143	134,935	126%
Community Partnership for Children	Flagler, Putnam, Volusia	15,306	208,848	1,364%
Brevard Family Partnership	Brevard	30,612	192,789	630%
Community-Based Care of Central Florida	Orange, Osceola, Seminole	198,979	1,183,502	595%
Devereux Community-Based Care	Indian River, Martin, Okeechobee, St. Lucie	61,225	104,736	171%
Eckerd Community Alternatives	Hillsborough	187,856	219,684	117%
Eckerd Community Alternatives	Pasco, Pinellas	210,104	21,698	10%
Families First Network	Escambia, Okaloosa, Santa Rosa, Walton	15,306	144,352	943%
Family Support Services of North Florida	Duval, Nassau	76,531	700,970	916%
Heartland of Children	Hardee, Highlands, Polk	183,673	160,863	88%
Kids Central	Citrus, Hernando, Lake, Marion, Sumter	61,225	524,525	857%
Kids First of Florida	Clay	0	0	0
Our Kids	Miami Dade, Monroe	841,837	882,128	105%
Partnership for Strong Families	Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Union, Taylor	61,224	87,061	142%
Sarasota Family YMCA	DeSoto, Manatee, Sarasota	61,225	173,800	284%
St. Johns County Board of County Commissioners	St. Johns	15,306	28,500	186%
Total		\$3,000,000	\$5,185,791	173%

¹ Not all counties in a lead agency's service area have verified cases of CSE victims.

² Based on Department of Children and Families Budget Ledger System.

³ Based on Fiscal Year 2017-18 Community-Based Care Lead Agency Monthly Actual Expenditure Reports, including use of carry forward funds.

⁴ According to DCF, lead agencies may use any core services funding for CSE victims. Section [409.991, F.S.](#), defines all funds allocated to lead agencies as core services funds, with the exception of maintenance adoption subsidies, independent living, child protective services training, designated children's mental health wraparound services funds, and designated special projects.

Source: Department of Children and Families data.

APPENDIX C

Lead Agencies Paid an Average of Nearly \$18,000 per Child for CSE-Specific Services

In Fiscal Year 2017-18, lead agencies paid \$5.2 million to providers to serve 264 children needing CSE placements and services. Exhibit C-1 shows the providers who received 71% of the payments for CSE-specific services at an average cost per child of nearly \$18,000; safe house providers accounted for 45% of payments for CSE-specific placements and services at a cost of nearly \$30,000 per child. The remaining 29% of payments not shown in the table went to non-CSE-specific providers, e.g., group homes and foster parents.

Exhibit C-1

Nine Providers Received 71% of the Funding for Services to CSE Victims in Fiscal Year 2017-18

Provider	Type of Provider	Total Payment Amount	Percentage of Total Payments Statewide	Average Payment per Child Served
Vision Quest/Sanctuary Ranch	Safe House	\$1,090,588	21%	\$33,048
Citrus Health Network	Residential Treatment	869,709	17%	8,128
Wings of Shelter	Safe House	439,393	8%	39,945
One More Child	Safe House	332,100	6%	19,535
U.S. Institute Against Human Trafficking	Safe House	249,610	5%	49,922
Devereux Advanced Behavioral Health	Residential Treatment	232,475	4%	46,495
Aspire	Residential Treatment	232,320	4%	14,520
Redefining Refuge	Safe House	137,114	3%	27,423
Images of Glory	Safe House	100,530	2%	12,566
Total		\$3,683,839	71%	\$17,796

Source: OPPAGA analysis of Department of Children and Families data.

APPENDIX D

Appropriations and Expenditures for CSE Programs

From Fiscal Year 2013-14 through Fiscal Year 2018-19, the Legislature made available \$19.1 million to 10 providers to serve and develop or expand services to CSE victims. Of these funds, providers have spent \$11.9 million. (See Exhibit D-1.)

Exhibit D-1

CSE Providers Spent \$11.9 Million on Programs and Services for CSE Victims

Provider	Funds Appropriated/ VOCA Award	Funds Expended	Source of Funds
Fiscal Year 2013-14			
Oasis	\$300,000	\$270,000	General Revenue
Fiscal Year 2014-15			
Kristi House Drop-In Center	300,000	295,250	General Revenue
Devereux	825,027	796,880	General Revenue
Fiscal Year 2015-16			
Kristi House Drop-In Center	250,000	249,407	General Revenue
	300,000	299,343	Federal Grants Trust Fund (DCF)
Porch Light	50,000	49,998	General Revenue
Devereux	359,000	359,000	General Revenue
Bridging Freedom	1,000,000	977,094	General Revenue
Fiscal Year 2016-17			
Devereux	359,000	359,000	General Revenue
Kristi House Drop-In Center	200,000	198,500	General Revenue
Place of Hope	200,000	200,000	General Revenue
Dream Center ¹	250,000	250,000	Federal Grants Trust Fund (DCF)
Bridging Freedom	700,000 ²	-	General Revenue
Voices for Florida – Open Doors	500,000	299,881	General Revenue
	1,123,996	95,299	VOCA
Fiscal Year 2017-18			
Bridging Freedom	700,000	81,002	General Revenue
	39,287	21,113	VOCA
	700,000	590,080	Reallocation of FY 2016-17 Funds
Devereux	700,000	700,000	General Revenue
Porch Light	200,000	200,000	General Revenue
Voices for Florida – Open Doors	1,956,283	1,556,960	VOCA
	1,140,000	980,999	General Revenue
Fiscal Year 2018-19³			
Bridging Freedom	700,000	397,905	General Revenue
Voices for Florida – Open Doors	1,800,000	654,129	General Revenue
	3,581,797	1,076,915	VOCA
Citrus Behavioral Health	400,000	67,188	General Revenue
Redefining Refuge	500,000	291,667	General Revenue
Porch Light	200,000	166,667	General Revenue
Devereux	500,000	416,667	General Revenue
Six-Year Funding Total	\$19,134,390	\$11,900,944	

¹ Dream Center is now doing business as U.S. Institute Against Human Trafficking.

² Bridging Freedom did not sign a contract to receive this funding; the funding was reallocated in Fiscal Year 2017-18. The Fiscal Year 2016-17 appropriation is not included in the total.

³ At the time of this review, payments were still being made/reimbursements submitted for Fiscal Year 2018-19 grants and appropriations.

Source: Florida Accountability Contract Tracking System and Department of Legal Affairs data as of May 2019.

APPENDIX E

Outcomes of Previously Identified CSE Victims Who Are Now Adults

In addition to examining outcome measures focused on CSE victims who are still minors, we included a few age-specific measures for those who have turned 18 years of age, including data on independent living services, Florida Department of Law Enforcement (FDLE) arrests and charges, continuing education enrollments, public benefit usage, and employment.

Some CSE victims may benefit from the financial assistance available to young adults. Florida's independent living services array consists of Extended Foster Care, Post-Secondary Education Services and Support (PESS), and Aftercare Services for young adults formerly in licensed foster care. We examined FSFN payment data for Extended Foster Care, PESS, and Aftercare Services.³⁷ From our outcome population of 1,055 children and young adults, we identified 500 individuals who were in out-of-home care at some point before or after their CSE verification. From these 500 individuals, we identified 207 who appeared to meet the initial eligibility requirements for financial assistance for young adults. We were able to track financial assistance to these young adults for an average of 1.7 years (with a range of six days to over five years).

In the year following their 18th birthday, 90 young adults received some type of financial assistance through the state's independent living program.

Of the 207 eligible young adults, we could track 137 eligible young adults for a full year. Of these 137 young adults, 90 (66%) received some type of financial assistance: 80 received assistance for room and board, 23 received educational financial assistance, and 72 received other financial support during the

first year after turning 18 years of age.³⁸ Of the 207 eligible young adults, we could track 31 for a full three years. Of these 31 young adults, 22 (71%) received some type of financial assistance: 18 received financial assistance for room and board, 4 received educational financial assistance, and 20 received other financial supports at any point in the three years after turning 18 years of age. Young adults may cease receiving financial assistance for a variety of reasons, including academic or vocational program completion, choosing to discontinue program participation, or non-compliance with program requirements.

Young adults previously verified as CSE victims continue to have involvement with law enforcement. Thirty percent of young adults who could be tracked for a year after turning 18 were arrested by FDLE within that year. The most common charges were for drug possession and violation of probation; only 1% were arrested for prostitution. In looking at the three years following their 18th birthday, 46% of those who could be tracked were arrested by FDLE. The most common charges were again for drug possession and violation of probation; 2% had an arrest for prostitution.

In the year following their 18th birthday, 30% of the young adults who could be tracked were arrested.

³⁷ Section [39.6251](#), F.S., authorizes Extended Foster Care services, and s.[409.1451](#), F.S., the Road-to-Independence Program, authorizes Post-Secondary Education Services and Support and Aftercare Services for young adults who have lived in foster care.

³⁸ Young adults may receive more than one type of financial assistance simultaneously.

In the years after turning 18, CSE victims had low rates of high school completion or continuing education; many received public assistance and/or worked in an unemployment insurance-covered job at some point. Seventeen percent of those who could be tracked for a year after turning 18 received a high school diploma, GED, or certificate by the end of the year (61% of which were GEDs). Thirteen percent had at least one continuing education record within the year (6% were enrolled in high school or remedial continuing education courses, 7% were enrolled in a post-secondary institution, and 0.3% were enrolled in a certificate or trade program).

In examining rates of public assistance and employment, 60% received benefits through the Supplemental Nutrition Assistance Program (SNAP) at some point in the year after turning 18; 46% of these young adults received SNAP for all four quarters. Only 2% received benefits through the Temporary Assistance for Needy Families (TANF) program, most of whom only received benefits for one quarter. Forty percent of the young adults we could track had an unemployment insurance-covered job at some point during this year; the most commonly held job was in food service.

In the three years following their 18th birthday, 22% of young adults were enrolled in continuing education.

No additional young adults who we could track for a full three years received a high school diploma, GED, or certificate. Twenty-two percent had at least one continuing education record: 15% in high school or remedial continuing education courses; 6% in a post-secondary institution; and 2% in a certificate or trade program.

Seventy-five percent received SNAP at some point during this time and 72% received TANF, generally for two years or less. Sixty-one percent of the young adults we could track had an unemployment insurance-covered job at some point during these three years (with 37% to 38% having a job in any given year); again, the most common job was in food service.

APPENDIX F

Profile of Re-Victimized Children

Children with subsequent CSE verifications spent more time in DJJ facilities and less time in safe houses than CSE victims without subsequent verifications. From our outcome population of 1,055 CSE victims, 22%, or 231 children (107 community children and 124 dependent children), had a subsequent CSE verification. Comparing CSE victims with subsequent CSE verification to CSE victims without subsequent CSE verification found little variation between these children in terms of age, gender, or living arrangement.

However, when examining race, slightly more African-American CSE victims had subsequent verification of CSE than did white victims. Variations were also found between children with and without subsequent CSE verifications in time spent in various placements. Children with subsequent CSE verifications spent more time in Department of Juvenile Justice facilities and on runaway status and less time in a family setting or a safe house than children without subsequent CSE verifications. Forty-seven children with subsequent CSE verifications had in-home protective services or out-of-home care placement at the time the subsequent verification: 28 of these children were in out-of-home care at the time of the subsequent verification, 5 children entered out-of-home care as a result of their subsequent verification for CSE, 4 children were receiving in-home protective supervision at the time of their subsequent verification, and 5 children received this service as a result of their subsequent CSE verification.

AGENCY RESPONSE



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

June 27, 2019

Mr. R. Philip Twogood
Office of Program Policy Analysis and Government Accountability
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Mr. Twogood:

The Department of Juvenile Justice (DJJ) has received and reviewed the preliminary findings and recommendations of OPPAGA's report titled, "Placement Options for CSE Victims Have Increased; CSE-Specific Services Remain Limited". Please consider this letter the Department's official response to the preliminary report, in accordance with subsection 11.51(2), Florida Statutes.

A key goal of the agency is to increase identification of potential trafficking victims and to connect victims to appropriate services. As discussed in the report, DJJ staff screens youth who demonstrate indicators related to commercial sexual exploitation or labor trafficking. DJJ is exploring ways to expand training and screening protocols for youth who engage with our delinquency prevention services who may otherwise have limited contact with our agency. DJJ is strengthening human trafficking intervention within residential and detention settings by increasing staff training, building relationships between residential staff and local trafficking-specific service providers, and increasing options to target trafficking-specific services to victims. DJJ and the Department of Children and Families have longstanding partnerships in place to provide specialized services for victims of exploitation.

Florida has also invested resources in the study of exploited youth in Florida. The Department is dedicated to further data collection in hopes of better understanding the scope of trafficking in Florida and the incidence of exploited youth within the delinquency system.

Thank you for the opportunity to review your preliminary findings and report.

Sincerely,

A handwritten signature in blue ink that reads "Simone Marstiller".

Simone Marstiller
Secretary

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Ron DeSantis, Governor

Simone Marstiller, Secretary

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Chad Poppell
Secretary

June 28, 2019

R. Philip Twogood, Coordinator
OPPAGA
111 West Madison Street, Room 312
Tallahassee, FL 32399-1475

Dear Coordinator Twogood:

This letter is in response to the preliminary findings issued by the Office of Program and Policy Analysis & Government Accountability (OPPAGA) to the Department of Children and Families (DCF) on June 13 related to the commercial sexual exploitation of children. DCF remains absolutely committed to preventing, identifying, and providing effective services to victims of commercial sexual exploitation (CSE) in Florida. We appreciate the acknowledgement of the progress that has been made in Florida and the complexity of the nature of the work related to CSE.

During OPPAGA's review period, DCF continued its efforts to address the commercial sexual exploitation of children through identification and service provision. Additional details related to the findings in the report are provided below.

Section 1: Prevalence

Number of verified CSE victims continued to rise in 2018; population characteristics similar to victims identified in prior reports.

Response: DCF, in partnership with other state agencies, task forces and community stakeholders, continues to conduct extensive training to teach frontline staff, first responders, and members of the public how to recognize and report potential human trafficking. These training efforts, along with targeted screening and identification efforts within fields such as juvenile justice, health and law enforcement, likely contribute to increased identification of CSE victims.

Training, including adaptations based on new research and emerging trends, will continue to be a priority as we strive to identify and serve human trafficking victims in Florida. During the review period, DCF offered additional training to department hotline staff to ensure appropriate identification and coding of suspected human trafficking cases as well as a statewide Human Trafficking Train-the-Trainer session that was open to every DCF Region, Sheriff's Office CPI Unit, and CBC.

Section 2: Placements and Services

CSE service model is slowly evolving to ensure placements and services for dependent and community children, but challenges remain.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Response: On April 1, 2018, DCF began the process of following up on all verified CSE cases within six months of the close of the investigation to determine service engagement. As noted in the report, these follow-ups revealed some challenges to service provision, including youth not being ready to engage in services, and limitations in CSE-specific service availability in some areas. The department will continue to monitor these six-month follow-ups to determine any frequent barriers to service provision and ways to overcome those barriers.

Florida has spent the last several years focused on establishing a comprehensive system of care equipped to meet the many individualized needs of CSE victims, including both community and dependent youth. Over the course of the review period, DCF held quarterly meetings with specialized CSE residential providers to talk through successes and concerns, share information on potential funding streams, and discuss provider-requested topics. In an effort to expand and strengthen services, DCF has also continued to hold informational meetings with prospective safe house providers, facilitated community stakeholder meetings with community-based service providers, and helped train many key partners, including services providers, to equip them to identify and serve this population.

It is a DCF priority to identify existing resources that can be leveraged in the development of a comprehensive system of care and identify promising practices for producing the best outcomes. A key end goal is to create a strong continuum of care for all victims of human trafficking and ensure accountability of state funds being provided for serving this population.

Section 3: Outcomes

Many children with verified CSE have DCF and/or DJJ involvement in the years following verification; K-12 school attendance rates are low.

Response: When assessing social outcomes over a short time period, it is important to note the extreme level of trauma that most CSE victims have experienced. Any therapeutic treatments must address all the types of trauma that a youth has experienced in addition to their CSE. Many survivors explain that their healing journey often continues decades later. Upon initial identification, there may be a great deal of resistance to services and the victim may not self-identify as a victim or survivor. We understand that progress in social outcomes, school outcomes, therapeutic healing, and an ability to recognize victimization and leave the exploitative situation may take years because of this high level of trauma. It continues to be a DCF priority, in partnership with other agencies represented on the Statewide Council on Human Trafficking, to ensure that we understand the services that produce the best outcomes for this population and continuously identify existing resources that can be leveraged in creating a comprehensive system of care to meet complex, long-term needs.

More program evaluations are needed to determine best practices in serving this population. However, Progress Reports completed by the University of South Florida on the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Program have shown some promising improvements for youth served. In CHANCE Evaluation: Progress Report 6, it was noted that "significant improvements were observed in the areas of leadership, family functioning, school behavior, oppositional behavior, adjustment to trauma, runaway behaviors, and intentional misbehavior."

DCF continues to prioritize the needs of the child on an individual basis, including a specific tool to assess the level of placement needed, to address their most critical needs and enhance long-

term outcomes. Further studies like the CHANCE Evaluation will provide the necessary information to create an evidence-based continuum of care that can address the specific needs of CSE youth.

Section 4: Review of re-victimized children's case files
Re-victimized CSE children face significant challenges.

Response: The department appreciates OPPAGA's analysis on youth who experience multiple or continued instances of CSE victimization. The report notably highlights the high level of adverse childhood experiences and resulting trauma and behavioral health issues that create an increased vulnerability to continued exploitation. The report also highlights that revictimization also often leads to additional poor outcomes such as extensive juvenile justice involvement, chronic runaway behavior, and the likelihood that the youth may engage in risky behaviors such as survival sex to have basic needs met. All these factors compound the needs of these youth, but also make it particularly difficult to engage this subpopulation of CSE victims in long-term services to address their needs. Revictimization is a factor that is addressed through the multidisciplinary team-staffing process as it pertains to safety concerns and service recommendations. The department strives to understand the risk factors for each youth in order to determine the most appropriate plan to meet their individualized needs.

Recommendation 1: We recommend that DCF and DJJ expand the provision of CSE-specific services for victims residing in DJJ facilities.

Response: The department has partnered with the Department of Juvenile Justice (DJJ) for over five years on CSE initiatives to enhance both agencies' efforts to identify and serve commercially sexually-exploited children. For CSE youth that are involved in the juvenile justice system, DJJ personnel are a key part of the multidisciplinary team staffing process to determine appropriate services for a youth and ensure that all those working with the youth are addressing those needs as a CSE victim. The department will continue to work closely at the state level with the Human Trafficking Director at DJJ to explore service provision options for youth in residential facilities throughout Florida as well as at the local level to coordinate services for individual youth. DCF looks forward to a continued partnership with DJJ as the two agencies collaborate to ensure effective service provision to all CSE children regardless of their current placement.

Recommendation 2: We recommend that DCF create a repository of information for new CSE providers.

Response: The department strives to come alongside prospective CSE providers as early in the exploratory process as possible. The department has met with many prospective safe house and community-based service providers during the earliest brainstorming phases to provide important information on serving this population and being a safe house provider. This often includes certification language for safe houses, connection to licensing specialists, contact information for other providers that we encourage them to connect with, information we know about the population, and potential things they will need to consider such as funding and zoning. For providers that are further along in the process, the Human Trafficking Unit Staff try to connect with them as soon as we are made aware that they are offering, or interested in offering, services to CSE youth. Historically, DCF's Human Trafficking Unit Staff in partnership with licensing staff, and other CSE providers have served as the repository of information on

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servicing the population. However, DCF is committed to ensuring that both DCF Regional staff and prospective providers are easily able to locate and access the necessary information to knowledgably move forward in the process of developing a CSE program. DCF will explore options for increasing accessibility of key information for prospective providers. The Human Trafficking Unit will also continue to serve as a resource and support to anyone serving or interested in servicing this population and continue to connect with prospective providers throughout the program development process.

In closing, Florida continues to receive national recognition as a leader in the fight against human trafficking, recognized for strong legislation and the child welfare system's efforts to serve this population. While we have made great strides as a state, DCF remains committed to encouraging and reviewing evaluation of existing service types, identifying promising practices and assisting our current CSEC-specific service providers. We are also committed to assisting in the development of new placements and community-based services and enhancing all efforts to identify and serve CSE children in Florida.

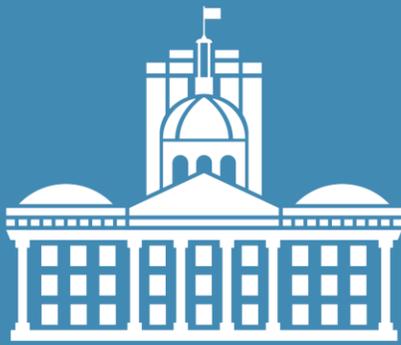
If you have any questions, please contact Traci Leavine, Director of Child Welfare Practice, at traci.leavine@myflfamilies.com or 850-717-4760.

Sincerely,

A handwritten signature in black ink, appearing to read 'CPoppell', written in a cursive style.

Chad Poppell
Secretary

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