DELTA Three Year Outcome Study Devereux Florida Viera Campus

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DEVEREUX FLORIDA

CSEC is....

The commercial sexual exploitation of children (CSEC) is:

- Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons.
- The child is treated as a commercial and sexual object.
- CSEC is a form violence against children.

Child Trafficking Industries



Top 10 Child Trafficking Industries

- 1. Pimp-controlled prostitution
- 2. Peddling rings
- 3. Pornography
- 4. Escort service/Delivery service
- 5. Commercial-front brothel
- 6. Residential brothel
- 7. Traveling sales crew
- 8. Domestic work
- 8. Restaurant/Food service
- 9. Personal sexual servitude
- 10. Hostess/Strip club

CSEC in the United States

Runaway Youth

• Nine percent of 1600 runaway youth surveyed reported to have engaged in survival sex and some point in their life.

Walls, E., & Bell, S. (2011). Correlates of Engaging in Survival Sex among Homeless Youth and Young Adults. Journal of Sex Research, 48(5), 423–436.

 A NY City provider of services to homeless youth found that 1 in 4 had been a victim of sex trafficking or had engaged in survival sex, and 48% engaged in commercial sex because they didn't have a safe place to stay.

https://www.nn4youth.org/wp-content/uploads/Homeless-Youth-and-Human-Trafficking.pdf

What is Your State's "Grade" ?



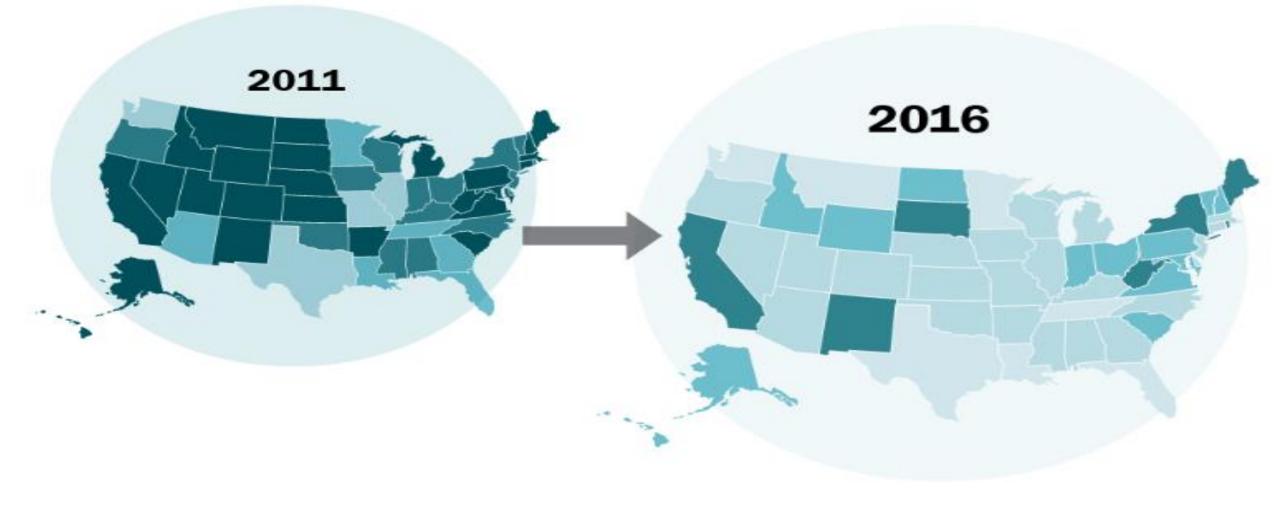
http://sharedhope.org/what-we-do/bringjustice/reportcards/

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2016 LEGISLATIVE ADVANCEMENTS



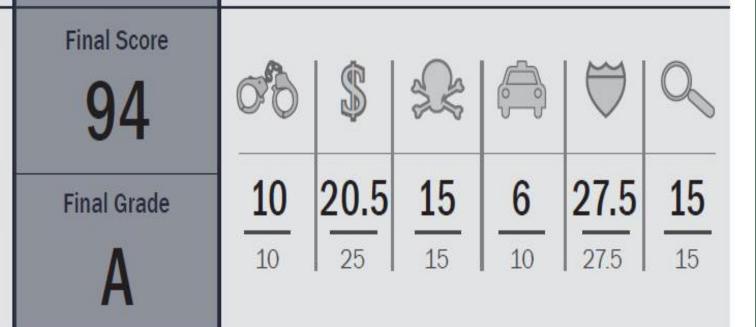
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PROTECTED INNOCENCE CHALLENGE STATE ACTION. NATIONAL CHANGE.



Florida Report Card 2016

The human trafficking law includes sex trafficking of minors without regard to use of force, fraud, or coercion to cause the minor to engage in commercial sex act. Child victims are protected from being criminalized for prostitution and have access to specialized services through child welfare as a sexually exploited child.



Florida Legislation

- Florida Safe Harbor Act (2013)
- Florida House Bill 7141 Human Trafficking (2014)
- Florida House Bill 989 Victims Rights (2014)
- Florida House Bill 369 Public Awareness (2015)
- Florida House Bill 465 Penalties (2015)
- Florida House Bill 467 Expungement (2015)
- Florida House Bill 5845 Re-classes HT offenses and removes minors from prosecution (2016)

Devereux Florida

Devereux Florida offers a full continuum of care through several different programs and services including:

- Intensive Residential Treatment Center/ Children's Specialty Hospital
- Statewide Inpatient Psychiatric Program (SIPP)
- Autism & Intellectual/Developmental Disabilities Program
- Residential Group Care
- Specialized Therapeutic Group Homes
- Intensive Behavior Group Homes
- Child Welfare Services
- Foster Care & Adoption Programs
- Family Counseling Center
- Abuse and Neglect Prevention Services



DELTA Treatment Tracks

- Devereux has implemented a specialized treatment model on our Viera Campus in either our locked or unlocked program to meet the unique needs of this population. This is a 136 bed residential campus serving individuals with mental health and/or intellectual disabilities. It is an all inclusive campus setting where all mental health, medical, educational, milieu and nursing services are provided on site.
- Specialized therapeutic services to address the unique needs of survivors of sexual exploitation are now available to youth who are placed in Devereux Florida's Specialized Therapeutic Group Homes. This is a community based group home where individuals reside in the group home and receive mental health services but attend school in the community.

DELTA Treatment Tracks

- Devereux Florida's DELTA Foster Care Program is available for children in traditional, therapeutic and specialized therapeutic levels of foster care, focused on the individual needs of youth.
- The Devereux Family Counseling Center provides outpatient therapeutic services to survivors of commercial sexual exploitation, as well as therapeutic counseling and support for family members, through the DELTA Counseling Program. The program offers intensive wraparound services.

Why a Continuum?

• Not all children exploited need residential care.

• Not all children exploited can remain safe in outpatient or community based services.

A continuum provides the service provider the opportunity to be able to treat the needs of exploited children with multiple varying needs in the least restrictive setting possible as well as provides the exploited child to remain with the same service provider throughout treatment (thus providing a continuity of care ---- and avoids re-traumatizing exploited children with this continuity).

Goals of Programming Across Continuum...

- Regain a sense of safety
- Identify and process symptoms related to complex trauma reactions
- Increase internal insight into emotions associated with the trauma
- Increase personal coping skills
- Develop an individualized wellness recovery/relapse prevention action plan
- Demonstrate clinically significant improvements in functional level
- Successful discharge to a lower level of care or maintain stability in a community-based setting

Wounds to Treat...

- Drug/alcohol addiction
- Physical injuries
- Traumatic Brain Injury
- Memory loss
- Dizziness
- Headaches
- STDs
- Infertility
- Trauma of miscarriage/abortions

- PTSD
- Anxiety
- Insomnia
- Depression
- Hypervigilance
- Persistent self-loathing
- Shame
- Self-hatred
- Grief
- Fear

Treatment

- Treatment Modalities
- Treatment Types/Services



Youth served:

- Current and/or historical reports of involvement in human trafficking or exploitation
- Full Scale IQ of 60 or above (Social Adaptive composite score will be taken into consideration as well)
- Ability to benefit from cognitive behaviorally focused treatment
- Scores placing the youth in need of specific trauma focused treatment
- Reports of significant exposure to trauma
- Meet minimum guidelines for needing residential treatment

Treatment Modalities

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Motivational Interviewing (MI)
- Applied Behavioral Analysis (ABA)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Specialized CSEC Group Curriculum
- Art/Expressive Therapies
- Movement Therapies

Treatment Interventions

- Individual Therapy
- Group Therapy
- Family Therapy
- Recreational Therapy
- Movement Therapy
- Peer Support
- Case Management
- Substance Abuse Services (if needed)
- Psychiatric Services

Clinical and Quality Oversight

- Bi-weekly case review meeting: Wednesdays, every two weeks all staff involved meet. The purpose of this meeting is to review the progress and treatment for the youth participating in the treatment track, update staff of any changes or incidents in the program, review any treatment related data, and discuss and address any possible problems identified in the track.
- Ongoing consultation and reviews: All staff involved with the treatment track, including administrators and senior clinical leadership, discuss and attempt to address any issue that requires immediate attention.
- Quarterly program review meeting: Every three months all staff involved with the treatment track, including administrators and senior clinical leadership, meet to assess the efficacy of the treatment track, as well as a review of outcome and quality data associated.

Assessment and Outcomes

Global Assessment:

Child Behavioral Checklist for Children (CBCL) Youth Self Report (YSR) Teacher Report (TRF)

Trauma Screening:

Child and Adolescent Needs and Strengths: Commercial Sexually Exploited Child (CANS:CSE) Trauma Symptom Checklist (TSCL) UCLA PTSD Index for DSM Adverse Childhood Experiences Questionnaire (ACES)

Assessment and Outcomes

Symptom Specific Assessment:

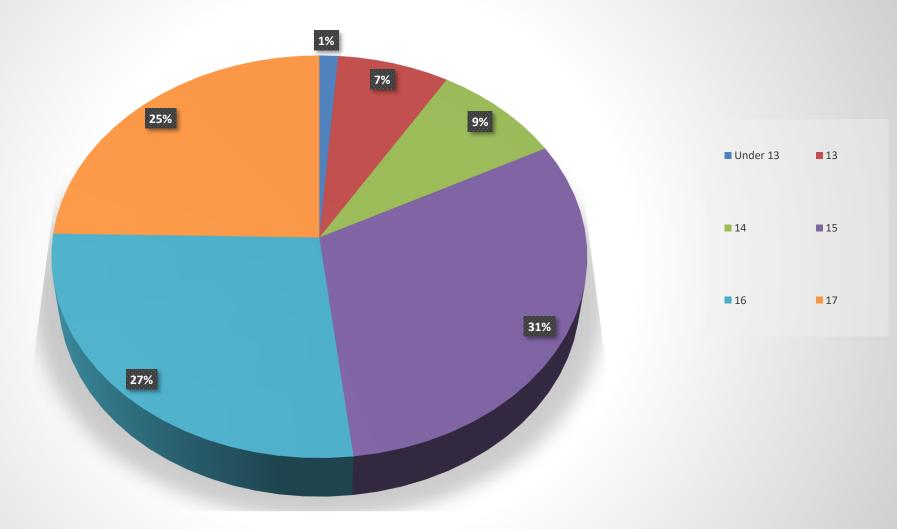
Adolescent Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2) BECK Inventories (Primarily Anxiety and Depression) Psychological Testing as indicated

Post Service Information

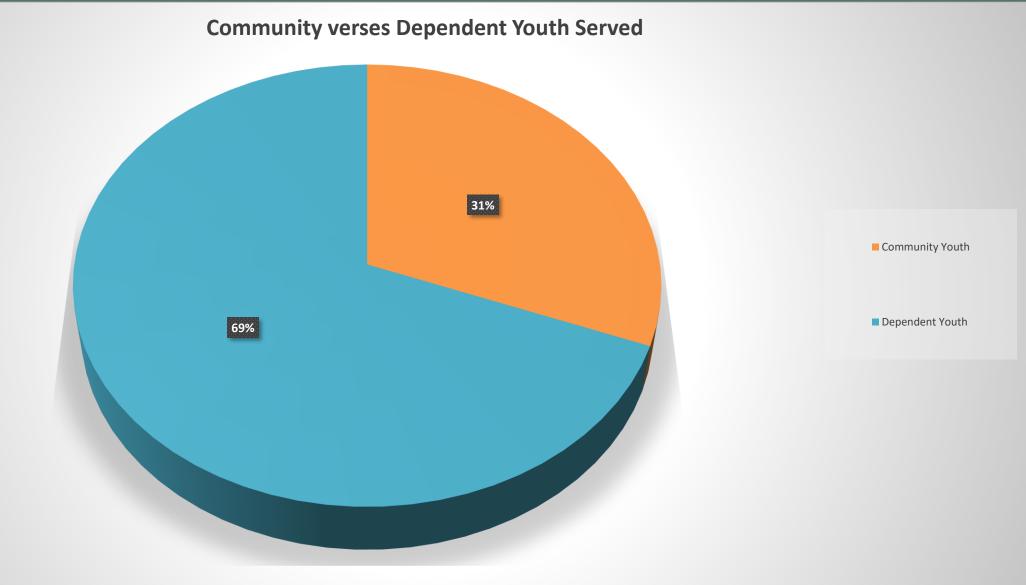
Post treatment collect via interview or survey (return to exploitation, living situation, incidents of running away, quality of life indicators)

Population Served: Age at Admission

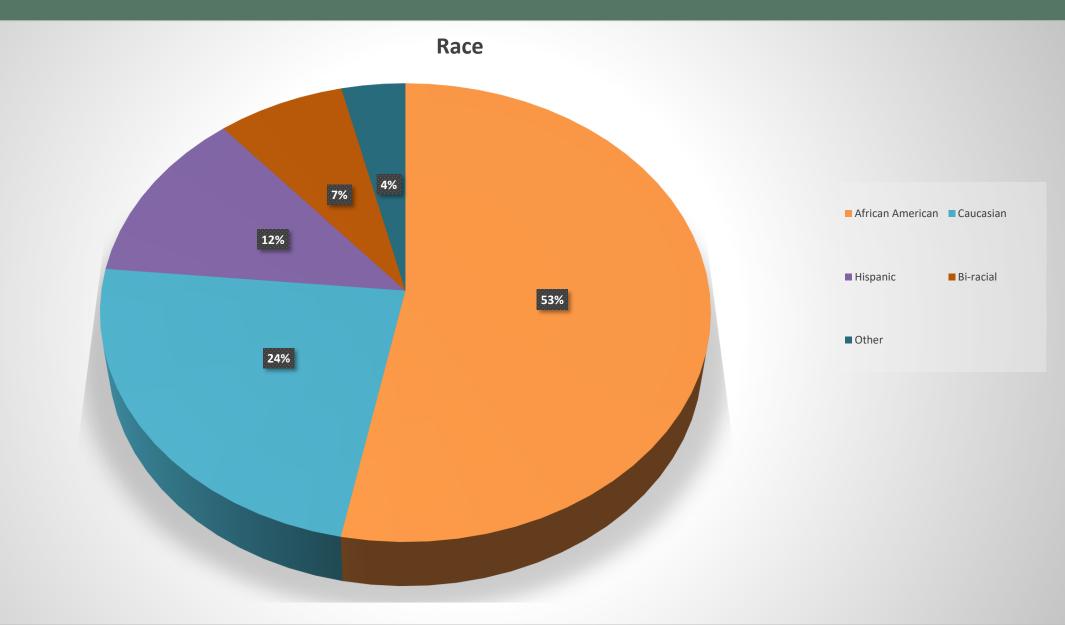
Age at Admission



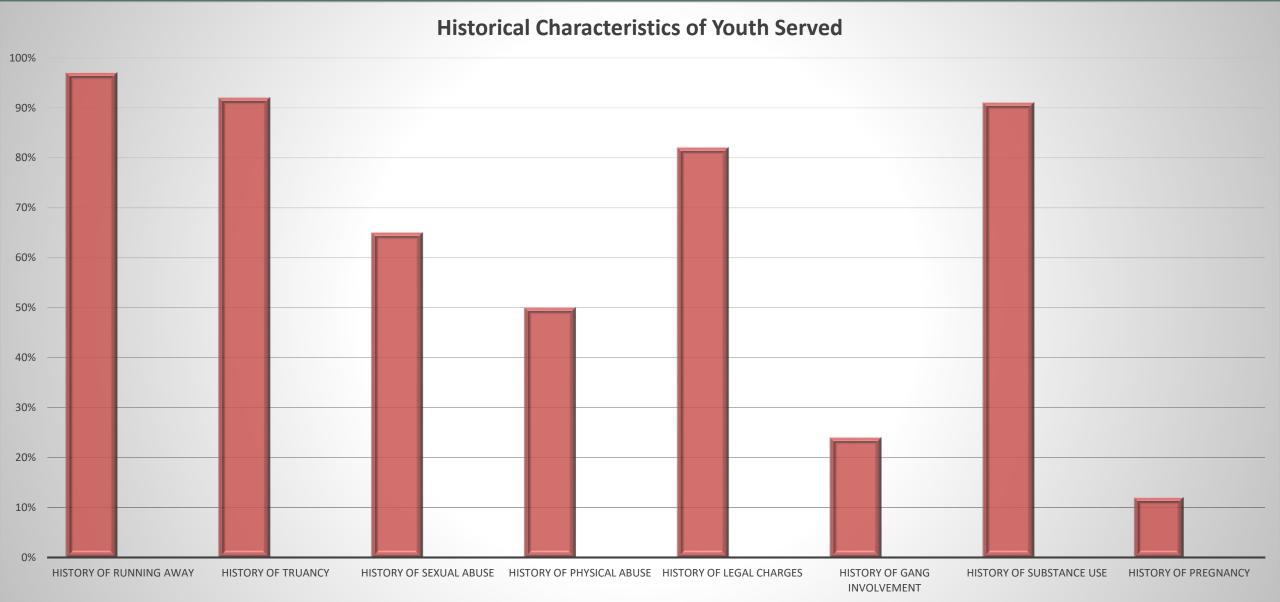
Population Served: Community Versus Dependent Youth



Population Served: Race

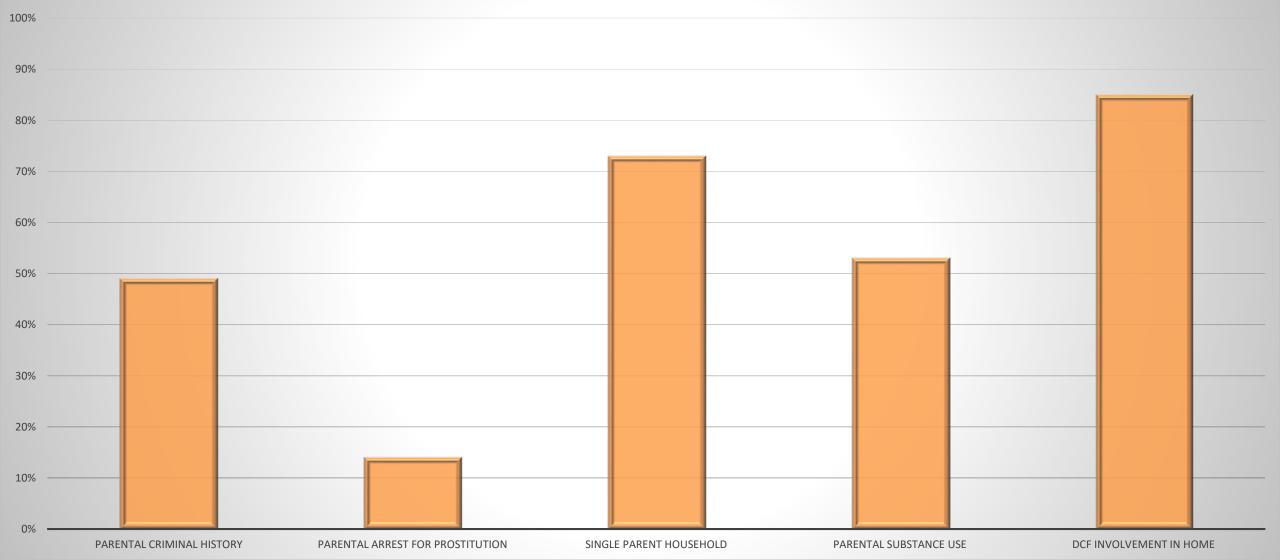


Population Served: Historical Characteristics



Population Served: Parental Characteristics

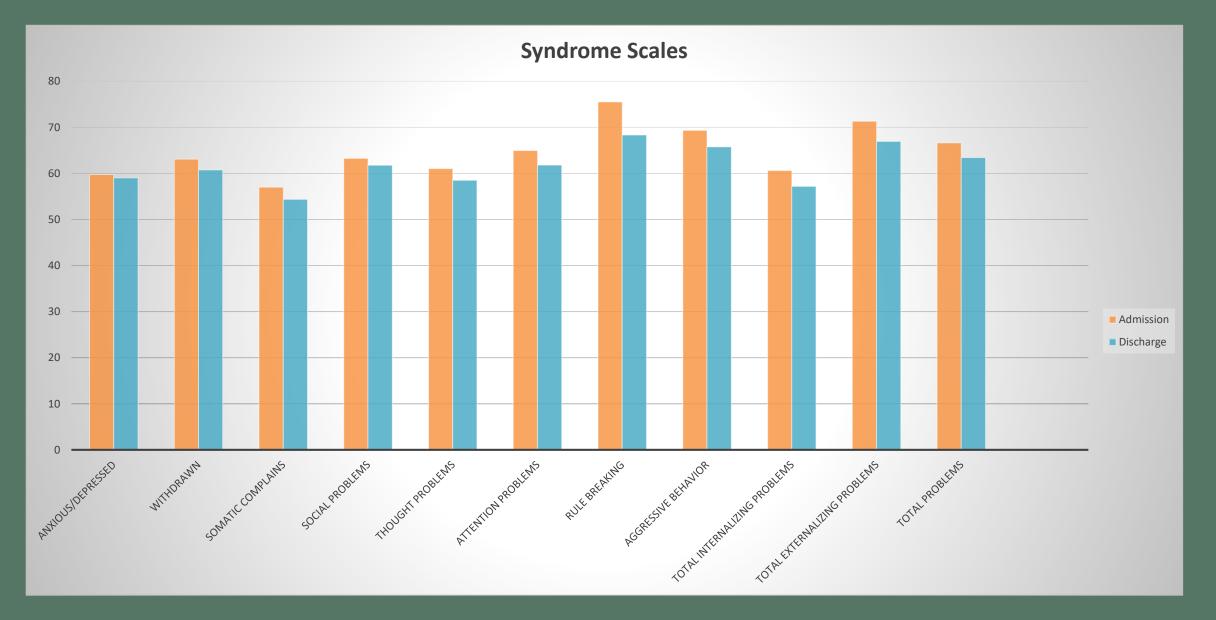




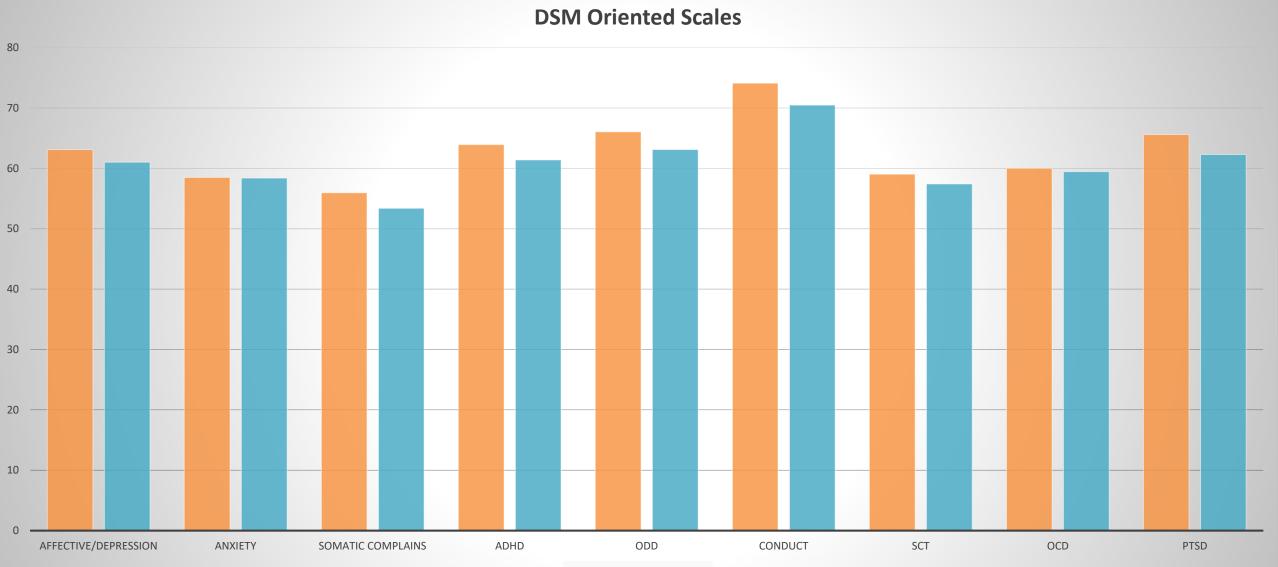
Outcomes: CBCL



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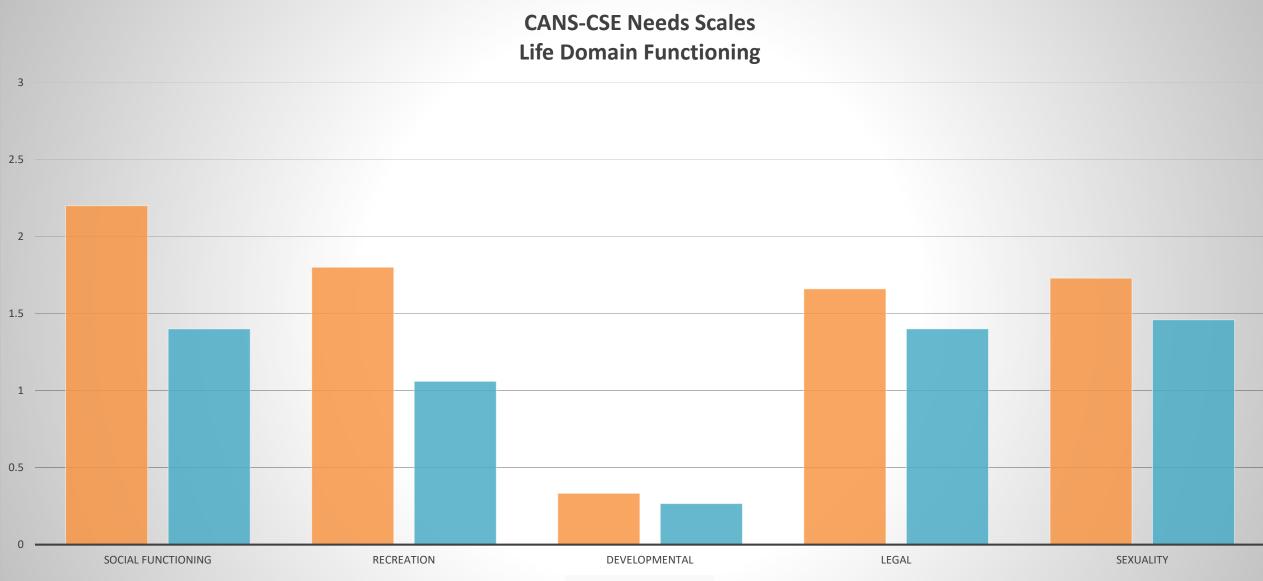


Admission Discharge

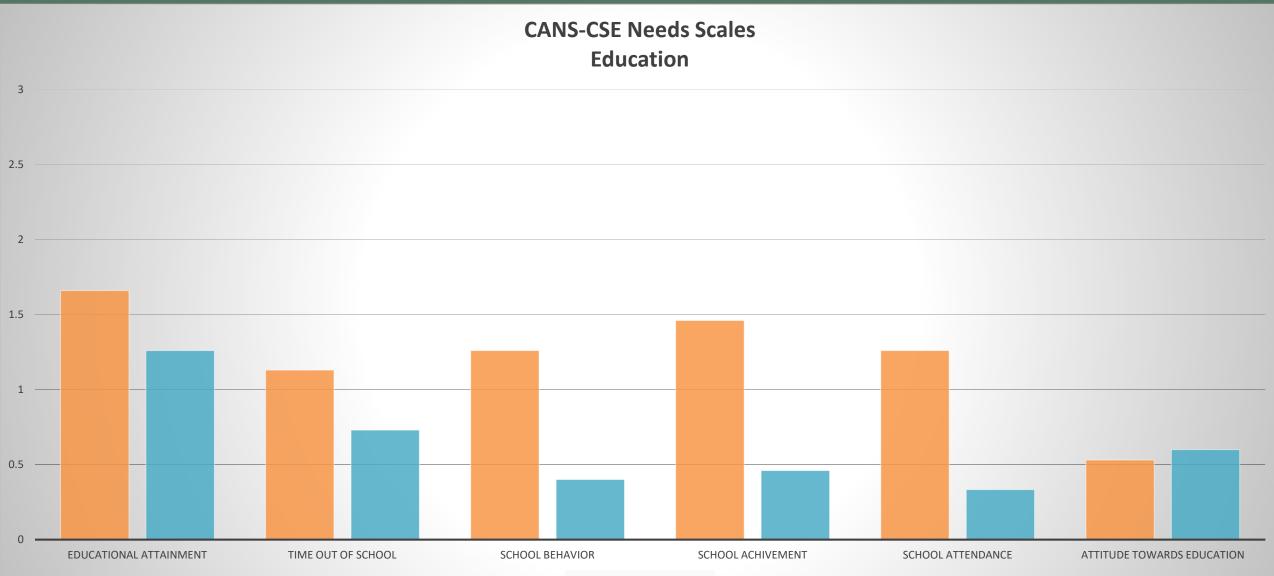
Outcomes: TSCL



Admission Discharge

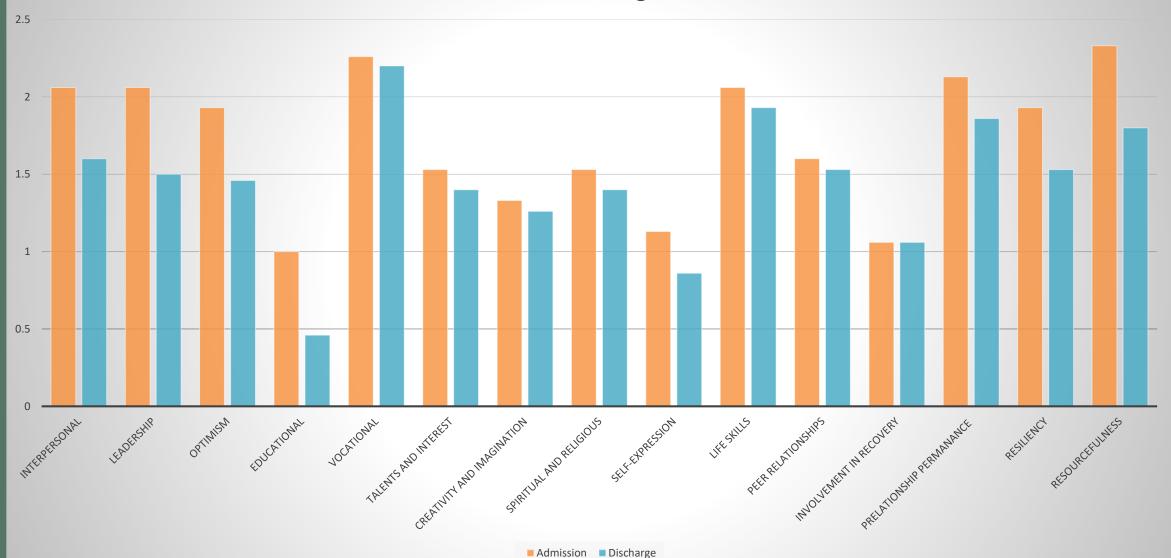


Admission Discharge

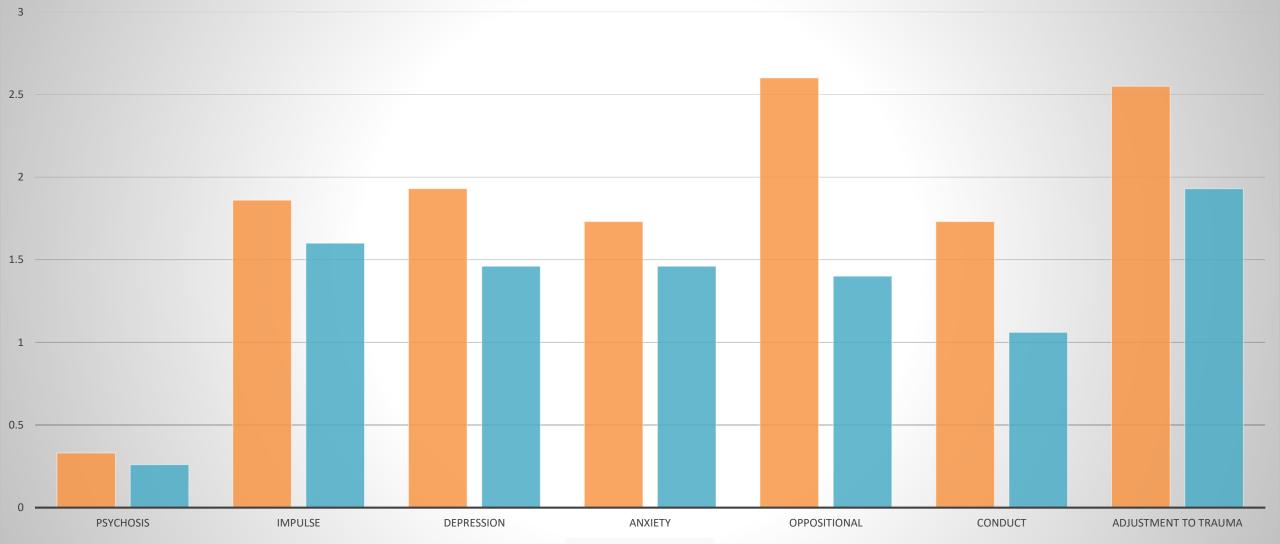


Admission Discharge

CANS-CSE Youth Strengths Domain

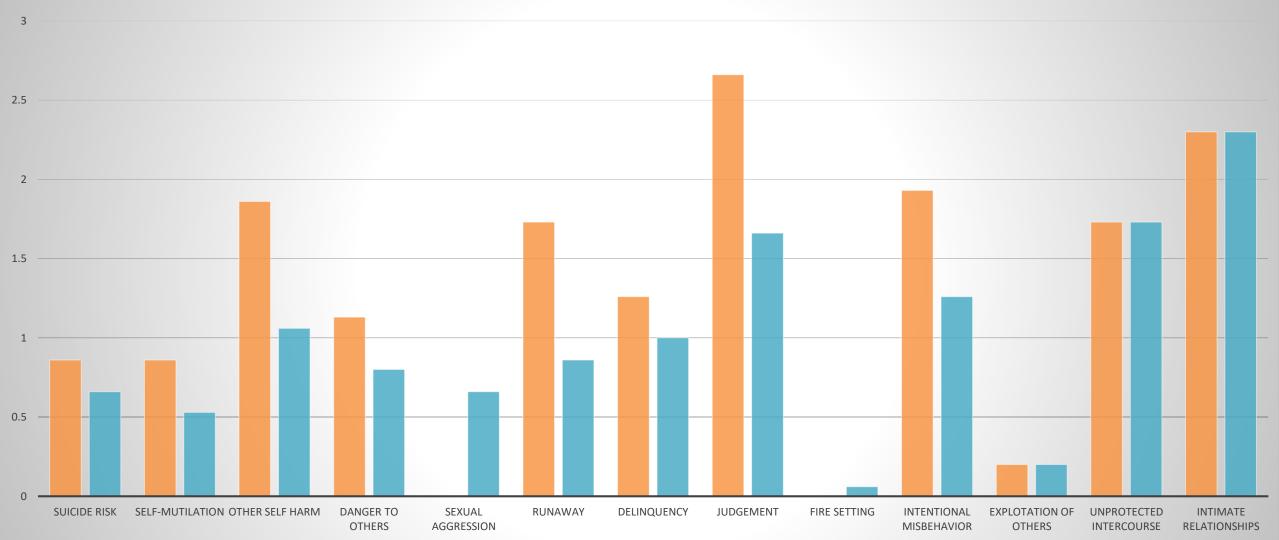


CANS-CSE Youth Behavioral and Emotional Needs



Admission Discharge

CANS-CSE Youth Risk Behavior



Conclusions and Discussion

- In review of the admission and discharge assessment scores, every area of measurement moved in the desired direction. Those scales that needed to increase in value did and those that needed to decrease did as well.
- More specifically, there was a significant decrease in two of three measures of depression.
- There was a significant decrease in most measures of externalizing symptoms.

Contact Information

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