Survivors and Providers:
Lessons learned from a care coordination intervention for commercially sexually exploited (CSE) children and young adults in Florida

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Overview

1. Intersection of sex trafficking and public health / in Florida

1. Statewide intervention: Open Doors Outreach Network

1. Lessons learned around caring for survivors

1. Addressing challenges and inefficiencies

1. Roles and responsibilities of providers

1. Next steps
Sex Trafficking & Public Health

• Sex trafficking affects communities in nuanced ways:
  – Individuals affected
    • Vulnerable: Children → lifecourse and associated downstream effects
    • Overlap of other realms of public health (domestic violence, poverty, drug abuse, mental illness, lack of economic / family unit stability)
  – Violence: sexual assault, rape
  – Disease: transmission and/or exacerbation (i.e. chronic illness management)
  – Lack of choice; later criminalized during and after period of trafficking
  – Potential organization interface: healthcare settings, schools, businesses

• Reporting of cases
  – Why low numbers?
  – Perceived vs reality
    • Prostitution? Voluntary Sex Work? versus (Involuntary) Trafficking

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1 “Public Health in the Age of Health Care Reform” Centers for Disease Control: Preventing Chronic Disease. https://www.cdc.gov/pcd/issues/2012/12_0151.htm
Florida & Sex Trafficking

- In 2016, of Florida’s 556 total sex trafficking cases, 31% (172 cases) involved minors
- In 2017, 381 cases involved minors
- Long coastlines, tourist attractions, metropolitan areas, highways (Interstate-75) and a large population

Location of callers to the National Human Trafficking Research Center Hotline

Source: National Human Trafficking Resource Center

Voices for Florida &
The Open Doors Outreach Network (ODON)

• Voices for Florida, a Florida nonprofit organization, created the Open Doors Outreach Network (ODON) to streamline care coordination across the state
  – Funding: FL Attorney General’s Office, $5 million-dollar Victim of Crime Act (VOCA) grant

• Objectives: Define what “care” looks like to survivors, study care and identify gaps
  – To inform development of statewide protocols, training and education requirements and care coordination

• Methods:
  – Formative evaluation
    • June 2017-June 2019
    • 6 statewide regions, 19 counties

  – Open Doors Outreach Intervention (ODON):
    • Identifies gaps in services and policy in 6 pilot regions
      – Process mapping to identify gaps
    • Public-private partnership
      – Partnering with local agencies in each pilot region to identify care needs for victims locally
      – Trauma-informed, coordinated care
    • Provides recovery and restoration services for CSE survivors:
      – ages 10-24
ODON & Trauma-informed care

Components of Trauma-Informed Care

- Creating a Safe Environment
- Building Relationships and Connectedness
- Supporting and Teaching Emotional Regulation

Substance Abuse for Mental Health Services Administration, 2014

Survivor

Judicial system

DCF

Law enforcement

Schools, churches, hospitals

ODON Team
Providers: Roles and responsibilities

Two routes of interfacing with providers

– Through ODON
  • Identification of survivor and their immediate/long term care needs

– Independent of ODON
  • Provider level barriers
    – Training, education, stigma
  • Organizational level barriers
    – Limitations related to time, management, scope of practice, lack of continuity of care
ODON Statewide: 2017-2019

• Agencies:
  • Children’s Home Society
  • Delores-Barr Weaver Policy Center
  • More Too Life
  • One More Child

• 6 regions and 19 counties
Preliminary Findings

• From June 2017 – June 2019, ODON has provided coordinated care/services to **684 survivors**

• Process mapping and qualitative interviews with ODON staff revealed quality care requires
  1. Engagement from and respect for survivors
  2. Multidisciplinary care and providers
  3. Consistency
  4. Trust-building and patience (history of trauma)
  5. Coordination
  6. Non transient, safe housing
  7. 24/7/365 provider availability
  8. Support from judicial system and law enforcement
  9. Education and destigmatization of communities

• Currently, gaps in all aforementioned areas
Survivor-Led Initiative

• Giving survivors a leading voice allows for more effective coordination of care

• Survivor chooses the depth and frequency of involvement with
  – ODON
  – its network of public and private services

• Services coordinated by the outreach team include
  – medical / dental care
  – trauma-informed counseling
  – emotional and social support / peer support
  – social services
  – crisis stabilization
  – transportation
  – housing
Survivors served are:

- 45% White
- 32% Black / African American
- 15% Hispanic
- 6% Not reported
- 2% Multiracial
- 0% Not reported
Survivors served are:

- Female: 86%
- Male: 2%
- Transgender: 6%
- Not reported: 6%
Survivors served are:

- 13-17 years: 62%
- 18-24 years: 20%
- 10-12 years: 11%
- Not reported: 7%
Lessons Learned

• Define
  – Care
  – Services
  – Providers
  – Need

• Coordination immensely important
  – Directly correlated with continuity of care

• Patient-centered care → survivor-led care

• Community based participatory research (CBPR) is crucial
Challenges & their associated implications

1. Providing care
   – Lack of trauma-informed competent care
   – What does care entail?
   – What is the extent?
   – Institute of Medicine: is it safe, effective, patient-centered, timely, efficient and equitable?¹

2. Coordinating this care
   – Mobile population, technology, distances

3. Continuity of care
   – Disruption to any progress or trust

4. Regional variability
   – Resources, cultural competency, needs of survivor

Providers:
Implications of Roles and Responsibilities

- Discipline / specialty specific

- Next steps unknown
  - Medical issue? Social work issue?
  - Criminalization of caretaking
  - Information overload → deferral of responsibility
  - Workload pressures
Next Steps / Future Work

• Inspired my PhD dissertation:
  “Management of pediatric and young adult Human trafficking in the emergency room:
  
  An exploration of the role of provider, organization and state policy in appropriate identification, diagnoses and referrals in Florida”

• Study aims to understand:
  1. Identification and care of victims
  2. Organizational level barriers and facilitators (resultant care/referrals/services) in emergency medicine
  3. How state-level policies can fund, prioritize and support care for this vulnerable population
Providers: Potential Next Steps

1. Identify your desired role

1. Define responsibility

1. Identify associated care and its pathway

1. Determine discipline guidelines / best practices

1. Determine organization support / leadership buy-in

1. Group and incentivize efforts

1. Sustainability considerations
   - Fatigue / burnout

Next Steps / Future Work

• ODON: identify and implement best practices for assisting CSE survivors in a single network with significant regional variability

• Evaluation
  – Quantitative and qualitative analysis

• Policy implementation
“Each day I get the opportunity to connect with survivors, to hear their stories of strength and resilience, and work with them on finding hope again...Voices for Florida...has given me a platform to represent survivor leadership and victim-centered services in my community, the state of Florida, and beyond.”

**Jamie Rosseland**  
Survivor Mentor, pictured with Attorney General Pam Bondi & Governor Rick Scott

Open Doors Outreach Network  
(Delores Barr Weaver Policy Center)  
Jacksonville, FL

Questions?  
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