OFFICE OF
CRIMINAL JUSTICE PLANNING

Funding Source for Criminal Justice Agencies,
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PETE WILSON
Governor

CONTROL AND SEXUAL
EXPLOITATION OF JUVENILES
PROJECT

CALIFORNIA JUVENILE PROSTITUTION
INTERVENTION PROJECT

137380

State of California
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CONFRONTING SEXUAL EXPLOITATION OF HOMELESS YOUTH: CALIFORNIA'S JUVENILE PROSTITUTION INTERVENTION PROJECTS

NCJRS

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FOREWORD

Contrary to a lingering perception of runaways as adolescent adventurers, most are victims of dysfunctional families and are reacting to a stressful home environment. When they are "on the streets" they often engage in behavior that compounds the problems that brought them to this point in their life. One of the most frequently engaged in behaviors is sex. The purpose of this activity is to meet human survival needs, food, shelter, etc.

According to the National Network of Runaway and Youth Services, 60% of the runaways who came to emergency shelters have been severely molested, either physically or sexually. Most professionals who work with these high-risk young people believe that most minors on the street will turn to survival sex in order to stay alive.

Governor George Deukmejian's commitment to the belief that children are an invaluable resource to our state was reinforced in his Children's Initiative of 1987. The Office of Criminal Justice Planning established the Child Sexual Exploitation Intervention Program to implement that portion of the Children's Initiative by the funding of $600,000 in grants to three agencies which provide services to vulnerable youth who are sexually exploited. This program is focused on meeting the many needs of these young victims.

This manual is a practical guide to identifying the problems encountered by the three communities funded through our program. Following the problem identification is a functional guide to the development of an intervention program for high-risk youth in your community. If you want to develop a program in your neighborhood, town, city, or county, this is the practical point-by-point manual to follow.

G. Albert Howenstein, Jr.
Director, Office of Criminal Justice Planning

ACKNOWLEDGEMENTS

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Juvenile prostitution is a term which creates a variety of images and stereotypes. When confronted with the phrase "teenage prostitute", many envision a young woman, in revealing clothing with too much makeup, standing on a street corner. We think she has chosen this lifestyle, that she is incorrigible, a bad person, unable to live in the moral world of her parents. We think that she is so tough, so streetwise, that she is the victimizer and not the victim.

Regardless of our preconceptions, these stereotypes do not fit the profile of sexually exploited youth who have received services from February 1989 to February 1991 through the Office of Criminal Justice Planning (OCJP) Child Sexual Exploitation Intervention Program. Of all youth served, just over half (53%) are female. The majority (78%) served were between the ages of 16-18; however, females are usually younger. The majority are homeless (63%) and have lived on the streets for at least two months. Many have been abandoned or told to leave home by a parent. Thirty percent report prior parental abuse and neglect. Females report a 57% higher rate of abuse and neglect than males.

It should be noted that project staff believe that abuse and neglect cases are significantly underreported, because of the discomfort youth experience when the subject is first addressed during the intake interview.

This general profile includes all youth who received outreach, drop-in, case management and shelter services. Over the first year, project staff observed that two subcategories of client profiles require further study. These are the differences between youth who receive outreach or drop-in services versus youth who receive shelter services. One of the OCJP grantees in Los Angeles examined this issue and found that the majority of youth seen in shelter were female (56%) and 29% were 15 years and younger. The majority of youth (83%) contacted by outreach agencies were 16 and older. Youth contacted on the streets were more likely to be Caucasian (66%) and more likely to be male (59%).

Since many of these youths learn to live and survive on the streets, many turn to prostitution, but few will admit it. Many trade sex for a meal or a place to stay, a form of gratitude for a "kindness". Mostly, these young people are trying to survive and do not necessarily see their survival behavior as a problem, but rather a solution. "Survival sex" is a means to obtaining shelter, food, clothing, drugs or whatever else is viewed as necessary to survive on the streets.

During the first three years of the OCJP Child Sexual Exploitation, over 5,000 youth received services from the three projects. Each has a different story and needs, yet they all have this in common: They fend for them-

selves and become involved in criminal activity to survive. Curiously, when people are asked to state their reactions to juvenile prostitution, few ever mention that it is a form of exploitation or child sexual abuse. Some believe that if the teenagers were not on the street and were not available, there would be no temptation and therefore no demand. Others indicate that if the youth looks and acts older, how is the adult buyer to know? It is not surprising, then, that many feel prostitution is the fault of the homeless youth.

These attitudes create an enormous barrier to a community attempting to implement strategies to end child sexual exploitation. However, instead of "blaming the victim", there is another perspective that a community can take. That perspective takes into account the causal factors that create the situation of juvenile prostitution. Without adequate services and alternatives, our society fails to provide fundamental protection for young people. Funds must be allocated for youth sexual exploitation intervention programs that work to prevent and successfully intervene in the lives of youth involved in prostitution. Additionally, communities must examine the issues which create the demand for homeless youth to engage in "survival sex", i.e. a deviant adult population, a profitable "kiddie porn" market, and physical and sexual abuse of children in the home. Until these issues are addressed, the problem of youth sexual exploitation will not go away.

"My dad and mom both used to beat me up. I did what I had to do and got away from them. I'd made a report on my dad but I didn't bother with my mom, she had enough problems... there was no work... I got raped in January... attempted suicide... my mother got custody and a month later got busted for selling drugs..."

-- Mary, 15 years old

The purpose of this manual is to offer options and strategies to communities interested in breaking the cycle of teenage sexual exploitation. This manual describes the OCJP Child Sexual Exploitation Intervention Program and the implementation of three projects during the first three years of funding. A fourth project was added in the third year and will be briefly described. The manual, however, focuses on the work and accomplishments of the original three funded projects. The projects are presented as evolving examples of how different communities can organize services to youth who are sexually exploited. The projects do not view their efforts as "model" projects, but rather as attempts to best serve these young people.

The manual is designed to provide the reader with a "behind the scenes" retrospective view for creating a local system of services for youth involved in prostitution. **Chapter One** provides an overview of the history, legislative intent and implementation of the Office of Criminal Justice Planning in the conduct of the Child Sexual Exploitation Intervention Program. **Chapter Two** offers a discussion of the issues and service needs related to teenage prostitution or "survival sex." **Chapter Three** addresses the three projects and the organizational models that were developed for administrative and service provision. **Chapter Four** discusses the major community and organizational elements that must be considered and planned for when designing a system of care for sexually exploited teens. **Chapter Five** offers innovative project designs and **Chapter Six** highlights innovations in service delivery. **Chapter Seven** provides the results of of a two-year, longitudinal cohort study of youth involved in prostitution who received services from the San Francisco projects. The **final chapter** provides recommendations for prevention and intervention

methods to combat sexual exploitation of children and youth. The manual concludes with an appendix of resource materials related to juvenile prostitution. It includes a bibliography, a list of participating agencies and other youth service organizations, and a glossary of terms.

The project evaluators used several sources of data in compiling this manual. The first comprises the annual grant applications and quarterly reports submitted by each of the three projects as part of its grant requirements to the Office of Criminal Justice Planning. The second involved a series of site visits to each of the projects. Every grantee was visited at least seven times and every sub-grantee was visited at least once over the three year period. The evaluators used a structured site visit protocol for conducting the visits in San Francisco, San Diego and Los Angeles. During the site visits, interviews were conducted with project directors and staff, sub-grantee directors and staff, and clients. The evaluators also conducted a series of telephone interviews to collect additional information. Finally, face to face interviews with youth in San Francisco were conducted for the cohort study.

The evaluators wish to acknowledge the cooperation and enthusiasm of all concerned. Direct service staff gave freely of their time and insights. Their full participation made this manual possible. We are grateful for their help.

This manual also highlights the poetry and personal stories of some very talented young people, clients of the various projects. The creativity and insight of these young people is a testimony to their resourcefulness and strong desire to create for themselves a life that is productive and free from exploitation.

CHAPTER I

THE OCJP CHILD SEXUAL EXPLOITATION INTERVENTION PROGRAM

HISTORICAL OVERVIEW OF CHILD SEXUAL EXPLOITATION INTERVENTIONS

Child abuse and child sexual exploitation have always existed in western culture and in our contemporary society. But today, increasing numbers of abuse cases, increased media attention and more social service resources are devoted to address the physical and sexual abuses perpetrated against children. Over the last several years, the estimated numbers of abuse victims increased dramatically. For example, in 1972, ABC television aired a documentary called "Children in Peril." It announced the alarming statistic that in 1971, 60,000 children in our nation were victims of child abuse. In 1976, the number of documented cases rose to 669,000. Eight years later, the National Center for Child Abuse and Neglect (NCCAN) reported 1.7 million child abuse cases for 1984. Today, the Office of Human Development Services estimates that by the age of 18, 15-25% of all girls and 3-10% of all boys will be sexually abused. Some experts suggest this dramatic increase in numbers may be caused by increased reporting and awareness of the problem, rather than an increase in abuse. Other experts speculate that physical and sexual abuse is underreported and is a growing phenomenon. Regardless, substantial numbers of children are abused and every year the number of reported cases increases.

Abused children often flee their homes to find something better. In the 1970s, increasing numbers of runaway youth caused communities to look at their service gaps. Runaway shelters began to open in the larger cities and the issue of runaway and homeless youth was explored. In 1974, the federal government passed the Juvenile Justice and Delinquency Prevention Act, which included Title III, the Runaway Youth Act. This act, later amended as the Runaway and Homeless Youth Act , provided shelter and counseling services to approximately 700,000 runaway youth in the nation.

Based on knowledge gained by working with runaway and homeless youth, the link between running away and sexual exploitation became increasingly obvious. In 1977, as a result of a number of hearings that linked juvenile prostitution to pornography, Congress passed the Protection of Children Against Sexual Exploitation Act. The act ensured criminal sanctions against child pornographers and those who sexually exploit children. It also increased awareness of issues related to child sexual exploitation. Many states, including California, began to respond to this problem.

CALIFORNIA LEGISLATION

In 1979, the California Legislature passed Senate Bill (SB) 383 (Chapter 713, Statutes of 1979). SB 383 ensured that perpetrators of violent crimes would be fined according to their crimes and receive other penalties. These fines are deposited into the Indemnity Fund of the State Treasury and used to fund crime victim services. In 1981, Assembly Bill (AB) 698 (Chapter 166, Statutes of 1981), instituting a Victim/Witness Assistance Fund in the State Treasury, was passed. This fund establishes victim/witness assistance centers and rape crisis centers. Later in 1983, AB 1485 (Chapter 1092, Statutes of 1983) mandated increasing the size of the fund by increasing the penalty assessments.

As part of an effort to restore public safety and the rights of crime victims, SB 862 (Chapter 917, Statutes of 1980) directed the establishment of the California Sexual Assault Victim Services and Prevention Program (SAVS/PP) within OCJP.

The purpose of SAVS/PP is to:

- "ensure that victims of sexual assault, adults and children, receive quality and comprehensive services; and
- decrease the incidence of sexual assault through school and community education and prevention programs."

Today, the U. S. Office of Human Development Services estimates that by the age of 18, 15-25% of all girls and 3-10% of all boys will be sexually abused.

I DON'T THINK SO

You say you're lonely
And you're scared
On the streets
You're never prepared
There's so many problems
And no where to go
Do you deserve this
I don't think so

-- by M.P.

The program originally provided funding to rape crisis centers and developed a sexual assault training program for county prosecutors. In 1982, the California Legislature sought to increase services in this area. With the passage of SB 588 (Chapter 1062, Statutes of 1981), it authorized OCJP to provide grants to existing and proposed local child sexual abuse and child sexual exploitation counseling centers and prevention programs. The authorizing legislation did not intend to use the State General Fund for program support, but rather to fund programs through the Victim/Witness Assistance Fund. The first legislative appropriation from the Victim/Witness Assistance Fund was made in 1982. Although the statute authorized the funding of two program areas—child sexual abuse and child sexual exploitation—the appropriation only funded the child sexual abuse area. As part of the Governor's Children's Initiative in 1987, OCJP established the Child Sexual Exploitation Intervention Program to fund three organizations which were providing services to sexually exploited youth in California.

PURPOSE AND GOALS OF THE CHILD SEXUAL EXPLOITATION INTERVENTION PROGRAM

Implementing Authority

The California Child Sexual Exploitation Intervention Program is implemented and managed by OCJP. Oversight of the program is provided by the

State Advisory Committee (SAC) on SAVS/PP. OCJP creates the policies and procedures which guide the program, makes recommendations to the SAC on project selection, and monitors the projects and contracts which provide for direct services and program evaluation.

The eleven-member SAC which was established by SB 862, (Chapter 917, Statutes of 1980) advises OCJP on the development and implementation of the California Sexual Assault Victim Services and Prevention Program and approves funding recommendations. OCJP appoints five SAC members. These include three district attorneys, one public defender and one law enforcement agency representative. The Commission on the Status of Women appoints six committee members. These include one medical professional and one representative from a rape crisis center. One member of the SAC was designated to work closely with the California Child Sexual Exploitation Program and focus on the evaluation component and development of this manual.

Project Eligibility Criteria

To receive funding from the Child Sexual Exploitation Intervention Program, an applicant organization must be a nonprofit or governmental agency with at least one year's experience in providing counseling, outreach and prevention services to juvenile prostitutes. The organization must be able to demonstrate its ability to provide all required services, either directly or under subgrant with another service provider. An Operational Agreement (OA) specifying the type(s) and terms of service provision must be signed by both the project and referral subgrantee and be on file with OCJP. According to the Child Sexual Exploitation Intervention Program Guidelines (OCJP, October 1987) the required services are as follows:

REQUIRED SERVICES

• In-person counseling and referral services must be provided during normal business hours and at late night hours, as appropriate to the project locale.

• Clients must have access to a 24-hour, seven day a week, telephone hotline to provide immediate telephone crisis intervention and response. The purpose of the hotline is to provide crisis intervention services and to receive referrals from law enforcement, social service and other community agencies. The hotline must be staffed at all times by crisis line workers who are trained to provide services and referral information to clients in crisis. Availability of an answering machine or service is not considered full coverage.

• Individual, follow-up, group and drug counseling must be provided for juvenile prostitutes after the initial contact. Projects must use qualified staff and/or trained supervised volunteers to provide treatment services to children.

• Temporary safe shelters must be provided for juvenile prostitutes. These services can include foster care or host home networks specifically trained to take prostitution-involved youth or medium to long-term shelter facilities which provide more structure and independent living arrangements such as subsidized apartments and transitional housing.

• An active publicity campaign must be implemented through print, radio and television media to advise child victims of the available services. The campaign is to include notices of service availability in places where juvenile prostitutes are known to congregate.

• Outreach services must be provided by counselors to juvenile prostitutes who are living on the street, especially during evening hours.

• Training must be provided on independent living and survival skills to prepare the juvenile prostitute for a lifestyle free from contact with those who exploit them. This must include:

a. Employment training and vocational rehabilitation, job counseling and job referral;
b. Educational and tutorial services to aid clients in receiving a high school diploma or GED certificate;
c. Household management skills;
d. Personal health education that covers AIDS education and prevention, sexually transmitted diseases, pregnancy counseling, and use of intravenous drugs; and,
e. Parenting skills for clients with children.

• The project must arrange for referral and transportation to medical and dental services. Clients must receive assistance through the project in securing personal identification cards and Medi-Cal cards.

• The project must coordinate services and referral mechanisms with law enforcement and social service agencies. This includes, at a minimum, the police department, sheriff's department, court personnel and the city and county service departments.

• Accompaniment services will be provided to juvenile prostitutes seeking services from criminal justice and social service agencies.

• Training must be provided to juvenile and criminal justice system professionals regarding the special needs and problems of juvenile prostitutes.

Additional eligibility criteria is dictated for paid staff and volunteer requirements. A criminal records check must be performed on each paid and volunteer staff member. Contact with the youth is not allowed until the records checks are completed. In addition to this criminal check, paid and volunteer staff must meet the following criteria:

- complete a formal personnel application that includes three references checked by program staff;
- agree, in writing, to a criminal records check;
- receive a minimum of 40 hours of formal training on child sexual exploitation, crisis intervention and child abuse reporting law; and,
- must be supervised by the paid staff of the project.

Funding Priorities

The OCJP SAC established the following funding priorities for the first year of the Child Sexual Exploitation Intervention Program:

- nonprofit or government agencies in major urban areas with large populations of street youth who are involved in prostitution. This ensures that as many juveniles as possible will benefit;

- nonprofit or government agencies that demonstrate a need for the project; and,

- nonprofit or government agencies which demonstrate that the proposed project will have significant impact.

"I did it for money, I didn't want to be a burden on my friends. I did it once in a while, once a week. The last one I did was in February. You lose compassion when you hustle. You have no compassion. You start thinking that everyone out there are the sleazy tricks cruising the boulevard."

-- Carlos, 15 years old boy

Grantee Selection Process

In October 1987, OCJP issued a Request for Proposal (RFP) for the Child Sexual Exploitation Intervention Program. Interested agencies submitted proposals which were reviewed and scored according to predetermined criteria established by OCJP. OCJP's recommendations for funding were submitted to the SAC which made the final funding decision. Selected grantees were notified in January 1988 that program start-up would begin February 1, 1988. The selected grantees were Central City Hospitality House, Project Turnaround, San Francisco; CHLA, Division of Adolescent Medicine, Project PACE, Los Angeles; and San Diego Youth and Community Services, the Storefront, San Diego. The fourth project, Bill Wilson Center, Santa Clara, was selected following a similar OCJP competitive grant process and was funded to begin on October 1, 1990.

The following chart displays the total budget for each project and identifies the split between OCJP and other sources of funds. The total budget column identified the overall cost of operating each project.

GRANTEE	OCJP GRANT	OTHER SOURCES	TOTAL BUDGET
Hospitality House	180,000	573,000	$753,000
CHLA	180,000	145,340	$325,340
SDYCS	180,000	213,500	$453,500
Bill Wilson Center	123,000	20,000	$143,000

Each grantee offered various approaches in project organization and delivery of services. Highlights of each grantee model are presented below and are more fully discussed in Chapters III, V and VI.

Central City Hospitality House, Project Turnaround—San Francisco

Central City Hospitality House administers and implements Project Turnaround. Hospitality House provides outreach, case management, individual and group counseling, drug and AIDS education counseling, emergency shelter, vocational counseling, job placement, educational services, independent living skills training, and transitional housing. Additionally, Hospitality House developed subgrants with two agencies. Larkin Street Youth Center provides outreach, primary medical services and referral,

case management, individual, group, drug and AIDS education counseling, and education and tutorial services. The California Child, Youth and Family Coalition provides hotline services.

A noteworthy feature of this project is the emphasis given to long-term shelter and independent living skills training. In the first three years, Hospitality House increased its capacity to provide independent living services for homeless youth. In addition to grant monies from OCJP, Hospitality House received a grant from the federal government in 1990 to expand its continuum of services. Project Turnaround's shelter allows youth to remain up to six months. During this period, the youth is exploring available options, learning independent living skills and seeking employment. Additionally, the youth receives individual and group counseling focusing on self-esteem and positive action. Youth who are working toward independent living are placed in subsidized, indirectly supervised living arrangements for up to three additional months to assist in their transition to self-sufficiency. While in the transitional living program, youth meet weekly with staff and attend weekly independent living skills groups.

Childrens Hospital, Division of Adolescent Medicine, Project PACE—Los Angeles

The Division of Adolescent Medicine of Childrens Hospital of Los Angeles

(CHLA) administers Project PACE (People Against Child Exploitation). This project is a collaboration among the existing high-risk youth service providers of the greater Los Angeles community, with a focus on the Hollywood/Wilshire District. CHLA, Division of Adolescent Medicine, subgrants with ten agencies to provide the required services. The subgrant agencies are Angels Flight, Children's Institute International, Gay and Lesbian Community Services Center, Los Angeles Free Clinic, Los Angeles Youth Network, Options House, Prototypes, Inc. Project WARN (Women's and AIDS Risk Network), Runaway Adolescent Project, Stepping Stone, Teen Canteen, and 1736 Family Crisis Center.

Of the eleven agencies, five specialize in street outreach and drop-in services (Angels Flight, Gay and Lesbian Community Service Center, Los Angeles Youth Network, Project WARN and Teen Canteen). Shelter services are provided by a medium term (2 month) shelter with 20 beds (Los Angeles Youth Network) and five short-term (14 - 30 days) shelter facilities (Angels Flight, Options House, Stepping Stone, 1736 Family Crisis Center), with a total of 18 beds. Medical services to youth are provided by the Los Angeles Free Clinic. Children's Institute International provides staff training to all subgrantee agencies for child sexual exploitation and juvenile prostitution. Serving as the placement link for youth is the Los Angeles County Department of Children's Services special Runaway

*"**M**y parents kicked me out of the house for stealing, I was on drugs, coke, pot. I've been sober for 4 months. A friend of mine died in front of me of an overdose of coke, he'd been freebasing. So I quit... living on the streets is not fun. I got shot. I got a scar on my chest, I got in a fight in an alley at 3:00 a.m."*

-- Chris, 14 years old

Adolescent Project (RAP). Through RAP, youth can enter the Los Angeles County child protective system. This project provides a comprehensive system of services through the collaboration of many different agencies.

These agencies, and many others, belong to the Coordinating Council of Homeless Youth Services, a group sponsored by CHLA, Division of Adolescent Medicine. Through the Coordinating Council, the Division has encouraged a system of services to emerge and seeks to provide "a more consistent source of support that offers a viable alternative to the street for these troubled young people." Also through the Coordinating Council, agency collaboration was developed to provide the services required by OCJP's Child Sexual Exploitation Intervention Program.

The Coordinating Council meets at Childrens Hospital quarterly to discuss needs, gaps and overlaps in services and to provide direction to the overall projects for both homeless and sexually exploited youth. Since the Coordinating Council is comprised of agency management, several of the direct service staff wanted to discuss specific service delivery coordination or case management problems as well as to receive direct service training. Therefore, a group called "On-Line for Youth" was formed for the direct service workers. Both the Coordinating Council and On-Line for Youth provide staff from all the agencies with opportunities to resolve problems, work on common issues and maintain a cooperative working relationship. As a result, staff state that youth in need are better served.

San Diego Youth and Community Services, The Storefront—San Diego

The Storefront is operated by San Diego Youth and Community Services (SDYCS) and is a joint collaboration with Catholic Community Services and METRO (Metropolitan United Methodist Urban Ministry). However, unlike the projects in San Francisco and Los Angeles, the Storefront provides the full range of services at its 20-bed facility with the exception of hotline services. This is provided under a subgrant by the California Coalition of Children, Youth and Families (CCYFC).

A notable feature of the Storefront is the structure of services provided to youth who choose to leave the street. The Storefront offers three service options to youth who seek shelter. The first, known as 3/7, offers shelter, food and referrals for up to 72 hours. Counseling is offered but not required. The youth must wait seven days between shelter exit and re-entry. The second option offers the "3 days in /3 days out" option until they are ready to commit to the program. The 3/3 option is designed for youth who are working on issues but who have difficulty with the rules and structure of the shelter. The final option, known as Phase II, is stabilization phase which provides shelter for up to six months depending on individual need. During Phase II, case management services are provided and a plan for independent living is developed. The youths must participate in the SDYCS Independent Living Skills (ILS) program, a self-instructional curriculum designed to teach self-reliance. The young person learns how to get and keep a job, how to find an apartment, how to manage money, how to get a better job by enrolling in an educational or vocational program, how to live a healthy lifestyle, and where to go to find resources. The Storefront offers independent living subsidized housing to those youth who have successfully completed the ILS program and are employed. The Storefront also offers educational services through the San Diego County Summit school for either remedial education or GED tutoring and provides a range of health and health education services.

Bill Wilson Center, Youth Sexual Exploitation Intervention Project—Santa Clara

The Bill Wilson Center was added as a grantee to the OCJP Child Sexual Exploitation Intervention Program in September, 1990. The project provides outreach, counseling, shelter, medical and legal assistance, living skills, case management, transportation, aftercare and a 24-hour hotline for sexually exploited homeless youth. The project offers shelter in its existing shelter, the Bill Wilson House, for up to 30 days and in foster care for up to 90 days. The Center offers an AIDS and Drug Prevention Project that provides comprehensive sex and drug education and intervention services and a 16-week Independent Living Skills course.

PROGRAM EVALUATION DESIGN

The Child Sexual Exploitation Intervention Program guidelines described an evaluation component of the entire program. OCJP determined with the approval of the State Advisory Committee that monies be allocated to assess the program. The evaluation task was to document the project models and develop a manual for new and existing projects for youth involved in sexual exploitation.

Immediately following the initial award of the project grants, the three grantees (Central City Hospitality House, CHLA, Division of Adolescent Medicine and San Diego Youth and Community Services) were invited to submit a concept paper on the process of conducting the evaluation and selecting an independent evaluator. Responses were reviewed by OCJP. With approval of the SAC, SDYCS was awarded the additional monies to conduct an evaluation component.

In approaching the design of the evaluation, SDYCS wanted to ensure that the other grantees had maximum input into the evaluation design, the data collection methods and the resulting program documentation manual. Therefore, SDYCS proposed a collaborative method which involved grantees in all aspects of the evaluation process. Immediately following the evaluation component award, a conference call was organized to include the three grantee executive directors and OCJP. The conference call agenda included a discussion of the evaluation design, the manual development and the preliminary questions to be addressed during the evaluation.

Additionally, a series of meetings where information could be shared and evaluation updates presented were discussed. Over the course of the first year, five grantee meetings were held in the various project cities.

Based on grantee input, SDYCS prepared the evaluation management plan and contracted with two evaluators. The evaluation design included two methods for data collection: site visits and telephone interviews. Data were also collected at the grantee meetings and from the OCJP quarterly reports required from all grantees. For example, at the first grantee meeting, the evaluators presented a preliminary work plan and manual outline. They also worked with the grantees to develop the evaluation questions. At the second grantee meeting, the evaluators presented the final evaluation design and the evaluation questions. The third and fourth meetings included interim reports from the evaluators and discussion of service models. At the final grantee meeting, the draft manual was critiqued and revisions incorporated into the final version. It should be noted that this collaborative method created cooperation and involvement with the evaluation process which was beneficial to the outcome.

For the first year of the Child Sexual Exploitation Intervention Program, the evaluation focused on documenting the process of developing grantee projects to serve youth involved. The purpose was to describe the community, organizational, service delivery, and management issues which projects must address if they are to be successful. The second year evalu-

ation component was built on the first year's work by continuing to document the service delivery, management, organizational and community issues that the projects address. The second year evaluation approach concentrated on defining "success" of the various interventions and used three methods of data collection. These were focus groups with agency personnel, case record review combined with interviews with case managers and a cohort study of youth involved in prostitution in San Francisco. Products from the second year included four monographs on the following service provision issues: Program Evaluation, Drug and Alcohol Abuse Counseling and Treatment Referrals, Independent Living Components, and Approaches to AIDS Education and Prevention. Other products include the CSEIP Evaluation Standard and Indicators format, the CSEIP Case Record Review statistical report and "Growing Up Too Fast: An Ethnography of Sexually Exploited Youth in San Francisco", the cohort study report.

The evaluation component during year three focused on five major task areas. These were 1) cohort study of youth involved in prostitution who have received services, 2) an exploratory study of youth involved in prostitution not receiving services, 3) case record review for youth involved and not involved in prostitution, 4) evaluation of projects using the CSEIP Evaluation Standards and Criteria format and 5) finalizing and updating this manual based on year two and three evaluation tasks. The end product, this manual, is designed to document the project models and services so they can be replicated in other communities.

30 WORDS

How dare they
Tell my story in 30 words
It can't be done.
Tell of the hurt , the loneliness,
The sorrow, never wanting to face tomorrow.

For most people, darkness means comfort and home.
For me it means fear, cold and being alone.

Finally your time comes. Evil is behind you and
There is no where to run,
No in 30 words it can't be done!!!

-- by X

CHAPTER II

IDENTIFYING AND RESPONDING TO THE PROBLEM

Estimates of the
number of homeless
and runaway youth
in America range be-
tween 1.5 million to 2
million... Estimates
on the number of
youth that engaged in
prostitution nation-
wide range from a low
of 100,000 to a high of
900,000... many offi-
cials believe that the
number of youth in-
volved in prostitution
increased over the
last five years.

INTRODUCTION

The U.S. Department of Health and Human Services, Office of Human Development Services (OHDS), estimates that there are up to 1.5 million homeless and runaway youth in the United States every year. The National Network of Runaway and Youth Services, Inc. estimates the number may be closer to two million. According to a 1989 OHDS Annual Report to the Congress on the Runaway and Homeless Youth Program, estimates of the number of homeless youth in America range from 40,000 to 295,000. A 1989 U.S. General Accounting Office report suggests that each year there may be as many as 208,000 homeless youth living in the streets.

Some of these youth, out of desperation, sell their bodies for money, drugs or a place to stay. Estimates on the number of youth engaged in prostitution nationwide range from a low of 100,000 to a high of 900,000. For example, based on a national survey of approximately 600 police departments, Campagna (1985) estimated there were between 100,000 and 200,000 full-time juvenile prostitutes of both sexes. An OHDS report on juvenile prostitution in 1978 estimated that there could be as many as 600,000 female and 300,000 male juvenile prostitutes in the United States. Despite the varying estimates, a 1982 report of the U.S. General Accounting Office concluded that many officials believe that the number of youth involved in prostitution increased over the last five years.

WHAT CAUSES YOUTH TO BECOME INVOLVED IN PROSTITUTION?

Every youth who is living in the streets has a different story. Many were physically, sexually or psychologically abused in their homes. Some spent most of their lives in substitute care such as foster homes, were unhappy and/or abused and left. Others faced constant conflict with their families over sexual identification issues. For many of these youth, running away from their living situation was a solution to these problems.

Homeless and penniless, many found themselves engaging in "survival sex." Trading sex for a place to stay, a meal or another form of exchange is called "survival sex". It is an integral part of life on the streets. One young woman in San Francisco describes her first few days on the streets:

> "When I first got to the street, I was 13. I stayed up for 4 days in a row, sitting on a bus bench. I was falling asleep. After 4 days, I was desperate. I wanted to eat, I had to get some sleep... Cars pulled up and people would make offers to me. Finally, I got tired and I 'pulled a date' (exchanged sex for money) and I got a hotel room."

A young man describes a similar scenario in San Diego:

> "For me, it happened by accident. I was walking down the street, some guy pulls over and tells me he'll give me $50 to (have oral sex with him). So I did. That's how it usually gets started. Somebody offers the kids money. They're hungry. They got kicked out of the house. Sex is a natural thing, it's not too difficult. They want you to do it, so you do it."

When youth trade sex for a place to sleep or a meal, they may not perceive what is happening to them as prostitution or sexual exploitation. They see themselves as surviving, doing what they must to get what they need. Yet, on the streets, every homeless youth faces sexual exploitation. Some find alternative means of surviving, but many engage in survival sex. The longer a youth is on the street, the more likely it is that he or she will engage in survival sex and other street survival strategies. Experienced agency personnel suggest that the length of time on the street is critical in determining the best types of approaches and services that will best meet the needs of the youth.

Service needs and approaches vary, especially with regard to outreach, shelter, counseling, drug and alcohol treatment, employment, education, and health care. Services must be flexible and targeted to meet immediate needs first. The longer a youth has been on the streets, the more time it will take him/her to decide to use the services.

When youth trade sex for a place to sleep or a meal, they may not perceive what is happening to them as prostitution or sexual exploitation. They see themselves as surviving, doing what they must to get what they need. Yet, on the streets, every homeless youth faces sexual exploitation. Some find alternative means of surviving, but many engage in survival sex.

For example, a youth who has been prostituting for a year will probably find it difficult conforming to shelter rules, regulations and expectations. The youth may drop out of the program several times before a commitment is made. According to agency staff, the key to success is to keep working with these youth and to continue to offer services. The length of time of the service must be expanded to accommodate their needs. Most youth need time to explore options and make choices that can lead them away from exploitative situations.

ORGANIZING SERVICES TO MEET THE NEED

Each youth involved in prostitution requires a personalized assessment and approach. Issues of prior abuse, abandonment, sexual orientation, and drug use as well as time on the street must be carefully considered. In examining the differences in service needs and approaches of young people involved in prostitution, several specific areas were identified by the service providers. The remainder of this chapter highlights the unique approaches that were developed in working with youth involved in prostitution.

Outreach

Overall, sexually exploited youth, like most homeless youth, tend to be mistrustful of adults and social service agencies. Outreach workers try to establish long-term relationships with

these youth, remembering their names so they can personally greet them the next time they see them. In establishing this "street relationship", outreach personnel work on the premise that when youth are ready to access services, they will seek the outreach workers. The outreach workers may tell them what free services are available and present these services as an alternative to the streets. They may also target them for AIDS education. The youth may accept a blanket, a cup of hot chocolate or a sandwich, condoms and, in some cases, bleach for cleaning syringes and needles.

Every outreach worker stresses that trust must be developed between the worker and the young person before anything substantive will happen. The outreach worker must continue to work on developing a one-to-one relationship with each youth on the street, yet know when to be unobtrusive and non-threatening.

Shelter

What often leads youth involved in prostitution to a shelter is their desire to leave the streets for a few days. They may want to eat, shower, and sleep. They are tired and perhaps sick. They want peace and quiet. They do not stay long and prefer places where no questions are asked and parental permission is not required. These youth may decide to use longer-term shelter and independent living programs when they face a crisis- such as when they have been raped or assaulted, they are tired of the streets, a friend has died, or they have

tested positive for the HIV infection. They are more likely to use shelter services if they trust the agency providing the service.

Counseling

The counseling needs of all sexually exploited youth are tremendous. Sexual exploitation, so prominent in the streets, raises many counseling issues for the street youth. They are likely to be engaging in survival sex—trading sex for drugs, shelter and food—as one survival strategy among others.

Any youth's self-esteem is affected when he or she has sex with a stranger in exchange for goods or money. One young woman in San Francisco describes her feelings:

> "Back on Polk Street with that money in my pocket, I'd think about what it cost me. I didn't know that person, and that person took a part of me that I didn't want them to have. It takes your self-respect."

The combination of a sexual abuse history with prostitution can raise a complex set of psychological issues for these youth. Gary Yates, M.A., M.F.C.C., Associate Director, CHLA, Division of Adolescent Medicine, Project PACE, says that sexually abused youth often believe that they are responsible for what has happened to them. He suggests these youth receive group counseling so they understand that such is not the case.

Many front-line workers in the network suggested that sexually abused youngsters are more likely to engage in prostitution and "gay bashing" (beating and stealing from gay men), when compared to youth who have not been sexually molested. Liz Gomez, Shelter Coordinator at Los Angeles Youth Network says:

> "A kid who's been sexually abused at home is probably more likely than one who hasn't been to start turning tricks. You learn to separate yourself from your body when you're abused. It makes it easier to turn a trick, maybe. It's not a new experience for them. Some of the gay bashing may also be a result of the victimization of the youth."

The youth who have pimps face special issues about control. Those tend to be young girls and young cross-dressers who pose as girls. Gary Yates, Associate Director, CHLA, Division of Adolescent Medicine, Project PACE had this to say:

> "It helps a great deal to have a woman working with them as their therapist. The reason is that if they're involved in prostitution under control of pimp, they begin to look at all men as tricks."

Issues of sexual orientation are common among most of the young men who are sexually exploited. Jan So, Case Man-

ager at Gay and Lesbian Community Service Center states the following:

> "The fact that they're engaging in homosexual activities. . . and . . . don't even identify with being homosexuals, they consider themselves heterosexuals ... that affects their self-esteem and images of themselves."

She also discusses how prostitution can be ego gratifying for some of the youth. She says:

> "The excitement is addictive. You get kids who are starting to stabilize and they'll go out there and pull a couple more dates to see if they can still do it. 'Am I attractive enough to have cars pull over for me?'. They hate themselves for doing it, but they enjoy that ego thing."

The counseling needs of the sexually exploited youth are multi-dimensional and require specialized, one-on-one intervention. All of the youth are abused in one way or another and suffer a loss of self esteem and consequent psychological ramifications. Some youth are less hurt than others, but many have been seriously damaged.

Drug and Alcohol Treatment

Most of the street youth use drugs and alcohol. Agency administrators and

staff generally agree that the youth who are deeply involved in sexual exploitation tend to use more drugs than other street youth. The possible exception are youths whose primary survival strategy is the drug trade. However, it is common that for adults who exploit youth to encourage drug use. Once addicted, the youth becomes more dependent on the adult and many turn to prostitution to support their drug habit. Susan Pearlman, former Coordinator, Project PACE states this:

> "... There's lots of (drug) abuse in the population that hustles. Lots of kids have severe problems. We have a huge problem finding in-patient drug facilities for anybody, including these youth. We find that they're non-discriminating about drug use. They're kind of waste-baskets, they'll use anything they can get. Other kids may be into specific drugs. It's my opinion that those in prostitution have a broader range of drugs of choice."

Drug use and abuse are symptomatic of deeper emotional issues. The youth say they're happier when they're stoned. Sometimes it's the only time they have fun. Unfortunately, many of the youth tend to forget about basic needs, such as sleep or food when they are under the influence of drugs, and this may have long-term health consequences for them. Also, many of the drugs used are addictive and place the youth at high risk of HIV infection. For example, many youth will engage in prostitution

"My mom couldn't handle my sexual preference, she could handle that I was gay but I couldn't talk to her about me or about the guys I was meeting. I'd start talking to her and she'd look at me and not want to hear about it. Most of the time I couldn't talk to her so it was really hard on me."

-- Jerry, 17 years old

(often unsafe sex) in order to support their drug habit. Although there are little data available on drug use and abuse in this population, there is consensus that drug abuse is a growing problem.

The longer youth are on the streets, the greater the chances of their engaging in prostitution and extensive drug use. The service resources are the same for all youth who have no family or money. Case managers say that in the case of an addicted, sexually exploited youth, they may suggest drug and alcohol treatment. However, treatment is often not available due to cost and many existing services are not appropriate for homeless youth.

Project staff have created a number of creative approaches to provide services to youth when drug treatment and detoxification services are not available. In an effort to provide alternative detoxification to street youth, Larkin Street Youth Center (a subgrantee of Hospitality House, Project Turnaround), Diamond Street Youth Shelter and the Haight Ashbury Free Clinic have instituted an alternative to traditional inpatient detox services. Youth who elect to participate are under daily medical supervision of the Haight Ashbury Free Clinic. Youth are sheltered at Diamond Street Youth Center and spend the day in the day program at Larkin Street Youth Center.

Generally, projects offer drug and alcohol counseling individually and in groups as well as twelve-step groups

On the streets, most of the sexually exploited youth meet peers who teach them about stealing, pickpocketing, robbing, drug dealing, prostituting—surviving. The reality for youth is that they can make money by engaging in illicit activities, sometimes more money than by working minimum wage jobs. Yet, no matter how much youth can make, very few ever get beyond survival.

like Alcoholics Anonymous, Narcotics Anonymous and Children of Alcoholic Parents. Additionally, projects offer drug and alcohol education as well as activities designed to teach drug and alcohol-free recreation.

Employment and Training

On the streets, most of the sexually exploited youth meet peers who teach them about stealing, pickpocketing, robbing, drug dealing, prostituting—surviving. The reality for youth is that they can make money by engaging in illicit activities, sometimes more money than by working minimum wage jobs. Yet, no matter how much youth can make, very few ever get beyond survival. They need money for daily needs. Their "overhead" typically includes hotel rooms, food, clothing, toiletries, and sometimes drugs. Some youth have obligations towards peers who may have helped them at another time. Some of the youth are "punked" by others, who extort money from them. All youth, especially those who engage in prostitution, are in danger of being beaten and robbed—"bashed" by others on the street. Pimps are also expensive, demanding a significant percentage of earnings.

It is difficult for these youth who have few skills, limited formal education, low self-esteem, and no permanent address or identification, to find legitimate ways of surviving. Some may find jobs and keep them. Others may be motivated enough to successfully work their way through some of the independent living programs. The financial competition from the streets is fierce and many have the illusion that they can make lots of money by working the streets.

Sexually exploited youth often require assistance in their transition to employment. Many of them have never held a job. They are unfamiliar with the responsibilities of finding and keeping a job. The job search can be overwhelming and frustrating, especially for youth who suffer from low self-esteem. Employment programs often require job readiness training. Youth are given assistance with job applications, the interview process, and tips on communicating with employers. Over time, a youth may develop the necessary confidence to look for work. Placing them in volunteer or stipended work experience within the agency, and in one to two-day paid jobs helps them adjust to the working world. Often, this experience translates into a sense of accomplishment. At Central City Hospitality House, staff report that it often requires two to three full-time job placements before a youth can stabilize on their job sites. Overall, job programs are tailored to meet the needs of the individual youth given the constraints of available jobs and low pay scales.

Education

According to the teachers at Larkin Street Youth Center and at the Storefront, the majority of sexually exploited youth have failed at school. They see no

benefit in it. Teachers try to build educational programs that provide one-to-one tutoring, alternative curricula, self-esteem building, and expanded hours to meet the needs of all street youth.

Adele Brookman, teacher at Larkin Street Youth Center says: "Very often the youth that are hustling (prostituting) are the same kids who are on drugs. These are the least likely to approach me or let me approach them for schooling." Sandra McBreyer, Summit School teacher for the Storefront youth adds:

> "I tend to be harder on the hustlers (youth involved in prostitution) because they're more productive. They know grams, ounces and pounds, they figure things out. They're entrepreneurs, although it's illegal. They've gone into business for themselves when they're 15. They're getting clothes, lunch, etc. They all use drugs... It's hard to teach someone who's high but it's not impossible. You can teach them."

Teachers face specific issues educating the sexually exploited youth. Most have failed in school and education is not a high priority for those who face survival issues daily. However, the teachers for youth at the Storefront and Larkin Street Youth Center have found that if a youth feels accepted and safe, and if the curriculum is challeng-

ing, he/she will attend on-site schools and will work on educational goals. For many of these youth, school represented the only structure in their earlier life and some will attend school while refusing to accept shelter.

Medical Services and Health Education

Youth living on the streets, especially youth involved in prostitution, lack the resources to receive necessary medical care. Some have been without medical attention for years and suffer from chronic ailments. All grantee projects offer specialized medical care for these youth, with trained medical personnel who understand the issues of homelessness and sexual exploitation. Often times, a trusted physician can encourage a youth to seek other services to help the youth off the streets.

In addition to medical services, many youth lack knowledge of healthful living practices. Project staff incorporate health education training into the daily interactions with youth. The most immediate health education issue, HIV infection, can have deadly consequences. All sexually exploited youth are targeted for AIDS education since they are at serious risk of HIV infection. All projects also offer free, confidential HIV testing on-site.

At CHLA, Division of Adolescent Medicine, Project PACE former Coordinator Susan Pearlman describes how medical

practices may differ for the most sexually active youth:

> "There are different medical needs in terms of sexually transmitted disease screening and treatment. Health education needs as related to sexual activity are different... If we knew someone was hustling, we'd do a more detailed in-service about usage of condoms. The doctor may want to do more of a medical screening if someone has 50 partners a week versus someone who's with just a few persons."

Yet, the most difficult barrier to the prevention of the HIV infection among youth involved in prostitution is their lack of self-esteem. Many do not place a high value on protecting their own health. Education can help provide facts and specific information on what is required to be safe. Yet, when sexually active youth are provided with information and access to condoms, many youth report sporadic condom use while others report downright refusal to use condoms. Educational efforts, while effective with some youth, need to be continually reinforced with all sexually exploited youth.

"I was 13, but with a body of a 16 year old, and these guys didn't care how old I was. I would do 20-30 tricks a night on a peak. My pimp would take 3/4 of what I made. I still ended up with a lot of money. I was involved in drugs too. I'd do it to spite my dad because I hated him...while I worked I was on coke and crack and crystal and pot.. it got to be so you wouldn't want to feel anything. Everybody watched out for me... because I was so young."

-- Candy, 18 years old
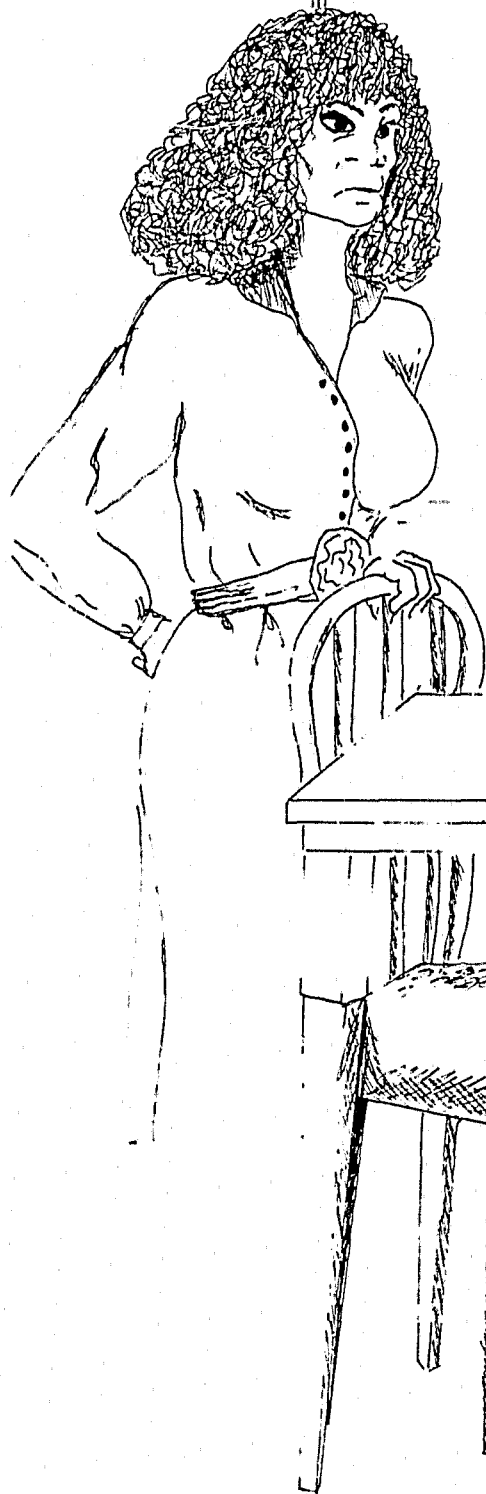
CHAPTER III

THREE MODELS FOR INTERVENTION

INTRODUCTION

Any community that plans to develop a service model to intervene in the problem of child sexual exploitation must address four major organizational issues. They are these:

1) the philosophy of the intervention;
2) the organizational structure;
3) the structure of services; and
4) the staffing structure.

This chapter will describe how each of the three Child Sexual Exploitation Intervention Program grantees originally envisioned their service model and what changes, if any, were necessary to modify the original proposal. The three models illustrate different approaches and are not intended as the ideal solution for any community. Each community must carefully develop its own approach as described in Chapter IV—Planning and Implementing a Successful Project.

PHILOSOPHY

The philosophy of a service organization guides and binds its existence. It is operationalized in a variety of ways. For example, how the staff relate to the clients and the community, and how the staff are treated within the organizational context provide insight into the organization. The philosophy also directs the recruitment of board members and other volunteers as well as resource development efforts. In short, the organizational philosophy determines every aspect of the agency.

Regardless of whether it is written or not, and regardless of its clarity and formality, an organization's philosophy can be perceived by clients, staff, and community members. Many organizational expc:ts believe that effective organizations must have an explicit philosophical base around which structure and services are developed. Effectiveness appears to involve philosophies that commit staff and volunteers to the organization, build an organization that is responsive to community needs and possibilities, and challenge the organization to remain creative, cohesive and consistent.

Philosophical Themes Common To All Projects

When discussing the Child Sexual Exploitation Intervention Program with almost any of the project staff or volunteers, a clear theme emerges—youth empowerment. All projects state they want to provide the youth with options that allow them to make decisions about their lives. Yet, in actuality, staff cannot easily watch young people drift further and further into street life, putting themselves at risk and refusing to obtain needed care when care is available. While this is a very troublesome issue (and some attribute the resultant frustration to high staff turnover rates), many of the staff assert that to truly empower youth, youth must be allowed to make their own decisions within their own time-frames. Staff work diligently with youth to define options and consequences and they must trust in a youth's decision-making ability.

Rules about how many times a young person can return for services reflect the organization's philosophy. Many staff stress that youth need to know they can return for services as many times as they want. Staff want the youth off the streets and can provide the methods and resources to do this. Yet a young person must first make a commitment to change his or her life. For most street youth, making that commitment is difficult. All project staff indicate that it can take from six months to two years to assist a youth off the street. Diane Flannery, M.A., Executive Director, Larkin Street Youth Center, says this:

> "One thing is to never give up on these kids. It can take many false starts before a youth is able to make it through a program. Our programs have to combine enough flexibility and openness with expectations and limits. As daily managers of these programs, we need to build in room for setbacks, mistakes and times for lack of commitment. The youth are not able to go from living on the streets to total structure. The path of recovery is not a straight one. Finally, you have to be willing to try things you wouldn't normally try."

Another, more implicit, philosophical theme values collaboration among various service providers, because

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working together provides for a stronger, more effective service network. While some projects were more successful than others at collaboration, all the projects have attempted to better serve sexually exploited youth by combining forces and cooperating.

Central City Hospitality House, Project Turnaround -- San Francisco

Project Turnaround, administered by Hospitality House, includes services from Larkin Street Youth Center and California Coalition for Children, Youth and Families. According to Ann O'Halloran, former Program Director of the Youth Department of Hospitality House:

> "The philosophical approach of Project Turnaround is that intervention and treatment can only occur when the youth is ready. The key is to be available to the youth at all times and to recognize and respect their individual needs. Project Turnaround is able to transition youth from the streets to stabilization by providing outreach on the front end, counseling and case management support, and housing for when the youth is ready to make the move. "

In describing the organization of Project Turnaround, Susan Canavan, Support Services Supervisor, Hospitality House states this:

THE BOOK OF SORROW

The notebook, empty. What shall
  be written in it?
It is waiting for the
  words of pain.
The life to come without
  my dear ones.
The record of a wanderer
  without a home.
So many pages and each
  day of loneliness.
How long can this go on?
After this book is filled
  there will be another
and another and another. . .
THIS IS THE STORY
  OF MY LIFE!!!

by Kristoffer

"The strength of the system (Project Turnaround and its subgrantees) is that there is enhanced communication. The whole network is willing to go that extra mile for the kids. There is a philosophy to empower the kids and teach them to make positive choices for themselves. Kids are never thrown away from the program, Hospitality House works with them until they are ready to work with the program or have the program work for them."

During the first year, Project Turnaround's service network included CAL-PEP. The California Prostitution Education Project (CAL-PEP) developed by members of COYOTE, the prostitutes' rights advocacy organization, provides educational programs for prostitutes and informs the public about various aspects of prostitution. CAL-PEP provided outreach services for Project Turnaround, and its outreach team included staff who were involved with prostitution. Some CAL-PEP workers disagreed with the ways shelters operate. They argue that the rules and expectations of the other agencies in the network are too restrictive and kept some of the youth away.

Despite the differences in approach, the comments of Michele McGee, Program Director of Youth Advocates (a collaborating youth service organization in San Francisco) sums up the philosophical approach of most staff interviewed from Project Turnaround:

"Be very patient and realize that these kids will not follow-through right away. You need to be flexible while having structure and control. Otherwise, they will walk all over you. You have to provide a multi-service approach. A lot of the kids are not capable of insightful therapy, you have to meet other needs and be creative and come up with alternative ways of reaching them. If something works, do it! It's hard to have a formula; you need individual case plans, that's what is so stressful about this work. You need individual plans, which take a lot of energy and effort, and you have to connect with them, otherwise, forget it. One of the things that hooks kids in here (at Youth Advocates shelter) is the fact that the house is organized, structured, safe. It's important that it's not chaotic here."

CHLA, Division of Adolescent Medicine, Project PACE --Los Angeles

Project PACE is a multi-agency collaboration designed to serve youth involved in juvenile prostitution. The Division of Adolescent Medicine at CHLA administers the collaboration and its leadership has motivated all participating agencies to work closely together on service and funding issues.

According to Gary Yates, Associate Director, Division of Adolescent Medicine, CHLA, Project PACE , "The philosophy of Project PACE is that one agency alone can have little impact, while many working closely together can make a difference." Through collaboration, participating agencies provide specialized services that together form a comprehensive service network. The network provides medical services, outreach programs, emergency and long term shelter, counseling and independent living skills training. Additionally, Yates states:

> "It is the Division of Adolescent Medicine's bias that for any system to be more effective, it requires at least a common language to talk about things. The (collaborative multi-agency staff) training provides that. You can talk about sexual abuse of adolescents and teen prostitution. That changes the language used in the agencies and provides a common ground."

Members of the network also see something else that is as important to the philosophical underpinnings of Project PACE Coordinating Council. Donna Weaver of the Gay and Lesbian Community Services Center, has this to say:

> "Before the Coordinating Council there was no coordination. Gary (Yates) brought it together. Before that, everyone was operating in a vacuum without thinking about the greater picture. Gary (Yates) brought most of the agencies together to ensure everyone's services are maxi-

mum for the clients. Over the past several years, (participating) agencies have come together."

Project PACE participating agencies also have forged a strong agreement concerning service delivery philosophy as articulated by Richard MacKenzie, M.D., Director, Division of Adolescent Medicine, Childrens Hospital:

> "You cannot help a victim. What you can help is a person who is being victimized. The difference here may seem subtle. But it is this very difference upon which our Project PACE philosophy is based. Victims are helpless and powerless. The youth who has been victimized can be empowered to make a change.

> As helping professionals and caring individuals, we usually respond by wanting to do things for, or give things to, teenagers in need. And yet by so doing, we take away from the individual's sense of competence, esteem and personal power. So, in this case, by giving, you often take away. Working with these youth requires very special skills, in addition to knowing exactly when to apply them.

> Labelling tends to promote the concept of the individual as a victim. The person is not their behavior. Developmentally, their behavior (the youth who prostitute) serves a purpose—often one of survival."

San Diego Youth and Community Services, The Storefront --San Diego

San Diego Youth and Community Services (SDYCS) developed a partnership with two other local agencies, METRO and Catholic Charities, to open the Storefront. SDYCS holds a strong community development philosophy and is a leader in developing networks of services in San Diego County. According to Liz Shear, Executive Director of SDYCS, the agency's purpose is this:

> "To create and promote networks of mutual support for youth, families, elderly and communities toward the enhancement of their individual, social, economic and political options."

As a member of the partnership, Jim Mishler of METRO states:

> "SDYCS initiated the project (the Storefront) and has taken METRO's role seriously. SDYCS has been generous to METRO in sharing the attention. The three Executive Directors (SDYCS, METRO and Catholic Charities) interact well with one another in running the program; there is a strong partnership and shared ownership of the program."

Gail Hoagland, SDYCS Program Director, attributes program success to a strong agency philosophy. She says:

> "By participating in collaborative efforts, we are able to bring together a diverse partnership to work with a diverse population. Our guiding value is empowerment. While it is important for the program to have a clear structure, you cannot lose sight of the individual's needs."

"...there's gang kids, there's the prostitute street kids that are girls, then your hustlers that are boys, drag queen street kids, then there's the street kids who don't want to do anything."

-- Jorge, 18 years old

Each of the Child Sexual Exploitation Intervention projects developed different organizational structures to address the issue of juvenile prostitution in its community. Case examples for each of the three projects illustrate the need for a community to plan collaboratively. Organizational structures which can meet the needs of these young people are not easily created. The community's reaction and support must be considered as the structures are planned.

Central City Hospitality House, Project Turnaround --San Francisco

Before the Child Sexual Exploitation Intervention Program existed, the OCJP funded a Homeless Youth Pilot Project in San Francisco in 1986. The major youth serving agencies decided to collaborate and offer a network of services instead of competing against each other for the funding. The organizations that elected to join the Homeless Youth Network and perform the following functions were these:

- Catholic Charities (administration of the grant and shelter, food and counseling through its Diamond Street Youth Shelter)
- Central City Hospitality House (shelter, food, case management, employment training and independent living)
- Larkin Street Youth Center (outreach, drop-in medical services, counseling, case management and education services)

- Youth Advocates (family reunification, shelter, food and counseling)

In 1987, the RFP for the Child Sexual Exploitation Intervention Program was issued. As stated by Hospitality House in its proposal:

> "Every year thousands of youth come here fleeing intolerable homes; they find themselves without means of support and very susceptible to involvement in prostitution. Twenty-five to thirty percent of the youth served by the Homeless Youth Network admit to involvement in prostitution, and we have not been as successful in providing alternatives to prostitutes as we have to other runaway and homeless youth. Existing programs simply do not meet the need for specialized and coordinated services for hundreds of boys and girls involved in sex trades. No street intervention is currently being offered to girl prostitutes. Counseling is not available to youth who are still working. Services have not been adequately coordinated and prostitutes have not integrated well into community-based programs currently available to homeless youth. Finally, there is no shelter facility appropriately staffed and situated to enable a young person to transition out of prostitution."

According to Ann O'Halloran, former Program Director of the Youth Department of Hospitality House says this:

> "Prior to the Child Sexual Exploitation Intervention Program RFP, Hospitality House had expressed an interest in expanding services to its clients who were engaging in survival sex. They (staff) found that this population was having difficulty succeeding in their two-month stabilization program and required additional attention and time. In recognition of this need, the Homeless Youth Network supported Hospitality House's application for juvenile prostitution monies."

Therefore, in its initial proposal, Hospitality House agreed to do the following:

- provide overall fiscal and administrative coordination of a grant from OCJP Child Sexual Exploitation Intervention Program.
- provide street outreach, crisis counseling, case management, independent living skills training, employment assistance, and 24-hour safe shelter for youth involved in prostitution.
- develop and monitor subgrants with other private non-profit agencies to provide required services not directly provided by Hospitality House.

"My mom says she didn't kick me out, but she did. She kicked me and my second stepfather out at the same time. He didn't leave, but I did... case managers and counselors have a head on their shoulders. They have ideas if you have problems."

-- Gloria, 17 years old

> **"You have approximately 1,500 kids in (San Diego) the streets, what we need is jobs.**
> **There's maybe 300 jobs ... everywhere you go, they say help wanted, but they won't hire... If you don't have transportation or a diploma, you end up with nothing."**
>
> *-- Robert, 19 years old*

- provide coordinating functions to develop and facilitate comprehensive services. This will include convening quarterly meetings with public and private youth service providers to share information about the scope of services provided and procedures for making referrals.
- prepare necessary reports and serve as liaison with the Office of Criminal Justice Planning.

In its role as administrative agent, Hospitality House developed subgrants with Larkin Street Youth Center, CAL-PEP, Youth News and CCYFC. Almost eight months into the first year, Hospitality House added Youth Advocates as an additional subgrantee. Hospitality House was delayed in securing an adequate facility for relocation and decided, therefore, to subgrant with Youth Advocates for additional shelter beds.

By the third year (1990), Hospitality House opened a new twelve bed shelter, closed its previous shelter and reorganized its service network to include two of the previous five subgrantees. Larkin Street Youth Center continues to provide street outreach, medical services, counseling, case management and education services and CCYFC continues to provide telephone hot-line crisis services.

The organizational relationship for Project Turnaround is displayed below:

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                    │   HOSPITALITY HOUSE      │
                    └─────────────────────────┘
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                ┌───────────────┴───────────────┐
        ┌───────────────┐              ┌───────────────┐
        │ Larkin Street │              │    CCYFC       │
        │ Youth Center  │              │                │
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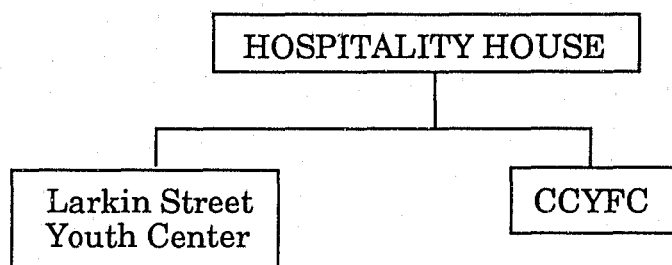
Additionally, Operational Agreements (OA) were developed with the following referral agencies: the San Francisco General Hospital Teen Clinic, Child Sexual Abuse Resource Center, and the San Francisco District Attorney. Further, Hospitality House obtained letters of support from the Juvenile Probation Department, San Francisco Police Department, Sheriff's Department, Juvenile Court, Department of Social Services, Community Mental Health Services, Mayor's Criminal Justice Council, Delinquency Prevention Commission, Coleman Advocates for Children and Youth, and Catholic Charities.

To meet its coordinating role, Project Turnaround attends weekly meetings for the providers of the Homeless Youth Network. The meeting agenda includes a review all clients in the network, a discussion of client treatment plans and strategies to access services. A monthly outreach meeting is held for agencies participating in Project Turnaround to discuss trends on the street and methods to conduct more effective outreach. There is also a quarterly programmatic meeting for Project Turnaround service providers to discuss the implementation of the project, service delivery, client needs, and coordination efforts. To maintain contact with the administrators of public and private agencies serving this population, the staff also attend a number of task force meetings that monitor service delivery for youth throughout San Fransisco.

Project Turnaround did experience some difficulties in establishing cooperative, "non-turf" oriented relationships among its subgrantees. However, the services network has improved since coordinating meetings were instituted. These meetings are held between Hospitality House and Larkin Street Youth Center. A stronger collaboration can be forged through frequent meetings to discuss common issues and problems.

Within Hospitality House, the Child Sexual Exploitation Intervention grant is administered in the Youth Department which is headed by a director. All staff providing services to youth report to the director, who is a member of the overall management team and responsible for the planning and operations of all youth-related activities of Hospitality House. The director of the Youth Department reports directly to the Executive Director.

CHLA, Division of Adolescent Medicine, Project PACE --Los Angeles

The Division of Adolescent Medicine at CHLA developed a coordinated, comprehensive system of services to victims of juvenile prostitution. It used a collaborative model with other youth-serving providers in Los Angeles. This network of services was built over a five-year period through the Division's High Risk Youth Project, which was funded by the Robert Wood Johnson Foundation, to provide consolidated health services to high-risk young people in the Hollywood/Wilshire area. Later in 1986, the Division of Adolescent Medicine was awarded the OCJP Homeless Youth Pilot Project grant which proposed a collaborative service delivery system that included 11 participating agencies. During this time, the Division of Adolescent Medicine organized the agencies operating in the Los Angeles area into a Coordinating Council for Homeless Youth Services. The council meets quarterly at CHLA and provides input and advice into program design, function and direction. It also serves to identify gaps and overlaps in services.

In 1987, when the RFP for the Child Sexual Exploitation Intervention Program was issued, the Coordinating Council agreed that the Los Angeles response should be a collaborative service system and that CHLA, Division of Adolescent Medicine should be the administering agent. Their proposal states this:

"All too often, social service agencies focus their energies on their own activities and fail to communicate effectively with one another. The gap between public and private agencies can be particularly wide. For example, there is frequently a lack of communication between youth serving agencies and local law enforcement, fueled by mutual distrust. When this happens, young people in need can 'fall through the cracks' and fail to receive the help they need."

This project was called Project PACE (People Against Child Exploitation). The agencies originally selected to participate because of their service delivery expertise were:

- Angels Flight , Catholic Charities of Los Angeles (outreach services, counseling and case management);
- Aviva Respite Shelter (shelter and referral services);
- Children's Institute International (training in child sexual exploitation available to all members of the Project PACE);*
- Gay and Lesbian Community Services Center (outreach services, counseling and case management);
- Los Angeles Free Clinic (medical services).*
- Los Angeles Youth Network (shelter, case management, crisis intervention, food, long-term stabilization, and transportation services);
- Options House (shelter and referral services);

- Prototypes Inc., Project WARN (outreach and AIDS education);*
- Runaway Adolescent Pilot Project , Los Angeles Department of Childrens Services (counseling, assessment, shelter and case management service);
- Stepping Stone (shelter and referral services);
- Teen Canteen, Travelers Aid Society of Los Angeles (outreach services, counseling and case management); and,
- 1736 Family Crisis Center (shelter and referral services);
  *(These agencies were added several months into the grant year.)

By the third grant year (1990), all agencies continued as subgrantees with the exception of Aviva Respite Shelter, who had changed program focus and no longer provided shelter services to youth involved in prostitution.

The organizational relationships of Project PACE appear below:
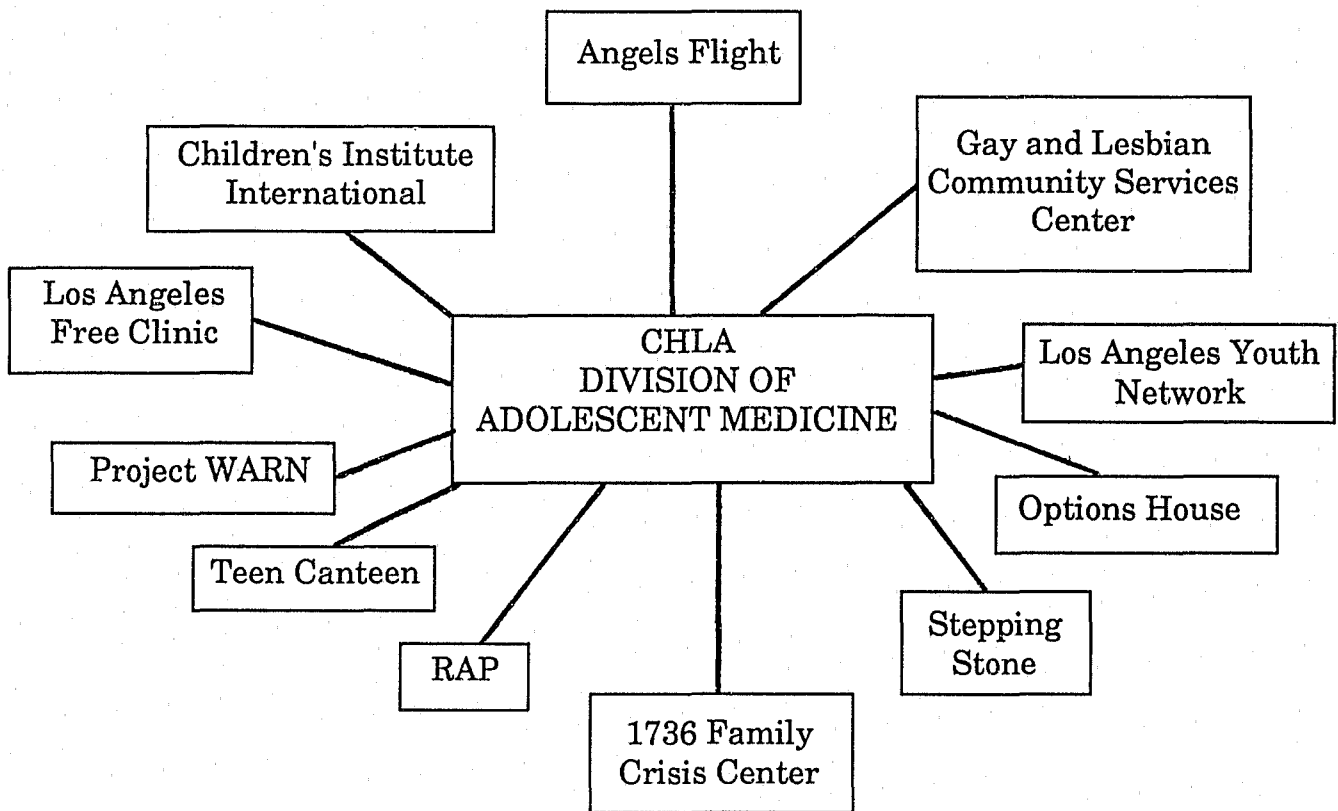
Additionally, CHLA, Division of Adolescent Medicine obtained letters of support from the Sexual and Child Abuse and Neglect Committee of Childrens Hospital, the Los Angeles Probation Department, the Los Angeles Police Department, the City of West Hollywood, the Salvation Army, the Los Angeles Department of Mental Health, Los Angeles Free Clinic, the Los Angeles District Attorney, and Children of the Night.

In the role as administrative agent, CHLA, Division of Adolescent Medicine agreed to these:

- Provide overall fiscal and administrative coordination of the grant from the OCJP Child Sexual Exploitation Intervention Program.
- Provide medical screening and treatment to victims of juvenile prostitution through its High Risk Youth Program.
- Develop and monitor grants with other private non-profit agencies to provide services to youth involved in prostitution.
- Coordinate the development and facilitation of a comprehensive range of services.
- Provide for the implementation of a media campaign to inform at-risk teenagers and the community of available services.
- Develop and maintain a data collection system to document type of clients and services provided.
- Prepare necessary reports and provide liaison with OCJP.

San Diego Youth and Community Services, The Storefront --San Diego

San Diego Youth and Community Services (SDYCS) provides services to youth involved in prostitution through a single shelter site-the Storefront. Even though the agency has provided services to runaway and homeless youth since its inception 20 years ago, SDYCS did

I feel that everyone is out to get me and I don't know why.
It makes me so mad I want to sit down and cry.
I know it is not like a man to shed a tear, but
not making it in life is my greatest fear.
When I lay down at night I stare at the ceiling and
all I can see is failure revealing.
I lay in my bed and tremble and shake and dread the next
morn that I will awake.
I feel that I am on the brink of destruction.
I am being dragged down by the failure suction.
I am string and I will not erupt, I know now
I am just growing up!

-- by Eugene

not begin to examine providing specialized services for youth involved in prostitution until 1980.

At that same time, the National Network of Runaway and Homeless Youth, (a youth advocacy membership organization of which SDYCS is a member) began to hear from member agencies across the county, that some of the youth seen in shelters were involved in prostitution. As a result, the National Network convened a "think tank" on the issue of juvenile prostitution and SDYCS participated in the effort.

After some initial research and conversational interviews, SDYCS Executive Director Liz Shear met with the Chief of Police about the issue of child prostitution. According to Shear: "He said there was nothing he could do about it, there was no way the police would touch or penetrate organized crime." Nonetheless, SDYCS decided that it must remain involved with the issue of child sexual exploitation.

The beginnings of the Storefront were set in motion in 1984 when a superior court judge called for a meeting with Catholic Community Services, METRO and SDYCS to discuss the issue of juvenile prostitution. As a result, a service delivery collaboration was formed and was called CASE (Community Against Sexual Exploitation). In addition to SDYCS, Catholic Community Services and METRO, a broader coalition was formed which included social service agencies, police, courts, hospitals, and religious organizations. Catholic Community Services and METRO, who were part of the ecumeni-

cal movement, had strong experience in community organizing and fund-raising. SDYCS had expertise in providing services to youth and a proven record in fundraising. It was determined that SDYCS would take program operation responsibility, while Catholic Community Services and METRO would raise funds and provide community education.

The collaborating agencies agreed that an in-depth picture of juvenile prostitution was needed. Each agency contributed monies to commission a survey to interview street youth and service providers. San Diego Youth and Community Services collaborated with San Diego State University to conduct the incidence study on street youth and prostitution. The "Teenage Prostitution Research Project" estimated that there were about 500 street youth in San Diego at any given time, and at least 250 of the youth were involved in prostitution. The San Diego Juvenile Court and Probation Department also indicated that juvenile prostitution appeared to be on the increase, and that law enforcement efforts were ineffective.

The ensuing report, which carried the judge's signature, was made public at a press conference and the issue of juvenile prostitution was presented as child abuse or child sexual exploitation. Local media were very interested in the issue and a long-term relationship with the press began to develop. Currently, many of the reporters remain interested in this issue and have reported it in a sensitive manner, educating the public about the child abuse/sexual exploitation issue. Additionally, Parade Maga-

> Mostly, these young people are trying to survive and do not necessarily see their survival behavior as a problem, but rather a solution. "Survival sex" is a means to obtaining shelter, food, clothing, drugs or whatever else is viewed as necessary to survive on the streets.

zine provided national press coverage which further heightened community awareness.

The Storefront was first opened between October 1985 to July 1986. It was closed when the site lease expired. A new site was found in late 1986, and a renovation grant was secured from the California Department of Housing and Community Development. The renovations took almost a year to complete. However, volunteers continued to provide street outreach and staff continued to raise funds for the shelter. Finally, the renovations were completed and a conditional use permit was issued. Around this time, the Office of Criminal Justice Planning issued the RFP for the Child Sexual Exploitation Intervention grant. SDYCS was awarded a grant and the Storefront was reopened in February 1988. It was immediately inundated with street youth seeking shelter in the twenty-bed facility.

The Storefront collaboration is a partnership between SDYCS, METRO and Catholic Community Services. SDYCS operates the Storefront and coordinates all resource development activities. METRO, through its many member churches and volunteers, provide prepared meals for the Storefront. The estimated in-kind contribution is over $25,000 per year. Catholic Community Services continues to provide assistance in fundraising.

To establish a strong referral system among various agencies in San Diego County, SDYCS obtained Operational Agreements from a variety of public and private service agencies that would be available to young people involved in prostitution. These included the County of San Diego Juvenile Court, the County of San Diego Probation Department, Downtown Health Services, the County of San Diego Department of Social Services, San Diego County Court Schools, Children's Hospital, and the San Diego District Attorney.

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STRUCTURE OF SERVICES

Central City Hospitality House, Project Turnaround --San Francisco

In preparing to respond to the Child Sexual Exploitation RFP, the planning group was most concerned over the lack of coordinated and specialized services, including shelter and outreach for youth involved in prostitution. Therefore, the Hospitality House proposal stated that Project Turnaround "would provide staffing to allow for 1) enhanced and augmented outreach and counseling efforts specifically targeting youth involved in prostitution, 2) improved co-ordination of services and referral mechanisms, and 3) 24-hour staffing of the Hospitality House Shelter facility. It would also allow for the shelter to be relocated to a larger facility in a neigh-borhood which is safer and further away from prostitution activity. Funding to cover travel expenses would increase our capacity to provide free transporta-tion and accompaniment to youth. A crisis hotline, a publicity campaign, and community education efforts would be instituted. Counseling, case manage-ment, employment assistance, educa-tional tutoring, independent living skills training and medical services currently provided will be continued at no cost to the project."

The original network of services was proposed to be organized as follows:

- Hospitality House would pro-vide street outreach, crisis counseling, case management, independent living skills training, and employment as-sistance. It would also relocate it's current shelter to provide a 24-hour safe shelter for youth engaged in juvenile prostitu-tion;

- Larkin Street Youth Center would provide street outreach to youth involved in prostitu-tion, on-site medical services and referrals as needed to medical services, a staffed drop-in facility which offers group, individual, drug and AIDS education counseling, case management, educational and tutorial services to assist youth in receiving a high school diploma or GED;

- California Prostitution Educa-tion Project would provide street outreach, individual and group counseling to youth involved in prostitution and coordinate efforts with other street outreach agencies;

- Youth News would conduct a publicity campaign through print, radio and television, which informs youth involved in prostitution of services that are available and would assist Hospitality House in develop-ing written materials to edu-cate the community, and to inform other professionals about the specialized needs of sexually exploited youth;

- The California Runaway Hotline, operated by CCYFC, would provide a toll-free 24-hour, seven-day per week telephone hotline which would provide crisis intervention and referral for youth involved in prostitution; and,

- Youth Advocates would provide shelter services to victims of juvenile prostitution through its youth shelter, Huckleberry House. Additionally, Youth Advocates would provide on-site medical screening and referrals, accompaniment services and information and referral.

By the third grant year, Project Turnaround relocated its shelter in a safer neighborhood and continued subgrants with Larkin Street Youth Center and CCYFC. Specifically, the synopsis of service organization is as follows:

Project Turnaround provides outreach in four San Francisco neighborhoods where prostitution is prevalent. Outreach workers provide counseling, AIDS prevention education, hotline numbers and referral information. Youth learn of Project Turnaround services from outreach workers and at the drop-in centers operated by Larkin Street Youth Center and Hospitality House, as well as from hotline staff of the CCYFC California Runaway Hotline.

Hospitality House provides short-term and transitional shelter services. The Project Turnaround twelve-bed shelter program (known as Orlando House) offers services up to six months. Another seven transitional living beds are available through the Hotel Program, a subsidized, indirectly supervised living arrangement for up to three months. Options for youth using shelter beds include family reunification, alternative placement or independent living stabilization.

Hospitality House and Larkin Street Youth Center provide on-going individual, group, and drug counseling to youth involved in prostitution. Counseling includes emotional support, assertiveness training, self-esteem building, problem solving and self-empowerment, as well as AIDS education and referral information. On-site schools are offered at both Hospitality House and Larkin Street. Hospitality House offers educational assessments and referrals, vocational counseling, job training referrals and job placement. Health education and case management services are available at Larkin Street Youth Center and Hospitality House. Medical screening is available at Larkin Street Youth Center.

All youth are assigned a case manager. The case manager and the youth develop a stabilization plan designed to get the youth off the street. The case manager monitors the youth's progress and facilitates referrals to medical, counseling, educational and vocational services. These services are available to youth who are currently working as prostitutes and to those who choose to leave the street life.

Youth who want to be self-sufficient are enrolled in the Independent Living Skills program. The youth attend workshops, receive employment assistance and are required to save 80% of their earnings. Once a youth has stable employment and is prepared to leave on-site supervision, the youth can move into transitional living hotel rooms and is provided with off-site supervision. Support services are offered by Hospitality House to youth living independently as long as the young person requests services.

Additionally, Hospitality House has subgranted with the California Runaway Hotline, operated by the California Child, Youth and Family Coalition, to provide 24-hour, seven-day a week, hotline telephone services. Services include crisis intervention and referral for youth involved in prostitution.

CHLA, Division of Adolescent Medicine, Project PACE --Los Angeles

Project PACE provides a coordinated system of services to victims of juvenile prostitution in Los Angeles. Most services are located in Hollywood, but services such as shelter and outreach extend to other areas in Los Angeles County frequented by youth involved in prostitution. These include Santa Monica, Van Nuys, Hermosa Beach, Central City, East Los Angeles, Echo Park and South Central. Project PACE offers six major components:

"I stayed on the streets for one and a half or two months. It wasn't that great, not at all. ..You get into gangs and stuff like that. I got into the Crips, my girlfriend doesn't want me to be so I consider myself not to be. "

-- David, 18 years old

1) networking and consolidation;
2) outreach,
3) comprehensive medical and psychosocial care,
4) short-term crisis/emergency shelter,
5) long-term stabilization shelter and case management, and
6) training.

The following describes the organization of each major service component.

1) Project PACE is part of a larger service network system in Los Angeles known as the Coordinating Council for Homeless Youth Services. With over twenty agency members, the Council identifies service gaps and overlaps in services and provides input and advice to the CHLA/DAM High Risk Youth Program.

2) Originally, three subgrants were developed with existing outreach agencies in the Hollywood area. These subgrants ensured that more young people who were engaged in prostitution could be contacted on the streets. Subgrant agencies were Angels Flight, Gay and Lesbian Community Services Center, and Teen Canteen. During the course of the first grant year, one outreach service provider, Prototype Inc., Project WARN was added. It should also be noted that the Hollywood Division of the Los Angeles Police Department has developed a "pilot project" of referring homeless youth directly to the Los Angeles Youth Network shelter. This referral source has proven to be an invaluable component of the outreach system and builds a bond of trust between law enforcement and service providers.

3) Comprehensive medical and psychosocial care comprise the third service component. Based on experience with homeless youth, staff found the most effective initial intervention could be conducted through the physician-patient relationship. In the words of Project PACE:

"If physicians demonstrate a genuine concern for their well-being, young people will reveal personal problems that they would not readily share with anyone else. A medical complaint (e.g., sexually transmitted disease) can open the door to the treatment of a whole range of health and psychosocial concerns. Rather than merely treating the presenting problem—a shot of penicillin for the sexually transmitted disease— physicians involved in the project are trained to work with young people as "whole persons". In the course of the medical examinations, physicians conduct a psychosocial interview with their young patients in order to determine further areas of need which may be present such as food, shelter, job, mental health and drug abuse counseling. If such needs are identified and if the young person wants assistance in any of these areas, the physician introduces them to another member of the interdisciplinary team (social worker, counselor, health educator, etc.) who will take over from there."

Curiously, when people are asked to state their reactions to juvenile prostitution, few ever mention that it is a form of exploitation or child sexual abuse.

Services provided at the youth clinic include: comprehensive medical care; outpatient mental health screening and counseling; substance abuse screening and counseling; social (basic needs— food shelter, etc.) screening and assistance; and, AIDS counseling and education. Youth clinic services are provided conjointly by the Los Angeles Free Clinic and CHLA, Division of Adolescent Medicine. Child sexual abuse evidential examinations are provided by Childrens Hospital as an in-kind contribution to Project PACE.

4) The fourth service component offers short-term crisis shelter. Through Project PACE, 44 crisis shelter beds are available. These shelters, Angel's Flight, Options House, Stepping Stone, and 1736 Family Crisis Center, each provides six beds with a two-week maximum stay. Los Angeles Youth Network provides 20 beds with an emergency 72-hour stay.

Each shelter has developed a "specialization" for a particular type of youth population. For example, Angels Flight works with younger, recent runaways, while Los Angeles Youth Network works with the older, more sophisticated street youth. When referring to other shelter agencies, the referring agency takes the particular "specialization" into consideration.

5) The fifth service category, long-term shelter and case management, is provided by four agencies. First, the Los Angeles Youth Network operates a twenty-bed facility with comprehensive case management services. In addition to emergency services, Los Angeles

Youth Network offers a sixty-day transitional housing program designed to help young people off the streets. The youth work closely with their assigned case managers on weekly goals. Their ultimate goal is to select and work towards getting an appropriate living situation, such as reunification with the family, alternative placement, independent living, or any other safe and non-exploitative arrangement. Second, Stepping Stone offers a four-bed stabilization program where youth can stay up to nine months. Third, the Gay and Lesbian Community Service Center offers a long-term residential program, Citrus House, with 12 beds and a 60-day maximum stay. Fourth, the Runaway Adolescent Pilot Project provides assessment and case management services to sexually exploited street youth who enter the Los Angeles County foster care system.

6) Youth involved in prostitution often report severe physical, emotional and sexual abuse as children. In order for staff to effectively intervene, specialized training in serving these youth is necessary. Children's Institute International provides a 40 hour comprehensive training to a minimum of one staff from each Project PACE agency. Consultation to each participating agency and specialized training is available. Children's Institute International also develops and implements periodic workshops for community professionals as well as specific training for law enforcement personnel.

San Diego Youth and Community Services, The Storefront --San Diego

The Storefront offers a wide variety of services to youth who are involved in prostitution. Unlike the San Francisco and Los Angeles models, the Storefront is a "one-stop" facility where all services are offered on-site. The goal of the Storefront is to provide these youth with alternatives which allow them to leave the streets permanently. Services are structured to allow for maximum flexibility to meet individual needs—taking into account that the young person may be ambivalent about leaving the streets. Services are offered in a two tiered approach—outreach and crisis-related services like medical attention, food and shelter, or a longer term stabilization period offering housing, independent living skills training as well as educational and vocational training.

In order to inform street youth about the Storefront, staff and volunteer outreach teams spend time in areas of San Diego frequented by street youth. Staff contend that their most effective source of referrals to the Storefront comes from the youth on the streets, who frequently either bring in first-time runaways or tell staff where they are and to "go get them before they get hurt." The outreach workers are the link between the youth and the services available. Youth also learn about the Storefront through the California Runaway Hotline which is operated by the California Child, Youth and Family

Coalition (CCYFC). SDYCS has sub-granted with CCYFC to provide hotline services for this project. CCYFC operates an extensive state-wide media campaign advertising the California Runaway Hotline and uses an 800 number.

The Storefront offers walk-in crisis counseling, emergency telephone service, referrals, assistance in obtaining health care, accompaniment services, education workshops (such as drug education, AIDS prevention, and birth control and STD information), self-help groups (Alcoholics Anonymous, Narcotics Anonymous) and recreational activities. The Storefront is a 20- bed facility and is open from 6 p.m. to 8 a.m.,seven days a week. Daytime services such as alternative school for homeless youth, case management and independent living skill training are offered. Referrals are also available to an SDYCS operated Teen Recovery Center, a drug and alcohol day treatment program for high-risk youth.

There are three options for shelter. The first option offers shelter for three days. Counseling is offered but not required. Food, referrals, showers and laundry facilities are available. If the young person leaves the shelter, they must wait seven days before re-entering the shelter program. The second option, referred to as "3 days in/3 days out" provides youth with regular and consistent contact with staff and services. In order to be eligible for this option, the youth must be working on achieving goals that they have outlined in their

case management plan. Staff report that this approach has been successful in maintaining services to more experienced street youth, and eventually these youth request the longer term services. The final option is referred to as Phase 2, the stabilization phase which provides shelter up to six months.

During the time in shelter, the young person must be working with their case manager to meet specific pre-determined goals and be actively engaged in the Independent Living Skills (ILS) program. The ILS program teaches self-reliance and is based on a self-instructional curriculum. Youth in the program learn important life skills, e.g., managing money, finding an apartment, and finding a job: also they learn how to live a healthy lifestyle, how to get a better job by enrolling in an educational or vocational program, and where to find resources. All youth are also eligible to enroll in the Summit School. The County Department of Education provides a certified teacher to provide educational assessment and instruction. GEDs are available through this alternative school.

Youth who have successfully completed Phase 2, including the ILS training, and are employed are eligible for the SDYCS Transitional Housing program. SDYCS offers subsidized housing for up to two years to assist youth to become independent and self-sufficient.

STRUCTURE OF STAFFING

Central City Hospitality House, Project Turaround --San Francisco

To provide the range of services offered by Project Turnaround, Hospitality House developed the following staffing structure. It is important to note that this staffing structure represents 24% of the total project effort. Positions listed here represent the OCJP portion of funding only.

- Program Coordinator -
Administers overall grant, coordinates with subgrantees, conducts data collection effort, coordinates agency presentations. Reports to Program Director of the Youth Department;
- Support Services Supervisor - Supervises outreach and shelter counselor staff. Reports to Program Director;
- Outreach Worker -
Provides street outreach to youth engaged in prostitution. Reports to Support Services Supervisor;
- Residence Counselor -
Provides on-site counseling and service coordination at the shelter.(support groups, outings). Reports to Support Services Supervisor;
- Shelter Counselor - Provides supportive counseling and living skills training to shelter residents. Reports to Support Service Supervisor; and,
- Fiscal Manager -
Provides fiscal management to grant. Reports to Executive Director.

Other positions or services funded by this project through subgrant agreement include:

- Case Manager -
Larkin Street Youth Center provides outreach, on-site medical services and referral, a drop-in center, individual, group, drug and AIDS education counseling, case management, education and tutorial services in exchange for the full time salary of a case manager.
- Telephone crisis intervention service -
The California Runaway Hotline provides trained telephone counselors 24-hours, seven days a week to answer a toll-free, state-wide youth hotline.

Project Turnaround changed its staffing structure during the course of the first year. Originally, the Support Service Supervisor was supervising more people and doing more community liaison work. When it became apparent that these responsibilities were unmanageable, the community liaison position was shifted to the Project Coordinator. Also, there were two positions for an Outreach Worker, which was subsequently reduced to one. Additionally, subgrants with CAL-PEP for outreach, Youth News for media relations services and Youth Advocates for shelter services were discontinued. Media relations became a Project Turnaround administrative function and with the opening of the new Project Turnaround shelter, the need for additional shelter beds ceased.

The staffing chart for Project Turnaround is illustrated below:
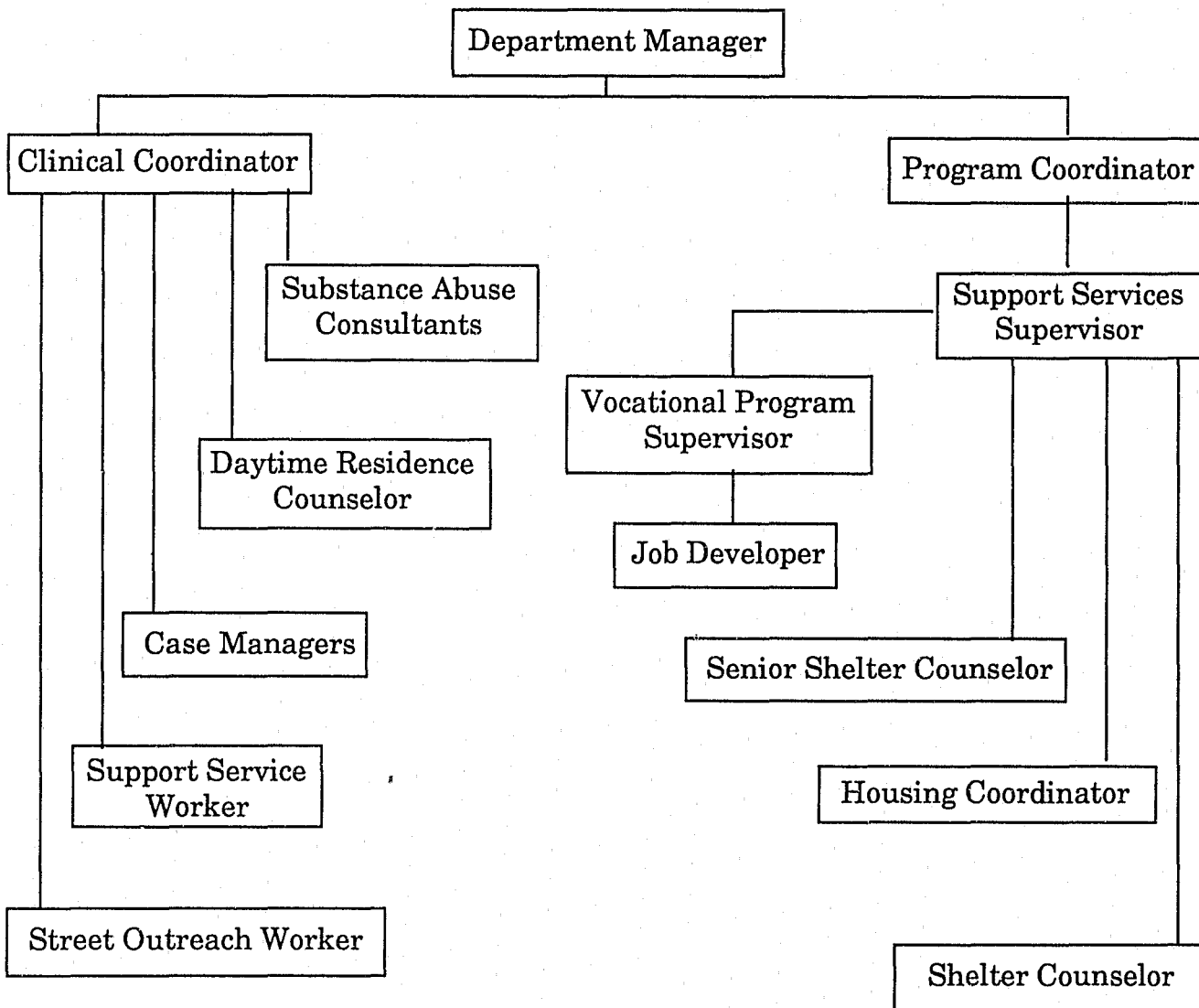
CHLA, Division of Adolescent Medicine, Project PACE --Los Angeles

To provide the range of services offered by Project PACE, the Division of Adolescent Medicine developed the following staffing structure. It is important to note that this staffing structure represents approximately 50% of the total project effort.

Positions listed here are those funded directly by the OCJP grant.

- **Program Administrator** — Administers the overall grant including budget, coordinates with subgrantees and OCJP. Reports to the Director of Adolescent Medicine at Childrens Hospital;
- **Project Coordinator** — Provides day-to-day management of the project, coordinates the staff training and provides direct services to youth seen in the clinic. Reports to the Program Administrator;
- **Research Coordinator** — Manages the data collection system and report generation. Works with all subgrantees and provides technical assistance and training as required. Reports to the Program Administrator;
- **Data Entry Clerk** — Collects and enters data. Reports to Research Coordinator;
- **Secretary** — Provides clerical services for Project PACE. Reports to the Project Coordinator;
- **Physician** — Provides direct medical services to youth in Project PACE. Reports administratively to the Project Coordinator and clinically to the Director of the Division of Adolescent Medicine.

The remainder of the personnel for Project PACE are provided by the subgrantee agencies. Since the agencies are subgranting for the provision of services, each subgrant agency handles the staffing of the program differently. The following is a description of staff positions or items paid for through the subgrant agreement:

- **Angels Flight** — Counselor and operating costs
- **Gay and Lesbian Community Services Center** — Assistant Director and Case Managers
- **Los Angeles Free Clinic** — Clinic Coordinator and operating costs
- **Los Angeles Youth Network** — Van lease, maintenance and insurance
- **Options House** — Counselor and operating costs
- **Prototype, Inc. Project WARN** — Outreach Worker
- **RAP** -- Caseworker and operating costs
- **Stepping Stone** — Counselor
- **Teen Canteen** — Program Director, Case Worker, Youth Worker, Administrative Assistant and operating costs
- **1736 Family Crisis Center** — Program Coordinator, Counselor, Residential Manager and Secretary
- **Telephone crisis intervention service** - The California Runaway Hotline provides trained telephone counselors 24-hours, seven days a week to answer a toll-free, state wide youth hotline.

It should be noted that Children's Institute International also received a subgrant under Project PACE to provide staff training to the participating service providers.

The staffing chart for Project PACE is illustrated below:
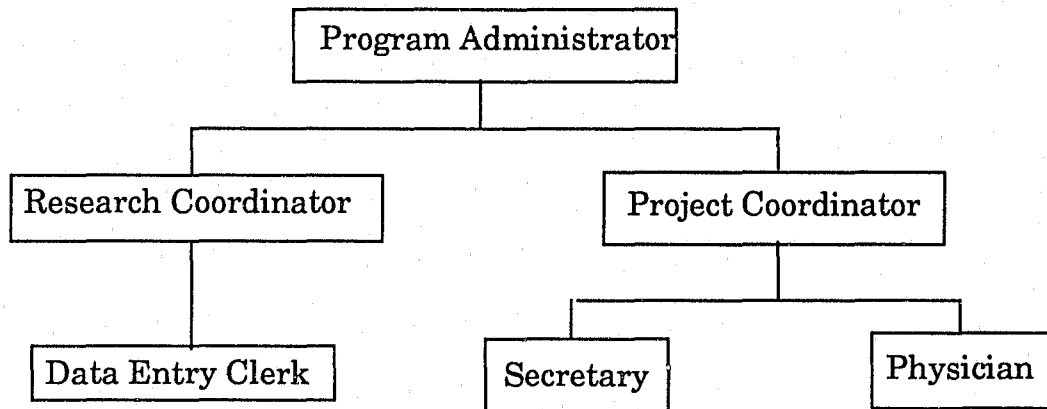
San Diego Youth and Community Services, The Storefront --San Diego

San Diego Youth and Community Services use the following staffing structure to operate the Storefront. It is important to note that this staffing structure represents 46% of the total project effort. Positions listed here represent the OCJP portion of funding only.

- Executive Director —
Provides overall project supervision with an emphasis on fundraising and public relations. Reports to the Chairperson of the Board of Directors.
- Associate Executive Director — Assists the Executive Director in overall project supervision with an emphasis on management information systems and supervises the Program Director. Reports to the Executive Director.
- Fiscal Director —
Provides overall project fiscal supervision. Reports to the Executive Director.

- Accountant — Assists fiscal director in contract administration. Reports to the Fiscal Director.
- Personnel Director —
Coordinates all personnel responsibilities. Reports to the Associate Executive Director.
- Bookkeeper—Provides day to day fiscal duties. Reports to the Fiscal Director.
- Program Director —
Provides project and Storefront staff supervision. Reports to the Associate Executive Director.
- Volunteer Coordinator Recruits, trains and supervises project volunteers. Reports to Program Director.
- Program Assistant —
Provides daily on-site administrative duties. Reports to the Program Director.
- Case Managers — Provides casework, information and referral and counseling. Reports to the Program Director.

- <u>Independent Living kills
Coordinator</u> — Teaches client
independent living skills. Re-
ports to the Program Director.
- <u>Outreach Worker</u> —
Provides on-street outreach,
counseling and transportation.
Reports to the Program Director.
- <u>Residential Counselors</u>
Provide milieu supervision,
intake, crisis counseling. Re-
ports to the Program Director.
- <u>Relief Residential Coun-
selor</u> — Fills the position in
the absence of the Residential
Counselor. Reports to the
Program Director.

Other services funded by this project
through subgrant agreement include
the telephone crisis intervention serv-
ices. The California Runaway Hotline
provides trained telephone counselors
24-hours, seven days a week to answer
a toll-free, state-wide youth hotline.

The Storefront changed its staffing
structure during the course of the first
year. The two half-time case manager
positions did not provide enough case
management support, so one of the
positions was increased from a half-time
position to a three-quarter time posi-
tion. There are three and one-half full
time equivalency positions for residen-
tial counselors and one full time out-
reach worker. Originally, it was pro-
posed that the residential counselors
perform outreach functions; however,
this proved to be unworkable.
Currently, the full-time outreach

*"We've had groups
about self-respect and
respect for others.
Everybody says yes,
but nobody wants to
take the initiative to
care about themselves
and will do whatever
they want to do. You
have to take initiative
to make changes, and
it's hard for kids to do
that. Basically,
they're on their own
out there."*

-- Nelson, 19 years old

worker is also used to fill in for residential counselors in case of illness or vacation. The recreation supervisor was eliminated to add additional time to the case manager and outreach worker positions.

The staffing chart for the Storefront is illustrated below:

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                        ┌──────────────────┐
                        │ Program Director │
                        └──────────────────┘
                                 │
         ┌────────────────┐      │
         │ ILS Instructor ├──────┤
         └────────────────┘      │
                                 │
         ┌────────────────┐      │   ┌────────────────────────┐
         │ Case Managers  ├──────┼───┤ Residential Counselors │
         └────────────────┘      │   └────────────────────────┘
                                 │
         ┌──────────────────┐    │   ┌──────────────────────┐
         │ Relief Counselors├────┼───┤ Outreach Counselor   │
         └──────────────────┘    │   └──────────────────────┘
                                 │
   ┌──────────────────────┐      │   ┌────────────────────┐
   │ Volunteer Coordinator├──────┴───┤ Program Assistant  │
   └──────────────────────┘          └────────────────────┘
```
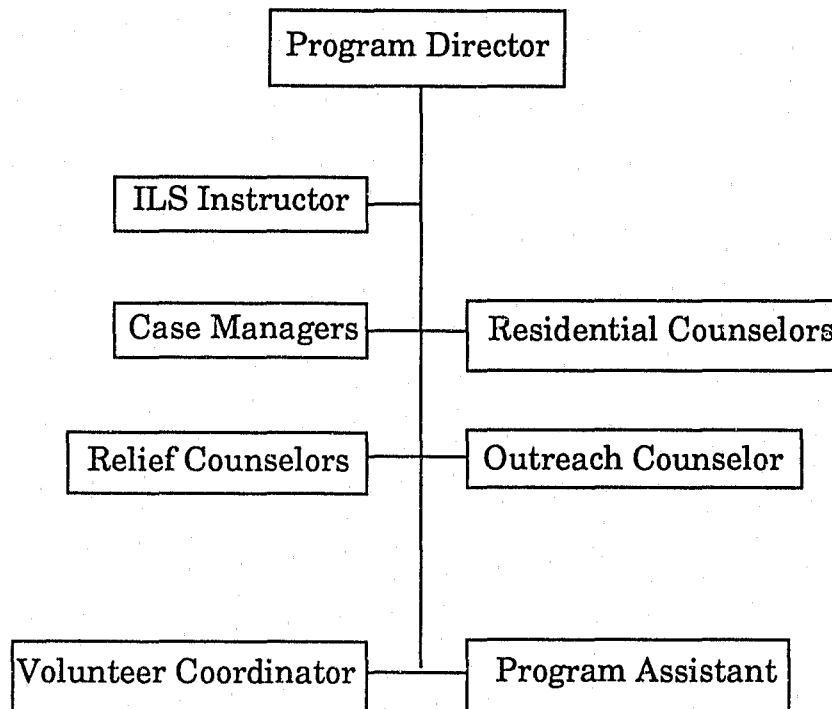
HIRING AND TRAINING OF STAFF

Each of the grantee and the subgrantee projects has developed different methods to manage the hiring and training of staff. This section highlights the variety of approaches utilized in personnel hiring and management.

Hospitality House recruits new staff through the newspaper ads including special interest newspapers, sexual minority papers, nonprofit newsletters, flyers to other agencies and job marts at university and career centers. They have had difficulty finding qualified shelter counselors and outreach workers. For example, Hospitality House would like to hire staff who have had street experience, yet many of the people interested in the job positions have not been clean and sober for one year which is a strict requirement. The salaries offered by Hospitality House were originally too low to be competitive and recently the salary structure has been changed.

Staff at Hospitality House attend frequent in-service trainings on such topics as communication, conflict resolution, child abuse reporting, suicide prevention, and techniques in working with sexual minorities and health education. Also staff participate in quarterly "re-evaluation" meetings designed to identify issues and establish solutions.

A high staff turnover rate in the sub-grantee agencies has been a major personnel issue for the Project PACE network. For example, in one year, 80% of the shelter directors and 50% of the shelter and drop-in center staff left their jobs. Clearly, this level of staff turnover jeopardizes the continuity of a specific program and the entire service network.

Speculations about the reasons for the high staff turnover abound. However, most agency staff would agree with Lynn Rankin, Project Director, Stepping Stone (a shelter subgrantee with Project PACE) who states: "Turnover has to do with money and burn-out. You need to take good care of yourself and have a supportive staff, not everyone knows how to do that." Clearly, staff turnover is an issue that Project PACE agencies are concerned about and are discussing throughout the network.

Due to the turnover of staff in the sub-grant agencies, hiring occurs more frequently than desired. Hiring procedures among the collaborating agencies are fairly consistent. Most agencies rely on their volunteer pool or "word of mouth" around the youth services network for candidates   Agencies also use newspaper advertisements, recruitment at local colleges and universities and job announcements posted at other social service agencies. Most agencies are more concerned about the personal attributes and experiences of the candidate than with degrees or licenses, even though many have such requirements. All agencies reported they are careful to maintain cultural balance among staff and some actively recruit bilingual staff. According to Dale Weaver, M.S.W., previously Executive Director of Teen Canteen, "The key to running a successful program is in the staff. If you are careful in hiring, you are 80% there."

All Project PACE agencies operate in-service training programs for their staff. Topics range over many issues and have included AIDS, gangs, police relations, sexually transmitted diseases, group techniques, drug abuse, sexism, racism, sexual exploitation, abuse reporting procedures, and community relations. All agencies indicated that team building was an important part of staff training and support. However, the degree of emphasis placed on team building activities ranged widely. One agency tells its staff, "you will either be on the team or not here" but does not have any structured methods through which to create a team. Most agencies have formal and informal methods for team building.

Formal methods include scheduling regular and specific times during staff meetings to discuss staff team relations, and holding staff retreats. Informal

We look for individuals that can relate to the variety of young people at the Storefront, but who also know boundaries and the difference between enabling and empowering.

methods include spending time discussing reactions to work situations, socializing away from the work site, and having meals together. Project PACE also provides training for all agency staff. A complete description of the training is found in Chapter V and discussed in the section on the Collaboration Model.

The Storefront reports a low staff turnover rate, despite some difficulties experienced during start-up. When the Storefront opened, staff thought that it would take time for the street youth to come in for services and that they would, therefore, have some time for in-service training for new staff and getting management systems put in place. However, within two weeks, all 20 beds were filled and youth were waiting to get into the program. Needless to say, staff were challenged and needed to learn quickly. In retrospect, Liz Shear, Executive Director, San Diego Youth and Community Services, thinks that this type of "on-the-job" training should not happen. She recommends that staff who are opening new shelters be already trained.

For staff hiring, the first candidates came from volunteers or other staff who worked at the other two SDYCS shelters—The Bridge and the Gatehouse. In interviewing potential staff, Gail Hoagland, Program Director, places more of an emphasis on experience, values and enthusiasm. "We look for individuals that can relate well to the variety of young people at the Store-

front, but who also know boundaries and the difference between enabling and empowering."

The Storefront operates an in-service training program for staff. The training is conducted by a mix of experienced staff and outside experts. A clinical supervisor conducts weekly case staffings—exploring issues like drug abuse, sexual abuse and family dynamics. Team building is important to the staff and is part of each staff meeting.

USE OF VOLUNTEERS

The use of volunteers requires planning and commitment to on-going coordination and training. Volunteers can greatly enhance a project, but staff must be careful in the recruitment, selection and training phases. OCJP requires all volunteers who work with the Child Sexual Exploitation Intervention Program have a criminal record check. Additionally, at least three references should be checked to help assess each volunteer's character. To retain volunteers, staff must provide on going training and supervision. Volunteers are unpaid staff and should be subject to the same personnel management procedures as paid staff.

Hospitality House does not use volunteers in Project Turnaround; while Larkin Street Youth Center does. Larkin Street Youth Center is very selective about its volunteers and has a high rejection rate. A volunteer coordinator oversees the selection, training and placement of the volunteers. Larkin Street Youth Center does not recruit volunteers, but selects from those who hear about the agency and contact it directly. Volunteers help with outreach, drop-in, and medical service. This volunteer training consists of an intensive day-long training program and on-site supervision.

All but one of the Project PACE sub-grant agencies use volunteers. Volunteers work in many areas ranging from clerical and maintenance assistance to educational tutoring, shelter supervision and outreach. Some of the agencies have volunteer coordinators; others spread this function among staff. All the agencies stress the importance of volunteer supervision. The number of volunteers used by an agency depends on its size and ability to manage a volunteer project. The agencies in Project PACE have from 12 to 80 volunteers. As in Project Turnaround, most agencies recruit new staff from their volunteer pool.

The Storefront relies on volunteers to provide a range of services. There are approximately 25 volunteers at any given time. A volunteer coordinator recruits and trains volunteers specifically for the Storefront. A more complete description of the Storefront volunteer component can be found in Chapter V and is also discussed in the section on volunteer programs.
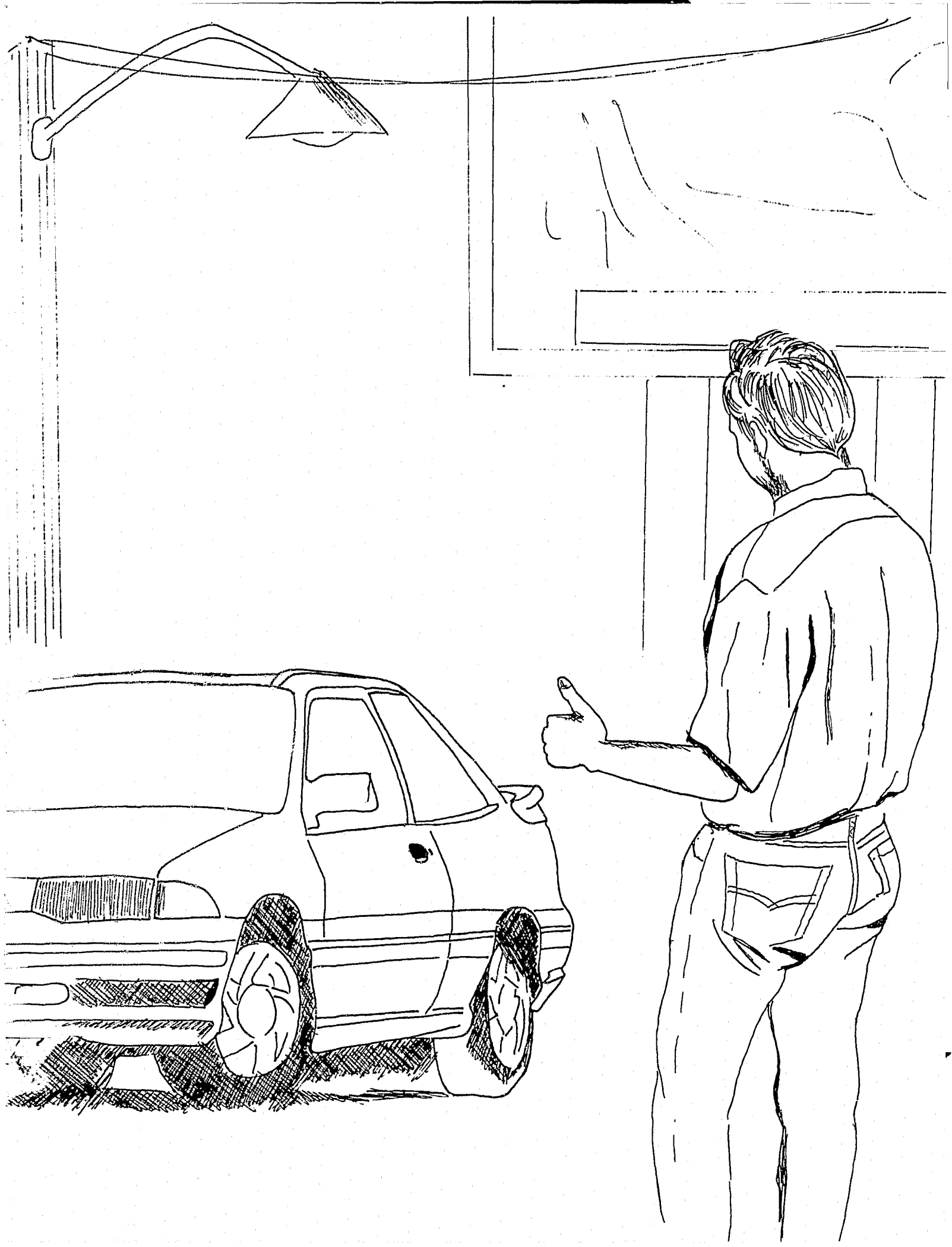
CHAPTER IV

PLANNING AND IMPLEMENTATING
A SUCCESSFUL PROJECT

PLANNING AND IMPLEMENTATING A SUCCESSFUL PROJECT

INTRODUCTION

Child sexual exploitation is a horrifying concept for most people. Many want to believe it does not occur and deny its existence or extent. This is why concerned citizens are often met with resistance and denial on the part of other community leaders and members when attempting to plan a community-wide response to child sexual exploitation.

This chapter is designed to assist those who are concerned about the incidence of juvenile prostitution in their community and are interested in addressing child sexual exploitation issues. Community denial and resistance to the issues of child sexual exploitation can be overcome with community education and persistence. A community that undertakes the challenge of addressing juvenile prostitution must be prepared to engage in a sustained effort.

The problem will not be solved when community support is generated and services are provided. Chances are the extent of the problem will seem to grow. The reason for this is because providing services will lead to a deeper understanding of the problem and the barriers that young people face when they attempt to leave the streets. Therefore, new community and service needs will constantly surface which must be addressed. The cycle of assessing needs is constant, as is the battle to obtain funding for the services. Planning and providing services to youth involved in prostitution are complex and sometimes difficult. But, according to the grantees, the results can and do make a difference to these young people.

This chapter outlines the steps a community can take to explore and address the problem of juvenile prostitution. A checklist provides a guide though the process. Also, since many approaches can be taken in the planning and implementation phases, a question and answer format will be used in this section to address some of the approaches. Questions and answers relating to urban, suburban and rural communities will be addressed. The appendix identifies agencies in all types of communities that can be contacted for further assistance.

Before planning and implementation begin, two major thoughts must orient the entire process. The first requires the planners to know and involve a wide section of the community at every step. The second requires them to know and involve youth engaged in prostitution at every step. Community support and cooperation will enable the services to be provided: youth involvement will guarantee that they are effective.

In order to provide an overall "map" to chart the course toward intervening in child sexual exploitation in a community, the following checklist identifies all the major steps to be accomplished in the pre-assessment, needs assessment, planning, and implementation phases.

A COMMUNITY PLANNING CHECKLIST:
INTERVENING IN CHILD SEXUAL EXPLOITATION

PRE-ASSESSMENT PHASE

√ 1. Identify sources of information that creates the suspicion that there is a juvenile prostitution problem.

√ 2. Check sources of information for verification.

√ 3. Contact other youth serving agencies (particularly runaway and homeless youth services) of similarly sized communities to determine their response.

√ 4. Determine what other sources of information are necessary to make a decision to study the problem.

√ 5. Research other sources of information.

√ 6. Make a decision to study the issue of juvenile prostitution.

NEEDS ASSESSMENT PHASE

√ 1. Develop a listing of individuals and organizations in the community who may be familiar with the local juvenile prostitution problem.

√ 2. Contact all individuals and organizations on the list. Collect information describing the scope of the issue and identify others in the community who should be contacted.

√ 3. Collect and sort information and data on the scope of the problem of juvenile prostitution in the community.

√ 4. Prepare an initial concept paper outlining the scope of the local problem and citing source data and other statistics.

√ 5. Identify individuals for possible community participation. Contact each individual and provide them with a copy of the initial concept paper.

√ 6. Organize and establish a community task force or group to study the problem of juvenile prostitution in the community, and to determine the service needs of youth involved in prostitution.

√ 7. Develop the purpose, objectives, and methods of the community needs assessment to study the issue of juvenile prostitution.

√ 8. Conduct the information and data collection phase of the needs assessment. This includes a review of the literature, law enforcement and social service data, site visits to agencies, interviews with agency personnel and youth engaged in prostitution, and other sources identified in the needs assessment plan.

√ 9. Prepare and present needs assessment finding and task force recommendations to the community.

PLANNING PHASE

√ 1. Establish a community planning group to develop and implement a service model for child victims of sexual exploitation.

√ 2. Review the needs assessment document and determine if other sources of information are needed. Collect and review as necessary.

√ 3. Create a method and survey local services that are or could be related to juvenile prostitution services.

√ 4. Determine community support/resistance to developing a project to provide services to youth involved in prostitution. Develop an action strategy to maximize support and minimize resistance.

√ 5. Identify community experts and call for the presentation of model program structure and services for sexually exploited youth.

√ 6. Develop a model implementation plan and review for feasibility.

√ 7. Begin model implementation plan and evaluate progress periodically.

The cycle of assessing needs is constant, as is the battle to obtain funding for the services. Planning and providing services to youth involved in prostitution are complex and sometimes difficult. But, according to the grantees, the results can and do make a difference to these young people.

IMPLEMENTATION PHASE

√ 1. Recruit and appoint a Coordinator (paid, unpaid. or "loaned" staff)

√ 2. Develop a resource development plan and identify sources of funding.

√ 3. Develop a Board of Directors or Advisory Board.

√ 4. Determine the level of administrative support necessary to implement the project.

√ 5. Determine types of services to be provided directly and secure agreements for referral services.

√ 6. Develop staffing pattern, job descriptions and organizational chart.

√ 7. Create administrative systems necessary to manage the project (personnel management, administrative and service delivery policies and procedures, and other management systems).

√ 8. Select the facility site and secure necessary licensing or conditional use permits.

√ 9. Develop an orientation and on-going staff training program

√ 10. Recruit and hire staff.

√ 11. Implement staff training program.

√ 12. Prepare facility for services.

√ 13. Develop a project evaluation design and develop methods for data collection and compilation.

√ 14. Conduct community presentations announcing the opening of the services for youth involved in prostitution.

√ 15. Prepare and implement media campaign designed to inform youth of the new service.

√ 16. Hold a grand opening, inviting youth, the community, media, and individuals who assisted in the planning of the project.

√ 17. Begin service delivery.

√ 18. Establish a forum to keep the community informed of the progress of services and identification of new service needs and the methods required to meet those needs.

IMPLEMENTING THE CHECKLIST: SOME QUESTIONS AND ANSWERS

This section expands on the preceding checklist and answers some questions about implementing a specific step. The responses are designed to serve as guidelines and perhaps spark even more creative approaches.

PRE-ASSESSMENT PHASE

> √ 1. Identify sources of information that creates the suspicion that there is a juvenile prostitution problem.

What is the definition of child sexual exploitation? Juvenile prostitution?

> Child sexual exploitation is any form of sexual interaction between an adult and a child under the age of eighteen. The adult, by virtue of age and experience, is in the position to manipulate the child, thereby exploiting the child for the adult's sexual satisfaction. Examples of child sexual exploitation include child molestation, child pornography, and juvenile prostitution. Juvenile prostitution is defined as any juvenile engaging in sexual activity with an adult in exchange for money, drugs, food, shelter, clothing, transportation, or other form of exchange.

How does a community determine if juvenile prostitution exists?

> Whether the community is urban or rural, one of the easiest and quickest ways is to "go out looking". Ask people involved in the sex trades—adult book stores, massage parlors, bus and train terminals, truck stops, arcades, motels/hotels, hot tub facilities, and escort/out-call services. If that seems too adventuresome, then start by surveying youth service agencies, law enforcement and youth probation departments.
>
> In a rural area, consider surveying several counties. Also consider the number of youthful hitchhikers who travel through this area. In addition to truck stops, interstate highway rest areas as well as diners, taverns and motels that cater to the traveling public may offer interesting views of the "underside" of the multi-county area.

What are some common and uncommon sources for information?

Typical sources for those who may have had direct experience with the issue of juvenile prostitution include police and sheriff's departments, social services/child protective services, youth serving agencies, community clinics, juvenile court/probation, hospitals, and public schools. Most local United Ways publish an "Environmental Scan" report which identifies and describes the community features and issues. United Way also conducts a variety of needs assessments and reports that may be helpful. Other sources that may have statistics and/or research data and reports are the state's attorney's office/district attorney's office, hospital emergency rooms, colleges/universities, and the local media. Maintain a list of these individuals and agencies and, for future reference, ask each contact person for three other contacts who could provide information.

Other sources of information include interviewing runaway and homeless youth. Interviews could be arranged by a youth service agency. Care should be taken to ensure that interviewers are trained and are nonjudgmental and sensitive to the population. Street prostitutes and others involved in the sex trades could provide some valuable insights. Another potential source would be to contact drug and alcohol recovery programs, battered women's shelters, and sexual abuse survivors groups, and inquire about their knowledge of juvenile prostitution.

"A lot of the kids can't use the shelters, they've used up their time or they're 18. What do you do then?...You've been in the streets making your own decisions, then you have to get used to all these rules... sometimes it's too fast, it's hard... You get two months... kids need more time, more options..."

--- Carmen, 17 years old

What happens if conflicting information exists on the scope of the problem?

If there is conflicting information or no one is sure if there is a problem with juvenile prostitution, some indication of the problem can be inferred from other conditions. For example, if there is a population of runaway and homeless youth, chances are that some of the youth have had to trade sex for something they needed. According to the U.S. General Accounting Office (1982), it is reasonable to assume that half of one-quarter of all runaways might be involved in prostitution. Additionally, the same report stated that half of the homeless youth population is involved in prostitution, while the other half could be at risk of becoming involved.

What if there are gaps in information, making it difficult to determine the scope of the problem?

It may be worthwhile to consult other juvenile prostitution service providers in other areas. A listing of agencies is located in the appendices. A few telephone conversations might really help. Check with local community clinics. Since youth will seek medical care at clinics, especially for sexually transmitted diseases, clinic staff are often aware of prostitution issues. Also, discussing the preliminary information with a researcher from an area college or university may provide a new angle to explore.

√ 3. Contact other youth serving agencies (particularly runaway and homeless youth services) of similar size communities to determine their response.

Where does one find out about other agencies in similar size communities?

The appendix lists agencies as well as some youth service network organizations. For example, the National Network of Runaway Youth Services or the National Resource Center for Youth Services can provide valuable information about agencies, program models as well as upcoming conferences and trainings that could be of assistance.

What questions should be asked of other youth serving agencies?

> At this preliminary stage, talk to the director. Ask for advice, find out the mistakes that others have made. Find out how the agency started, what steps were taken, how long the process took to begin services. Find out how they established the incidence of sexual exploitation. Are there any documents that were prepared in the needs assessment phase, what established the problem with juvenile prostitution? Most of all, it is important to remember that this is a preliminary contact. The contact person and their agency can be very valuable in the future.

> √ 4.   Determine what other sources of information are necessary to make a decision to study the problem.

What can be done if gaps in information exist?

> Re-contact those individuals originally interviewed who believe there is a problem with juvenile prostitution. Explain the dilemma and ask for their interpretation of conflicting data. Perhaps a new approach will become apparent.

> √ 5. Research other sources of information.

What are ways to find other information sources?

> A review of the literature may be helpful at this point to identify alternative methods for problem documentation. A bibliography is located in the appendix of this manual.

> √ 6.   Make a decision to study the issue of juvenile prostitution.

What determines if the need is great enough to go ahead?

> Chances are there is a need if the preliminary assessment indicates that juvenile prostitution is occurring. What is not known is the scope and extent of the problem. Many youth service providers liken this stage to the "tip of the iceberg." As further study is conducted and as services are provided, more is learned about the problem.

√ 1. Develop a listing of individuals and organizations in the community that may be familiar with the local juvenile prostitution problem.

How should a list be developed, where does one start?

> Based on the pre-assessment review, an initial listing of contact people and agencies has been developed. During the pre-assessment interview, it was suggested that each contact be asked to identify three other individuals or agencies who were familiar with the subject. If this did not occur, it should be done now because it is an excellent way of building the list of contacts.

√ 2. Contact all individuals and organizations on the list and begin to collect information describing the scope of the issue and others in the community who should be contacted.

What questions should be asked?

> The main purpose of this phase is to determine the scope of the juvenile prostitution problem in the community. It is critical to contact those people who could be closest to working with youth involved in prostitution. For example, while arrest data may indicate there is very little juvenile prostitution, a beat cop working the downtown sex trade area or the sheriff deputy whose patrol areas include truck stops and rest areas may provide very different information. Also, community clinics, shelters for homeless adults, and adolescent physicians in public health and schools may provide valuable insights.

√ 3. Collect and sort information and data on the scope of the problem of juvenile prostitution in the community.

How should the information be collected and complied?

> This initial phase of needs assessment data collection will be primarily anecdotal in nature, possibly citing a few statistics. The purpose of this phase is to generally assess what various representatives of the community think about the problem.

√ 4. Prepare an initial concept paper outlining the scope of the local problem and citing source data and other statistics.

What format should be used?

> The initial concept paper should be between three to five pages in length and describe the scope of the problem from the various perspectives of the community. The paper should discuss the question of juvenile prostitution activity and report what others in the community see as the issues.

Should recommendations be offered at this point?

> The only recommendation should be that of calling a task force, community group, or agency to begin a formal needs assessment to determine the real scope of the problem.

√ 5. Identify the individuals for possible community participation. Contact each individual and provide them with a copy of the initial concept paper.

What are some established methods to study juvenile prostitution?

> It depends on the community and the preference of those initially involved. Preferably, a well represented community task force would be established to examine the problem. But a small working group of two or three people could be just as effective, if there was a concerted effort to keep the community involved.

What cross section of the community must be represented?

Agencies and organizations that should be represented in typical working groups to study the issue of juvenile prostitution include:

* Youth service agencies that work with runaway and homeless youth
* Social Services/child protective services
* Juvenile Court/probation
* Public schools
* Police and Sheriff departments
* Business and civic groups
* United Way/local foundations
* Local media
* Adolescent therapists/therapists specializing in sexual abuse
* Colleges and universities
* Local politicians
* Practitioners involved in adolescent medicine
* Youth involved or formerly involved in prostitution.

√ 6. **Organize** and establish a community task force or group to study the problem of juvenile prostitution in the community and to determine the service needs of youth involved in prostitution.

Why establish a task force? Could a small working group be as effective?

There are a number of benefits to establishing a task force to study the issue of juvenile prostitution. It formalizes the commitment of the community to address the problem and draws on a representative sample of the community to develop solutions. In the process, a task force can help strengthen inter-agency cooperation and identify resource gaps. Overall, it provides for a more complete picture of the problem and the solutions.

How many members should be involved?

It depends on the community and who needs to be represented. But generally, a workable task force is between eight to twelve members.

√ 7. **Develop** the purpose, objectives, and methods of the community needs assessment to study the issue of juvenile prostitution.

What are examples of purpose, objectives and methods of needs assessment formats?

The following sample is taken from "Identifying and Combating Juvenile Prostitution - A Manual for Action".

OBJECTIVES AND DATA COLLECTION FOR A LOCAL NEEDS ASSESSMENT ON JUVENILE PROSTITUTION

Objective 1) To assess the frequency and prevalence of the problem of juvenile prostitution locally.

o How many juveniles are working on the streets as prostitutes?
o How many juveniles were arrested for prostitution in the past year?
o How many juvenile prostitutes were seen by social service agencies (public and private) in the past year?
o Where is the juvenile prostitution problem located?

Objective 2) To assess the extent of the "at-risk" population of juveniles.

o How many juvenile ran away in the county in the past year?
o How many juvenile runaways were from out of town?
o How many juveniles were homeless and appear to be living on the street?
o How many juveniles were arrested for other offenses (such as loitering or obstructing traffic) but were suspected of prostitution?

Objective 3) To access what services currently exist to meet the needs of both the prostitute population and the at-risk population, and the adequacy of these services.

o What treatment programs and services are available for juvenile prostitutes?
o How do juveniles get into these pro-grams?
o What are the requirements for eligibility?

o How many youth were turned away for service and why?
o Is there adequate shelter bed space?
o Do police refer juveniles they pick up for prostitution to social service agencies? Which agencies?

Objective 4) To assess the adequacy of the laws for the prosecution

o Does your state law create a separate offense for aiding, assisting, or promoting the prostitution of children which has criminal penalties greater than those for promoting prostitution generally?
o Does your state law provide for specific penalties for parents, guardians, or custodians who knowingly permit their children to engage in prostitution?
o Does your state law make sure the act of patronizing a child prostitute is a criminal offense and provide greater penalties with involvement of younger children?

Objective 5) To make recommenda-tions regarding improvements of changes in the present service deliv-ery systems, laws, agency policies or procedures, or in other areas.

o What new services need to be offered for teenage prostitutes?
o How will funding be obtained for these new services?
o What agencies need to cooperate to provide these services?
o Who will develop the plans for the needed services?
o Which agencies will offer the services?

√ 8. Conduct the information and data collection phase of the needs assessment.

What are the information sources?

This includes a review of the literature, law enforcement and social service data, site visits to agencies, interviews with agency personnel and youth involved in prostitution, and other sources identified in the needs assessment plan.

√ 9. Prepare and present needs assessment finding and task force recommendations to the community.

What format should the report follow?

The report should adequately describe the findings of the needs assessment, the process used in conducting the needs assessment and the recommendations. The length of the report should not matter. What matters is establishing that the report and the process undertaken are credible and that the problem of juvenile prostitution exists. Because the length may be unwieldy for some, a one to two page executive summary should be used as the document for the public. It should contain the finding and the recommendations of the group.

How specific should recommendations be?

The recommendations should be as specific as the group desires. However, the recommendations should follow from the findings of the needs assessment report and should be grouped into specific categories, such as system and service recommendations.

What if there is dissenting opinion?

There is nothing wrong with dissenting opinion and it should be recorded as such. It would no doubt be instructive for the reader to include an explanation of the disagreement .

How should the report be presented for maximum impact?

Ideally, the report will be presented by a community leader, one who is considered an expert in the area of youth services. The report findings could be presented at a public hearing or as a report to the city council or the county board of supervisors. Media representatives should be invited and provided with press packets describing the findings. Testimony from youth involved or formerly involved in prostitution is particularly effective, but the confidentiality of the youth must be respected. Testimonies from professionals working with youth are also effective.

It is important that the report and its presentation frame the issue of juvenile prostitution as child sexual exploitation. It is a crime that victimizes children and causes severe emotional trauma. Providing facts and figures about the problem is important, but more important are the young people who suffer the abuse. Their stories need to be told. Public testimony of their stories helps others begin to understand the trauma they have suffered.

"Outreach workers go and talk to the kids and hang out with them, they go to them as counselors and as friends. If the kids don't respond to counseling, they kick back with the kids and talk to them as friends. I think it's a cool idea."

-- Wendy, 18 years old

PLANNING CHECKLIST

> √ 1. Establish a community planning group to develop and implement a service model for child victims of sexual exploitation.

Should the planning group be different from the needs assessment group?

> The tasks of the planning group are different, but the membership can remain the same. It depends on the interest of the group. Clearly, the planning group is creating the services and those with experience in service provision must be represented. Some type of youth participation is highly recommended at this stage.

> √ 2. Review the needs assessment document and determine if other sources of information are needed. Collect and review as necessary.

What additional types of information might be necessary?

> The planning group needs to get creative at this stage. Probably the best source of information is other service providers that have planned services for youth involved in prostitution. Some planning group members may wish to conduct a site visit or two or attend a conference before preceding with planning.

> √ 3. Create a method and survey local services that are or could be related to juvenile prostitution services.

What types of information on services should be requested?

> The survey needs to determine what types of services are provided that are or could be available to youth involved in prostitution. For example, how many crisis shelter beds (facility-based or foster care) are available for youth in the community? Is there a waiting list? What services are provided apart from shelter? If there are

no shelter beds, what procedures does the Department of Social Services or Probation Department follow with a runaway or homeless young person. If detention in a juvenile facility is the answer, the community needs to look at creating alternative shelter options.

Further agencies need to be asked to describe their service philosophy—if they do or would provide services to youth involved in prostitution, what services they would add, what services they would need to modify, and what is their unit cost per service.

The planning group, in assessing the results of the survey, must keep in mind the issue of the responding agency's reputation in the community. While it is not the role of the group to evaluate the service effectiveness of specific agencies, the committee cannot overlook a weak or questionable service reputation. The planning group will obviously have to make a judgement call on this issue.

√ 4. Determine community support/resistance to developing a project to provide services to youth involved in prostitution. Develop an action strategy to maximize support and minimize resistance.

How does the group gauge community support and resistance?

If the issue of juvenile prostitution has received widespread media attention, chances are some of those opposed to providing services to youth involved in prostitution have let their views be known. However, it is usually the less vocal groups who provide the difficulties in getting services off the ground. For example, there may be a history of lack of cooperation among social service providers that can create a real problem when attempting to build a collaboration of services. There may be misunderstandings between law enforcement and social services which lead to a poor working relationship. Another less vocal group is those who profit or benefit from juvenile prostitution.

Support can come from many sectors in the community, and it must be actively sought and encouraged. Opportunities to involve those interested should be created. At the very least, a list of supporters should be maintained to keep them up-to-date on progress. Perhaps after services have begun, this list of supporters will form the project donor list.

What type of method could be used to maximize support and minimize resistance?

The planning group can use a process called Force Field Analysis to identify and develop strategies to create the type of community environment that is desired. The following is an example of the force field analysis process:

Step 1. Brainstorm a list of all factions of community support. Prioritize support from +1 to +5 with +5 as the most support.

Step 2. Brainstorm a list if all factions of community resistance. Prioritize support from -1 to -5 with -5 as the most resistance.

Step 3. Organize the two prioritized lists in the following columns:

Support or Helping Forces	Resistance or Hindering Forces
Social Service system +5 Law enforcement +3 etc. +3	-5 City Council -3 Mayor -2 etc.

Step 4. Analyze the support and resistance forces and determine which support forces can outweigh or negate any resistance forces. Then determine methods to increase by two points all support and resistance forces.

√ 5.   Identify community experts and call for the presentation of model program structure and services to youth involved in prostitution.

Can this step be skipped if the planning group knows what model they want to implement?

The planning group needs to define a process that makes sense for their community. The step of calling for presentations from the community opens the process and allows for maximum participation in determining services.

√ 6.	Develop a model implementation plan and review for feasibility.

How should the final model be selected?

> The planning group should review suggested models and select two to three proposed models or create new models. Expand the models and obtain feedback from youth service experts, community members, and youth involved in prostitution. Based on feedback, revise and select or merge elements of two or more models to create a program model that has been specifically designed to address the youth population and the community context.

What should the plan look like, how will the work get accomplished?

> The plan should outline all tasks necessary to implement the program. The tasks need to have a time line for completion and the name(s) of the person(s) responsible for task completion. This is now the time to decide if a paid or volunteer coordinator or staff needs to be appointed to manage the implementation. A public relations effort should be started at this point. The community needs to be aware of initial efforts and volunteer assistance required to support the effort.

√ 7.	Implement model implementation plan and evaluate progress periodically.

How often should the progress be evaluated?

> Depending on the implementation time frame selected by the planning group, progress should be evaluated at least monthly, more often if revisions are needed.

What should happen if there are major setbacks in the implementation time schedule that could or should have been avoided?

> The implementation plan will require revision. Additionally, the planning group should analyze why the setback occurred and take steps to avoid its reoccurrence. If, for example, one member agrees to complete tasks but fails to follow-through, the group must take action to ensure that tasks are completed in a timely manner.

IMPLEMENTATION CHECKLIST

√ 1.   Recruit and appoint a Coordinator (paid, unpaid or "loaned" staff)

Why should a staff person be assigned at this preliminary stage?

> This, again, depends on the planning group. However, implementing a new service requires constant coordination and oversight. Often times, having one person in charge of coordinating the tasks and volunteers will make for a smoother implementation.

What if there is no money available?

> Creating a workable management plan does not necessarily require funds at this stage. A "loaned" staff from another agency can be provided or someone may volunteer to manage the process.

√ 2.   Develop a resource development plan and identify sources of funding.

What elements should be included in the resource development plan?

> The resource development plan needs to identify the project's purpose, goals and objectives. A detailed yearly budget needs to be developed and an alternative budget with scoped down services needs to be formulated as well.

> The yearly budget then needs to be further defined into monthly cash flow projections. The resource development plan then must develop the process to raise the overall budget, with specific monthly objectives targeted based on monthly expenses.

> The sources for resource development must be identified and the tasks to achieve the overall monetary goal are clearly specified in the resource development plan Each task is given a deadline, and a person assigned to complete the task. The planning group and coordinator should review the plan at least monthly, making revisions as necessary.

How are sources of funding identified?

Potential sources of funding for juvenile prostitution services can come from a variety of sources. Federal, state and local government funding can come in the form of runaway and homeless youth grant money, sexual abuse and exploitation grant money, and youth demonstration grant projects, to name a few. To learn when and where this money is available, most youth service providers join member network organizations like the California Child, Youth and Family Coalition, Western States Youth Service Network, and the National Network of Runaway and Youth Services. These organizations propose legislation, lobby for the passage of youth service and advocacy bills, alert members of funding possibilities, provide staff training and technical assistance, and create a number of opportunities (think tanks, conferences, publications) for members to share state-of-the-art program and service information with other members.

Other nongovernmental sources of funding include the United Way, foundations, corporate and civic group funding, donors, endowments, and fundraising events. Foundations can be researched with a trip to the local library. The Foundation Directory, a publication that is updated annually, provides information on the larger foundations in the United States. Many states and localities have foundation directories as well, most of which can be found in the library. Other sources of nongovernmental funding must be researched on a local level.

√ 3.   Develop a board of directors or advisory board.

Why should a Board of Directors or an Advisory Board be formed?

To the extent possible, it is recommended that serious consideration be given to joining with an existing private, nonprofit human service corporation to provide services for youth involved in prostitution. That board of directors may consider establishing an advisory board or other form of community input in implementing the new service.

If a new private, nonprofit agency is formed to provide services to sexually exploited youth, a board of directors is required by law.

While the planning group could remain as the board of directors or advisory board, the role of the planning group is very different from the board. The board is charged with policy development and direction as well as resource development. As implementation begins, the level of commitment increases and each member should be prepared to take on a number of responsibilities.

What statutory requirements and policies should the board be concerned with when serving sexually exploited children?

The board of directors is the legal entity that is responsible for providing services to youth involved in prostitution and ensuring that staff and volunteers comply with all laws. Similar to other states, California law requires reporting of any case of known or suspected physical or sexual abuse to the proper authorities. When working with youth involved in prostitution, all youth are required to be reported.

√ 4.   Determine level of administrative support necessary to implement the project.

What types of administrative and/or board support is necessary?

The most often mentioned administrative and board support necessary for project implementation is resource development assistance. Whether it takes the form of grant writing, soliciting donations, organizing fundraising events, or underwriting initial expenses, the resource development effort requires considerable time and energy and must be done before services can begin.

Other types of administrative support include management assistance in creating operating policies and procedures, designing data collection systems, designing and implementing staff training systems, and providing personnel and fiscal management services.

How can the support be provided with limited resources?

Depending on the community and organizations involved, many of these services can be donated by volunteers. Limited financial resources often provide an opportunity for creative solutions.

Volunteers can come from many sectors. For example, a university professor and students could design a data collection system as a class project, and a retired CPA might be willing to set up the fiscal management system. Ask the community for donations such as a rent-free facility, a van, clothing or whatever is needed.

√ 5. Determine types of services to be provided directly and secure agreements for referral services.

What processes need to be set in place to determine which services can be provided directly and which can be referred and to establish the time-frame for their delivery?

During the model development phase, services to be provided should be determined. However, over time, the original decision may need to be changed due to different circumstances in the community. After the review of existing community services, a judgement call needs to be made about which services can be provided directly and those that can be referred. The referral agencies need to be approached and arrangements for beginning services as well as service protocols need to be established.

What types of agreement should be set in place with referral agencies?

An operational agreement which specifies what both agencies agree to provide is sufficient. If payment is to be provided the amount and method of billing for the payment should be stated. The agreement should have a clause which allows either party to withdraw with a one month notice. The agreement should be signed by an authorized official from each organization.

"I never knew my mother. My father used to beat me up and raped me 4 times, the first time when I was 12. I could never understand why..."

-- Jackie, 17 years old

What type of staffing is the most effective?

There are many different staffing patterns, each developed to fulfill specific needs of the particular agency. Most staffing patterns undergo several revisions before they meet the total needs of the project. Therefore, experimentation and evaluation make the most sense.

This section outlines staffing patterns for two types of proposed shelters. The first shelter is a 12-bed crisis facility for sexually exploited and homeless youth. The second shelter is a six-bed longer term facility for youth who desire to leave the streets and become independent. Both shelters are operated by the same organization. All administrative functions such as fiscal management, payroll, personnel and benefits management, and resource development will be handled by the organization's administrative unit. On average, the administrative or indirect cost averages about 15% of the total project budget.

The first shelter proposed is a 12-bed crisis facility that is open 24-hours, seven days a week. The length of stay ranges for a few days to a maximum of one month. Services provided include outreach, case management, and referral. Ideally the shelter would be staffed with two residential counselors at all times. Given a shift pattern of three 8-hour shifts per day,10 full-time equivalent (FTE) staff are needed. This amount of staffing provides for shift coverage for illness and vacation. It should be noted that staff are required to be awake on the night shift of this staffing pattern. An alternative pattern of two staff during the day and evening shifts and one staff on the over night shift would require 8.5 FTE positions.

Therefore, the ideal staffing of a 12-bed crisis shelter would include the following positions and functions:

- 10 FTE Residential Counselors who supervise the residents, provide daily structured activities (including recreation) and work with the Case Managers to assist in case plan implementation.

- 2 FTE Case Managers who conduct intake, case plan development and implementation, counseling, referrals and aftercare.

- 1 FTE Outreach Worker who conducts street outreach with youth and provides service referrals.

- .50 FTE Project Coordinator who provides overall project supervision and management.

- .50 FTE Clerical/Administrative Assistant who performs clerical and purchasing duties.

Additional contract services could include case consultation at two hours a week, contracting for maintenance and food preparation services.

The second shelter proposed is a six-bed facility that is open 24 hours, seven days a week. The purpose of the shelter is to provide a longer term, stable living situation to youth who have decided to leave the streets and become independent. The length of stay is up to six months during which time the youth participate in independent living skills training, education and employment preparation, and counseling. The shelter would be staffed with one residential counselor at all times. Given a staffing pattern of three 8-hour shifts per day, five FTE staff are needed if the staff are required to be awake on the night shift. However, given the type of project and small size of the shelter, it is reasonable to allow staff to sleep during the night shift. In California, small group home licensing regulations provide for staff to sleep overnight in facilities with eight or less children. Allowing staff to sleep reduces personnel costs and reduces the number of FTE positions to four. This amount of staffing provides for shift coverage for illness and vacation.

The ideal staffing of a six-bed longer term shelter would include the following positions and functions:

> • 4 FTE Residential Counselors who supervise the residents, provide daily structured activities (including recreation) and work with the Case Manager to assist in case plan implementation.
>
> • 1 FTE Case Managers who coordinates the project, conducts intake, case plan development and implementation, counseling, independent living skills training, referrals and aftercare.
>
> • .50 Clerical/Administrative Assistant who performs clerical and purchasing duties.
>
> Residents would be expected to maintain the facility and prepare their own food as part of their independent living skills training.

As stated previously, developing an optimal staffing pattern requires experimentation and creativity. The OCJP Child Sexual Exploitation Intervention Program grantees have gained a great deal of experience in creating such staffing patterns. It is recommended that the projects be contacted for additional information and technical assistance.

What qualifications do staff need?

Most providers of services to youth involved in prostitution require very specific types of experience and education. Most of the staff interviewed stated that a college education is required, yet they are more interested in their life experience and previous youth work experience. Primarily, staff need to possess a certain attitude towards youth involved in prostitution. The staff must be nonjudgmental, able to quickly establish trust and relate to youth who don't normally trust adults, must be calm and quick-thinking in crisis situations, able to work with police, social workers, merchants and the general public, and able to handle a very stressful job.

> √ 7. Create administrative systems necessary to manage the project (personnel management, administrative and service delivery policies and procedures, and other management systems).

Can standard social service administrative systems be implemented, or are different systems required?

> Standard social service administrative systems are perfectly acceptable. The issue is having the systems developed, in place and functioning. Too many agencies begin services without written service delivery policies and procedures and as a consequence "stumble through" providing services until staff eventually write the procedures. This unstructured approach is not fair to the young people and the staff.

> √ 8. Select the facility site and secure necessary licensing or conditional use permits.

What problems have other providers encountered in facility selection and licensing? What should be avoided?

> Facility selection and licensing usually take longer than anticipated. Finding a facility in the right location, for the right price, and with neighbors who won't oppose the services is a challenge.
>
> The first step is to obtain and study the licensing specifications and fire codes. There is also a need to understand the local and city planning codes. The second step is to decide the type of facility needed and its conformance with the various specifications and codes. One factor that must be decided is how many beds are required. Generally, if it is under six beds, contact the Licensing Department for specifications. If the facility is over six beds, a "conditional use permit" is required from the City or County Planning Department. A six-bed facility will take a minimum of three to four months to be licensed. A facility with over six beds can take up to 18 months.

The licensing process requires diligence and patience. Contacting a similar sized facility provider for technical assistance during the process will probably save time. However, one critical step is to contact the fire department early in the process. A fire clearance is required for licensing. Fire clearance hinges on building codes and fire life safety codes. Therefore, the sooner the fire safety inspector identifies the problems with the facility, the sooner work can be started to correct the situation.

√ 9.   Develop an orientation and on-going staff training program

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Do staff need specialized training to work with this population?

Yes, all agencies who provide services to youth involved in prostitution agree that specialized staff training is essential. Gaining trust of sexually exploited teens who have been traumatized and manipulated by adults is a difficult task. The complexity of the problems that these youth present and their need for a variety of services requires highly skilled staff.

This manual describes the types of training provided by the projects. It is recommended that interested persons contact the agencies for additional information.

How can training be provided if there is no budget for staff training?

If an agency desires to provide quality services to its clients and maintain a qualified staff, staff training must be an organizational priority. Simply put, resources must be allocated to ensure that staff receive the best possible training. It is possible to provide top quality staff training for a reduced cost by obtaining trainers from other agencies in exchange for training for their agency. For example, there are a number of free public sector training resources such as public health nurses. However, funds need to be made available to provide staff with the opportunity to attend training and conferences.

Child sexual exploitation is a horrifying
concept for most people. Many want to be-
lieve it does not occur and deny its exis-
tence or extent. That is why... a community
that undertakes the challenge of address-
ing juvenile prostitution must be prepared
to engage in a sustained effort.

√ 10. Recruit and hire staff.

*What are the most effective recruitment methods to find staff qualified to
work with youth involved in prostitution?*

Agencies who work with volunteers report that the volunteers
are an excellent source of staff recruitment. Other sources include
colleges and universities, specialized newspapers and word of
mouth among the social service community.

Should volunteers be used?

Operating a volunteer program requires a good program of
recruitment, screening, orientation and training, and supervision.
Staff coordination is required to manage volunteers successfully.
Therefore, at least a part-time staff position must be devoted to
working with volunteers.

Volunteers can extend the service capacity of the program and
increase the number of mentors and role models for the youth.
Trained volunteers are able to work as a team with staff in ad-
dressing program and individual youth issues. Additionally,
volunteer time can be counted as an in-kind contribution and used
as a dollar match on grants.

√ 11. Implement staff training program.

Will staff training prevent "burnout" and staff turnover?

Staff training can help prevent "burnout" and staff turnover. When staff training is viewed as a management tool to increase the skills of the individual staff person and to build a team spirit to provide the best possible services, staff will feel valued.

A well-structured staff orientation training can set the staff working as a team. Orientation should include organizational philosophy, expectations and procedures, and team building, and should address the problems and issues of the youth population.

In addition to on going training, a forum should be provided for staff to discuss differing philosophies, standards and ideas.

√ 12. Prepare facility for services.

What types of community donations could be solicited at this point?

Donations of all types should be constantly requested. As staff and Board members make community presentations or talk to the media, they should always let the community know how they can help.

√ 13. Develop a project evaluation design and develop methods for data collection and compilation.

How should the project measure success?

The measures used to assess the project's success will change over time. At the outset, the measures will focus on creating capacity to provide services. They will include such indicators as hiring of staff, obtaining office space and equipment, and printing of outreach materials. Also included in this first set of indicators will be measures of the organization development work, e.g. meetings with community leaders, signatures on interagency agreements and site visits to other youth-serving agencies in the community.

After the start-up period, the success measures should shift to the provision of services. The focus here will be on "output" measures which reflect the amount of work done by the agency. This would include such indicators as the number of youth served and the number of units of service provided. Often the agency has been providing services for at least six months, the success measures should begin to include "outcome" indicators. These indicators which reflect changes in the status of the youth served, include such measures as the attainment of the goals described in the service plan, the placement of the client following the intervention, and recidivism.

What types of evaluation criteria should be developed?

The criteria used to assess success should be based on a consensus about what is reasonable to expect. Constructing measures of success should start with the indicators that have been established. For example, if the agency sets itself a goal of serving 100 youth who are being sexually exploited, it must decide what level of performance it considers to be successful. That level then becomes the performance standard. This might be a 75% level (75 youth served) or a 100% level (all 100 served). The question of where to set the performance standard is one which should be decided by the group with overall policy responsibility for the program. Setting a standard is a policy decision, since it represents a commitment to provide a certain level or quality of service.

What types of data should be collected?

Generally, three types of data is collected: 1) service data, 2) client descriptor data, and 3) process or anecdotal observations. Collection of this type of data allows staff to utilize and analyze a range of statistical data as well as draw conclusions about the effectiveness of the services based on an analysis of process data.

Examples of service data includes the following types of information:

• Number of unduplicated outreach contacts, referrals and/or informal counseling sessions with juvenile prostitutes.
• Number of unduplicated juvenile prostitutes provided shelter, case management services, transportation, and independent living skill training.

• Number of hotline calls and number using service due to media campaign.

Client descriptor data includes demographic and descriptive data such as age, sex, religion, ethnicity, income level, family status, referral source, disposition, sexual exploitation and prostitution history, contacts with the juvenile justice system, drug/alcohol use/abuse history, school history, physical and or sexual abuse history, length of time on the streets, and health problems.

Process or anecdotal data provides descriptive information about the changing nature of the streets, the youth who live there, and the outcome of youth who seek services. This information can be recorded in a log and discussed in staff meetings to identify trends and access service effectiveness. It can also include follow-up methods to determine what happens to youth after services are provided.

√ 14. Conduct presentations throughout the community announcing the opening of the services for youth involved in prostitution.

What type of presentations should be prepared for which groups?

Presentations should be tailored to the specific audience, outlining the intended working relationship and the protocols established for service referral. For example, a presentation to local law enforcement should focus on how patrol officers could work with outreach workers, how officers can make referrals to the project, and how the project will work with police regarding law enforcement issues with young people. A presentation to a local community clinic should focus more on health issues, while a presentation to a civic group should focus on the need of services and the services provided to youth involved in prostitution.

√ 15. Prepare and implement a media campaign designed to inform youth and the community of the new service.

What seems to be the most effective method(s) of letting young people know about the services?

Based on data collected from the OCJP Child Sexual Exploitation Intervention Project, youth learned about the services of the project by other youth and outreach workers on the street. Other effective methods include distributing pocket sized directories of services available in the city, and posters in bus stations and other areas frequented by youth.

√ 16. Hold a grand opening, inviting youth, the community, media, and individuals who assisted in the planning of the project and the community.

What is the purpose of holding an opening ceremony, why not just open?

Whenever possible, the project should seek community and media attention. An opening ceremony allows for those involved to be honored for their efforts, provides the opportunity for local officials to show support, and promotes media attention.

√ 17. Begin service delivery.

Should the project open when it can provide only partial services ?

This is a judgement call for the planners of the project. On one hand, one could argue that partial services are better than none at all. Further, it allows staff to gradually add services. On the other hand, the lack of certain services could discourage youth from seeking services.

√ 18. Establish a forum to keep the community informed of the progress of services and identification of new service needs and the methods required to meet those needs.

Why should the project establish a community forum? Isn't the board of directors or advisory board sufficient?

It depends on the community. However, the project depends on the good will of the community for funding, donations and support. Keeping the community informed and aware of the problems and results of child sexual exploitation is a valuable community service.
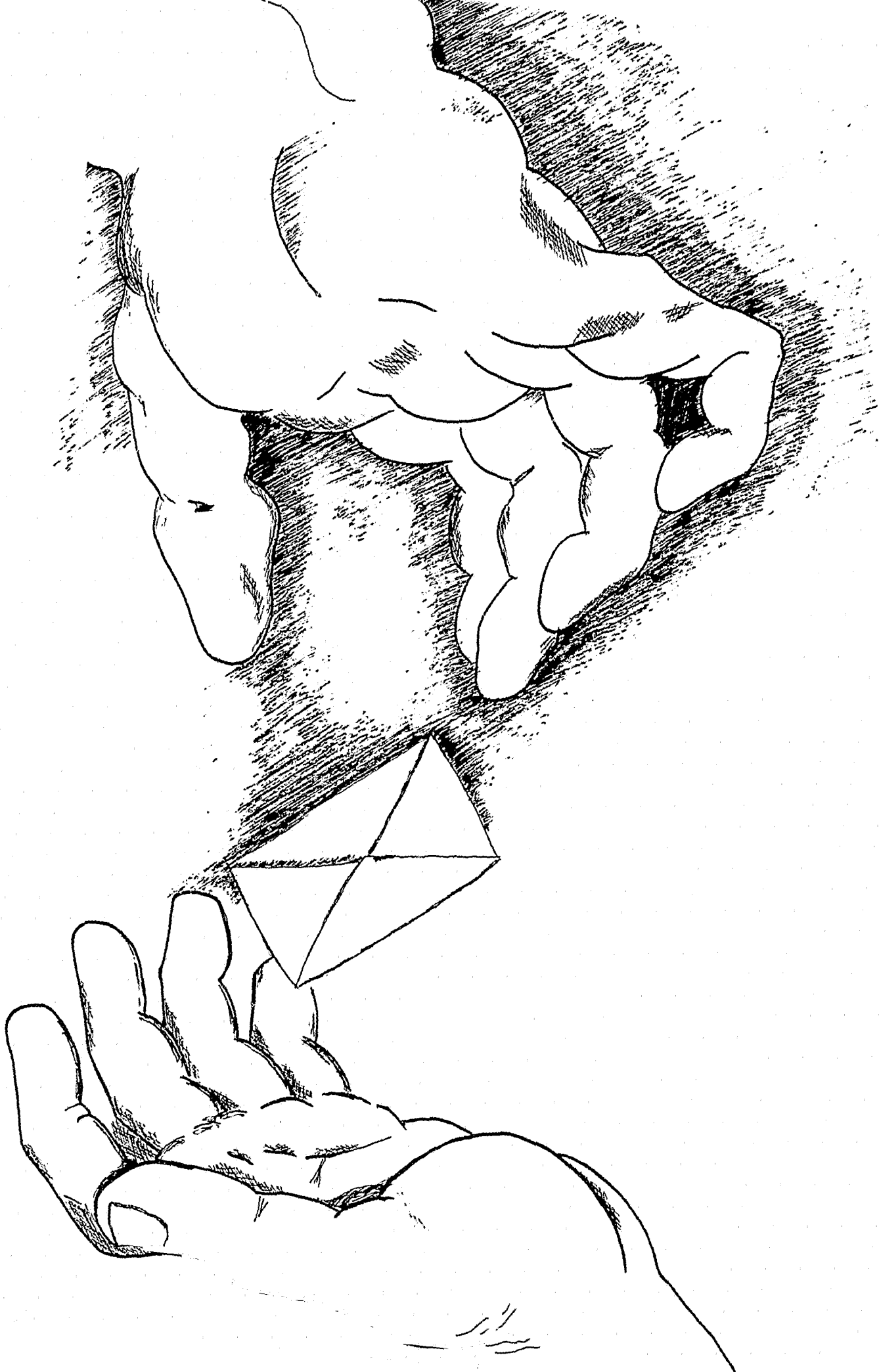
CHAPTER V

INNOVATIVE PROJECT DESIGNS

INTRODUCTION

During the three years of the Child Sexual Exploitation Intervention Program, each of the three grantees and their sub-grantees experimented with different approaches to enhance their service delivery systems to youth involved in prostitution. The innovative approaches they developed are the most exciting parts of the program. This chapter describes these successful methods so that they can be studied and considered when planning services for youth involved in prostitution. It should be noted that these innovations worked because they were developed by staff to address particular community or organizational contexts. Adapting these approaches requires tailoring to the specifics of the proposed project and its community.

COLLABORATION MODEL

Project PACE, administered by CHLA, Division of Adolescent Medicine, and facilitated by the Coordinating Council for Homeless Youth Services, offers a successful broad-based service delivery model that brings together smaller service providers and creates a strong collaboration for services and staff training. Additionally, Project PACE offers a sophisticated data collection and reporting system to all participants of the collaboration.

According to Gary Yates, Project PACE Program Administrator, the collaboration structure began several years

"Kids survive on the streets by selling drugs... conning people, some of them live on social services, stealing, living from other people who bring them food and give them cigarettes and clothes and blankets. A lot of them have so much anger built up that they can't handle any of the system anymore. They don't like adults because they hurt them."

-- Amy, 17 years old

before Child Sexual Exploitation Intervention Program monies became available. The collaboration started with the Coordinating Council for Homeless Youth Services. The 46 participating public and private agencies work with high risk youth in Los Angeles. The purpose of the collaboration was "to build a stronger bridge across agencies through funding". When the Request for Proposal (RFP) for services to youth involved in prostitution became available from OCJP, CHLA, Division of Adolescent Medicine, called a meeting with the Coordinating Council to develop an approach. The RFP stipulated that the applicant must show at least one year's prior experience in providing services to youth involved in prostitution and the applicant must provide (either directly or through referral) a range of services. During the meeting, it was agreed that a collaboration of services would be the most effective and efficient method to provide services. Further, the consensus was that CHLA, Division of Adolescent Medicine, should be the lead agency.

There were many reasons why CHLA was selected. Among them: CHLA, Division of Adolescent Medicine, who convened the Coordinating Council meetings, was viewed by the other agencies as a neutral resource rather than a competitor. Further, CHLA does not take overhead on the subgrant, which allows for more of the grant monies to be used for direct services. Also, CHLA, as the fiscal agent, can advance payments to the agencies if required.

A proposal was developed and was subsequently funded by OCJP to provide services to sexually exploited youth. A range of services was to be provided by using a number of subgrants and spreading the monies among the agencies. The participating agencies agreed they needed staff training in child sexual exploitation intervention. Therefore, CHLA, Division of Adolescent Medicine, incorporated a comprehensive staff training program into the grant. Another unique feature of the collaboration grant was the emphasis placed on data collection and reporting. CHLA, Division of Adolescent Medicine, took the lead in designing the data collection system and provides technical assistance and training to the agencies to ensure that the data were accurately reported. CHLA, Division of Adolescent Medicine also compiles and analyzes the data on both an individual agency basis and on the entire network of services. The resultant data are used for social policy research by the Division of Adolescent Medicine at Childrens Hospital.

Structure of the Collaboration

With CHLA, Division of Adolescent Medicine, as the administrative agent for the grant, the Coordinating Council operates as a major forum for information sharing among the executives and managers of the participating agencies. The Council meets quarterly and discusses the many issues which surround any collaborative effort. Gaps or overlaps in services are also discussed. The

meetings are well attended and Project PACE staff takes minutes of the meeting which are distributed to all members. According to Yates, the Council is viewed as successful because" . . . it has a loose design, . . . (it) is not bureaucratic . . . "

With the initiation of Project PACE, the collaboration began to convene meetings for direct service staff. In-service trainings and discussions about specific case management issues, which are not addressed by the Coordinating Council, can be conducted in these meetings. The group, called "On-Line for Youth", meets each month. Its in-service training topics have included gangs, homophobia, and domestic violence and time is set aside for social activities. The social and business functions of these meetings are equally important because they help foster good working relationships. Also, the On-Line for Youth group developed a wallet sized resource card that is being distributed to youth on the streets.

Functions of the Collaboration

In addition to the direct service and grant administration functions, the collaboration offers both training and data collection management to each of the subgrantees. The remainder of this section describes each of them.

Direct Service Training

All Project PACE agencies identified a need for staff training on youth sexual exploitation interventions. Therefore, the Project PACE grant proposed collaborative trainings. CHLA, Division of Adolescent Medicine, subgranted with Children's Institute International (CII) to provide an intensive training program on child sexual abuse and juvenile prostitution for all Project PACE subgrantees. To strengthen the serious intent of Project PACE to ensure that each agency participate consistently in the training, the following stipulation was included in each subgrant: "(Agency) will identify a minimum of one staff person to receive specialized training in effective intervention with child victims of juvenile prostitution. This identified staff person will attend group supervision sessions conducted by a specialist in this area and will attend training seminars conducted by CHLA, Division of Adolescent Medicine." The purpose of the Project PACE training was to 1) sensitize and affect attitudinal changes of the staff working with youth who are involved in prostitution, and 2) build the skills of direct service workers so they can work more effectively with targeted youth.

The training consisted of 28 hours of instruction divided into four one day or eight half-day sessions. Most sessions were videotaped and audiotaped and the tapes were made available to the participating agencies. Topics covered in the training included:

- Overview of Juvenile Prostitution
- The Male Juvenile Prostitute
- Developmental Issues of Adolescence
- Systems Response: A Look at the Issues
- Male Victims of Child Sexual Abuse
- Interviewing Adolescents about Sensitive Issues
- Medical Assessment of Sexual Abuse in Males and Females
- Adults Molested as Children
- Treatment Issues: The Adolescent Victim
- Adolescent Suicide
- Sex Ring, Child Pornography and Child Sexual Exploitation: A Law Enforcement Perspective
- Working with Juvenile Prostitutes: Special Concerns
- The Adult Offender
- Juvenile Prostitution: A Law Enforcement Perspective
- The Adolescent Offender
- Substance Abuse in Adolescents
- Cross-Cultural Counseling Issues
- Working with Sexual Minority Youth
- Countertransference and Burnout
- AIDS
- Suicide
- Practical techniques with groups
- Developmental issues of adolescence.

In addition to the comprehensive training program for counselors and case managers, CII also developed and implemented a child sexual exploitation training program for law enforcement and provided workshops for the CHLA/ Division of Adolescent Medicine High Risk Youth Program Annual Workshop Series.

Data Collection

Project PACE offers a data collection management system and technical assistance to the participating agencies. The participating agencies are offered training and technical assistance to implement the most efficient data collection methods. The participating agencies provide monthly data to the CHLA, Division of Adolescent Medicine, where it is compiled, analyzed and reported back.

The data collected includes demographic information, referral source, case resolution, and numbers of youth unable to receive services to due to limited space. Each category of information provides a different perspective on the youth and services within the entire system of care.

Demographic data includes age, sex, previous primary residence and the "runaway/homeless" status. This status is based on the length of time the youth has been away from their primary

home, how many times they have run and if they had been abused by their caretakers. This information provides a profile of the population served.

Referral data demonstrates the collaborative relationships among the participating agencies and the types of other services available to youth. Referral sources are analyzed to assess the success of programs and identify gaps in service. Shelter agencies track the number of youth turned away for service to provide an indicator of the unmet need for shelter care.

Project PACE targets five of the agencies for collection of more detailed information on the youth served. Types of personal information collected includes family history, school achievement, mental health history, substance abuse history and physical and/or sexual abuse history. One agency is targeted for long-term follow-up on all youth who have successfully completed a stabilization program. Follow-up questions include where and how the youth is living, youth's school attendance, employment status, willingness to cooperate with peers and adults, participation in counseling and runaway incidents or drug involvement.

COMMUNITY INVOLVEMENT

According to Ann O'Halloran, former Director of the Youth Division of Hospitality House, community involvement was essential in assisting the staff to locate and finance their new shelter facility. O'Halloran stated:

> "The search for a new location for our shelter was a difficult one. Without the involvement of community members, including a real estate agent who helped find the house, the Bank of San Francisco who helped finance the house, and the support of the community, this feat would not have been possible."

Hospitality House provides a unique model for community involvement as well as community action. Hospitality House is the neighborhood center in the Tenderloin District of San Francisco and provides shelter and services to homeless youth and adults. In addition, it offers youth and adults a Community Arts Program and an award-winning multilingual newspaper.

Hospitality House publishes The Tenderloin Times, a monthly newspaper with a circulation of 15,000. The Tenderloin Times is a four-language newspaper serving the English, Vietnamese, Cambodian, and Laotian-speaking communities. The newspaper focuses on such issues as homelessness, low-income housing, AIDS prevention, and health services as well as community activities and news. An example of community involvement turned into community action is exemplified by an article appearing in the June/July 1988

issue. The Tenderloin Times published a front page article entitled "Homeless Youth From Out-of-County Neglected by the City, Advocates Charge." The in-depth article focused on the plight of homeless youth, many who resort to prostitution to survive and who are being virtually ignored by the social service system. According to the article, "San Francisco's Department of Social Services is under fire by a coalition of advocacy groups for homeless youth, who charge that the city is passing the buck by not providing services to out-of-county homeless youths. Instead, the advocates say, the city returns most youths to often unsuitable home environments in the counties they came from." The coalition referred to in the article is the homeless youth collaboration of Hospitality House, Larkin Street Youth Services, Youth Advocates, and Catholic Charities.

This article on homeless youth gained interest and was expanded in the December 1988 issue of San Francisco Focus. The article entitled "Policies of Neglect - Why the City Refuses to Do Anything About Throwaway Kids" chronicled the lack of response to homeless youth from 1982 to the present time. According to the article: "The homeless youth advocates in the city have fought a battle they admit has gone nowhere, while kids they are trying to help are committing slow suicide on the streets. What is ironic, youth advocates charge, is that federal funding to help the kids already exists if only the city's Department of Social Services would take decisive action. But instead of going ahead, the DSS and the city have stalled in endless public hearings, debates, Social Service

Commission hearings, more reports, year-long studies, and talking to each other." The article highlighted the frustrations of the youth advocates and confronted local homeless youth policy issues and their effect. "Administrators in the Department of Social Services defend their record in helping the kids. DSS . . . policy is that any child who is abused and neglected under the age of 18 must be served". Robert Tobin, M.P.A., Executive Director of Hospitality House stated:

> "Whatever the policy may be, the practice has been...in those rare occasions when service is provided...to send those kids back to homes where they've been beaten and abused. When—naturally enough—such "assistance"is declined, the Department treats them as just another ungrateful welfare client who won't fit into the system."

As a result of this type of news coverage and testimony before the San Francisco Social Services Commission, the Department of Social Services has adopted a goal to develop and implement a program for 60-100 homeless youth.

Another newsworthy item in the San Francisco community that related to increased funding to services to youth involved in prostitution was the arrest and conviction of several well-known community leaders. Convicted for engaging in sex for money with juveniles, the perpetrators were ordered to pay fines as part of their sentence. The monies were made available through the San Francisco Victim Witness Fund to community agencies serving youth involved in prostitution.

"It's really a strange life, out in the street. I'm young, right now I'm lucky. If I was older, I'd be a bum out in the streets. Sometimes I wish I had parents and was going to school and on my way to college, with an allowance, and clothes. I need a place to live so I can build up."

-- Armand, 16 years old

As another aspect of community involvement , Hospitality House offers to the youth involved in prostitution a program which encourages artistic expression. The Community Arts Program began in 1967, offering the community residents an opportunity to express their artistic skills. The program provides free art instruction, materials, studio facilities, and exhibition opportunities. The program is free, and both experienced and beginning artists are encouraged to explore a variety of artistic media ranging from oil painting to printmaking to ceramics. The majority of those who participate in the Community Arts Program are economically disadvantaged and, without this program, would not be able to express themselves artistically. As a result of the program, several artists have sold their work and have become recognized for their artistic abilities. According to Robert Flynn Johnston of The Fine Arts Museums of San Francisco, "Hospitality House serves as an oasis of self-discovery and creativity amongst the mean streets of San Francisco's inner city."

The Community Arts Program also sponsors the Tenderloin Arts Festival which features arts, crafts, music, song, and dance. The program also publishes a silk-screened anthology of poetry and artwork. According to Hospitality House, "the proceeds from the arts sales and rentals contribute to the self-sufficiency of both our artists and the program."

"I need a place to stay, I need to get adopted. Then I could go to school, and go to work. I have to have something to build on. I can work and eventually get it together. The longer I stay out of high school the greater the chances are that I won't come back."

-- Letty, 15 years old

San Diego Youth and Community Services has developed a creative resource development strategy to fund the Storefront. Since the Storefront began as a collaborative effort among three organizations, (SDYCS, METRO, and Catholic Community Services), each of the three agencies took on specific fundraising responsibilities.

One of the most successful fundraising events for the Storefront has been the annual "Storefront Celebri-T Shirt Auction." A volunteer developed the idea for the auction and now organizes the collection of autographed T-shirts from celebrities. She spent countless hours on the telephone to public relation representatives and agents tracking down commitments. Soon, autographed T-shirts began arriving. Currently, over two hundred celebrities donate signed T-shirts—including Bruce Springsteen, Madonna, Paul Newman, Whitney Houston, Dr. Suess, Steven Spielberg, Clint Eastwood, Joan Baez, Bob Dylan, Whoopie Goldberg, Cher, and Lily Tomlin.

"Friends of the Storefront," a fundraising committee made up of 150 volunteers, organized the auction. The fundraiser is actually two separate events. First, a pre-auction party is held with hor d'oeuvres and a open bar at an elegant restaurant to preview the T-shirts. Tickets are $100 per person and the restaurant donates the food and space. Publicity for the event is extensive; the local media are very generous and many cover the events as well. This well-attended party draws a wide spectrum of community leaders and people who support the Storefront. A few days later, the actual "Celebri-T Shirt Auction" takes place in an equally elegant setting. A professional auctioneer inspires and cajoles the audience to bid higher and higher prices. For example, the Bruce Springsteen T-shirt sold for $1,200, Jack Nicholson's Lakers jacket sold for $1,300, while Tom Cruise's flight suit worn in Top Gun sold for $1,200! Overall, this event generates over $40,000 for the Storefront and the media attention brings in donations and volunteers throughout the year.

Additionally, San Diego Youth and Community Services established an endowment for the Storefront. A major donor has pledged $100,000 over a five year period. The stipulation for this contribution is that the agency must match it, year for year. In order to meet that challenge, SDYCS has hired a part-time Community Donations coordinator to raise funds and obtain in-kind contributions from the community.

Maintaining positive referral relationships with other public agencies requires constant attention and interaction. Periodic formal presentations and frequent informal meetings describing services and discussing referral protocols are, at minimum, required to maintain clear communication. In addition, there are even more effective methods to include public agencies directly in the services provided to youth involved in prostitution. The following describes innovative methods that have proven successful.

Relationships With Law Enforcement

The Coordinating Council for Homeless Youth which facilitates Project PACE, includes among its members the Los Angeles Police Department and the County Sheriff's Department. Representatives from both departments attend the quarterly Coordinating Council meetings and provide an important link in the collaboration.

Particularly notable is the relationship of the Project PACE agencies with the Hollywood Division of the Los Angeles Police Department. For example, in the meeting minutes of the Coordinating Council, the Division reported that "crime rates in Hollywood (especially

those associated with street youth) have dropped dramatically over the past year. The increase in services and coordination with law enforcement are believed to be highly associated with this change."

Many of the Project PACE agencies report that police officers have worked closely with agency staff and have proven to be a valuable resource. According to Vince Acosta, former Shelter Coordinator, Los Angeles Youth Network:

> "We work closely with the Hollywood Division of the L. A. Police Department; they've done a lot to educate us and we've done a lot to educate them throughout the social services/law enforcement spectrum. A very interesting and wonderful relationship has grown out of that. They bring us youth that they feel are 'salvageable,' and we try . . . to cooperate with them in providing information about things going on in the streets . . ., while still preserving the confidentiality of the clients."

Schools

San Diego Youth and Community Services has developed an innovative relationship with the San Diego County Department of Education Court Schools to offer a school program to Storefront youth. The Department of Education provides a certified teacher to provide educational assessment, testing, and assignments to Storefront clients. The curriculum is self instructional and competency based. The teacher can also provide tutoring instruction to the volunteers and staff. The school operates five days a week for four hours a day at a location within walking distance to the Storefront. Students can earn a a high school diploma if under 18, a GED or obtain remedial education to learn basic skills which will increase their chances for employment.

Larkin Street Youth Center and Hospitality House in San Francisco provide on-site educational opportunities for youth. In conjunction with the San Francisco Unified School District, the San Francisco Homeless Youth Network received funding from the San Francisco Foundation to bring on-site education to day programs for homeless youth. As a result, Hospitality House has a half-time teacher who provides individual and group instruction on-site. The school district matches the foundation grant with one full-time and one half-time teacher placed at Larkin Street. The teachers provide one-on-one tutoring with youth preparing for their GED exams and facilitates educational groups.

Department of Children's Services

One of the Project PACE subgrantees, the Runaway Adolescent Project (RAP) is a component of the Los Angeles County Department of Children's Services (DCS), the child protective agency, but, as a special project, maintains its office space apart from DCS. RAP was established in 1986 to provide a targeted program to screen runaway/homeless youth for abusive histories and to provide access to County placement services (foster care, group homes, etc.). RAP provides long-term placement services with a focus on family reunification whenever possible. RAP also provides counseling and referral services, assistance in receiving personal identification cards, MediCal cards, and referral and transportation to medical and dental services.

RAP has the legal authority to pay for placement for up to six months. After the six-month period, a decision must be made to return the youth to his/her family or file a dependency petition with the court. Approximately 50% of the youth involved with RAP will become involved in the legal system through a request for alternative placement.

REFERRAL LINKAGES

To provide the spectrum of services that are needed by youth who engaged in prostitution, an agency must rely on accessing other community services for the youth. The OCJP Child Sexual Exploitation Program grantees have developed extensive referral networks and have obtained both formal and informal agreements that services will be provided to project youth.

An example of the range and extent of service referrals in San Francisco is contained in a Hospitality House publication called "On Your Own — A Self-Help Guide for Youth in San Francisco." This pocket-sized guide contains information on free or low cost services. While it was designed for youth who are on their own, or who are making plans for independent living, it is a great resource for staff as well. Outreach workers can easily carry the guide on the street and it is readily available for new staff to use as necessary.

"Outreach is good, specially for kids that just runaway and hit the streets. It's good for kids who otherwise wouldn't know about the shelters. Once you get to the shelter and meet people, you learn quickly about what's good. The streets in San Francisco are not good."

-- Tina, 16 years old

The Storefront of San Diego Youth and Community Services utilizes volunteers extensively. Last year, the volunteers provided 5,460 hours to the project, representing an in-kind contribution of $57,484.

The volunteer component of the Storefront is managed by a part-time volunteer coordinator who screens, trains and places volunteers at the shelter. The volunteer coordinator is provided with administrative and management support from the SDYCS Volunteer Project.

The SDYCS Volunteer Project has been in operation for five years and is a collaborative effort among the major youth and family service providers in San Diego County. The Volunteer Project was honored by President Bush and designated as the "Fifth Point of Light". The project budget is totally supported by the private sector to promote volunteerism in San Diego County. The SDYCS Volunteer Project staff orchestrates a county-wide public relations campaign designed to recruit volunteers. The staff uses existing video and print materials as well as works with local television, radio, and newspaper personnel to inform the community about the project. Staff schedules and conducts numerous community presentations to recruit qualified volunteers.

Once a volunteer is recruited, the Storefront volunteer coordinator is given the individual's application. The volunteer coordinator then arranges a screening interview. Over 25% of the applicants are rejected due to questionable suitability for work with the Storefront's population. Of those selected, a criminal background check must be completed and individuals must agree to successfully fulfill all orientation and training requirements. Volunteer training is provided in such service areas as milieu and hotline counseling, mentoring, tutoring, outreach, aftercare, and teaching independent living and job readiness skills.

After successfully completing the initial training period, volunteers are assigned, under agency supervision, to perform a variety of services. Volunteers will provide counseling and outreach, education, recreation, clerical, and aftercare services to homeless youth from the Storefront. For each volunteer role, a job description has been developed. The following is a sample job description for the volunteer counselor:

JOB DESCRIPTION : VOLUNTEER COUNSELOR

RESPONSIBILITIES: Accountable to the Residential
Counselor for professional behavior in supporting the milieu
therapy and performing the following duties:

Duties:
1. Interact with residents in the milieu.
2. Supervise the completion of chores, Educational Time,
   recreation, outings, groups, etc.
3. Assist in maintaining house schedules, limits, and
   consequences.
4. Telephone counseling; a) Information and referral,
   b) Crisis counseling.
5. Conduct milieu interview with new residents.
6. Read client files and be familiar with case plans and goals.
7. Read and communicate with other staff via the
   Communication Log.
8. Participate in staffing before and after each shift.
9. Relay important information to other staff and volunteers.
10. Find coverage if unable to work and communicate this to
    Residential Counselor.
11. Attend Supervision Training meetings bi-weekly.
12. Seek direction and supervision from Residential
    Counselors.

On-going training is required of all volunteers. Volunteers are expected to participate
in case management training twice a month. They are welcome to attend staff meeting
and case management meetings. Additionally, the Storefront creates an individualized
contract with each volunteer. According to Heather Lutz, former Storefront Volunteer
Coordinator:

> "We have a volunteer learning contract. It's a contract that the volunteers have
> when they start. It shows the most important things to know as a volunteer and
> as a staff person. It has to do with counseling and paperwork. Their supervisor
> trains them based on that learning contract. That's supposed to be finished
> within the first two months, although sometimes it isn't. It's a check-off list of
> things they need to learn and things we need to teach them. It helps the volun-
> teers and the staff people work together. It's a good checks and balance system."

Volunteers also are provided with formal evaluations by their on-site supervisor.
Evaluations occur at two months, six months, nine months and every six months
thereafter.

CHAPTER VI

INNOVATIVE PROJECT SERVICES

INNOVATIVE PROJECT SERVICES

INTRODUCTION

According to Gail Hoagland, Program Director of the Storefront, providing services to youth involved in prostitution requires learning new methods of working with this population. "These youth present complex histories with multiple problems. In many cases, these youth present issues beyond the professional experience of most clinicians." The field of knowledge has expanded concerning youth involved with prostitution and the OCJP funded grantees have been leaders in creating and expanding new approaches to work with these youth.

Defining new approaches requires an in-depth understanding of the issues and problems facing the youth involved in prostitution. For example, different approaches are required for runaway youth, homeless youth and youth involved in prostitution. Experts indicate the longer the youth is "on the streets", the longer and more complex the intervention. However, for youth who have experienced sexual exploitation, the intervention is always complex. One 1990 study conducted by CHLA/Division of Adolescent Medicine compared youth involved in prostitution with other homeless youth. This study concludes that there are significant differences between homeless youth involved in prostitution and homeless youth who do not engage in prostitution. The study findings indicated that youth involved in prostitution tend to be female, Caucasian and more likely to have a series of medical and mental health problems including drug abuse, suicide and de-

pression. For example, 97% of the youth involved in prostitution reported drug and alcohol use compared to a 78% report of homeless youth. Of those, 75% of youth involved in prostitution report a substance abuse problem, compared to 36% of the homeless youth. Concerning sexual and physical abuse, 56% of the youth involved in prostitution reported prior sexual abuse and 24% reported prior physical abuse versus 17% of homeless youth not involved in prostitution who reported sexual abuse and 13% who reported physical abuse. Clearly, youth involved in prostitution present a range of problems and issues that require a multidisciplinary intervention approach.

As the OCJP Child Sexual Exploitation Intervention Program grantee staff attest, working with youth involved in prostitution is challenging. Many youth have been physically and/or sexually abused. Others have spent most of their lives in institutions. They have little trust for adults and many resist programs. The youth quickly become acculturated to the streets. Many form street "families", peers who look out for one another. Some youth have compared the lure of the streets to an addiction. The longer a youth is in the streets, the stronger the temptation is to return. On the streets, the cycle of abuse often continues — most of the runaways and throwaways are at serious risk of falling prey to extortionists, pimps, pornographers. Others survive as thieves, "bashers", pickpockets, pool sharks, drug dealers or runners, and blackmailers.

All of the youth are at serious risk of being sexually exploited. Mindi Levins, Case Manager at Los Angeles Youth Network, says:

> "One of the things I'm learning in this job is to assume that the kids on the streets hustle. There are kids that don't. But from little boys and little girls, we hear about it all the time. I don't know that we can separate homeless youth from kids that are prostituting. Kids can get sex and drugs easier than they can get a meal... In the shelters, the kids might meet one another and teach each other the tricks of the trade. Nobody on the streets is safe from being exploited. Selling sex for coke, for shelter, food, money is there, it's everywhere."

The OCJP Child Sexual Exploitation Intervention Program funded projects have responded to the challenges posed by this population in creative and innovative ways. Across the agencies, similarities in approach to service delivery are being defined. Underlying service delivery in most of the agencies is the notion of "empowerment" — the youth are encouraged to begin taking responsibility for their lives. In empowerment, according to Gabe Kruks, Youth Program Director at Gay and Lesbian Community Services Center: "It's counterproductive to 'do' for the kids. If they get off of the streets on their own, their chances of staying out are greater than if you do it for them." Thus, the youth are informed of options. They make their own decisions.

In approaching these youth, an emphasis is placed on using their own definitions of their needs as a baseline of services within the context of the agency's service delivery model. The agencies are finding that youth will more readily use services if they are easily and immediately available. As one staff member said: "The minute it becomes a hassle, you're competing with the other most convenient option."

This chapter describes some of the most promising methods of service delivery being implemented by agencies in the OCJP Child Sexual Exploitation Intervention Program. Some of these methods are innovative because they respond to youth defining their own needs and are based on increased accessibility to services by the client population. In discussing these methods, no attempt is made to evaluate their relative effectiveness. The aim is to document what is being done in the field. The following sections present some of the creative methods in the areas of outreach, hotline, shelter, counseling, drug and alcohol interventions, independent living skills, employment and training, education and training, personal health education, and primary health care.

"Outreach workers go and talk to the kids and hang out with them. They go to them as counselors and as friends. If the youth doesn't respond to counseling, they kick back with the kids and talk to them as friends. I think it's a cool idea . . . When the counselors go out to talk to the kids, the kids respond more because they see that the workers care enough to come out here to talk to us. They're handing out bleach and condoms, they show us they care for us ... If an out-reach worker goes out and meets a kid, if they see that same kid over and over, that kid will re-spond, eventually. A lot of kids have gone through a lot of beat-ings and rapes as kids so maybe they can never reach them, but they should keep trying."

Young woman, San Francisco

Underlying most outreach programs is the idea that all homeless youth need to know about the options to street life. Dan Ford, the former Outreach Coordi-nator at Larkin Street Youth Center, outlines the six major groups targeted in outreach:

> "1.) For new arrivals to the city, we let them know of the commu-nity resources available to them.
>
> 2.) For youth who are choosing not to access services or can't

E xperts indi-cate the longer the youth is "on the streets," the longer and more complex the interven-tion. However, for youth who have experi-enced sexual exploitation, the intervention is always com-plex...

because they are too old, the main goal is to help them stay alive through street counseling, referrals, condoms and bleach, and supportive services.

3.) For kids who have either been through services and are back on the streets or are too old for services and are chronic street youth or choosing prostitution as a lifestyle, we provide maintenance contacts with them, chatting, finding out how things are going for them. Since these chronic street youth are out in the streets more than the outreach workers, one of the goals is to get them to refer the younger street youth to services.

4.) One day a month, we target an area, and a crew of volunteers and staff will check in with merchants in that area, letting them know about services so they can refer youth to us.

5.) We also do police outreach. When workers are in an area, they get to know the beat cops. If it's a new area we're working in, we go to the precinct station and let the captain know what the goals are and what we're doing.

6.) We do outreach to community groups, religious organizations, and people in general.

Most of this is through requests. Sometimes if we know a neighborhood is particularly hot or having problems with street kids, we may approach the community agencies and let them know we're open to referrals."

Formal outreach takes many forms. In street outreach, teams of workers walk in areas where there are concentrations of youth. If a youth is soliciting, workers find that it is best not to interfere, as such actions are rarely welcomed and may trigger negative reactions. The workers provide information and referral, and street-level counseling. Referral cards are given to the youth, which describe the range of services available in the network. In addition, many of the outreach workers provide AIDS education and may distribute condoms and bleach to the youth who are prostituting, ensuring that they know how to protect themselves.

Outreach workers, in the course of their work, become intimately involved in the street "scene" and look out for the youth. Diane Flannery, Executive Director at Larkin Street Youth Center says; "If a kid gets in a car, the outreach worker will write down the license number and other kids will do that for each other, too. It's very rare that somebody gets picked up and nobody has seen it."

Outreach can also be an event, or occur at a specific physical location. One agency holds periodic noontime picnics so the youth can have a meal and a talk with agency personnel and other youth involved in the programs. Outreach meetings can be held in rented hotel rooms, and in restaurants, and may take the format of discussion groups. Some agencies combine street outreach with a "mobile office"— a van which holds a supply of food, drinks and clothes to meet some of the immediate needs of the teens. Drop-in facilities are also outreach centers. The facilities provide a range of services for the youth to access at their own pace — a safe resting place, food and drink, pool tables, storage areas for possessions, access to showers, clothes, telephones.

While outreach takes many forms, some of the methods used can be applied across service delivery models. In conducting outreach, many of the agencies emphasize the importance of workers who identify with the community and with whom the community identifies. Some of Project WARN and Hospitality House's outreach workers were formerly involved in teen prostitution and are ethnically diverse. To reach the sexual minority youth, the Gay and Lesbian Community Services Center's outreach teams include sexual minority workers.

In reaching out to youth in the streets, consistency in time and place of outreach is also an important element. Some of the youth who may not choose to access services may grow to depend on the outreach workers for ongoing support. When establishing trusting relationships with these teens, it is important to meet their expectations.

To facilitate street recognition, the outreach teams at the Storefront wear T-shirts and caps identifying them with their agency. San Francisco's Larkin Street Youth Center outreach workers wear red jackets. The outreach coordinator reports that in spite of his initial reservations about the jackets, youth have been responding positively. The jackets help promote agency recognition by youth, merchants and police where there is a changing pool of outreach workers.

While there are hubs of street youth activity, the youth are a mobile population. At Larkin Street Youth Center, the primary target area is the Polk Gulch District. As youth move to the Haight and Castro districts, outreach teams are dispatched to those areas.

Some of the agencies conduct preventative outreach in high school high risk programs. Larkin Street Youth Center makes presentations to high school students between the ages of 12 and 15. The 1736 Family Crisis Center teaches a "stop and think" model in continuation schools, encouraging youth to think through the ramifications of the decisions they make.

One of the major components of effective outreach is the agency's street reputation. Perhaps the most powerful form of

outreach is the peer network. At the Storefront in San Diego, the communication network among the street youth is very efficient. Peers talk to one another and will often refer their friends, younger children, and inexperienced runaways to trusted agencies. According to one agency director, "the word about the agencies gets out quickly on the streets." To a large extent, informal peer outreach depends on the agencies' reputation in the streets.

Youth involved in prostitution present a range of problems and issues that require a multidisciplinary intervention approach.

TELEPHONE HOTLINE

> "I had come to San Diego to find my fiancee. When I got here, I found out she's a prostitute... I didn't want anything to do with that... I was in town about two weeks and I called the 800 number, the youth information line. I found this shelter. It worked.

Young man, San Diego

Hotlines are an important component of the service delivery system. In the network, there are local and statewide hotlines. Hotlines offer a range of services: information and referral, crisis intervention counseling, and neutral message centers. Since the incoming calls are anonymous, hotlines have the ability to reach out to youth who may not typically access the service system. The California Runaway Hotline (a statewide system located in Sacramento) reports receiving calls from sexually exploited youth who work for pimps, a population that is often left out of outreach and other services.

Some promising trends in hotline capabilities include toll-free numbers and conference calling. The California Runaway Hotline and Angel's Flight's telephone line have toll-free numbers. Toll-free numbers provide an access point for individuals in need who may not have money for a telephone call. In addition, the California Runaway Hotline offers conference calling, through which youth can talk to their guardians or parents, with the option of the hotline worker staying on the line as a mediator. In conference calling, the hotline worker will usually stay on the line to make sure that the calls are legitimate. In referring youth to service agencies, the California Runaway Hotline can, through conference calling, ensure that the referring agencies can provide services for the caller. This is especially helpful in referring to shelters, which may be full or may not accept the youth based on their client screening criteria.

FOOLS OF THE WORLD

Fools of the world gather around
And listen to your children weep,
Mothers and fathers close your eyes,
See the nightmares your children
   dream.

Look all of you who have lost touch
with the reality of youth,
Remember when,
The child was you
Remember the tears and anger you felt
when your elders put you down
The same remarks and speeches used
come from your mouth now.

Fools of the world stop and look
Before you make such a fuss,
Look at the world around you
Look what you have left for us.

Parents of the world where is our future
But amongst the dust and rubble,
Yet you still ask why
We make such trouble

Science of the world
How dare you be so smug
When it was you who invented
the drug.

People of the world do not be such fools,
We learn more wrong from you
Than we learn right from your schools.

Parents of the world
Don't turn your back or pretend the problem
isn't there,
You brought us into your world
Now it is your duty to care.

Leaders of the world, where is the sun
You have led us so far astray,
Now with your black cloud hanging over us,
Will we live another day.

Fools of the world
Life is not a play
There is no rehearsal
Life is no more than a game.

Parents of the world
Give your children hope
And lots of love in the home,
Don't push us down with your weight,
But help us hold our own.

People of the world
Destiny is in the hands of the babe,
Only with understanding and communication
Can our youth and world be saved.

Fools of the world gather around
And listen to your children cry,
Take notice and be concerned about
Hidden tears,
Before another one of us have to die.

by Robert

"A lot of the shelters are short-term, but they get you off the streets and get you to work and get you enough time to work on something else, another shelter. And you just keep switching shelter to shelter and it buys you enough time to get something going, but you gotta want to."

Young woman, San Francisco

Each of the projects offer a service network that includes a range of shelter and transitional living program options. Crisis shelter options provide the essentials: food, shelter, clothing and medical attention. This program option is generally offered for three days at a time. In short-term programs, the youth begin formulating goals and addressing their immediate crises. They can usually stay between 14 days to two months. For the most part, the short-term programs are structured, so that youth are required to work on goals. Those programs tend to screen out drug-using, detoxing and suicidal youth, as well as those who are mentally unstable or have criminal records.

Intermediate programs offer services up to six months, during which agencies work on stabilizing the youth through intensive case management, counseling and independent living skills. Transitional housing programs, which can range to two years, are designed to assist the stabilized, employed youth to become independent. Transitional housing offered by agencies include small houses which are rented to youth for a nominal charge or renting apartments or hotel rooms and sub-leasing them to youth.

In agencies with crisis, short-term and intermediate-term programs, the staff considers the youth's motivation when deciding who will be allowed into the longer-term program. At the Storefront, youth petition their resident counselors and case managers to take part in the Phase II program. The final decision is made by the staff as a whole. At Hospitality House, after each month in the housing program, youth are required to ask for an extension. Usually, they write a letter and present it to the staff at the client review meeting. At this meeting, all staff have the opportunity to provide feedback to youth and discuss the staff team approach. Staff provide positive reinforcement for the youth's achievements and confront issues and problems that could jeopardize the youth's stay in the housing program. This strategy is adapted to extend staff support to the youth's effort and commitment to obtaining their goals.

Intermediate-term programs are especially difficult for these youth to initially complete. In the streets, they are free to come and go as they please. In stabilization, they have to function in a context of rules, goals and minimum-wage jobs. The initial drop-out rate can be significant as youth may return two or three times to complete the program. At Los Angeles Youth Network, Project Turnaround, the Storefront and the Gay

and Lesbian Community Services Center, the programs are based on the idea that there are no failures. Youth are allowed to take "breaks" from the program and re-enroll after some time has lapsed. During these breaks, youth have the option of continuing to receive case management and other services.

Transitional housing is designed for youth who have successfully competed the intermediate program and who are employed, yet who lack the resources to live on their own. Project staff report that, in addition to the need for life skills, the most difficult barriers to independent living for youth involved in prostitution are the lack of money for the initial expenses (rent deposit, security deposit, household supplies, transportation costs, etc.) and the lack of an emotional support structure for the first several months of independent living. Since the majority of these youth have fled from dysfunctional families, they often lack many of the skills that healthy families teach their children as they move toward independence.

Both Project Turnaround and the Storefront offer transitional housing programs. Project Turnaround offers seven subsidized hotel rooms for up to three months. In order to be eligible, youth must be consistently employed for two weeks and willing to save 80% of their earnings while in the program. This required "savings plan" provides youth with the resources to secure independent living arrangements upon program completion. Youth involved in the transitional housing program meet weekly with a support service worker to review progress and discuss goals and attend weekly Independent Living Skills training. Additionally, youth may work with an employment specialist who can assist them in securing more long-term vocational and educational opportunities.

The Storefront's transitional housing project has the capacity for five youth. The agency owns the property which includes a duplex (two bedrooms with bath, kitchen and living room) and a studio apartment. The two units can comfortably accommodate five youth. These housing units are located adjacent from the Bridge, an SDYCS runaway shelter, which is operated 24 hours a day. The design of the transitional housing project is grounded in three fundamental values: self-help, mentor and peer support and empowerment.

In order to be eligible for the Storefront's transitional housing project, the youth must have successfully completed the Independent Living Skills program and must be employed. Further, the youth must agree to develop a monthly budget and savings plan for the six months and to meet at least weekly with staff to review progress and begin working on a plan for independent living. Youth pay a nominal rent and are required to spend a minimum of 15 hours in volunteer work (Project SHARE, senior programs, etc.). As with any rental agreement, the youth are expected to follow the usual renter/landlord rules, including no drugs or alcohol.

> "Case managers and counselors have a head on their shoulders. They have ideas if you have problems. They give you options when you can't think of anything on your own. It's been very helpful to me."
>
> Young woman, San Diego

Counseling services are prominent in the service delivery systems. All of the projects offer some form of one-on-one and group counseling. Some of the agencies also provide family counseling.

When working with youth involved in prostitution, project counselors have found that a reality-focused approach with a present and future orientation offers the most promise. Sessions may be "therapeutic counseling" or they may be "therapy". Broadly defined, the aim of counseling is to problem-solve — to deal with the problems of daily life. Therapy is oriented to larger-scale personality and emotional issues facing the teens. Given the time restrictions inherent in most programs, the distinction between therapy and counseling sometimes becomes more an artifact of the training and licensure of the individuals providing the services. In counseling, for example, emotional issues may have to be addressed before decision-making takes place. Likewise, it may not be appropriate to delve into emotional problems until the youth has made some basic life decisions. Each agency has developed internal guidelines as to the severity of the problems

"We need to know that even if we can't go home, there is some place where we can go. Even if it's just to take a shower and get dressed to go to work. We need to know through other kids on the streets that the people in the shelters are OK. A lot of us think this is it, we have nowhere to go."

-- Alex, 18 years old

they are willing or able to work with and will refer youth to appropriate agencies when programmatic limits are reached.

In some agencies, licensed clinicians conduct therapy sessions with the youth. In others, licensed therapists supervise interns who work with the youth. The interns' clinical hours, when approved, can be counted toward licensure. Senior therapists can also play more informal roles, providing in-service trainings and clinical advice to line staff. Paraprofessional staff and volunteers may also spend time with the youth on hotlines, in outreach or in shelters, seeking to establish rapport and listening to the youths' concerns. They may offer practical advice, education and information, and case management and referrals.

At Stepping Stone, a peer staff person will sometimes team up with a counselor to provide services to clients. This helps the youth feel more at ease while being counseled and enhances the therapeutic value of the services.

In working with youth with suicidal ideation, the California Runaway Hotline will make contractual agreements with youth who are unwilling to access services. The hotline operator first attempts to de-escalate the situation. He or she will then arrange for the youth to call regularly at given times until the crisis is over. Larkin Street

Youth Center has also found contractual arrangements effective in working with suicidal youth and youth who have drug and alcohol issues.

Several support groups were developed which are tailored to the needs of the youth. Most of the shelters hold group sessions. Bill Wilson, Counselor, at the 1736 Family Crisis Center explains:

> "Once or twice a day, we have groups. They're not didactic presentations, the groups focus on whatever issues the kids bring up. We might talk about families, or complimenting one another, or appropriate ways of expressing anger. We do group focus, child focus, whatever is important at that time. Yesterday, we did a role play around dealing with parents."

Larkin Street Youth Center holds an Aftercare Support Group for long-term street youth. The group is based on the street family model (where kids help one another survive in the streets) and tries to use peer support in motivating the youth to leave the streets. Hospitality House and Larkin Street Youth Center hold a variety of support groups, which emphasize developing self-esteem and making good and healthy choices.

Teen Canteen holds weekly support groups with the youth in their apartment program, thus helping the youth create a social network where they have peers outside of the streets.

Most of the youth entering the service system, and many who interact with outreach workers, have access to counseling services. Counseling methods vary, but the trend is to meet the youth's immediate needs. Lynn Rankin, at Stepping Stone says:

> "The counseling style is whatever works. We do one-on-one for crisis intervention on such issues as rape or pregnancy. We do groups on decision-making, lots of kids don't know what they want to do. A tremendous amount of counseling time is spent getting them to adjust to the next step. We do impromptu groups if the kids are fighting or around drug issues."

Peers are often helpful in dealing with the issues facing the youth. Group sessions are thus held in most agencies, and are tailored to specific groups or issues.

"Kids start hustling for different reasons. For some kids, their parents did it so they do it. You need to eat. For shelter, for drugs...My dad always told me I was incompetent. I still know that's the one thing I can do well..."

--Maxie, 16 years old

"I've done all the drugs but I hate them because you lose control. Crack is the #1 selling drug out there. I hate coke. It's getting harder for people to get off the streets because they're prostituting to get their rocks (crack) and their crank (speed)... If I had one wish to make L.A. a better place, it would be to get all the drugs out of L.A."

Young man, Los Angeles

The daily use of drugs and alcohol is the norm for the vast majority of these youth involved in prostitution. Most youth are poly-drug users—using marijuana, alcohol, methamphetamine (crystal) and cocaine as often as they can. Many are addicted and continue to prostitute and sell drugs to support their drug habit. Staff estimate that between 85% and 90% of these youth abuse drugs and alcohol. Further, most staff agree that the longer the time the youth is involved in prostitution, the heavier the drug use.

As part of the OCJP Child Sexual Exploitation Intervention Program funding, projects are expected to provide drug counseling. Drug counseling is defined as a specific intervention, done in an individual or group setting, that is directive and confronts drug or alcohol abuse behaviors by youth. In addition, youth need to be provided with education about the dangers and consequences of drug and alcohol abuse and the types of other programs that can

"It's unfair that when kids turn 18, there's nothing for them. And no shelter is long enough. Two months isn't long enough. It takes a month to find a job. With 2-3 paychecks, there's no way to have enough money to move into an apartment. There needs to be some more services for 18-23 year olds and a longer time to get stable. I want to be a solo artist and do instrumentals..."

-- Roberto, 18 years old

help them. Further, staff conducting the drug counseling require specialized training in drug abuse interventions to confront these abuse behaviors and the most up-to-date information about drugs and alcohol, the effects and treatment programs.

In addition to drug and alcohol education and counseling, many youth require treatment and detoxification services. Project staff, while not in the business of drug treatment, have created a number of creative approaches to provide services to youth when drug treatment and detoxification services are not available. It should be noted that all projects report that in-patient treatment and detoxification services are rarely available to homeless youth.

In an effort to provide alternative detoxification to street youth, Larkin Street Youth Center (a subcontractor of Hospitality House), Diamond Street Youth Shelter and the Haight Ashbury Free Clinic have instituted an alternative to traditional in-patient detox services. Youth who elect to participate are under daily medical supervision of the Haight Ashbury Free Clinic. Youth are sheltered at Diamond Street Youth Center and spend the day in the day program at Larkin Street Youth Center.

Generally, drug and alcohol counseling is offered individually and in groups. Twelve-step groups like Alcoholics Anonymous, Narcotics Anonymous and Children of Alcoholic Parents are made

available to youth. Additionally, projects offer drug and alcohol education as well as activities designed to teach drug and alcohol-free recreation.

Staff view that the drug and alcohol interventions are successful when youth talk to one another about the problems of drug and alcohol abuse and peer pressure is used to confront those who are in trouble. Further, if youth are aware of referral sources, are more educated about the effects of drugs and alcohol and there is less denial by users, staff see these as indicators of success for their interventions.

Of particular note is the recent California legislative priority placed on providing drug and alcohol intervention services to runaway and homeless youth. AB 3420, approved by the Governor in 1990, provides funding for a two-year pilot project to "... operate an outreach program targeted at treating the substance abuse problems of substance-dependent homeless youth, including juvenile prostitutes." The legislation calls for the State Department of Alcohol and Drug Programs to work in consultation with OCJP to oversee the management of the pilot project. CHLA, Division of Adolescent Medicine, High Risk Youth Program has been selected to conduct the pilot project which began in the spring of 1991. The pilot project, a collaborative approach, includes LAYN, Teen Canteen and the LA Free Clinic.

SPECIFIC INTERVENTIONS

Due to the depth and magnitude of the drug and alcohol problems facing sexually exploited youth, each of the grantee projects has developed target interventions and each approach is highlighted here.

Project PACE

CHLA, Division of Adolescent Medicine, Project PACE, offers a range of drug treatment activities and is conducting state-of-the-art research into drug use by homeless youth and youth involved in prostitution. Through its High Risk Youth Project (HRYP), youth are provided with medical services and drug education and intervention. HRYP provides drug counseling on an out-patient basis and limited in-patient chemical detox.

One of the Project PACE sub-grantees, LAYN, provides a day drop-in center which is open seven days a week for street youth and youth involved in the LAYN shelter. While there are specific drug and alcohol educational and counseling groups offered throughout the week, staff view all drop-in center activities as a drug intervention.

LAYN provides an intervention approach that is defined by the staff as behavior/cognitive and educational interventions. In terms of the behavior/cognitive intervention, staff strictly maintain the rule that no youth is to be allowed into the day program or shelter that is under the influence of drugs or alcohol. This rule is explained to clients during their initial contact with staff. The educational intervention consists of information in the form of videos, literature and group discussions on a variety of drug and alcohol abuse issues.

LAYN offers a variety of groups and activities designed to increase the youth's self esteem and reduce the likelihood of the desire to "escape reality" by abusing drugs and alcohol. The LAYN Day program offers a wide variety of activities— art, drama, weight lifting, poetry, tutoring, independent living skills, sex and AIDS education, as well as drug education and counseling. Alcoholics Anonymous meetings are also offered. Staff view that any activity that keeps a youths interest, while increasing their self-esteem will help the youth to depend less and less on drugs.

In order to ensure that that interest level is high, staff have instituted a method to obtain systematic feedback and ideas from youth through a weekly group meeting called "Open Minds". Youth provide ideas for activities and help to plan activities and projects and feel very much a part of the center.

The following is a typical weekly schedule for the drop-in center.

	Sunday	Monday	Tuesday	Wed	Thur	Friday	Sat
DROP-IN CENTER							
8:45	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00		Mobile	Tutor	Mobile	Tutor		
10:00		Health	"	Health			
10:30		Team	"	Team	Living Skills	HW/LAPD	Special
11:00		"	"	"	Comm mtg	Rap Grp	Events
11:30		"	"	"	"	"	"
12:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:30			Tutor	Tutor	Tutor	Tutor	
1:00	Cartooning	Rap	Improv	Sexuality	YMCA	Project	Special
		Council			Workout	Able	Events
2:00	"	"	"	"	"	Poetry	
3:00		Sex Ed		Drug &	"	Newsletter	
				Alcohol			
4:00	Drug&						
	Alcohol						
5:00	Art Activity	Art Act.	Art Act.	Art Act.	Art Act.	Art Act.	Art Act.
SHELTER							
6:00	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
7:45	Drug &	Improv	Sex Ed	Open Minds	Rules/	Special	Special
	Alcohol	"	AIDS Ed	"	Process	Event	Event
	Focus on	"	Project ABLE	"	"	"	"
8:45	Future	"	"	"	"	"	"
10:00	Day Plan	Day Plan	Day Plan	Day Plan	Day Plan	Day Plan	Day Plan
10:30	Mtg	Mtg	Mtg	Mtg	Mtg	Mtg	Mtg

Project Turnaround

The Hospitality House Youth Program Substance Abuse Services provides early identification, prevention and intervention of alcohol and drug services for youth involved in prostitution and other homeless youth. With a grant from the Office of Human Development Services, Hospitality House was able to implement this project this year and staff report significant results in changing youth's drug abuse behavior. It is important to note that Hospitality House does not see itself as a alcohol/drug rehabilitation program. Rather they are offering substance abuse services that provide early identification, prevention and intervention which strengthen their commitment to helping homeless youth become independent and functional members of the community.

> The path to recovery is not a straight one. You have to be willing to try things you wouldn't normally try.

Hospitality House staff, based on prior experience, have created a project which identifies and serves three types of youth drug behaviors. The early intake and assessment process will identify the types of behavior. The first is the non-user, experimenter or social recreation user who does not have problems with drug or alcohol abuse. They have control over their use, yet are encouraged to participate in the prevention service.

The second type of youth served is one who has problems due to drug or alcohol use. The youth struggles with controlling drugs or alcohol and has experienced negative consequences due to abuse. This type of youth is referred to prevention services and participation may be a condition of their continued participation in Project Turnaround.

The third type of youth is one who clearly cannot control his/ her drug or alcohol abuse. This is assessed after the initial intake interview or later by failed progress. Project Turnaround will continue to offer food, housing and employment services if they are motivated to work on their drug or alcohol problem. Motivation to work could take the form of a contract specifying some form of Alcoholics or Narcotics Anonymous meetings, counseling, and/ chemical dependency treatment referrals.

All youth who enter Project Turnaround will have an extensive intake interview designed to identify youth with drug and/or alcohol problems. The intake includes a complete drug and alcohol history (types, dosage, frequency, last

use and patterns), physiological effects (blackouts, detox, withdrawal), and psychological consequences (compulsion and control problems). Additionally, since there is considerable research regarding genetic predisposition for addiction, family history of alcohol and drug use will be explored.

Referral to the prevention services component can occur in three ways:

1. Any teen not experiencing problems but interested in substance abuse may volunteer to participate in the Prevention Education series. The Prevention "Alternative to Using" clean and sober group is for youth experiencing problems due to their abuse of drugs and/ or alcohol.

2. Any teen showing a history of problematic substances use at the intake to the Hospitality House program. Involvement may be highly encouraged to participate in both prevention components.

3. Any teen using Hospitality House programs and having problems complying with program expectations due to substance abuse will be required to participate in both prevention components as a condition of continued project services.

The Prevention Component is a two-part drug and alcohol abuse prevention effort. The first part is an eight week educational lecture/group discussion on a range of drug and alcohol related topics. These topics are:

1. The Disease Concept
2. Denial: Feelings and Defenses
3. Family Roles (Codependency I)
4. Family Roles with Peers (Codependency II)
5. Intervention and Treatment
6. The 12 Step Programs
7. Use, Relapse and Prevention
8. Grief and Loss

All educational groups follow a format of presentation and discussion, using handouts, videos, slides and/or guest speakers. Group rules such as regular attendance, no violence, no intoxication, confidentiality, honesty, and mutual respect will be discussed at each group.

The second prevention component is an on-going weekly group that is geared towards identifying and discussing the possibilities and advantages of a drug and alcohol-free life. It is called the "Alternative To Using" group and is designed for youth who are abstaining from substance abuse. The group is intended to be an opportunity for members to share their experiences about being clean.

The "Alternative to Using" group follows a set structure. The group opens with a "check-in" where group members report on progress or problems. Following that the facilitator and group member can focus on particular problems presented by the youth or discuss a particular topic. Topics could include:

1. How do you stay clean on the street?
2. How can you be supportive without enabling friends?
3. How do you cope with your feeling?

Abstinence is an absolute requirement for group involvement and members are expected to follow the group rules of confidentiality, honesty and mutual respect.

The third service is a specific, individualized intervention. Intervention occurs on a case by case basis where the youth needs specific services and a special contract for services is needed. The youth targeted for this service usually have had numerous problems with their chemical use and some form of AA/NA and /or chemical dependency rehabilitation is recommended. Intervention will help the adolescent see this need and get them involved in outside help while continuing to receive Project Turn-around services.

Never give up on these kids. It can take many false starts before a youth is able to make it through a program. Our programs have to combine enough flexibility and openness with expectations and limits.

Storefront

SDYCS operates a drug intervention and day treatment project designed for youth between the ages of 14-17 who are at risk of becoming or are active substance abusers. Youth involved in prostitution and other homeless youth who participate in the Storefront are eligible for services. It should be noted that the Storefront staff will continue to provide individual and group drug education and counseling, however, youth in need of additional drug or alcohol treatment services will be referred. In some cases, a youth may be required to participate in NA or AA in order to remain in shelter.

The SDYCS Teen Recovery Center (TRC) uses a multi-disciplinary approach which includes four types of interventions: 1) Behavior modification; 2) Family Systems and Counseling; 3) Milieu therapy; and 4) Recovery therapy. Behavior modification is used to teach youth to be accountable and responsible for their own behavior. A point and level system helps youth work through the program and gain recognition for their accomplishments. The family systems and counseling approach recognizes that chemical dependency affects the entire family unit, and recovery depends on changes in behavior and attitude of all family members. Milieu therapy involves many aspects of the TRC's daily schedule including community meetings, youth advisory committees and recreational activities. Since adolescent drug use has been shown to be strongly influenced by peer relationships and peer pressure, such activities help build relationships which are not based on drugs. The fourth intervention, recovery, is closely related to the other three interventions. All youth participate in drug and alcohol education, learn the disease model of drug and alcohol addiction, as well as the basic principles of the twelve step model. Groups like Cocaine, Narcotics, and Alcoholics Anonymous, Children of Alcoholics, Alanon and Narcanon are offered.

The project uses a two-pronged strategy to address drug and alcohol abuse. The intervention component of the project includes outreach, recreation and drop-in center activities and is designed to introduce high risk youth to the services of the project. The day treatment component provides a social model treatment program of structured drug and alcohol intervention, twelve step instruction, self-help/recovery groups, educational intervention, individual and family counseling, independent living skill training, and recreational activities. Additionally, drug and alcohol education classes are provided to parents. The focus of all activities is offering alternatives to drug abuse.

Youth involvement in all phases of the project is viewed as essential to a successful and effective day treatment program. Youth can be involved in a number of youth advisory committees related to various TRC components such as recreation, peer education, and self-help groups. Parents can become involved as volunteers or participate in the TRC Advisory Group.

"If you want to learn how to "pull a date", I can show you. I can show you how to make a fix to get high. But how to be normal and responsible, and things like that, we need to learn. There's a lot of schooling that kids need. It took me a long time to get it that I can't go to job interviews in jeans and a t-shirt. And kids live outside or in hotel rooms. You're not used to turning off the light, cleaning your room, cooking meals, and doing chores. The thought of cooking ... they're making me cook to learn the basics. I'm cooking, but it's not one of my favorites. Now I know that I can bust an egg in a skillet and maybe a little bacon and cook it and it'll taste half-way decent."

Young woman, Los Angeles

OCJP Child Sexual Exploitation Intervention Program funding requires projects to provide an independent living skills component that is structured to teach the skills and offer the resources to support youth to become independent. It must include:

a. employment and training and vocational rehabilitation, job counseling and referral;
b. educational and tutorial services to aid clients in receiving high school diplomas or GED certificates;
c. household management skills;
d. personal health education to include AIDS education and prevention, sexually transmitted diseases, pregnancy counseling and use of IV drugs; and,
e. parenting skills for clients with children

In addition to the general requirements outlined above, each grantees has developed a unique aspect or approach to assist youth toward self-sufficiency.

Project PACE

LAYN, a Project PACE subgrantee, is developing a self-instructional, competency based ILS curriculum. The curriculum is practical and specific issue related to living skills. Additionally, the curriculum assists youth with value clarification, challenging youth to make careful decisions.

Since youth are involved with LAYN for 60 days or less, the ILS curriculum must address the fundamental issues that will assist youth to adjust to the "regular" world. For example, homeless youth involved in prostitution are not used to structure in their lives and the concept of being on time is foreign. Further, the youth need to get used to being asleep at night and awake during the day.

In addition to a structured ILS curriculum, LAYN also assists youth with learning how to lead a structured life. Using a level system, youth learn direct rewards and consequences for following a structure. The following describes the LAYN Level System:

DROP-IN LEVEL

Available: | food | shelter | showers
---|---|---
 | medical | case manager | clothes
 | groups | phone calls (relating to stabilization) |

Need to:
attend groups
follow rules
see a case manager
be in the program for three days

ENTRY LEVEL

Available: Same as drop-in plus:
bus fare/limited laundry
phones for verified job-related activities.

Need to: Meet regularly with case manager
have age verified
attend groups
be actively following case plan
do assigned chores
obey curfew
follow rules

INTERMEDIATE LEVEL

Available: Same as Drop-In and Entry level plus:
bed-time adjustment/more laundry time
lockers after Advanced/ movie selection
choose chores after Advanced
outings after Advanced
eligible to attend alumni group

Need to: Meet regularly with case manager
attend group
do chosen chores
obey curfew
follow rules
be attending school or work or
be active in perusing placement or reunification

ADVANCED LEVEL

Available: Same as Drop-in, Entry and Intermediate level plus:
priority at laundry
priority at lockers
first choice of chores
supervising chores
priority for outings
curfew extensions

Need to: Meet regularly with case manager
attend group
be responsible for chore
follow rules
be completing a case plan

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Project Turnaround

All Project Turnaround youth who are in the Transitional Living Program are enrolled in the Independent Living Skills program. The youth attend an eight-week ILS workshop series, receive employment assistance and are required to save 80% of their earnings. Once a youth has stable employment and is prepared to leave on-site supervision, the youth can move into transitional living hotel room or apartment and is provided with off-site supervision. Support services are offered by Hospitality House to youth living independently as long as the young person requests services.

Writing and reciting my game plan
making it clear and better to understand
I need a stable place to stay no pay
I'm not ready for all these bills, no way
I'm not sure about being a roommate
Living will be hard, it might be a mistake
Independent living is not a good choice
because I hear it from every counselor's voice
But I want to live right, I need experience
don't want to live my whole life payin' rent
So I need a good job that pays very well
but looking for a job can be hell
I got one coming, sounds good to me
I hear bad reviews, its a mystery
$4 bucks an hour nine to five
real easy to get, I think the job is mine
Selling products over the phone
the money I will make will be all my own
Some goes in the bank, the rest for me
I could buy my favorite tape; Run DMC
I could use some to do my hair
but then comes up the subject of foster care
I think that it is a very good idea
but there is one problem; I wanna stay here
So I don't know the situation or what can be done
I need a lot of help from someone
And another thing, I must follow my rule
that's why in the fall I'm going to school
Cause I need my education and a GED
That's the best thing I can do to help me.
                              by Daryl

The following describes the eight week ILS curriculum of Project Turnaround.

WEEK # 1: BUDGETING
1. What is a budget?
2. Why do you need a budget?
3. Items included in a budget.
    a. Budget form handout
4. Getting the telephone and having gas and electricity turned on
5. Buying inexpensive clothing and furniture

WEEK # 2: COOKING IN A HOTEL ROOM AND BUYING FOOD
1. Menu ideas
2. Buying inexpensive food- quality and quantity
3. Listing of free places to eat in San Francisco
4. List of places to buy low cost groceries
5. SHARE program- what it is

WEEK # 3: HEALTH ISSUES
1. Safe sex
    a. condoms
    b. effects of drugs and alcohol on judgement
    c. AIDS
2. Birth Control- where to get it/ what is available

WEEK # 4: EDUCATIONAL ISSUES
1. Why go back to school?
2. Working and going to school— What it means and how to balance the two
3. Community College and adult education
4. Financial Aid
5. Different jobs, occupations, vocations
    a. Career goals

WEEK # 5: APARTMENT HUNTING
1. What to look for?
    a. cost/deposit
    b. size
    c. location
    d. security of apartment or apartment building
2. What is a lease?
    a. lease handout
    b. lease terms (no pets, no water beds, utilities paid)
    c. thirty day notice

WEEK # 6: RELATIONSHIPS WITH EMPLOYERS; ROOMMATES; SIGNIFICANT OTHERS
1. Employers
    a. What do you expect from your employer? (good pay, treated with respect, scheduling work hours ahead)
    b. What does your employer expect from you? (being on time, calling in when sick, doing your job)
    c. Positive ways to resolve conflicts
        i.) aggression versus assertion
        ii.) handout on aggression versus assertion
2. Roommates
    a. What is the ideal roommate? Characteristics: male/female, gay/straight, smoking/ non-smoking, neat/messy, etc.
    b. respecting privacy and personal belongings
    c. noise level
    d. inviting friends over

WEEK # 7: BANKING
1. How to open an account
2. Savings
    a. deposits
    b. withdrawals
    c. interest
3. Checking
    a. deposits
    b. withdrawals
    c. interest
4. Importance of saving money

WEEK # 8: ISSUES SURROUNDING LIVING ON YOUR OWN
1. How does it feel?
2. Constructive ways of dealing with boredom
3. How to have fun with little money
    a. parks
    b. museums
4. Hobbies

Storefront

The Storefront ILS component consists of ILS training and support and the Independent Living Transitional Housing project. The educational sequence lasts between two and three months, with some youth taking longer than others. During month one, training is concentrated on skill building for independent living. During this "stabilization" phase, staff and youth will agree upon a case plan which outlines specific goals and tasks. During the second month, most youth will arrange for job interviews and obtain a job. Month three requires staff to follow-up with the employer to ensure successful job retention. By month three or four, most clients will be able to graduate from the ILS component. Some youth, however, will require more assistance and structure to successfully complete the program. These youth will receive intensive case management to include transitional housing, long term counseling, referral and other types of needed assistance.

The following describes the Storefront eight week ILS training course plan:

WEEK # 1: DOWNTOWN SAN DIEGO — SURVIVAL INFORMATION
  a. Local agencies —downtown directory
  b. Transportation
      1. Bus routes
      2. How to ride the bus
      3. The Transit Store
  c. Medical Assistance
      1. UCSD Medical Center
      2. Mercy Hospital
      3. Downtown Health
  d. Pre-test — Competency Evaluation
  e. Getting through the system

WEEK # 2: THE FIRST STEP
  a. Downtown Map Quiz — Sixteen Important Stops
  b. Documentation
      1. Birth Certificate
      2. Social Security
      3. Department of Motor Vehicles
      4. Work Permit
      5. Draft Registration Form
      6. Driver's License
      7. Passport
      8. Photo ID
      (Note: copies of all documents are maintained in the client's ILS file)
  c. Competency —Fill out request for a Social Security card in addition to one other form
  d. Supplement — Driver's Study Manual

WEEK # 3: JOB SEARCH, JOB CORPS, OTHER JOB TRAINING PROGRAMS
  a. Creative work history
  b. Applications for employment
      1. Fill one out
      2. Competency — is the application properly filled out?
  c. Help wanted ads
      1. Weekly reader
      2. Sample ads
  d. Bring one completed application for potential employer to next class
  e. Supplement— Attitude Survey

WEEK # 4: JOB INTERVIEWS
  a. Resumes
      1. Create from a completed application
      2. Personal Fact Sheet
  b. Mock interviews
      1. Clients pair off
      2. 5 minutes/interview
      3. Constructive critique by class
  c. Supplement—cover letter and thank you notes

WEEK # 5: DECISION MAKING
  a. Decisions and consequences

DROP-IN LEVEL

Available:

food	shelter	showers
medical	case manager	clothes
groups	phone calls (relating to stabilization)	

Need to: attend groups
follow rules
see a case manager
be in the program for three days

ENTRY LEVEL

Available: Same as drop-in plus:
bus fare/limited laundry
phones for verified job-related activities.

Need to: Meet regularly with case manager
have age verified
attend groups
be actively following case plan
do assigned chores
obey curfew
follow rules

INTERMEDIATE LEVEL

Available: Same as Drop-In and Entry level plus:
bed-time adjustment/more laundry time
lockers after Advanced/ movie selection
choose chores after Advanced
outings after Advanced
eligible to attend alumni group

Need to: Meet regularly with case manager
attend group
do chosen chores
obey curfew
follow rules
be attending school or work or
be active in perusing placement or reunification

ADVANCED LEVEL

Available: Same as Drop-in, Entry and Intermediate level plus:
priority at laundry
priority at lockers
first choice of chores
supervising chores
priority for outings
curfew extensions

Need to: Meet regularly with case manager
attend group
be responsible for chore
follow rules
be completing a case plan

Project Turnaround

All Project Turnaround youth who are in the Transitional Living Program are enrolled in the Independent Living Skills program. The youth attend an eight-week ILS workshop series, receive employment assistance and are required to save 80% of their earnings. Once a youth has stable employment and is prepared to leave on-site supervision, the youth can move into transitional living hotel room or apartment and is provided with off-site supervision. Support services are offered by Hospitality House to youth living independently as long as the young person requests services.

Writing and reciting my game plan
making it clear and better to understand
I need a stable place to stay no pay
I'm not ready for all these bills, no way
I'm not sure about being a roommate
Living will be hard, it might be a mistake
Independent living is not a good choice
because I hear it from every counselor's voice
But I want to live right, I need experience
don't want to live my whole life payin' rent
So I need a good job that pays very well
but looking for a job can be hell
I got one coming, sounds good to me
I hear bad reviews, its a mystery
$4 bucks an hour nine to five
real easy to get, I think the job is mine
Selling products over the phone
the money I will make will be all my own
Some goes in the bank, the rest for me
I could buy my favorite tape; Run DMC
I could use some to do my hair
but then comes up the subject of foster care
I think that it is a very good idea
but there is one problem; I wanna stay here
So I don't know the situation or what can be done
I need a lot of help from someone
And another thing, I must follow my rule
that's why in the fall I'm going to school
Cause I need my education and a GED
That's the best thing I can do to help me.
                    by Daryl

The following describes the eight week ILS curriculum of Project Turnaround.

WEEK # 1: BUDGETING
1. What is a budget?
2. Why do you need a budget?
3. Items included in a budget.
   a. Budget form handout
4. Getting the telephone and having gas and electricity turned on
5. Buying inexpensive clothing and furniture

WEEK # 2: COOKING IN A HOTEL ROOM AND BUYING FOOD
1. Menu ideas
2. Buying inexpensive food- quality and quantity
3. Listing of free places to eat in San Francisco
4. List of places to buy low cost groceries
5. SHARE program- what it is

WEEK # 3: HEALTH ISSUES
1. Safe sex
   a. condoms
   b. effects of drugs and alcohol on judgement
   c. AIDS
2. Birth Control- where to get it/ what is available

WEEK # 4: EDUCATIONAL ISSUES
1. Why go back to school?
2. Working and going to school— What it means and how to balance the two
3. Community College and adult education
4. Financial Aid
5. Different jobs, occupations, vocations
   a. Career goals

WEEK # 5: APARTMENT HUNTING
1. What to look for?
   a. cost/deposit
   b. size
   c. location
   d. security of apartment or apartment building
2. What is a lease?
   a. lease handout
   b. lease terms (no pets, no water beds, utilities paid)
   c. thirty day notice

WEEK # 6: RELATIONSHIPS WITH EMPLOYERS; ROOMMATES; SIGNIFICANT OTHERS
1. Employers
   a. What do you expect from your employer? (good pay, treated with respect, scheduling work hours ahead)
   b. What does your employer expect from you? (being on time, calling in when sick, doing your job)
   c. Positive ways to resolve conflicts
      i.) aggression versus assertion
      ii.) handout on aggression versus assertion
2. Roommates
   a. What is the ideal roommate? Characteristics: male/female, gay/straight, smoking/non-smoking, neat/messy, etc.
   b. respecting privacy and personal belongings
   c. noise level
   d. inviting friends over

WEEK # 7: BANKING
1. How to open an account
2. Savings
   a. deposits
   b. withdrawals
   c. interest
3. Checking
   a. deposits
   b. withdrawals
   c. interest
4. Importance of saving money

WEEK # 8: ISSUES SURROUNDING LIVING ON YOUR OWN
1. How does it feel?
2. Constructive ways of dealing with boredom
3. How to have fun with little money
   a. parks
   b. museums
4. Hobbies

Storefront

The Storefront ILS component consists of ILS training and support and the Independent Living Transitional Housing project. The educational sequence lasts between two and three months, with some youth taking longer than others. During month one, training is concentrated on skill building for independent living. During this "stabilization" phase, staff and youth will agree upon a case plan which outlines specific goals and tasks. During the second month, most youth will arrange for job interviews and obtain a job. Month three requires staff to follow-up with the employer to ensure successful job retention. By month three or four, most clients will be able to graduate from the ILS component. Some youth, however, will require more assistance and structure to successfully complete the program. These youth will receive intensive case management to include transitional housing, long term counseling, referral and other types of needed assistance.

The following describes the Storefront eight week ILS training course plan:

WEEK # 1: DOWNTOWN SAN DIEGO — SURVIVAL INFORMATION
   a. Local agencies —downtown directory
   b. Transportation
      1. Bus routes
      2. How to ride the bus
      3. The Transit Store
   c. Medical Assistance
      1. UCSD Medical Center
      2. Mercy Hospital
      3. Downtown Health
   d. Pre-test — Competency Evaluation
   e. Getting through the system

WEEK # 2: THE FIRST STEP
   a. Downtown Map Quiz — Sixteen Important Stops
   b. Documentation
      1. Birth Certificate
      2. Social Security
      3. Department of Motor Vehicles
      4. Work Pe   it
      5. Draft Registration Form
      6. Driver's License
      7. Passport
      8. Photo ID
      (Note: copies of all documents are maintained in the client's ILS file)
   c. Competency —Fill out request

for a Social Security card in addition to one other form
   d. Supplement — Driver's Study Manual

WEEK # 3: JOB SEARCH, JOB CORPS, OTHER JOB TRAINING PROGRAMS
   a. Creative work history
   b. Applications for employment
      1. Fill one out
      2. Competency — is the application properly filled out?
   c. Help wanted ads
      1. Weekly reader
      2. Sample ads
   d. Bring one completed application for potential employer to next class
   e. Supplement— Attitude Survey

WEEK # 4: JOB INTERVIEWS
   a. Resumes
      1. Create from a completed application
      2. Personal Fact Sheet
   b. Mock interviews
      1. Clients pair off
      2. 5 minutes/interview
      3. Constructive critique by class
   c. Supplement—cover letter and thank you notes

WEEK # 5: DECISION MAKING
   a. Decisions and consequences

Project PACE

CHLA, Division of Adolescent Medicine operates the HIV/AIDS Prevention Project. The project includes outreach, shelter and a risk reduction clinic. Outreach workers approach youth and provide them with information on AIDS and HIV infection. Workers distribute condoms and provide referrals for food, shelter or whatever a youth may need. CHLA, Division of Adolescent Medicine, has expanded the number of shelter beds in the network through several subcontracts. The risk reduction clinic provides health care, health education and case management to asymptomatic and symptomatic HIV positive clients between the ages of 12 to 21.

LAYN has a rule that every youth who comes into contact with staff, either through outreach, drop-in center or the shelter, has a discussion about AIDS education within 24 hours. Additionally, youth receive continual reinforcement to prevent contracting AIDS through a variety of project activities. For example, the case manager continually discusses sexual activity and AIDS prevention with the youth. The CHLA health team provides medical services twice a week at LAYN. Youth can receive AIDS testing and counseling. Sexuality educational groups conducted by LAYN staff as well as Gay and Lesbian Community Service Center staff are conducted several times a week and provide AIDS prevention education on an on-going basis. Project ABLE, a teen theater group of the Los Angeles Free Clinic, provides weekly presentations

and discussions concerning AIDS. Additionally, AIDS education is covered in the LAYN drug and alcohol educational groups, the independent living skills training groups and is a frequent topic in the improvisation groups. Condoms are available at both the drop-in center and the shelter.

Project Turnaround

Project staff attend and receive AIDS educator certification from the University of California, San Francisco. In turn, staff provide AIDS prevention education to youth involved in Project Turnaround. Outreach, conducted by Hospitality House and Larkin Street Youth Center, provides youth on the street with information about AIDS prevention and condoms. Youth who decide to utilize shelter discuss sexual activity and AIDS risk reduction during the intake interview and their case manager and in subsequent meetings. Shelter staff do not have a formal presentation but frequently discuss AIDS prevention. Formal presentations for youth are provided by the WEDGE Project, a joint project of the San Francisco Department of Public Health and the school district. The WEDGE project offers a four session training which covers the following topics: Perceptions and Myths, Education, Persons with AIDS and Follow-up.

Larkin Street Youth Center, a subcontractor of Hospitality House, also operates a medical clinic for homeless youth through the San Francisco Department of Public Health. The center has devel-

oped a specialized HIV treatment team to provide services. Youth can choose to be tested for the HIV infection and can receive counseling and support through the process. The results of the testing is strictly confidential and if the youth wishes staff to know the results, he or she must inform the staff person.

Based on the testing this year, 12% of the youth tested positive. If youth choose, they can continue to receive medical and other services through Larkin Street Youth Center. Youth who have tested positive are eligible for AZT, an drug used in the treatment of AIDS. Staff work with youth to secure safe housing and necessary services. Larkin Street Youth Center is working with the County Health Department in tracking these youth and monitoring their health care needs. Larkin Street Youth Center and Hospitality House are in the process of developing a variety of protocols and procedures regarding the coordination of services to youth who have tested HIV positive.

Storefront

The Storefront works with the Department of Public Health to provide voluntary AIDS testing and counseling as part of the medical services provided in its on-site medical screening. Results of the testing is strictly confidential and service protocols are in place to provide support services to youth who test positive.

AIDS prevention and education takes several forms at the Storefront.

Condoms are readily available to all youth. Outreach workers provide information and condoms to street youth. Case managers discuss AIDS prevention during intake and in subsequent sessions. Staff and volunteers weekly discuss AIDS education and prevention in group sessions or "Condom Theater", an improvised theater that allows for participation by all youth. In order to ensure that all youth comprehend the information presented, all youth take a short "post-test". Staff quickly check the responses and correct any misinformation immediately.

In addition, SDYCS has collaborated with the other three major youth serving agencies in San Diego (who together operate 11 high risk youth shelter programs) to conduct an AIDS education curriculum training program that is relevant to high risk youth, is cross-cultural in orientation, explores values, self-concept and decision-making, and is provided by trained youth service workers.

This project has trained AIDS educators (Storefront staff included) who go back to their agency and train other staff. Using a "Training of Trainers" model, agencies have been able to quickly train their staff. The Training of Trainers method allows for an expanded process for training, trains great numbers of staff efficiently and effectively and provides a consistent training message and design. It also allows for resource sharing among youth serving agencies and allows the various staff to work on common problems.

The following is the SDYCS AIDS Education post-test that youth complete either orally or in writing. Responses are either true or false or multiple choice.

SDYCS AIDS EDUCATION Post Test

T F 1. All people who are carriers of the AIDS virus have some symptoms of the disease.
T F 2. The AIDS virus (HIV) can get into the body from shooting up.
T F 3. A pregnant woman can pass the AIDS virus to her unborn child.
T F 4. A person with AIDS can spread the disease by coughing or sharing food.
T F 5. If I have sex with someone I really love, I can't get infected with the AIDS virus.
T F 6. Taking drugs weakens the body's ability to fight infection.
T F 7. Using a latex condom correctly during sexual intercourse helps protect a person from becoming infected with the AIDS virus.
T F 8. You don't need to clean your IV drug needle if you are friends with the people you a sharing with.
T F 9. It's not who you are that gives you AIDS, it's what you do.
T F 10. Teens can be infected with the AIDS virus and still feel and look healthy.
T F 11. You can become infected with the AIDS virus after one exposure.
T F 12. If a woman has not used IV drugs for 2 years and feels healthy, she does not need to worry about the possibility of her sexual partner getting AIDS from her.
T F 13. There is a blood test to tell if someone is a carrier of the AIDS virus and can infect other people.

14. A person will show positive on the HIV antibody test:
    a.) the week after the last exposure
    b.) the day after the last exposure
    c.) within 2 weeks to 6 months of exposure

15. There is a long period of incubation for the AIDS virus. A long period can mean that:
    a.) You can carry the AIDS virus and not know it.
    b.) You can develop symptoms of an illness months or years after you engaged in unsafe behavior.
    c.) You can spread the virus and not know it.
    d.) A,C & D only.
    e.) A & B only.
    f.) All of the above.

16. Which of the following *is not* making my own decisions:
    a.) examining my own values and decision.
    b.) letting others influence the way I feel and what I do.
    c.) treating myself and others with respect.
    d.) making positive choices for my future based upon my own values, goals and experiences.

17. Safe sexual practices in involve all of the following except:
    a.) abstinence.
    b.) unprotected sex with a new partner.
    c.) using a condom properly from start to finish every time you have intercourse.
    d.) mutually monogamous sexual relationship with an HIV negative partner.
    e.) masturbation.

18. Describe two safe sex practices, or other protective practices you would feel comfort able doing, to avoid getting or spreading the AIDS virus.

> "I feel at home here (L.A. Free Clinic), real comfortable.
> There's no value judgment. I come here all the time and send
> all my friends. They treat you with the medicine you need. I
> feel better knowing things are taken care and they've ex-
> plained what's wrong. "

Young woman, Los Angeles

Youth medical clinics are offered by all three of the grantees. In San
Francisco, the clinic at Larkin Street Youth Center is staffed by the
Department of Public Health. In San Diego, volunteer physicians
provide medical services. In Los Angeles, youth medical services are
offered through a collaborative effort between the Los Angeles Free
Clinic and the CHLA, Division of Adolescent Medicine.

The clinic at Larkin Street Youth Center offer a range of information
and basic health screenings. More complex medical problems are
referred to other medical facilities. As part of a larger medical insti-
tution, the Los Angeles Free Clinic/CHLA Youth Clinic handles most,
if not all of the youth's medical problems.

The CHLA, Division of Adolescent Medicine has a mobile medical
team which is dispatched to many of the agencies in the Los Angeles
service network. In the field, a nurse practitioner does medical
screenings and limited lab work. At Larkin Street Youth Center, a
nurse practitioner does street medical outreach. Walking the streets,
she talks to youth about their symptoms. She checks ears and noses
and depending on the severity of the ailment, makes referrals to
General Hospital or to the health clinic. If a youth has been in to see
her but hasn't returned for the results, she mobilizes the outreach
team to try and locate the patient.

Intake at the CHLA, Division of Adolescent Medicine, considers
medical, psychological and social services needs. Any youth who
visits the clinic will see at minimum an intake person, a physician
and a social worker. Physicians are also trained to assess the youth's
medical, psychological and social needs. At Larkin Street Youth
Center, the clinic is physically located in the agency, and intake is
also comprehensive.

CHAPTER VII

RESULTS OF ETHNOGRAPHIC RESEARCH
CONDUCTED AMONG
SEXUALLY EXPLOITED YOUTH
IN SAN FRANCISCO

RESULTS OF ETHNOGRAPHIC RESEARCH CONDUCTED AMONG SEXUALLY EXPLOITED YOUTH IN SAN FRANCISCO

INTRODUCTION

Many runaways and homeless youth who find their way to the streets of urban centers engage in sexual exchanges in order to meet their basic survival needs. Out of a growing concern for these sexually exploited youth, the Office of Criminal Justice Planning's (OCJP) Child Sexual Exploitation Intervention Program was created to specifically target youth who had engaged in survival sex. As part of the evaluation of the Child Sexual Exploitation Intervention Program, Harder+Kibbe Research (H+K) conducted exploratory research among youth who, in the course of living away from their parents and/or guardians, had engaged in survival sex.

For the purposes of this study, survival sex was defined as a contact in which a youth was given food, shelter, material goods, drugs, or money in exchange for sex. While homeless and runaway youth do trade sex for a night in a peer's hotel room or a shared blanket in the park, the definition of survival sex was limited to contacts with individuals at least 10 years older than the youth.

The overall goal of the study was to begin identifying successful interventions for working with homeless and runaway youth who had engaged in survival sex. Specifically, the questions this study sought to answer were: Were there discernable patterns in these youths' histories? Were there optimum periods of receptivity to services? What types of service interventions seemed to make a difference in their lives? And, how was success manifest in working with these youth?

Given the mistrustful nature of the population and the sensitivity of the issues addressed, this study lent itself to ethnographic methods. The project obtained data from a variety of sources: two facilitated group discussions; 98 open-ended interviews with youth and staff; client file reviews; and street observation. The approach was qualitative, elucidating the perspectives of youth and staff who worked closely with them. While qualitative methods limited the generalizability of the findings, the systematic gathering of in-depth qualitative data moved beyond the anectodal, suggesting important trends in the lives of the interviewees and others who may find themselves living under similar circumstances.

The research design consisted of a longitudinal cohort study of youth who were accessing two OCJP-funded agencies in San Francisco. Initial interviews were conducted between November 1989 and January 1990. In order to track their life changes over time, follow-up interviews were conducted during three field periods: March-April 1990, June-November 1990; and Decem-

ber 1990-April 1991. Eighteen months elapsed between the first and the fourth round of interviews. In order to gain another perspective on the cohort youth and their lives, additional interviews were conducted with five youth who had not accessed the youth-serving system. Those interviews were conducted once, in February and March 1991.

At the host agencies, Central City Hospitality House and Larkin Street Youth Center, a core group of staff members was convened to assist with the study. The purpose of the meeting was to identify outcome change dimensions. It was determined that the study would concentrate on documenting the effectiveness of interventions in the following five self-reported areas: physical well-being; psychosocial well-being; drugs/alcohol use; survival sex; and risk behaviors for AIDS.

The initial cohort group consisted of 20 youth who were then tracked. Those who could be located were re-interviewed. Over the course of the study, 58 interviews were conducted with the cohort youth: nine were interviewed four times; five were interviewed three times; one twice; and five once. Of the 20 youth who were initially included in the cohort, 13 were interviewed in a second round of interviews; 11 in the third round; and 14 in the fourth. The interview with youth in the non-services group was conducted once. During the study period, many of the cohort youth were geographically mobile. Six of the youth, for example, could not be located during one field period, but were subsequently interviewed.

"The kids need jobs, housing, health care (90% can't get on welfare)... We need eye care and dentists... I had a tetanus shot. I got paid $1 to take a shot so I ate for the day."

-- Michael, 19 years old

Youth who met the following criteria were included in the cohort group. First, they had to have received services for at least seven days from one of the OCJP-funded youth-serving agencies in San Francisco: Larkin Street Youth Center and Central City Hospitality House (Project Turnaround). They had to be 18 years old or younger. Finally, they had to have engaged in survival sex, or be reasonably suspected of having engaged in it by staff who worked closely with them. The criteria for selecting the non-services interviewees differed in that youth could not have received more than seven days of services from the host agencies.

At the first interview, the project was explained and the youth were informed of their rights as participants. They were asked to initial an informed consent form if they agreed to participate. The interview began by gathering demographic and service history information. It then moved into eliciting a more detailed life history. Following that, focused questions corresponding to the five study dimensions were addressed. The youth were then asked about their experiences with the service system. The sixth section of the interview asked about their peer groups and their hangouts. The cohort youth were also asked for their permission to be tracked for subsequent interviews, and tracking data was collected. Whenever possible, contacts and phone numbers were obtained.

In order to get another perspective on the service history of the cohort youth, their case files were reviewed at both

"My mother's an alcoholic. She used to barhop and she'd be in and out of the house. Sometimes she'd be gone for weeks at a time. At age 7, I was taking care of the 3 kids. I finally left when I was 14 to go live with my boyfriend."

-- Maria, 18 years old

agencies. From the files data were gathered on suicide and abuse, issues which were not discussed in the cohort interviews. In addition, data pertaining to their life and services histories, and the five study dimensions were abstracted as well.

Staff who had worked closely with the youth in the cohort group were interviewed at the beginning and at the close of the project. In addition, informal sessions were held with the staff throughout the project. The interviews focused on the process involved in working with each of the youth, highlighting changes that staff perceived the youth to have made along the five study dimensions. In total, 35 staff interviews were conducted: 25 at the beginning of the project and ten at its close.

This research effort also involved two years of observation of the San Francisco street culture. During this time, the H+K researcher joined a Larkin Street Youth Center partner in weekly street outreach in areas of San Francisco where there was a known concentration of youth living on the streets. The outreach component was undertaken to track the youth between interviews, and to understand the street context within which the agencies existed. In the process, the H+K fieldworker's credibility was established on the streets. Over the two years, the researcher developed street contacts — individuals whose names were known, and whose information was felt to be trustworthy. In undertaking street research, these human connections, if the need should arise, can translate into protection.

The combination of research methods enabled the researcher to find points of internal consistency and inconsistency in the data gathered. The data from the first cohort youth interview was checked against the information in the agency files and the knowledge of staff about each youth. By the subsequent interviews, the youth had established a deeper bond with the researcher and were willing to expand on the information they had provided at the first interview. In this way, some of the youth were able to reconcile data that were inconsistent across the data sources. Overall, the information was rich, in-depth, and provided a reliable portrait of these youth as they attempted to find their way off of the streets of San Francisco.

This chapter provides an overview of the results of the field research conducted for this evaluation. Where appropriate, the data from the five non-services youth are juxtaposed against those of the cohort youth. The following section presents a demographic picture of the youth in the cohort. The analysis then moves to a description of some aspects of these youth's lives on the streets. The analysis then focuses on the cohort youth's interactions with the youth-serving agencies. This is followed by a description of the interventions and life changes the youth appear to have experienced. Finally, the conclusions section provides an overview of the implications of this component of the evaluation.

WHO ARE THE YOUTH IN THE STUDY?

The cohort group consisted of 20 youth: 11 young women and nine young men. At the first interview, the youth ranged in age from 15 to 18 years, with a mean age of almost 17 years (16.9). The young men were slightly older than the young women. The group included youth from Euro-American (n=9), African-American (n=5), Latino-American (n=2), Pacific Islander (n=1), and mixed Asian-American (n=3) ethnic backgrounds.

At the first interview, ten of the youth identified themselves as being heterosexual; six considered themselves bisexual and four homosexual. All of the homosexually-identified youth were young men. Two of them also identified as women, and dressed as women. In the course of the study, six of the fifteen cohort youth who were interviewed more than once disclosed having changed their sexual orientation.

Half of the cohort youth were from the Bay Area, seven from San Francisco and three from other parts of the Bay Area. Four were from southern California, and six were from out of state. There were substantially more Bay Area young women (n=7) than Bay Area young men (n=3) in the cohort. In-state young women (n=10) were more common than were such young men (n=4). Only one of the out-of-state youth was a young woman. The remainder of the out-of-state youth (n=5) were young men.

The cohort youth were asked who they lived with most of the time when they were growing up. The data indicated that the nuclear family (mom, dad, and the kids) was clearly not the norm for this group. In addition, 12 of the youth reported that their parents had drug/alcohol-related problems. Three youth described their mothers as exhibiting strong religious fervor interspersed with periods of drug/alcohol use. Interestingly, all three of these youth participated regularly in non-traditional religious practices. Two considered themselves Satanists, while the third followed the Earth-Mother/Goddess movement.

Three of the youth were raised primarily by their biological parents. Of these, only one, however, had biological parents who were still living together at the time of the first interview. Seven indicated that they were raised primarily by their mothers. Four additional cohort youth said that they grew up with their mothers and stepfathers. Three reported alternating between living with a biological parent and members of their extended family, while three more had grown up in the child welfare system, living in foster care and group homes from an early age.

All of the cohort youth stated that they had been abused, either emotionally, physically, or sexually, prior to leaving their families and/or guardians. Seventeen of the youth, ten young women and seven young men, disclosed to agency staff their experiences of having been sexually abused. One of these youth, in reaction to the sexual abuse, became a perpetrator herself, molesting younger siblings. Moreover, the clinical staff at

both agencies suspected sexual abuse in the remaining three cases, although the youth had not explicitly disclosed such events.

Data on the perpetrators of the sexual abuse were available for 13 of the 17 youth who were so abused. In all 13 cases, the perpetrator of the sexual abuse was identified as a male. Two of the cohort youth were abused by members of their biological families, a brother and a father; and five by members of their extended families, uncles or cousins. Two youth were abused by their stepfathers, one by a step-grandfather. Three additional youth were molested by individuals known to the family: the mother's friend or boyfriend, or a teacher.

The youth were asked about the circumstances under which they left their parents/ guardians. Seven of the youth claim they ran away from their parents (n=4) and/or guardians (n=3). Half of the youth were either pushed out of their homes (n=8) or abandoned (n=2). Three said they left the house by mutual agreement with their parents. More girls than boys in the cohort said they had been abandoned or pushed out (9 vs. 1). The age at which the youth left their parents or guardians ranged between 11 and 17 years, with a mean of 13.6.

All of the cohort youth had attended some school, and one had passed his high school equivalency exam. In the course of the study, an additional youth successfully completed her high school equivalency exam, raising the cohort group's average number of years in school from 9.7 years to 9.8 years.

The cohort youth's experiences in the child welfare and juvenile justice systems were extensive. Only one youth had had no contact with either system. Thirteen youth had been placed in group homes, ranging from once to 18 times, with an average of 6.2 times. Six of the young women and seven of the young men had been to group homes. The average number of group homes for the young men was slightly higher than that for the young women (6.4 vs. 6.0). Proportionally more young men had been to group homes than young women, as well.

Fourteen of the youth had been to foster care homes, ranging from once to nine times and averaging 3.2 times each. The seven young women who were so placed had an average of 2.6 placements. The seven young men boys who lived in foster homes had an average of 3.9 placements, a somewhat higher mean number of placements than was found for the young women.

Seventeen of the youth had been in juvenile hall overnight, averaging 4.7 times each. Seven of the young women had been to juvenile hall, on average 5.0 times each. All nine of the young men in the cohort had the experience of spending at least one night in juvenile hall, averaging 4.4 times each. The 12 youth who had served time at a County juvenile facilities had one or two such experiences, averaging 1.1 commitments. Five of the young women and seven of the young men had spent time in a county juvenile detention facility. In addition, the longitudinal data sug-

gested that some of the youth continued their involvement in the justice system, moving into the adult justice system. In the course of the field period, nine youth spent time in a locked facility, three going to a juvenile facility, six to an adult jail.

Prior to finding themselves alone and on the streets, many youth had extensive histories of running away and of being pushed out of their homes. The four youth who ran away from home had done so a total of three, six, 20 and 100+ times respectively. The three who ran from a placement had run four, five, and 20 times each. Of the eight youth who claimed to have been pushed out of their homes, three were kicked out once, and never returned. The remaining five had been pushed out of their homes three, eight, ten, ten and 50 times each. The remaining five cohort youth had more limited experiences being out of home. Of these, two said they were abandoned by their parents. Three claimed they left only once, and with their parents' knowledge.

The data indicated that when the youth had a social network, they tended to utilize those resources prior to living on the streets. For example, ten of the youth had histories of home-hopping, alternating between staying with relatives, boyfriends, personal friends, and returning to their families. Two of the San Francisco youth went directly to the youth-serving agencies after leaving their homes. The remaining eight found themselves on the streets and depended on strangers and new friends for their survival. Overall, the youth who had a history of multiple runs or pushouts tended to stay closer to home in their

early out-of-home episodes, increasing their geographic mobility and the length of time away over time.

The demographic characteristics of the five youth who had not been to youth services were similar to the youth in the cohort. The non-service using group consisted of three young men and two young women. Their mean age was 17.2. Two considered themselves Caucasians, one African-American, and two had mixed ethnicities. The three young men identified themselves as being homosexual, the young women as heterosexual. None of these youth was originally from the Bay Area, although one had moved to the area with his family in his early teens. One additional youth was from Southern California. The remaining three were from out-of-state.

Consistent with the data from the cohort group, the nuclear family was not the norm for members of this group, who grew up with single parents and/or step-parents. All of these youth had suffered some form of abuse: emotional, physical, or sexual. At least four of the interviewees were sexually molested, and three cited their step-fathers as the perpetrators. The circumstances under which they left their parents/guardians paralleled those of the cohort group, too: two had run away from home, one had run from placement, one was pushed out, and one left with a parent's knowledge.

Although the number of non-service interviewees was small, the data suggested areas in which these youth appeared to differ from those in the cohort group. The mean age at the time they

left their parents/guardians was higher than the average age of the youth in the cohort group (15 vs. 13.6 years). The non-service users had completed a full year more of high school than the youth in the cohort (10.8 vs. 9.8 years, respectively). The data also suggested that these youth had not had the degree of systems involvement experienced by the youth in the cohort. None of the non-service youth had been to a group home. Two had had limited stays in foster homes (2 days and 14 days, respectively). Their contact with the juvenile justice system was limited as well. Only one of the interviewees had been to juvenile hall. However, she had had 12 contacts with the juvenile justice system.

In summary, the 20 cohort youth and the five non-service interviewees were ethnically diverse. In the composite, they were close to 17 years of age. They shared a history of broken homes and abuse. They ran from their parents/ guardians, they were pushed out, abandoned, or left with parental knowledge. Most of the youth had limited schooling, making it difficult for them to compete in the job market.

The differences in the services histories of the cohort and the non-service groups suggest areas for further enquiries, although the five youth in the non-service group closely resembled the youth in the cohort on several dimensions. Three of the non-service interviewees more closely resembled the youth in the cohort in that they had been on the streets for a longer period of time. The other two had limited experience, being relatively new to the street environment.

"I quit doing it and haven't done it in a year. I did it from 13 to just before my 17th birthday. And I quit doing it. I don't see the sense in doing it again. I became more mature about my ways and stopped acting like a child."

-- Henry, 17 years old

At the first interview, the cohort youth had been living on their own for an average of three and a half years, ranging from one to six years. On the average, the young men had been on the streets four years. This was a longer period of time than reported by the young women, who had been on their own an average of 3.2 years. As a group, they were geographically mobile. While the cohort youth were initially interviewed in San Francisco, they were far from stationary during the 18-month field period. In that time, three of the cohort youth relocated to their states of origin; eight travelled to out-of-state locations; and three more traveled in-state.

These youth were also residentially mobile, often moving from one unstable situation to the next. Only three of the youth, for example, had slept in the same place the night before two consecutive interviews. And one of these was interviewed in a juvenile justice facility where he was serving time.

In the course of the study, most of the cohort youth had lived under extreme conditions, where often their safety was at stake. Eight of the youth, for example, were physically and/or sexually assaulted during the field study period. Three young women and one young man were beaten. These three young women, as well as four other cohort interviewees were raped. This, however, may represent an undercount, as boys may be more reluctant to discuss assault than girls. In addition, most of

"There's a 13 year old out there, he's been doing it for 6 months. I saw him in girls' clothes last night. I can see a 17 year old, but 13!!! He's just a child, he's a baby."

-- Greg, 17 years old

the youth had dealings with individuals who wanted to exploit them, be it by enlisting them into the drug and sex industries or into racist supremacist groups. On the streets, these youth were clearly very vulnerable.

Drugs and alcohol were such an integral part of life on the streets as to be in many ways inseparable aspects of their existences. All of the youth had experimented with substances. The list of drugs they had used was extensive, including most mind-altering substances. The most commonly used drugs were alcohol and marijuana. These were so pervasive that many of the youth did not consider them drugs, they were simply a part of life on the streets. The other drugs most often mentioned were methamphetamines, LSD, crack cocaine, powder cocaine, and heroin.

In the interviews, the cohort youth were asked if they ever had an experience with a drug where they couldn't control their usage. Seventeen youth were identified as having had drug issues during their tenure on the streets. The data indicated that six of the youth had experienced substance use abuse issues with methamphetamines; one with crack cocaine; one with heroin; five with alcohol and/or marijuana; and four with multiple substances. Ten of the 17 youth who had difficulties controlling their drug usage had problems associated with IV drugs. An additional two youth, who did not consider their drug use a problem, had also used needles, raising the number of cohort youth who had ever injected drugs to 12.

The remaining three cohort youth who were not described as having had substance use/abuse problems had also used drugs. They said, however, that they used drugs rather than having drugs use them. The substances they had used included marijuana, alcohol, methamphetamines, and crack cocaine.

These data, however, are an over-simplification of the drug usage picture of these cohort youth. Most of them had used multiple substances, smoked marijuana, drunk alcohol, and used a number of other drugs, along with the primary substances identified above. It was also common for youth who were wrestling with their use of a primary substance to switch to other drugs in the course of their struggles, or to change their mode of usage.

One of the selection criteria for inclusion in this study's cohort was the youth's current, prior or suspected involvement in survival sex. At least 16 of the youth had engaged in survival sex, 14 during the course of the study. Staff at the host agencies suspected the additional four cohort youth of having been involved in survival sex activities, but the youth had not disclosed such involvement to them. These youth were included in the study because they exemplified youth who were, in the staffs' words, in denial about their life conditions. One of these youth, however, had a different perspective. She simply did not consider it anyone's business what she did to survive.

Survival sex took a number of forms. Adults sometimes took the youth to

their homes, offering them shelter, food, showers and clothes. For two of the youth, trading sex for shelter or food predominated as a form of survival sex. Most of the youth in the cohort, however, had engaged in such an exchange. For some of them, this was a first step into other forms of survival sex. Interestingly, the youth generally did not perceive this situation as an exploitive one, saying they chose to have sex with the adult out of a sense of obligation.

The primary survival sex strategy for four of the cohort youth was support from older adults. Two of the young women lived with a series of older boyfriends. Similarly, one young man, in exchange for sex, had received support from an older woman. The fourth youth maintained established sexual relationships with older men. These "sugar daddies," as they were known on the streets, provided him with money, drugs, commodities and occasional shelter. While these four youth's primary survival sex strategy involved support from older adults, at least six additional youth had had such relationships.

Some of the youth had engaged in survival sex with what were known on the streets as regulars. Regulars were individuals with whom the youth had on-going sexual relationships in exchange for goods, money or drugs. Generally, the duration of the relationships with regulars was shorter than with sugar daddies or older boyfriends and may not have entailed the same level of care. Survival sex with regulars generally involved one of the parties seeking out the other, on a more or less regular basis. Some of the youth would set up appointments with their regulars; others would telephone them when they needed money. In some cases, regulars would locate the youth. While sex with regulars was the principal form of survival sex for three of the youth, at least seven others in the cohort had had this type of arrangement with adults.

Dates were the most casual type of partners. The youth described them as individuals with whom they had opportunistic encounters, maybe once or perhaps a few times. Five of the youth had primarily engaged in sex with dates, and at least seven others had engaged in this form of survival sex. The youth met their sex partners while standing on street corners or in settings such as bars or parties.

Sometimes the dates were arranged by adults or by peers. When the dates were arranged, the youth generally did not collect the full amount that was paid in the transaction. A possible exception was what might be called "peer pimping." The youth on the streets at times shared their resources with one another. In that spirit, they sometimes introduced their peers to dates. Yet, not all peer pimping acts were motivated by altruism. At least three of the cohort youth had received something akin to a finder's fee, paid in cash or with drugs, for introducing youth to dates or to pimps.

For two of the cohort youth, survival sex under the control of adults was their most prevalent form of involvement. One of the young women had sex with customers in a crack house in exchange

for drugs. One young man worked for an escort service. While these two principally worked for adults, an additional six had also had this experience in the course of their lives on the streets. Two young women had had pimps; one briefly had worked in a brothel; and three had worked in escort services. During the course of the study, two youth shifted into the more legitimate aspects of the sex industry. One was hired as an erotic dancer, and one worked as a telephone sex operator.

Survival sex was only one of the ways that the youth survived on the streets. Most of them also had other survival strategies. Six of the cohort youth had some type of legitimate employment over the course of the study. Others panhandled, borrowed, dealt in the sale of drugs, or stole.

In considering the survival sex and drug use activities of the non-service using youth, it should be remembered that two were new arrivals to the streets. They, therefore, had more limited experiences. One had recently traded sex for the first time. The adult involved took her to his apartment when she came to San Francisco from Los Angeles. The second youth initially had stayed with an older boyfriend. When they broke up, he worked the streets in another state for three weeks before coming to San Francisco. At the time of the interview, he was soliciting on a street corner. These two youth also had very limited experience with drugs. The remaining three youth were caught up in a cycle of survival sex activities and additions to crack cocaine.

In summary, the young people in the cohort study were mobile. Many traveled outside of San Francisco in the course of

"I want to get emancipated. When I lived with my mom, she said no, she was going to try and prove I'm mentally incapable. Of all things, I should be trying to do that to her, after all the things she has done to me."

-- Nannette, 15 years old

this study. Six of them, for example, could not be located during one field period, but were subsequently interviewed. The youth from outside of the Bay Area were more mobile than the local youth. The cohort youth also demonstrated significant residential mobility: only three youth had slept in the same place the night before two consecutive interviews.

In the course of the study, most of the cohort youth had lived under extreme conditions, where often their safety was at stake. Eight of the youth, for example, were physically and/or sexually assaulted during the field study period. Three young women and one young man were beaten. These three young women, as well as four other cohort interviewees, were raped. This, however, may represent an undercount, as young men may be more reluctant to discuss assault than young women. In addition, most of the youth had dealings with individuals who wanted to exploit them, be it by enlisting them into the drug and sex industries or into racist supremacist groups. On the streets, these youth were clearly very vulnerable.

The data also suggested a cycle of drugs/alcohol and survival sex that may be intrinsic to street life. The youth's initiation to the streets often involved a situation in which they traded sex for a place to stay for the night, or for money for a hotel. Drugs/alcohol played a key role in the path that these youth's lives followed in their tenure on the streets. For many, drugs/alcohol may have initially been a coping mechanism, a way to numb themselves from the hard realities of their past histories and the state of their current lives. Over time, however, drugs/alcohol, for many, became the problem. While many had used drugs/alcohol prior to living on the streets, they developed their addictions on the streets.

The youth in the cohort were selected based on their known or suspected involvement in a variety of survival sex activities. While data on their primary survival sex strategies were presented, it was clear that most of the youth had engaged in many forms of survival sex. They stayed with adults, they had sugar daddies, regulars, and dates. Some worked alone; others worked through their peers, pimps, or crack dealers.

Although the data suggested a direct relationship between drug addiction and solicitive sex activities, many of the youth were adamant in stating that they exchanged sex primarily for shelter, and secondarily for drugs. Nonetheless, when the youth had an expensive habit to support, they began a spiral in which they had to have more dates in order to make more money for more drugs. Caught in this cycle of sex and drugs, they were at high risk for assault, pregnancy, sexually transmitted diseases and HIV infection.

When a layer of sexual abuse issues is superimposed onto this picture, the complexity of the problems that the staff at the youth-serving agencies must grapple with in providing these youth with services comes into focus. In the next section, the relationship between the youth and the youth-serving agencies is addressed.

The 20 youth in the cohort study were
selected based on their having received
a minimum of seven days of services at
the two host agencies: Larkin Street
Youth Center and Hospitality House.
Sixteen of the youth (eight young men
and eight young women) first accessed
services at Larkin Street Youth Center,
and four (three young women and one
young man), at Hospitality House.
There was much fluency in their use of
the agencies, and 14 of the cohort youth
had received services from both.

The youth were asked how they had
found their way to the youth-serving
agencies. The most common source of
referral was their peer network. Six of
the youth were either brought to the
agencies or were informed about them
by current or past agency clients. Five
additional youth were referred to the
agencies by outreach workers who had
developed relationships with them on
the streets. Five more youth were
referred to the host agencies by indi-
viduals in other parts of the system.
Two other cohort youth said they found
the drop-in facility on their own: they
walked by and stopped in. Two more
found out about the host agencies
through the mass media. One of them
saw a television program that provided
local referrals for runaway and home-
less youth. The other had been staying
with the family of a peer. Her friend's
mother looked in the telephone direc-
tory and made the initial calls to the
agencies.

E ven the
kids
that try to
stay out of
prostitu-
tion, will
often get
desperate
enough to
do it.

The youth in the cohort had made extensive use of the programs available to them at the two host agencies. All of the cohort youth had been to the drop-in facility at Larkin Street Youth Center. Four of them transitioned into the after-care program after their 18th birthdays. This program was aimed at young adults who were motivated to take steps towards changing their lives and required support in doing so. Seventeen cohort youth had also made extensive use of the medical clinic, which was situated at the Larkin Street Youth Center facility, while four received dental care referrals through a Hospitality House program. Seventeen youth also participated in art workshops offered at the Larkin Street Youth Center drop-in center.

Many of the youth also attended participatory group sessions at Larkin Street Youth Center (n=16) and Hospitality House (n=10). The lunch program offered at Hospitality House on a drop-in basis was used by fourteen cohort youth. Hospitality House's Independent Living Group provided services to three of the cohort youth. Many others received referrals to other community services from both agencies. While the youth received counseling services as part of their case management sessions, three of the cohort youth, for example, followed up on referrals to other community agencies and received more in-depth therapy.

Seventeen of the cohort youth had received case management services from one or both of the host agencies. Twelve were case managed at Larkin Street Youth Center and twelve at Hospitality House, with five case managed by both agencies. Through case management, the staff at the host agencies attempted family reunification with eight of the cohort youth; five were placed in residential facilities; nine accessed Hospitality House's transitional living housing program; and two cleared up some of their legal problems. Each of these interventions consumed hours of staff time.

All six of the youth who received drug intervention services through Larkin Street Youth Center were case management clients, as were the four who received educational assistance. The Hospitality House youth program was structured so that the nine youth who entered the independent living housing program were also case managed. Most of them had defined case plans which included their participation in the job, training, and stipend program and their attendance at facilitated group sessions. In addition, five of the youth received drug intervention services while in the independent living housing program.

The most widely used were the drop-in services. These services, available on an as-needed basis, did not place serious demands on the youth; rather they could use it when they wanted without necessarily making a commitment to change. Involvement with the non-drop-in programs indicated that the youth were making serious efforts at altering their lifestyles and developing longer-range life goals. Education, in particular, was not a top priority for many of these youth, many of whom functioned on a survival, day-by-day basis.

Given their histories and their current lifestyles, many of the cohort youth had deep-rooted trust issues, especially vis-a-vis adults. Most of the youth had had interactions with adults where they were exploited. Moreover, most also had experiences with adults in the social welfare and/or juvenile justice systems. From the perspective of the youth, adults' help often had consisted of being made to do things they didn't want to do.

The staff at the agencies worked diligently at establishing rapport with the youth and deepening those relationships over time. A basic approach was to give acceptance to each youth as an individual so long as he or she abided by the rules of conduct. In the drop-in center at Larkin Street Youth Center, at lunchtime in the youth lounge at Hospitality House, and in the medical clinic at Larkin Street Youth Center, the youth could safely explore the agency, the staff, and the services available. The orientation of the staff, however, was to establish rapport and to move the youth into case management as soon as was feasible.

Case management was an important step in these youth's progressions. In a sense, it was a show of trust, wherein the youth willingly turned part of their lives over to an adult. Seventeen of the cohort youth received case management services as part of their interactions with the agencies. Two left the agency after brief case management experiences.

Case management services provided the youth with an advocate who worked closely with them. The case managers assisted the youth in outlining their futures — be it for that night, or longer-

"I am glad I don't have to do it no more. It's dangerous. We traveled in two's and we divided the money up evenly... Kids need love and understanding and a place to stay and some food to eat."

-- Nikki, 19 years old

range. In the case management sessions, the youth were given the opportunity to explore the direction that their life had taken and to formulate a plan to meet their short- and long-term goals. Often, the plans needed to be adjusted to the realities of the youth's unfolding lives. In case management, they were provided with someone who worked closely with them, helping them to find their way through the maze of systems and services.

Those four youth who first accessed Hospitality House were seeking an independent living program. They were willing, upon entry, to try and make the adjustments necessary to participate in the housing program. The youth who first accessed Larkin Street Youth Center, however, entered case management with varying levels of willingness to work the programs. At the first interview, twelve of the Larkin Street Youth Center clients indicated they had no immediate plans for getting off of the streets. Yet, to the credit of their case managers and other staff, six took major steps in that direction. In the course of this study, four attempted family reunification, and two entered Hospitality House's housing program.

Case managers at both agencies stated that they paid close attention to the motivation level of each youth in their assessment of the youth's needs. They then determined the best options for the client. In assessing the viable options for a given youth, a case manager considered what resources were available and what was feasible. Four options were generally considered: reunifica-

tion, placement, independent living, or status quo with maintenance.

When appropriate, agency personnel worked as well with the youth's families. Five of the cohort youth received encouragement and/or intervention in their dealings with their families. In the course of their histories with the agencies, reunification efforts were initiated with eight of the cohort youth. Five were reunified with members of their nuclear or extended families in the course of this study. By the end of the study, however, all of them were back on their own.

When looking at the placement option, the case manager took into consideration that youth's standing with the social welfare and juvenile justice systems. In working with seven of the cohort youth, case managers interacted with Child Protective Services staff. Placements were found for two of the youth, although these did not occur during the study period. Case managers also had dealings with the juvenile and adult justice systems on behalf of two youth.

In considering alternative placements, the case manager took into account issues of insurance, availability and appropriateness of the facility. Case managers at both agencies attempted alternative placement in residential facilities for five of the cohort youth. Of these, two were in programs at the fourth interview, while three had left their placements prematurely.

For the youth who wanted to live independently, the case manager considered their maturity and ability to deal with rules and responsibility. Nine of the cohort youth had accessed Hospitality House's transitional living housing program, two in the study period.

For five of the more chronic street youth, maintenance was considered to be the only viable option. In these cases, the youth had access to some of the drop-in services at both agencies. Linkages also existed with Diamond Youth Shelter, a short-term, crisis housing program, where 16 of the cohort youth had stayed. By maintaining the youth, the agency staff simply hoped that, over time, they would choose to engage with other services. At Larkin Street Youth Center, the youth were encouraged to engage with a case manager by being offered additional privileges: larger lockers and food vouchers at local restaurants. Half of the cohort youth stated that they had entered case management to secure those privileges.

In summary, four-fifths of the cohort youth first accessed Larkin Street Youth Center's drop-in center; the others first went to Hospitality House. The cohort youth found their way to these agencies through a number of different referral sources. Agency referrals accounted for five of the cohort youth's entry into the two host agencies, while two others found out about services through the media: television and the telephone book. The range of these referral sources point out the importance of both outreach to the community, and strong linkages to other agencies.

Street peers were the most common source of referrals to the agencies — they referred six of the cohort youth. Street outreach workers were responsible for bringing in an additional five. The location of the services in the areas where homeless and runaway youth concentrate accounted for two additional youth entering services. The entry of these 13 cohort youth into the two host agencies suggests that the agencies had earned credibility on the streets.

Overall, the survival orientation of the youth entering Larkin Street Youth Center and the longer-term goals of the Hospitality House clients were consistent with the programs' general orientations. Although there was much overlap in the caseload, the Larkin Street Youth Center program was primarily designed to be a first step off the streets. The Hospitality House program, with its emphasis on independent living, was primarily designed to be a second step for those youth who were motivated to begin making changes in their lives. The staff at Larkin Street Youth Center reported that the more chronic street youth they served often had a difficult time with the structure of Hospitality House's independent living program. They, and many of the youth, suggested the need for additional housing services for youth who were not prepared to follow an independent living track and who had stayed their allocated 20 days at Diamond Youth Shelter.

In essence, the agencies made the services available to the youth to access at their own pace. By offering services that were available on an as-needed

basis, the agencies were able to bring the youth into their facilities. They provided them with basic services and referrals aimed at keeping them alive until they had established trust and were ready to begin making positive changes in their lives. They offered the youth safety from the streets and provided them with adult role models.

The youth in the cohort study had utilized many of the programs available to them at the two host agencies. All of the cohort youth had used the drop-in facility at Larkin Street Youth Center. A few transitioned into the after-care program after their 18th birthdays. The cohort youth had also made extensive use of the medical clinic, which is situated at the Larkin Street Youth Center facility. Many of them also attended group sessions at both agencies and ate lunch at Hospitality House. These data suggest that the agencies' efforts to locate those services in portions of their facilities that are most frequently visited by youth have proven to be very effective.

While the host agencies had as their ultimate goal the transitioning of the youth from the streets, they well understood that progress in that direction occurred incrementally, through case management. Seventeen of the cohort youth received case management services from one or both of the host agencies. Five of the youth were case managed by both agencies during the course of their involvement with Larkin Street Youth Center and Hospitality House. Interestingly, the researcher was unable to locate for a second interview those three who did not receive case

management, as well as an additional two case-managed youth whose relationships with the agencies were brief. This suggests that perhaps the youth who engaged with case management were less mobile or wary than those who didn't, and may have developed more of an investment in the agencies and the programs they offered through their involvement in case management.

Through the chaos of these youth's lives, case managers and other agency staff tried to move them through three stages: emergency intervention, maintenance, and longer-term planning which would begin to alter their life conditions. Many of these youth moved freely back and forth between one stage to the next, activating a burst of staff involvement with each shift. It took the concerted effort of teams of individuals at the agencies to serve these youth. Caring for them was a process that required insight, skill, compassion, and nerves of steel. It also required the coordination of effort.

Case managers and outreach workers explained that the most progress was made when the youth became motivated. They reflected that periods of motivation often stemmed from a downward turn in the youth's well-being, prompting them to want to make changes. They suggested that changes most often occurred when the youth were new to the streets, or in transitional periods. The next chapter addresses measures of successful interventions for working with these youth.

"I feel cheated, like I never got to be a teenager. I went from being a child to being an adult."

--Era, 16 years old

From the staff's perspective, many of the cohort youth were moving targets. Some were very difficult to reach. Their lives were spontaneous and eventful. Crises abounded, and they were very mobile. At the first interview, 14 of the cohort youth were negotiating a place to stay on a day by day basis. Eight of them were receiving emergency shelter care and six were staying in transient hotels, abandoned buildings, or on the streets. The remaining six youth lived under more stabilized conditions: four were staying in residential hotels, one was with his family, while another lived at Hospitality House's transitional housing program.

At the fourth interview, only one of the 14 cohort youth who were interviewed was negotiating his sleeping place on a nightly basis. He had slept in a car the night before the interview, having been in transit from out-of-state travels. Two additional cohort youth were in jail. Two more were alternating between living with their families and staying on the streets. At the last interview, both had been staying with their families, while maintaining strong ties to the streets.

Three additional cohort youth were staying in residential hotels or apartments with roommates. One of these youth was married to a peer she had met in the transitional living program. She was considering going to school to earn her high school diploma while her husband worked two minimum-wage jobs to support them. A second youth

> *"If I ever grow up and get money, I'd give money to the shelters because I think they do a good job... They feed you and you sleep every night and you don't have to worry about where to go to sleep and there's people to talk to. You don't have to worry about not having friends."*
>
> -- Keith, 15 years old

was employed and paid rent in a shared apartment, while the third supported her shared hotel room by working as an erotic dancer.

Three more youth were living in residential hotels and apartments with adults. One lived with a boyfriend who was over 20 years her senior. A second youth was sporadically staying with sugar daddies, while a third supported his older boyfriend by working as a telephone sex operator. Two of the remaining youth were living in transitional programs for young adults, while a third had completed such a program and was living independently while continuing to be involved in an after-care program out-of-state.

While interviews were not conducted with the remaining six cohort youth, some data on their whereabouts and activities was available. Two relocated to their places of origin: one went back to New York State after the first interview; a second returned to Washington State after the second interview. Two additional youth left the agency shortly after being interviewed the first time. They disappeared.

The remaining two cohort youth, although they did hear from their peers that they were being sought for follow-up interviews, chose to discontinue their involvement in this longitudinal project. One of them, in the course of the study, had alternated between living on the streets and three social welfare placements. The other lived in a residential hotel with her boyfriend and worked as a masseuse in a local parlor.

The following describes the types of qualitative changes some of the cohort youth had experienced along the following dimensions during their tenure on the streets: physical well-being, psycho-social well-being, drug/alcohol, survival sex, and at-risk behaviors leading to AIDS.

Of all the services, a place to rest, food to eat, and medical care were the ones the youth appreciated the most. All of the youth but one said they had gone hungry for at least a full day in their time on the streets. They explained that this generally occurred when they first arrived on the streets, before they figured out the services system.

Although food was perceived by the youth as a more pressing need, they greatly appreciated the medical care available to them as well. They consistently told the interviewer that they felt better physically and felt good about themselves for taking care of their medical issues. The clinic staff provided the health care and monitored the youth who were further encouraged by the staff at the agencies to take their medicine and to rest.

At each of the interviews, the youth were asked how they had been feeling physically. It is not surprising, given their living conditions that the cohort youth described a number of health problems. All of the youth said they had experienced fatigue. At least two had asthma; two suffered from an eating disorder; two had tested seropositive for HIV; two had insomnia; two had chronic hepatitis; at least 14 had been

treated for STDs; three had been pregnant. Other ailments included colds and flus; rashes; stomach aches; menstrual cramps; headaches; blurry vision; ulcers; and fainting spells.

The staff who worked closely with the youth said that as a result of having access to food, rest, medical care, drug intervention and other services, many of the cohort youth's physical health and appearance improved. At least six of the cohort youth increased their body weight, two dramatically so. Three were reported to have more energy. Three of the youth had noticeably clearer skin. Three were reported to be practicing better personal hygiene. Many of the youth also had the opportunity to begin addressing some of their long-term health issues. For example, in the course of this study, Larkin Street Youth Center implemented a protocol for dealing with their clients who were living with the HIV virus. Two of the cohort youth were being monitored by the agency's HIV team.

The problems with trust that these youth manifested presented an on-going struggle to staff who worked closely with them. From the youth's perspective, a lack of trust was adaptive behavior. It was necessary for their survival on the streets to approach everyone cautiously. Some of the staff and the youth suggested that the tough exterior that four of the cohort youth presented — the tatoos, shaved heads, nose rings — were a way for them to insulate themselves from society, while reinforcing their belonging to a peer group.

Many of the youth in the cohort had serious psychological issues. Eleven of them had attempted suicide at some point in their lives. The suicide attempt rate ranged from once to five times, averaging 2.3 times. Nine of the youth had spent time in mental institutions. The staff suggested that at least one of the youth had a cognitive dysfunction. The teacher at Larkin Street Youth Center was concerned about learning disabilities among this population in general, and was especially concerned about one of the youth in the cohort.

The staff also expressed concern with the lack of conscience exhibited by two of the cohort youth. Two additional youth engaged in self-mutilation, another in head-banging. One youth sucked her thumb. Another sometimes comforted herself by drinking milk from a baby bottle. Other cohort youth suffered from bulimia, insomnia, nightmares, and chronic headaches. In addition, most of the youth faced sexual abuse issues. Many had also been beaten, raped, or both in their tenure on the streets.

All of the youth were coming to terms with their sexuality. For many, the experience of being socially stigmatized for their survival sex activities was an issue of great concern. In addition, in the course of the study, six of the fifteen cohort youth who were interviewed more than once disclosed having changed their sexual orientations. Thus, for example, one young woman who had identified as heterosexual began self-identifying as a lesbian, while another, who had considered herself bisexual, began identifying as heterosexual.

Four additional cohort youth wrestled with the ambiguities of being what they called "gay for pay"; that is, engaging in commercial sexual exchanges with members of the same gender. Two of these youth self-identified as bisexual at the first interview. At the last interview, having distanced themselves from survival sex activities, they identified as heterosexual. The remaining two youth, who had embraced the street lifestyle, went from self-identifications as heterosexual to bisexual with a strong leaning towards women.

All of the homosexual youth interviewed also faced sexual orientation issues. All of them had had conflicts with their parents/guardians over their sexual orientation. On the streets, these youth's motives for engaging in survival sex seemed to differ from those of the other youth. They were clearly concerned about keeping themselves looking good so the man of their dreams would take them away from it all. Since their motivations for engaging in survival sex may be tied up with their sexual orientation issues and their search for role models, interventions for them may differ somewhat from those used for other youth.

Interestingly, all of the self-reported homosexual youth reported having spent some time on the streets engaging in solicitive survival sex at various levels of cross-dressing. Two of the cohort youth fully identified as women. As such they faced special issues. It was noteworthy that youth in general, but especially the young cross-dressers, could yield much higher prices for sexual exchanges than others on the streets.

Although adolescence is a time of sexual exploration for most teenagers, the survival element in some of these youth's lives accelerated the experience. The challenge to service providers who were working with these youth was to disentangle sexual orientation issues from those engendered by economic pressures. The staff at the agencies felt that, in the course of their involvement with the services, at least ten of the cohort youth had the opportunity to begin dealing with some of the sexual orientation issues they faced.

Many of the cohort youth, they also felt, had undergone noticeable psychosocial changes. Most established relationships with staff or volunteers of the programs. As a result, many began taking positive steps, and allowed others to help them. The staff pointed out that one measure of their success in establishing relationships with the youth is the fact that the youth stayed in contact. By the end of the field period, 14 of the cohort youth were in contact with staff at the host agencies. They had formed bonds with staff members. Some continued, at minimum, to check in, while others received additional services.

Many of the youth, however, complained that when they returned to the agencies, the individuals they had worked with were no longer there. Indeed, there was significant staff turn-over at the agencies over the study period. Of the 25 staff who were interviewed at the beginning of the fieldwork period, 13 were no longer at the agencies at the end of the project.

The staff had also noticed incremental signs of improved self-esteem among many of the youth. Two of them, for example, dropped their derogatory street names, opting to return to their birth names. With two

> *"I am experiencing the older side of life before I get there. I definitely know what it's like to be older before I'm older. I think the kids need someone to love them."*
>
> -- Willie, 16 years old

additional youth, the staff reported an increased attention span. More normative eye contact by three of the youth was also mentioned.

Two of the youth became more assertive and communicative with staff and peers. Two more had issues with rage and suffered from periodic blow-ups. During their tenure with the agencies, they began to find alternative ways to express their anger. One of these youth, however, could no longer receive services at Larkin Street Youth Center because of his abusive behavior towards the staff. The other had been difficult to understand, her speech was a mumble. She now had her temper more under control and could be clearly understood. Two additional youth were reported to have become more playful as a result of their interactions with the agencies.

Some of the youth had shown an increased ability to make appointments and to keep them. While in the independent living shelter program, the youth attended scheduled groups, meetings and appointments. Eight of the youth had temporary jobs, and two held permanent ones for up to four months. Four more approached the teacher at Larkin Street Youth Center to pursue their educational goals. Two passed their California High School Proficiency Examinations.

Clearly, many of the cohort youth suffered in their childhoods and continued to be haunted by their pasts. On the streets, many did what they had to do to survive. In some cases, this compounded their initial issues. Their psychological make-up was complex. They had deep-seated issues, not the

least of which was how they perceived themselves. Yet, they were survivors. Many of the cohort youth had taken some very positive steps in improving their self-esteem. The interviews indicated that as the youth began moving away from the streets, they often stated that they felt good about the changes they were experiencing.

All of the youth in the cohort had used drugs and alcohol. These substances were an integral part of life on the streets. Using drugs and alcohol was a social act in this subculture, bringing youth together to negotiate and engage in a common behavior. Further, drugs and alcohol provided an emotional distancing from the realities of life. Many of the youth, however, developed drug habits during their tenure on the streets. At the fourth interview, five of the youth had overcome their drug/alcohol addictions, six more were managing their use, while three remained at high risk because of their drug use. Two of the youth who are clean and sober, however, were incarcerated, and may face great challenges to their sobriety upon their release. However, when these data are compared with those from the first interview, it can be seen that significantly fewer youth were addicted to drugs. The data indicate that five of the youth were not using any substances at the time of the fourth interview, compared to one youth at the first. At the fourth interview, two of the youth had used needles, one habitually. In contrast, seven had used needles, and six had used them habitually, at the first interview.

The youth in the study were selected for their having engaged in survival sex

activities in the course of their tenure on the streets. At the first interview, fourteen of the cohort youth were involved in survival sex; four of the cohort youth had not disclosed their involvement to staff at the agencies; while two had histories of survival sex, with no current involvement.

At the fourth interview, eight of the youth were no longer involved in survival sex activities. Six of the cohort youth, however, continued their involvement. Two of these youth were becoming professionals in the sex industry. Significantly fewer youth were involved in survival sex activities at the fourth interview when compared to the first interview. These data, combined with those about their drug usage patterns, show that some of the youth were finding their way out of the street cycle of survival sex and drugs.

All of the cohort youth claimed to be knowledgeable about HIV transmission. They reported hearing about it everywhere they went. Indeed, the host agencies had made a concerted effort to educate the youth through posters and pamphlets, one-on-one counseling, group sessions, and street outreach services. All of the youth had received information about AIDS during their tenure with the agencies.

That knowledge, however, did not consistently translate into behavior. In the first interview, all of the youth reported having had unprotected sex within the past year. At least 12 of the cohort youth had used needles in the past three years. Two of them said they had their own syringes and needles and used them exclusively. Of the remain-

ing ten, nine had shared needles, six frequently. When the youth were asked about this, some said they would sometimes disinfect their needles. Others said that in their hunger for the drug, they would forget to clean their works, or didn't care.

In the past three years, all of the cohort youth had had unprotected sex, and nine had shared needles. Moreover, there were situations in which the youth were able to exercise little control, but which nonetheless were potentially risky. At least 11 of the youth were sexually assaulted during their tenure on the streets. Seven of these rapes occurred during the fieldwork period. Fourteen of the cohort youth were treated for sexually transmitted diseases in the past two years, and three of the young women became pregnant. One of them gave birth to a crack-addicted baby.

The staff at the agencies were hopeful that their interventions had affected the condom use of most of the youth in the cohort. The data indicated that instances of at-risk behaviors decreased at each interview. At the first interview, for example, nine of the cohort youth had used unclean needles in the past year. At the last interview, the two youth who had used needles had disinfected them. At the first interview, all of the youth had had unprotected sex in the past year, by the fourth interview, five of the fourteen interviewees reported not having used a condom the last time they had sex. At least 11 of the cohort youth had taken the HIV antibody test. Unfortunately, two of the youth were infected with HIV.

At each of the interviews, the youth were asked about their perceptions of the changes they were experiencing. At the last interview, the topic was emphasized. Overall, the youth's perspective was that the changes they were experiencing stemmed from their own efforts. This was consistent with the agencies' philosophies of empowering the youth who accessed their services.

Four of the cohort youth, however, wondered whether they would be alive today without the support of a staff person they had worked closely with. Five additional youth described the agencies as anchors. To them, the main benefit was knowing that there was some place to go where people would not give up on them. Two more cohort youth expressed their appreciation for the large quantities of food they had consumed over the years at Larkin Street Youth Center.

One of the youth was grateful that after many alternative placements, including Hospitality House, she had found a program that she could work with. An additional youth described her short stay at Hospitality House as a good alternative to being on the streets at that time. The remaining youth, who had made extensive use of the services, said that the only thing the agencies ever gave him was grief.

At the last interview, only one of the cohort youth was negotiating his sleeping site on a nightly basis, compared to 14 at the first interview. As of this writing, however, four additional youth were back on the streets, functioning in

"I don't feel safe all the time. It's scary. It's scarier at night."

-- Paul, 14 years old

that daily mode. Given their mobility, counting instances of youth being residentially off of the streets is not an adequate measure of success in working with these youth. The ethnographic work conducted in this study suggested a cycle of survival sex and drug use that was intrinsic to street life. The approach was therefore to consider outcomes based on changes in the youth's survival sex and drug use activities.

The data indicated that at the end of the study, five of the cohort youth were out of the drug and survival sex cycle and were making some serious efforts at distancing themselves from their pasts. Three of them were involved in residential programs for young adults. An additional youth was employed in entry-level jobs and shared an apartment with roommates. The fifth was being supported by her husband while living in a residential hotel room.

Three additional youth were managing their relationships to the survival sex and drug cycle on the streets. Two of them entered the professional sex industry, becoming involved in telephone sex and erotic dancing. The third youth planned to marry the older boyfriend she lived with. Of these youth, only one still wrestled with an addiction to alcohol which she claimed to be controlling. All three, however, continued to have social ties to the streets. The remaining six cohort youth, including the two incarcerated youth, remained at high risk for the sex and drugs cycle of the streets. At the last interview, two of these chronic street youth had moved away from survival sex activities into the drug trade.

Yet, in considering what are successful interventions for these youth, measuring the instances of a youth getting off the streets provides only a partial view of the changes a youth may have experienced as a result of the agencies' interventions. At minimum, each youth had the opportunity to have interactions with non-predatory adults, a place to rest, food to eat, clothes, and a locker. They also had access to health care.

Of all the services, a place to rest, food to eat, and medical care were the ones the youth appreciated the most. Having had some of their basic needs met, many of the youth stated they felt better physically. Some of the medical issues facing these youth were life-threatening. Some were tired and underfed when they first entered services, and were in ill health. In the process of attending to their bodies with food, rest, and medical care, some gained weight, and their complexions cleared up. Some of the youth's longer-term health issues, such as HIV, bulimia, and chronic headaches, were also being addressed by the medical staff at Larkin Street Youth Center.

Many of these youth also exhibited changes in their psychosocial well-being. In case management, many of the youth had the opportunity to begin dealing with life-long issues such as child sexual abuse, eating disorders, and sexual orientation. The staff at the agencies reported that during their contacts, they had seen improvements in some of the youth's self-esteem. Some of the youth dropped their derogatory street names. The staff noticed that others had increased their attention

spans and made better eye contact. A few of the youth became better communicators, others more playful. Some began to take on responsibilities, making appointments and keeping them. Yet others asserted themselves in looking for work or pursuing educational goals. Some also changed the impression they created through their attire.

In considering their efforts at providing drug and alcohol services to ten of the cohort youth who opted for such interventions, the youth and the staff saw progress as a series of positive steps towards sobriety. The first step involved recognition of the problem and the ability to discuss it. Eight of the cohort youth reached this stage. The others did not, although they attended meetings, as mandated by their case plans at Hospitality House. The second step involved making a serious attempt at gaining control over their drug use. All eight who admitted having drug problems made valiant efforts in this direction. The third step involved staying off of drugs or alcohol. This was an ongoing battle for many of the youth, whose efforts were sometimes undermined by their peers or drug dealers. At the last interview, five of the cohort youth were not using drugs or alcohol, six used occasionally, and three were habitual users, one of whom used IV needles.

The staff emphasized that when the youth do decide to gain control of their drug use, it is important that appropriate resources be available to them on request. The shortage of detoxification beds and residential programs, especially for youth with both psychological and drug-related issues, in San Francisco, made it especially difficult for the youth to work through their drug problems in residential settings. In addition, their lack of health insurance often impeded their ability to access available services.

Changes also occurred in the survival sex activities of some of the youth. Of the 14 youth who were interviewed a fourth time, eight were not engaging in survival sex, and six remained active. While the cohort youth were at high risk for AIDS, their curbed addictions and diminished survival sex activities offered hope that they had reduced their chances of infection. The staff at the agencies were hopeful that their interventions had affected the condom use of most of the youth in the cohort. The data indicated that instances of unsafe sex went down proportionally at each interview. It is nevertheless of great concern that five of the fourteen interviewees had not protected themselves at their last sexual encounter. In the course of the study, two of the youth in the cohort discovered that they were infected with HIV.

In summary, all of the cohort youth gained from their involvement with the agencies. Real life change, however, occurred over a period of time, with extensive case management involvement. Those who experienced the most change were those who were willing to acknowledge the issues they were facing, to set objectives for themselves, and to work closely with the staff in reaching their goals. The more intensively the youth worked with case management and other services, the more positive changes they experienced along the five dimensions. The next chapter concludes this report and addresses some of the implications of the research.

In undertaking this research, four study questions were posed. The following addresses each question in turn.

Was there a profile of these youth?

The data indicated that these youth did indeed exhibit some similarities in their backgrounds and natural histories on the streets. The picture that emerged was complex, as were the lives of the individual youth whose stories were told. In the composite, the 11 young women and nine young men in the cohort group were ethnically diverse. They were close to 17 years of age. Half were from the Bay Area, the others were from Southern California or from out-of-state. They shared a history of broken homes and abuse. Most were systems-wise; all had limited education and training, making it difficult for them to compete in the legitimate job market.

The youth had run from their parents/ guardians, they were pushed out, abandoned, or had left with parental knowledge. Many of the youth had histories of multiple runs, pushouts, and placements, suggesting that homelessness did not occur in a vacuum, but rather was the culmination of failed attempts at trying to find alternatives within existing social networks. Fully half of the cohort group had home-hopped prior to leaving the last time. Overall, the youth who had a history of multiple runs or pushouts tended to stay closer to home in their earlier out-of-home episodes, increasing their geographic mobility and the length of time away over time.

"If the kids are out there too long, their attitudes change. They lose everything they own, sometimes they lose their lives or their sanity or their virginity, or whatever."

--Bob, 17 years old

"The changes I've been going through come from myself. I've done it. I've gotten away from people with negative attitudes and negative lifestyles."

--Gary, 17 years old

All of the cohort youth had been scarred by their earlier life experiences and exhibited low self-esteem. Most had expressed suicidal ideation, with over half having made an attempt. Slightly less than half had spent time in mental institutions. The staff suggested that at least a quarter of the cohort youth could benefit from extensive interventions in a therapeutic setting. In addition, the data clearly indicated that many youth faced issues with their sexual orientations. It is noteworthy that six of the 15 cohort youth who were interviewed more than once changed their self-reported sexual orientations in the course of the study.

The demographics of the five youth who had not been to youth services were similar to those of the youth in the cohort. The non-service using group consisted of three young men and two young women. The data suggested some differences in the services histories of the cohort and the non-service groups, which indicate areas for further enquiries. Overall, two of the five non-service users differed from the rest of the interviewees in that they had been on the streets a shorter period of time. As such, they had not had as extensive street experiences as had the cohort youth, who had lived on the streets an average of three and a half years.

Given their early life experiences with adults, lack of trust was a pervasive issue among all of the youth interviewed. Yet, on the streets, the abuse continued. The data suggested a cycle of drugs/alcohol and survival sex that appeared to be intrinsic to street life. As abused youth, they may have been especially vulnerable to exploitation. A

recent study of homeless youth conducted by Yates, et al. (1989) suggested a connection between sexual abuse and involvement in survival sex activities. Corroborating those findings, most, if not all, of the youth in this study had been sexually abused.

Early initiation into the street cycle generally involved the youth trading sex for shelter, or for the money for shelter. Over time, their involvement with drugs/alcohol determined the extent to which they engaged in the drug trade and in solicitive survival sex, prostitution. The youth who were addicted to alcohol/marijuana tended to have less engagement in solicitive survival sex, opting for support from adults, either by trading sex for shelter/food or living with older boyfriends and sugar daddies. Those whose habits were expensive tended to become involved in solicitive survival sex.

Caught up in a drugs/alcohol and survival sex cycle, the cohort youth represented a very high risk group for HIV infection. In spite of a reported high knowledge about AIDS transmission, most had engaged in unprotected sex and many had shared needles. Three of the young women became pregnant, and many of the youth were treated for sexually transmitted diseases. By the end of the study, two of the cohort youth had tested positive for HIV.

The data also showed that on the streets, the youth exhibited great geographical and residential mobility. In addition, most of them had gone hungry and had experienced fatigue, cold, and sickness. They had all been preyed upon. Most had been sexually exploited;

drugs/alcohol had overtaken them. They were at high risk for contracting many sexually-transmitted diseases. Of greatest concern was their vulnerability to infection with HIV. Scarred, aloof, and living on the edge of life, these youth presented a challenge to service providers.

Were there optimum times for receptivity to services?

Based on the fieldwork conducted for this study, two windows of intervention opportunity in reaching out to the youth and in case managing them were identified: when the youth first reached the streets, and when they were in transition. These windows of receptivity coincided with periods when the youth were feeling especially vulnerable. They may have been alone, with no place to go. Their economic bases may have shifted, i.e., their sugar daddies might have grown tired of them. Or they may have become, as one youth said, "worn out from the life."

The data suggested that the prime window of opportunity was when the youth first arrived on the streets. This was the point at which seven of the cohort youth entered the youth services. While these youth had relatively little experience on the streets, four of them had experienced trading sex for a place to stay shortly before entering services. As relatively new arrivals to the streets, some were hungry and tired, most were scared. In that state, they were receptive to the youth services as an alternative to being outdoors. Five of those youth entered case management, the others had brief stays and moved on.

Another window presented itself when the youth who were more deeply enmeshed in the street life entered a transitional period. Thirteen of the cohort youth entered services during such transitional periods. Five of them were brought into services by outreach workers who had developed relationships with them on the streets. For them, accessing services was the culmination of a great deal of rapport-building by the outreach workers, sometimes over a period of years.

All of these thirteen youth were deeply invested in the street life. Having accessed the youth-serving agencies, staff were successful at delivering case management services to ten of them. Two of the remaining youth disappeared after a brief stay, while a third chose to engage only with drop-in services.

Outreach workers reported that the youth were most receptive to services when they were new to the streets, out of the control of adults, or transitioning from one situation into another. The five youth in the cohort who were brought in after developing long-term relationships with outreach workers, much like three of the non-service interviewees, said that pride and a desire to be independent, kept them from services.

Among the youth who wer interviewed as non-service users, two were relatively recent arrivals, while the remaining three had long histories of surviving on the streets. The newer arrivals had no knowledge of youth-serving agencies. As such, they would be unlikely to seek out services on their own. The social services system seemed to be outside of

their direct frame of reference. They formed their opinions as they observed homeless people milling around adult service: pushing their carts, waiting to be fed, waiting for a bed. Both interviewees, in discussing the queue of needy people they had seen at adult services, expressed hope that they would never be that bad off.

The other three youth had known of the youth-serving agencies, but expressed their preference for independence. One of them suggested that once youth had tasted the street life — the quick money, the drugs/alcohol — they would not want to go to agencies. Another of these interviewees, although he had received occasional services at an adult shelter, also seemed more invested in making it on his own.

Three of the interviewees in the non-services group were relatively new to the area. None of these youth was aware of the local food, shelter, and medical resources available to them. Not surprisingly, their food intake and their sleeping arrangements the day before the interview were less than adequate. They had eaten minimal food and had stayed up all night. The remaining two youth in the non-services group more closely resembled the cohort youth in that they had secured places to sleep and had eaten adequate meals the day before the interview.

The streets offered the youth quick cash, quick fixes, and lots of action. One of the youth, who was very invested in the street life, described the streets as a magnetic force pulling at him. This description was echoed by others of the more chronic street youth. The streets

had their own social code, and the more chronic street youth sometimes felt an internal tension as they began to take steps in transitioning off of the streets. In some cases, that tension pulled them back to the streets. There, they continued in their former lifestyle, becoming more enmeshed in street life in the process. When they faced difficult periods, they would sometimes return for services. In this way, some of the youth in the cohort had multiple experiences with the youth-serving agencies.

Staff who had worked closely with the cohort youth suggested that, in their experiences, a number of factors could ignite a youth's motivation to bring about changes in his or her life, be they temporary or more permanent. Some of the youth had simply become tired of the streets and decided to make changes. Others faced sickness, depression, or fatigue. For yet others, a trauma — an abortion, an assault, or witnessing someone's death — may have provided the motivation to bring about changes. Staff said that for many youth, an approaching 18th birthday sometimes increased their willingness to make changes. The outreach workers, case managers, and other staff paid close attention to the motivation level of the youth, and attempted to act promptly on their willingness to make changes.

In providing services to the cohort youth, what types of interventions seemed to make a difference?

The data indicated that the agencies had made themselves available to the youth. They were known in the community, and they were situated in it. They

"I grew up with my mom and other people. Mostly she raised me, but we lived in communes and with other adults. My mom was on welfare and we panhandled and went to places for free food. We lived in a van for a long time. I guess you could say that my mom was homeless."

-- Cinder, 17 years old

existed within the context of the streets, where there was great competition for homeless and runaway youth from pimps, boyfriends, dates, sugar-daddies, drug dealers, and people in the sex industry.

The youth in the cohort had found their way to the agencies from a number of referral points. In order of importance were referrals by their peers, outreach workers or other agency personnel, the mass media, and self-referral actions, such as walking by. This suggested the importance of continuing to provide quality services so youth would continue to refer their friends. It also pointed to the need to continue and expand the street outreach component and the agency linkages, so that more of the harder-to-reach clients could learn about the options available to them.

Given the obstacles to caring for home-less and runaway youth, the array of services received by the cohort members was truly impressive: medical care, drug intervention services, group sessions, referrals, job assistance, transitional living services, art workshops and edu-cational services. The host agencies were clearly successful in having these cohort youth turn some of the burden of caring for themselves over to the adults in agencies. All of the cohort youth had some positive experiences with the agencies.

The data further indicated that the agencies' efforts at locating the services in portions of their facilities that were most frequently visited by youth had proven to be very effective. The drop-in services were the most frequently util-ized, and provided a way in which the

youth could reconnoiter the agency while becoming acculturated to it. The goal of the staff was to bring the youth into case management as soon as was feasible.

Three of the youth had been drop-in clients only, while an additional two had little investment in case management. These youth were not located for follow-up interviews. The cohort youth who could be relocated for the second and subsequent interviews had been in-vested in case management, and most had formed bonds with individuals in the agencies. The youth stated that they had stayed because they liked the services and, in most cases, the staff. Many of the youth expressed disap-pointment when staff, interns, and volunteers they were close to left the agencies. The data indicated that 13 of the 25 staff who were interviewed were no longer at the agency at the end of the project.

In case management, the relationship between the youth and the agency was formalized. At the agencies, the case managers, barring crises, found it more effective to act within the trust bounda-ries that each youth had defined. The role of the case manager, supported by other staff, was to maintain the youth while establishing trust. Then, the case manager attempted to work through the alternatives with them, preparing them for transitioning to other services and/or independence, and supporting them in the process. All of the case-managed youth had received this assistance.

All of the youth who were case managed made at least one attempt at getting off of the streets. They were reunified with

their families; they entered Hospitality House's transitional living program; or they were placed in residential facilities. The youth, however, moved through the systems at their own pace. Each had a different level of motivation and skills to facilitate a transition off of the streets.

Overall, the youth's perspective was that the changes they were experiencing stemmed from their own efforts. This was consistent with the agencies' philosophies of empowering the youth who accessed their services. Four of the cohort youth, however, wondered whether they would be alive today without the support of a staff person they had worked closely with. Five additional youth described the agencies as anchors — places to be where people would not give up on them. Two more cohort youth expressed their appreciation for the large quantities of food they had consumed over the years at Larkin Street Youth Center.

One of the youth was grateful that after many alternative placements, including Hospitality House, she had found a program that she could work with. An additional youth described her short stay at Hospitality House as a good alternative to being on the streets at that time. An angry youth said that the only thing the agencies had ever given him was grief.

How was success manifest?

At the end of the study period, three of the cohort youth were active clients at the youth agencies. One utilized the drop-in facilities, while the others were involved in Larkin Street Youth

Center's after-care program. An additional eleven youth, however, maintained ties to the agencies. Some of the staff suggested that the very fact that these youth stayed in contact was a measure of a successful intervention.

In terms of intervention outcomes, at the fourth interview, only one of the 14 cohort youth was negotiating his sleeping site on a nightly basis. Two of the cohort youth were in jail; two were alternating between living with their families and staying on the streets; three were staying in residential hotels or apartments with their peers; three were living in residential hotels or apartments with adults; two were in transitional programs for young adults; and one lived independently while continuing to receive after-care services from the transitional program she was involved with out of state.

Yet, given the mobility in these youth's lives, counting instances of youth being residentially off of the streets was not an adequate measure of success in working with these youth. Based on the ethnographic work conducted for this study, the approach was to consider outcomes based on changes in the youth's survival sex and drug use activities.

The data indicated that at the end of the study, five of the cohort youth were out of the drugs/alcohol and survival sex cycle. Two additional youth were legitimizing their relationships to the street cycle by becoming professionals in the sex industry, while a third planned to marry her older boyfriend. The remaining six cohort youth, including the two incarcerated youth, continued to be at

high risk for the solicitive sex and drugs/alcohol cycle of the streets.

Interestingly, the youth who were out of the survival sex and drugs/alcohol cycle also tended to socially distance themselves from their peers on the streets. Those who were managing their relationships to the streets continued to maintain social ties with the streets, but on a more limited basis. The remaining youth had strong social ties to the streets.

Measures of successful interventions, however, clearly moved beyond these outcomes. Such measures included the youth feeling better physically, gaining weight, and looking better. In the realm of emotional well-being, some of the youth had shown signs of improved self-esteem, as illustrated by their dropping of their street names, having longer attention spans and better eye contact, learning to communicate better, becoming more playful, and taking on responsibilities.

Some the youth had also made strong efforts at weaning themselves from drugs/alcohol and survival sex activities. For the drug-addicted youth, there was a direct relationship between their drug use and the level of their involvement in survival sex. As they curbed their drug use, they engaged in fewer survival sex activities. The data suggested that some of the young men who were not addicted to drugs/alcohol, but had engaged in solicitive survival sex had also curbed their involvement.

Their motives seemed more closely tied to sexual identification issues. As programs targeting youth involved in survival sex continue to evolve, it will prove important to consider the motives of the youth for their involvement in survival sex.

In regards to AIDS, all of the youth had been educated. As their self-esteem improved, the staff expected that their condom use would become more consistent. The staff felt hopeful that they had some impact on the condom use of most of the youth. The longitudinal data indicated that at each interview, proportionally more youth were indeed using condoms, while the one youth who habitually used IV drugs at the last interview claimed to have consistently used bleach to disinfect his needles.

While many of the youth had made progress along the dimensions discussed above, some continued to be at high risk. Although they were not living on the streets, in many cases their living situations were precarious. Some continued to wrestle with their physical health and psychological issues. The street cycle of drugs/alcohol, survival sex activities, and at-risk behaviors leading to HIV infection continued to threaten their well-being.

The youth faced many obstacles in their path off of the streets. For some, the appropriate services were not available, or the waiting lists were too long. Their lack of health insurance limited their options. Others feared their own suc-

cess and sabotaged their plans. Some were unable to control their impulses; they yearned for freedom from rules and structure, for the streets, or for drugs. Working with these youth was clearly a long-term and difficult process. As such, success in intervening with them proved to be incremental. Change was progressive, and the pace was set by the youth. They were closely assisted by staff at the agencies, especially their case managers, as they began to take steps in a positive direction.

Life changes occurred incrementally, over a period of time. Those youth who were willing to admit to having problems and who were involved in case management underwent the most noticeable changes. The more willing a youth was to define a service plan and to work closely with staff in reaching his or her goals, the more positive was the change experienced.

"My older brother was really jealous of all the attention I got from our mother and used to beat me up. When I was 13, a teacher abused me sexually. There was lots of emotional stuff going on after that. They locked me up in a lot of mental hospitals after that. That's weird. I get locked up when he should have been."

--Tom, 17 years old
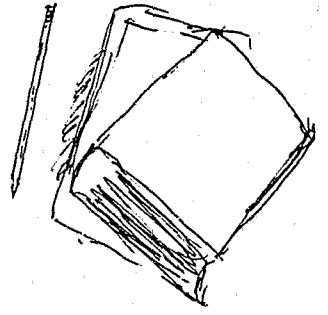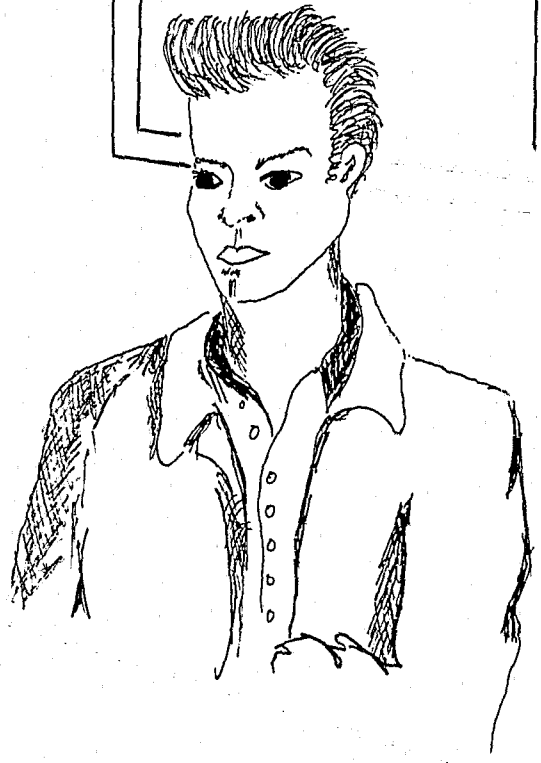
CHAPTER VIII

RECOMMENDATIONS FOR A
COMPREHENSIVE SYSTEM OF CARE
FOR YOUTH INVOLVED IN PROSTITUTION

RECOMMENDATIONS FOR A COMPREHENSIVE SYSTEM OF CARE FOR YOUTH INVOLVED IN PROSTITUTION

RECOMMENDATIONS

Youth who live on the streets of our cities tell tragic stories of childhood abuse and neglect. When they reach their teens, many runaway from their dysfunctional and abusive families, others are told to leave or are left behind. Some have been in substitute care, and have experienced similar abuse and neglect by foster parents or institutional caretakers. These are children who are unwanted, rejected and abandoned. At a very early age they must find a way to fend for themselves and many believe that the streets will offer them a better way of life.

On the streets, a new set of rules becomes apparent to the homeless youth. The use of drugs and alcohol is a daily way of street life and many become addicted quickly. Stealing, panhandling, and sifting through garbage for food become commonplace. Many become violent to protect themselves from violence. Many sell their bodies to strangers for food, shelter and drugs. Sometimes the "dates" (adults who pay for sex) are "nice" and pay them for their services and give them drugs, food or a place to stay. But some dates are brutal and violent while others, with no regard for the youth's health and life, will pay extra if a condom is not used. Those adults are perpetuating the abuse that these youth have suffered most of their lives. It is little wonder that these youth are thoroughly distrustful of adults.

An adult who trades sex with a teenager for money or other form of exchange is sexually exploiting that youth. Often, because an exchange takes place, the adult perpetrator is able to rationalize the situation and decide the youth is "old enough" to make choices. Yet, the adult perpetrator is committing a child sexual exploitation crime.

Child sexual exploitation is a harmful and complex social phenomenon that deserves the attention of communities and government agencies. When addressing the issue of juvenile prostitution, the complexity of factors involved sometimes lead policy makers, planners and providers away from the devastating results of sexual exploitation. As stated by Jed Emerson, former Executive Director of Larkin Street Youth Center:

> "I know some kids who would rather starve on the streets than become prostitutes, but many, many will sell themselves. But prostitution is a slow form of suicide. Every time you prostitute you give away part of yourself, and the kids feel that. It's like when you prostitute you are saying, this is what I'm worth, I'm worth, say twenty-five dollars. And that's just about the value of human life in our neighborhood. Seventy-five, tops. And that is not a whole hell of a lot."

Unfortunately, the tragedy remains and these youth continue to be sexually exploited by a seemingly endless line of adults. It is no wonder that many of these youth are angry at the empty promises of adults, both those who exploit them and those who say they want to help.

Despite state and federal policies that mandate all youth under the age of 18 to be protected by the social service system, the number of homeless youth living on the streets indicate that the system of protection is not working. This situation is not entirely due to a lack of knowledge or understanding of the problem, but can be attributed to a lack of resources in an overburdened social service system. Competing priorities for tax dollars on a federal, state, and local level are a reality that questions who and what is deserving of support.

Protecting this population has become a priority for a number of youth-serving organizations. For example, the California Coalition for Children, Youth and Families (CCYFC) advocates for a strong system of care for these youth. Barriers to the formation of a more effective system include money and bureaucratic neglect. They state:

> "All of these youth, while away from home and without resources, are highly vulnerable, easily victimized, and at-risk on a wide array of fronts. No branch of state or local government currently has responsibility for them—not the child welfare system, not the mental health system, not the juvenile justice system. These young people require the public and private sectors to work together to establish and make available to them a comprehensive, coordinated set of programs that will meet their needs."

However, street youth are not aware of the choices facing the government when it comes to allocating monies for programs. They are aware of what immediately works and doesn't work. A young woman who lived on the streets says this:

> "The kids need to know that somebody cares about them. They need a chance to prove that they can accomplish something without having somebody tell them what to do. They need shelter, they need food. I think almost every kid, no matter if they do drugs or have done them or haven't touched them, they need counseling for it. They need to have someone tell them, teach them about the streets, teach them the dangers of being out there and try to find ways through the system or around the system to get them off the streets or get them where they don't have to go to the streets. A lot of times there aren't enough services, and the kids are pushed into the streets. They're being shoved out there. The streets are always there, there are friends who can teach them. They need guidance."

PREVENTION

Prevention of sexual exploitation of adolescents requires examining the issues of childhood abuse and neglect. Youth who are left to raise themselves, who are without a home, are victims of years of abuse. Most of these youth left dysfunctional homes where abuse and neglect was commonplace. These are youth who are psychologically damaged, who turn to drugs and alcohol to ease the pain. These are youth who turn to prostitution as a consequence of their situation, a method of survival on the street.

While more research needs to be conducted regarding homeless youth involved in prostitution, there is an established direct connection between childhood abuse and adult social dysfunction. A National Institute of Justice study traced abused and neglected children for twenty years following the incidents of abuse. Those who received the severest abuse were most likely to grow into problem adolescents and adults. Results showed that being abused or neglected increases a person's risk of arrest as a juvenile by 53%, as an adult by 38% and for violent crime by 38%. Abused and neglected children are also involved in delinquency and criminality at an earlier age, commit more offenses and more often become chronic or repeat offenders and are more likely to commit violent crimes. The abused and neglected group also had higher rates of drug and alcohol abuse and suicide attempts.

The profile of adults who suffered childhood abuse and neglect seems to fit the profile of youth who are sexually exploited. Based on this data, as well as knowledge gained by homeless youth service providers, prevention recommendations are as follows:

1. Continue to fund and evaluate the effectiveness of child abuse prevention programs, particularly those that focus on homeless teen parents, parents with drug and alcohol abuse patterns, parents with childhood abuse and neglect histories and homeless families or those on the verge of homelessness.

2. Establish transitional housing programs for pregnant and parenting families who are homeless which offer housing, child care, mental health services, medical care, education and employment training opportunities.

3. Establish early child abuse identification and intervention programs at child care centers, public schools, clinics and neighborhood centers.

4. Establish parent education classes for all junior high and high school students.

INTERVENTION

The projects funded by the OCJP Child Sexual Exploitation Intervention Program provide alternatives to youth involved in prostitution. The projects' experiences and successes prove that cooperation and collaboration in communities can make a substantial difference in providing services to sexually exploited youth. Each of the projects have successfully advocated and developed a range of services that have assisted many youth. These projects set an example for other communities as they begin to examine options and services for youth involved in prostitution.

Specific interventions include:

1. Continue to fund, evaluate and expand outreach, drop-in and shelter care programs for runaway and homeless youth. Separate programs should be established for runaway and homeless youth, as their needs and service methods are different. Services in addition to food and shelter should include outreach, drop-in, health screening, linkage with other agencies, long-term stabilization and planning and follow-up services.

2. Transitional living programs need to be available to youth as they transition into adulthood. Services include case management, counseling, education and access to employment training and job placement.

3. Drug treatment services and detoxification residential treatment needs to be available on demand for youth who are battling drug and alcohol dependency.

Youth who live on the streets of our cities tell tragic stories of childhood abuse and neglect. When they reach their teens, many runaway from their dysfunctional and abusive families, others are told to leave or are left behind...These are children who are unwanted, rejected and abandoned... On the streets, a new set of rules becomes apparent to the homeless youth.

4. School programs for runaway and homeless youth need to be supported at an adequate level.

5. Continue to fund and expand AIDS education and prevention alternatives and establish shelter and other service options for youth who are HIV positive.

Another aspect the sexual exploitation of youth issue is the control and prosecution of the victimizer. Law enforcement officials are often unable to find victim witnesses or are unable to secure their testimony. Therefore it is recommended that for youth who have been involved as witnesses in the legal system, that adequate resources be allocated so they can be protected, before, during and after the trial.

An adult who trades sex with a teenager for money or other form of exchange is sexually exploiting that youth...the adult perpetrator is committing a child sexual exploitation crime.

CONCLUSION

The issues and problems surrounding the prevention and intervention of sexual exploitation of children and youth are complicated. Yet, communities must take on this responsibility. It has been done and three communities— Los Angeles, San Diego and San Francisco— have provided examples of how it can be done.

As a nation that espouses that "children are our greatest resource", substantial steps must be taken to protect this resource. A fifteen-year-old girl staying in a shelter in Los Angeles sums up why communities should get involved . When asked about the needs of youth on the street, she said:

> "A home and lots of counseling after what they've been through, their minds are gonna be changed from that experience. They need to find someone who really cares about them, that's the main thing."

APPENDIX

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"I've lived in the streets for 7 and a half months. It's hard, especially in the winter because it gets really cold and it rains and it's hard to find dry and warm places to stay. I had a feeling it would be tough in the streets, but I didn't eat for 3 days. "

-- Jan, 16 years old

REFERENCES

LIST OF PARTICIPATING AGENCIES
AND
OTHER YOUTH SERVICE ORGANIZATIONS

Project PACE
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The National Network of Runaway
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GLOSSARY OF TERMS

GENERAL

Child Sexual Exploitation:

Any form of sexual interaction between an adult and a child under the age of 18. The adult, by virtue of age and experience, is in the position to manipulate the child, thereby exploiting the child for the adult's sexual satisfaction. Examples of child sexual exploitation include child molestation, child pornography, and juvenile prostitution.

Juvenile Prostitution:

Any juvenile engaging in sexual activity with an adult in exchange for money, drugs, food, shelter, clothing, transportation, or other form of exchange.

Survival Sex:

Any juvenile engaging in sexual activity with an adult in exchange for food, shelter or other form of exchange.

Runaway Youth:

Any juvenile who is without supervision of a parent or guardian for more than a 24-hour period.

Throwaway Youth:

Any juvenile who has been abandoned or told to leave the living situation by a parent or guardian and is without any means of support. This can also include youth who are referred to as "system failures", youth who have been in the system of substitute care and have been denied further service for any number of reasons.

Homeless Youth:

Any juvenile who has been living on the streets for a period of two or more months without any means of support by parents or guardian.

SERVICES

Outreach:

The provision of information, referral and crisis counseling services in locations where juvenile prostitutes congregate.

Hotline:

The provision of a toll-free 24-hour crisis telephone line with trained counselors for youth involved in prostitution.

Shelter:

The provision of safe housing, food and other basic necessities for youth involved in prostitution operated by trained child care professionals. Depending on the shelter's service delivery pattern, case management, counseling, independent living skills, employment, education, and medical services can be offered as well. The length of time of a shelter stay depends on the shelter policy.

Counseling:

The provision of problem-solving and short-term therapy to sexually exploited youth to assist the youth to examine choices and make decisions that will create a life free from exploitation.

Drug and Alcohol Interventions:

The provision of self-help, counseling and treatment services to assist youth to lead a life that is free from alcohol and other drugs. Self-help services can include groups like Alcoholics Anonymous and Narcotics Anonymous.

Independent Living Skills:

The provision of educational and experiential assign ments that teach youth the skills of self-reliance and self-sufficiency.

Employment and Training:

The provision of pre-employment and employment skills to assist youth obtain and maintain employ-ment. Pre-employment skills include application and resume preparation, interviewing and communication skills. Employment skills include job-specific skills as well as conformance to general standards of job performance.

Education:	The provision of basic skills such as reading and math by a certified teacher or volunteer tutors. It can also include assistance to obtain a high school equivalency certificate (GED).
Personal Health Education:	The provision of general nutrition and health self-care information and education. Information and education can include AIDS prevention, alcohol and other drug prevention, and pregnancy prevention.
Primary Health Care:	The provision of medical care and related services.

" I was exhausted. 16 years old, working to survive and wasting my youth. It can be scary not to know anybody in town. I went through a lot of depression stuff. Suicide, I attempted suicide. The first time, I took 28 sleeping pills. They tasted so bad. I freaked out and passed out. I was hallucinating. Later on, I froze and I could only open my eyes... I passed out and woke up 24 hours later. I couldn't figure out where I was. The same night I took more pills and decided to slit my wrists..."

-- Jose

STREET SLANG RELATED TO INDIVIDUALS

AC/DC:	A bisexual.
Bashers:	Individuals who assault and rob others; "fag bashing", assaulting and robbing gay men.
Boosters:	Individuals who steal and sell expensive goods for money or drugs.
Chicken:	A young boy, generally under 16 years of age.
Chicken Hawk:	Men who like young boys for sex.
Date:	The activity of trading sex for cash.
Drag Queen:	A male who dresses as a female.
Dyke:	A lesbian.
Fish:	A biological female.
Miss Thing:	A gay male prostitute or drag queen.
Skinheads:	Individuals who are generally identified by their shaved heads. Nazi-identified or white supremacist skinheads may have aggressive attitudes, especially concerning racism. Sharpskins are skinheads against racial prejudice.
Straight, breeder:	A heterosexual.
Strawberries:	Individuals who exchange sex for drugs, especially crack cocaine.
Trick, John, Bucks, Dates	A client for prostitution.
TS:	A transsexual.

TV:	A transvestite.
Vice:	Police Officers assigned to the vice detail.
601:	The California Welfare and Institutions Code (CWIC) category for youth who have committed a status offense, such as running away, truancy, or incorrigibility.
602:	The CWIC category for youth who have committed a crime such as a felony or misdemeanor.

STREET SLANG RELATED TO DRUG TERMS

Cleaned up:	To stop drug use.
Crack:	Rock cocaine.
Crank:	Methamphetamine.
Crystal:	Methamphetamine.
Dope, Joint:	Marijuana.
Dosed:	Under the influence of LSD (acid).
Dust:	PCP, Angel Dust.
Poppers:	Amylnitrate.
Popping:	Intravenous (IV) drug use.
Rig, point:	IV needle used for injecting drugs.
Rocks:	Crack cocaine, also known as rock bud.
Shooters:	IV drug users.
Speed, Water:	Amphetamines.

Speed Freak:	An individual who uses amphetamines frequently.
Stoned, flying, wigged out, spaced, zoned, buzzed:	An individual on drugs.
Strung out:	An individual who is addicted to drugs.
Tracks:	IV needle scars on arms, legs, hands, or neck.
Tweak:	To inject amphetamines, also can refer to general crystal use.
Tweak and freak:	To inject amphetamines and have sex.
Works:	IV needle and syringe used to inject drugs.

STREET SLANG RELATED TO MISCELLANEOUS TERMS

Bump and roll:	Pickpocketing.
Bust:	Arrest.
Colors:	Colors representing gang affiliation.
Coming out:	Identifying oneself as gay or a process of examining issues surrounding one's sexuality.
Flags:	Colored bandanas worn in specific places (around neck, in pockets) to indicate sexual preference.
Hustling:	Prostitution, especially male prostitution.
Long cash:	Large denominations of currency; generally over one hundred dollars.
Punking:	Extorting money by threatening physical violence.
Rolling:	Robbing.

S & M:	Sadomasochism.
Squat:	An abandoned building or makeshift living space where homeless youth temporarily reside.
Sweep:	A large scale police raid.
The Hall:	Juvenile Hall.
Turning a trick or pulling a date:	Prostitution with a client, receiving money for sex.
Working:	Prostitution.
Working the street:	Prostitution on the streets.

"I've slept in cars, in motels, behind buildings, and I've stayed with friends. I stayed with a friend for 2 months after I got kicked out. My friend's mom's boyfriend kicked me out. I didn't know where else to go so I came here to the shelter."

-- Betty, 15 years old