Homeless Children and Youth: Opening Doors of Intervention and Policy

University of Minnesota, Extension Office
April 5th, 2013

Definition

“Homeless Youth” means a person 21 or younger who is without shelter and is unaccompanied by a parent or caring adult, a youth whose parent or legal guardian is unable or unwilling to provide shelter and care, or who lacks a fixed, regular and adequate nighttime residence.

Minnesota Statutes, 256K.60

A youth is homeless if they are:

- Public or privately operated temporary shelter;
- An institution designed to provide temporary living accommodations;
- Transitional housing;
- A temporary placement with a peer, friend, or family member that has not offered permanent residence, a residential lease, or temporary lodging for more than 30 days; or
- A public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings (i.e. hallways, laundry rooms, garages, doorsteps of buildings, ice houses, cars, etc.)
- A homeless youth does not include persons incarcerated or otherwise detained under federal or state law.

Minnesota Statutes, 256K.60
Isn’t it the same as a Runaway?

- No! “Runaway” youth means an unmarried child under the age of 18 who is absent from the home of a parent or legal guardian or other lawful placement without the consent of the parent, legal guardian or lawful custodian. (MN. Statutes, 256K.60)

- Runaways who have been reported will have run warrants which anyone can check by calling their local county and giving them a child’s name and birth date.

- Keep in mind that police only pick up runaways if they happen to be stopped for another reason—rarely do they have the time to go out and “search” for runaways.

Is youth homelessness happening in Minnesota?

- The total number of homeless youth per year in Minnesota is 22,410. (Wilder Research Center, 2006)

- On any given night there 2,500 unaccompanied homeless youth. (Wilder Research Center, 2010)

- SSIS (Social Service Information System) reports that there were between 500-550 unduplicated youth who ran from their county placement (foster care, group home) each year and were never found so their cases were closed.

Homeless Youth Services Capacity

<table>
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<th>Henn.</th>
<th>Ramsey</th>
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<th>Scott-Center</th>
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The Capacity Gap

2,500 Unaccompanied Homeless Youth/Night
v.
108 Emergency Shelter Beds &
605 Units Transitional & Supportive Housing
1,787 Youth are without Shelter/Housing

Alarming Disparities

- In the metro area 44% are African American (when only 8% of the general youth population is).
- In Greater Minnesota 32% are Native American (when only 2% of the general youth population is).
- Close to 40% identify as GLBT (Gay, Lesbian, Bisexual or Transgender) v. 3-5% of the general youth population.

Why are youth homeless?

- Family Conflict/Kicked out by parent or legal Guardian (often times if a youth comes out as gay, lesbian, bisexual or transgender)
- Parent or Legal Guardian is unable to care for child due to their own mental illness, chemical dependency or criminal activity.
- Parents or Legal Guardians are also homeless
- Not enough space for everyone in household to live so older youth are forced to leave
Why are youth homeless?

- Parent is incarcerated/institutionalized
- Parents or Legal Guardian is deceased
- “Aged Out” or Fell through the cracks of the Child Welfare System, Juvenile Detention System or Mental Health System

Trauma Experienced

- Sexual Exploitation (1 in 5 youth are exploited/trafficked)
- They have higher chances of becoming depressed or suffer from PTSD.
- 34% will think about killing themselves and 24% will attempt too.
- 46% will be physically or sexually assaulted.
- Higher risk of becoming pregnant or contracting an STD

Importance of Trauma Informed Care

- Reasons for incorporating trauma informed care
- Trauma informed care framework
- Examples
Who are Homeless Youth?

- 70% have been in a county placement (foster home, group home or corrections facility)
- The average age that youth begin living on their own is 13 (same average age of entry into prostitution/sexual exploitation)
- 1 in 6 are teen parents
- 71% were born in Minnesota
- 84% are enrolled in school
- Resilient, smart and amazing people!
  Wilder Research Center, 2006

Personal Narratives

For more Information:

- Beth Holger-Ambrose, beth.holger-ambrose@state.mn.us or 651-431-3823
- Wilder Research Center website www.wilder.org
- Youth Moving Forward website www.youthmovingforward.org
Midwest Children’s resource center/ runaway intervention program

Mark Hudson, md

Midwest children’s resource center

- Subspecialty Clinic of Children’s Hospitals and Clinics of MN
  - Child Abuse and Neglect
  - Medical Providers

- Child Advocacy Center
  - The heart of CAC philosophy is a multidisciplinary approach to Child Abuse- CPS, LE, Medical, Advocacy, Therapy

Runaway Youth- Who’s problem?

- Child Protection?
- Law Enforcement/ Criminal?
- Probation/delinquency?
- Medical/Public Health?
  - Laurel Edinburgh, PNP @ MCRC approached as a health problem
  - Issues often cut across multiple disciplines-CAC
BACKGROUND

- The early adolescent runaway (aged 10 – 14) is an overlooked, highly vulnerable population. The youngest runaways lack cognitive developmental resources to avoid being victimized.
- With each runaway episode, a youth’s risk of being victimized increases.
- Teens who are younger when they first run away are more likely to become involved in high-risk and health-compromising behavior.

Background

- Females often runaway at an earlier age than males.
- Compared to boys, girls experience more sexual abuse inside the home and more sexual assaults outside of their home.
- Boys are just as likely as girls to report sexual exploitation as girls but less likely to report when asked in face to face meetings
- Extra-familial sexual assault is more common than incest.

Background

- GLBT youth experience high rates of sexual assault
- 25% of youth that are runaway or homeless still attend school.
Background/health issues
- Runaway youth have high rates of risky behaviors including drug use and unprotected sex. Most risk behaviors begin at an early age.
- Many runaway youth have serious mental or physical health problems. Including depression, anxiety, PTSD, chemical dependency, epilepsy, diabetes, & asthma
- One of 3 females becomes sexually active within 12 months of running away

One Health consequence
- Baseline teen pregnancy rate 10.8%
- Incest survivor 21%
- Abuse outside the family 28%
- Abuse outside the family plus suicide attempt 40%
- Abuse outside the family, delinquency, suicide attempt and injection drugs 70%
- Abuse outside the family plus suicide attempt plus protective factors 10%

MCRC Evaluation
- Referral sources: Police, courts, schools, probation
- Paper based risk assessment based on Minnesota Student Survey
  - Screens for many risk behaviors
- Paper based ptsd screen
MCRC Evaluation
- Health assessment- similar to any teen visit
  - Review areas on MSS
  - Home relationships
  - Education
  - Activities
  - Alcohol and drugs
  - sex

MCRC Evaluation
- Health teaching
  - Immediate access to birth control
    - Hormonal
    - Condoms
  - Referral for ongoing health care
    - Psychiatric
    - Health Start Clinics

MCRC Evaluation
- “Forensic” interview if disclosing abuse/assault
  - Videorecorded
  - Detailed interview including description of events/people involved
- Intrafamilial, extrafamilial, or both
  - Sometimes multiple assaults
  - Generally patients consent to reporting extrafamilial and not intrafamilial
MCrc evaluation

- Report to Child Protection
  - Previously unreported cases of sexual abuse
- Report to Law Enforcement
  - Previously unreported cases of sexual abuse
  - Sexual assaults/exploitation/trafficking
  - Sometimes involves multiple jurisdictions
- Information/recording often becomes part of the legal case

MCRC Evaluation

- Referral for Community Intervention Program
  - Girls who are high risk but have not experienced sexual abuse or assault
  - Weekly groups at MCRC with a therapist
- Referral for Runaway Intervention Program
  - Teens who have run and have experienced sexual abuse or assault

GOALS OF RIP

- Reduce future risk and improve outcomes for runaway girls who have been sexually abused/exploited
- Reduce the traumatic response
- Improve health behaviors
  - Decrease substance use/abuse
  - Increase safe sex
  - Decrease sex
GOALS OF RIP

• Build resiliency
  • Doing well in spite of negative exposures and risks that would normally lead to adverse outcomes, usually because of protective assets

Goals of rip

• Improve protective factors
  • Increase family and school connectedness
  • Supportive relationships with peers
  • Spiritual or religious involvement
  • Prosocial extracurricular activities
    • Sports
    • Clubs
    • Music
    • Volunteering

Ongoing Rip services

☐ Weekly Group meetings
  ■ Groups provide a safe environment for girls to talk and learn about safe choices, healthy relationships and family issues, risks associated with running away, and sexual abuse.
  ■ Transportation is provided
  ■ Food
Ongoing rip services

- PNP Follows in the Community
- Home/school visits for up to 1 year
- Case management, family education
- Truancy Intervention as needed

Ongoing Rip services

- On-going health care
  - Education
  - Screening for STI's
- Connection to skill-building and positive youth development activities
- Follow-up with MSS screening at 6-months and one year

RESULTS

- Using data from the first two years of the project, we analyzed 68 of the most severely traumatized runaway girls. These girls reported severe levels of sexual exploitation and assault (some cases reported multiple types of experiences):
  - 13.8% had been prostituted,
  - 6.1% had been gang raped
RESULTS

- RIP girls also reported evidence of significant trauma. At entry:
  - 58.4% were cutting,
  - 51.7% reported suicidal ideation and
  - 20% reported suicide attempts in the past year.

- In addition, most were not in school and reported feeling very disconnected to family or any positive role model

RESULTS

- For protective factors, we saw significant changes at 6 and 12 months:
  - 100% school re-engagement (not only enrolled but attending)
  - Improved self-esteem
  - Improved ability to talk to mother about problems
  - Improved family connectedness
  - Increased feelings of being cared about by other adults
results

- Higher educational aspirations
- Lower emotional distress
- Reduced suicidal ideation/attempts
- Reduced use of drugs, including use of crystal methamphetamine, ecstasy and cocaine
- Improved use of contraception
- Pregnancy rate of 6.1% - significantly lower than among sexually abused ninth-grade girls in Minnesota

Improvement at 6 & 12 months

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<th></th>
<th>0%</th>
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<th>30%</th>
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Improvement vs. MSS girls

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Who does better?

- Calculating amount of improvement between baseline and 6 or 12 months
- No different by age, ethnicity, abuse
- Those who had lowest connectedness, lowest self-esteem, highest distress improved most!

Conclusion

- Highly effective for extremely vulnerable runaways
- Strengths-based approach improved protective factors and risk outcomes
- Helps restore healthy developmental trajectories--almost as if not abused

Ramsey County looking at CSE and…

☐ Homelessness
☐ Running away
☐ Truancy

Some overlap and some distinction
Child Sexual Exploitation
AKA sexual trafficking / prostitution

- Child/minor
- Organized crime
- Victim doesn’t have to have been ‘trafficked’
- Victims may not identify themselves as a victim

Common forms of CSE

- Pornography (non-commercial development and distribution)
- Internet: pornography – pictures/videos
- Street’ prostitution

For girls
- nude dancing and stripping
- pimp controlled prostitution
- sex as a contribution to gang economy
- being the victim that is raped as part of gang initiation

CSE victim

Trauma bonding = love + fear + violence + loyalty … repeat
#1 Barrier For victims to Obtaining Services

- Misidentification
- Not identified

Identifying Victims

- Tired during the day (working all night)
- Recently begun having expensive things (clothes, jewelry)
- Prior dreams on hold for his
- Change in friends
- Running away
- Obsession with gang
- Unexplained injuries
- Change in appearance, clothes, etc.
- Staying out later
- Mental health concerns
- Withdrawing from family
- Developing negative attitude towards family, school, authorities

Identification Red flags: “Pimp”

- Male - older
- Initially & intermittently shows victim excessive attention
- No actual job
- Has fancy clothes/car/jewelry
- Isolates - break all ties with support (family/friends) - “choose them or me” mentality
- Make victim question their sanity & capabilities
- Make victim afraid to have - threatens/uses violence against victim or others in front of the victim
- Threatens victim’s family/friends
- Cares/loves victim that they love them (love + violence)
- Victim’s dreams on hold while making his dreams the victim (he wants to own a record label now becomes “we” want to start a record label)
Needs of Minors victim of CSE

- Food
- Shelter
- Clothes
- Exit strategy
- Safety

- Jobs
- School
- Emotional & mental health care

Factors influencing CSE:

- Socioeconomics
- Commercial demand
- Society attitude towards children/youth

998; Krug et al., 2002; CDC, 2004

Ramsey County Initiatives

...Governmental Expenditures...$34 dollars saved for every $1 invested in early intervention

- SHYIP
- Public Health
- JDC
- SPPD
- RCAO & metro prosecutors
- Commissioners
SHYIP: collaboration to address sexual exploitation

Moving from criminal justice approach to a public health approach

Saint Paul Ramsey County Public Health

Begins screening because …

Public health harms of CSE
- Injury from violence
- Mental health: PTSD, affective disorders, depression, suicidal
- STIs
- Pregnancy related
- Chemical dependency
- Overall poor health

Juvenile Detention Center:

Workgroup established:
- MCRC
- Public Health
- SOS
- JDC Management

- Reviewed Current
  - Training needs
  - Screening questions
  - Policies
- Recommendations made and
  - Revisions
Ramsey County Commissioners

• Provide leadership to the Association of Minnesota Counties and to other individual Minnesota counties to get the state to provide the appropriate services to the victims of sex trafficking.

• Calls on Village Voice Media to shut down the adult section of its online classified site, Backpage.com, because it serves as a platform to traffic minors for sex.

Gang Activity Expanding Into Juvenile Prostitution

• Juvenile prostitution is additional source of income
• Steady financial rewards
• Low risk of apprehension and punishment
• Gang control techniques are being used to further their enterprise
• Gang members are opportunistic criminals

Why Commercial Sex

• Sex Trafficking
• 2 girls: $500 quota
• 1 night: $1,000
• 1 month $30,000
• This compared to selling drugs??
• Girl arrested
• Girl replaced
Sex Trafficking Case Study

- Met the suspect online
- Talks her into coming to St. Paul
- Performs sex act in Iowa to get money for the bus
- Picked up at bus depot
- Forced to have sex with suspect
- Starts “working” first night
- Unprotected sex with several men
- Supplies her with undergarments to wear in photos
- Teaches her how to talk on the phone
- Gets mad when calls slow down
- Victim was the girl who did it all (no rules)
- Told victim she was fat, ate once a day

Case Study

- She called 911
- Victim to hospital
- Suspects arrive at hospital & arrested
- Search warrant at hotel
- Interviews
- The note
- Victim was 17
- Asperger’s Syndrome, PTSD...
- Functions as if 13
- Pregnant now
- Back home receiving services
- Graduated
• Tyree Jones
• Bianca Mixon
• Plead Guilty in Ramsey County
• Felony Charges

Buyers
Profile being done by SPPD
• Men
• Young
• Old
• Rich
• Poor
• Married

Juvenile Missing Person Report 2011

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<td>820</td>
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Gender / Age Analysis

Age and Gender of Reported Runaways and Missing Persons: 11/1/2011 – 10/31/2012

Race Analysis

Tools for Educators - Human Trafficking Resource Center

- Change in behavior, truancy, drop in grades
- Homeless
- High risk sexual behavior for age
- Traveling with older male
- Presence of dominating boyfriend
- Branding tattoos
- Masking charges, curfew, theft, truancy…
St. Paul / Ramsey County Collaboration
- Runaway Intervention Project (10’7’S)
- Hotel Training
- Vick Task Force
- Women’s Foundation
- St Paul Vice Unit / PDI class
- Breaking Free
- St Paul Schools
- Safe Harbor law

Why Collaboration
- New trafficking methods
- Develop stronger case for prosecution
- Identification of offenders and victims
- Keep kids in school
- Provide long term services for victims
- Better understanding of problem

Victim Centered Approach
- Address the “family” issue
- Establish rapport
- Gaining their trust
- Safety
- Shelter vs. JDC?
- Will she run back to the pimp
Remember This

• You may only have one chance to make an impression
• Do not treat victims like a prostitute
• Make sure they feel safe
• Listen to them and advocate for her needs
• Sometimes they identify better with women

The Goal

Arrest & Prosecute
• Incarcerate the trafficker or pimp without destroying the child

We need this child to reach our goal
• These are kids

What would you do if this was your kid, your niece, your sister, your granddaughter

Contact:

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