Harm Reduction

Today's Presentation:

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- CSEC Program
- Harm Reduction for CSEC
- CFSD priority to implement Harm Reduction for all foster children in care
- HR implementation project

What is CSE?

- A range of crimes and activities involving the sexual abuse or exploitation of a child
  - for the financial benefit of any person, or;
  - in exchange for **anything of value** given or received by any person
- Situations where a child, whether or not at the direction of any other person, engages in sexual activity in exchange for **anything of value**
- **Anything of value** could include non-monetary things such as:
  - Food,
  - Shelter,
  - Drugs,
  - Protection

What is CSE? (cont.)

- Average age of entry into the life is 12 years old
- Time of identification is on average 2 years after initial exploitation
- Risk factors include:
  - Substance use concerns
  - Unstable housing
  - Experiencing homelessness
  - Mental health concern
  - LGBTQ
  - Prior child welfare/probation involvement
- Exploitation of male, trans, and gender non-conforming youth is under-reported and under-identified

Dynamics of CSE

- Break youth down and then rebuild them in the exploiter’s image
- Use “love” in coercion – familial or 3rd party
- Force use of substances and/or participation in illegal activities
- Threaten the wellbeing of loved ones
- Often physically violent
- Convince youth they are actually choosing ‘the life’ effectively removing any “choice” the youth has
- Manage to make youth participate in their own victimization
- "Self-exploitation" - purchaser considered the only exploiter

Harm Reduction: Background and History

The term “harm reduction” was created in the 1980s to name an approach for addressing the increase in HIV infections related to adults engaging in substance abuse or risky sexual behavior.

Harm reduction approach examples:

- Needle exchange programs
- Free/accessible HIV/STI testing
- Condom distribution

Harm Reduction Now

- May be for many unsafe behaviors or situations
- An option when conventional interventions that demand abstinence or removal from unsafe situation are ineffective, cause more harm, or create an even less safe situation
- Addresses behaviors or unsafe situations by addressing what is unsafe about the behavior and mitigating the dangers related to the behavior or situation

HR Now Commonly Includes:

- Sex Education – something that has a very long history; its current form beginning in the early 1900s.
- Condom distribution to prevent teen pregnancy
- Substance abuse education
- Naloxone (Narcan) distribution to prevent overdose
- Fentanyl test strip distribution to prevent overdose
- Safety Planning for:
  - Missing From Care
  - Self-harm
  - Violence to others
  - Suicidal ideation

Youth Homelessness Prevention Centers (YHPC)

YHPC is a Children's Residential Program facility type which operates implementing harm reduction principles (previously Runaway and Homeless Youth Shelters). This is an option for youth who are unable to maintain, or unwilling to participate in, placement or family/home life.

YHPC offers:

- Low-threshold access to services
- Ability for youth to retain independence
- Ability for youth to control timeline and engagement
- Avenues to placement/permanency or reunification

Prioritizing Placement with Kin

Positive outcomes of placement with a relative/NREFM:

- Is more often what the child would prefer
- Is a much less traumatic experience for a child
- More often leads to permanency
- Relatives already have a relationship
- Relatives are less likely to give notice, providing a more stable placement

When is this HR?

- When there is a health and safety issue that make a relative not approvable as a RF. The risk of the H&S issue is weighed against the potential positive outcomes
- HR is always Child Specific - and relative specific – not a blanket decision

Conventional vs Harm Reduction Approach: Thinking outside the box

- Demand abstinence from unsafe behaviors
- Punishment for unsafe behaviors
- Shame for unsafe behaviors
- Vilify important people to the child as “bad influences”

✓ Explore what aspects of the behavior is meeting the youth’s needs

✓ Identify other options to meet those needs

✓ SAFETY PLAN – how can this behavior be done more safely while child is choosing to change

✓ Reward youth for incremental improvement

Conventional vs Harm Reduction Approach: Cell Phone Use

- Blanket policy prohibiting cell phones
- Taking away cell phone as a punishment
- Requiring child to earn phone with “good” behavior

✓ Acknowledging that a cell phone is a lifeline for a child away from placement

✓ A phone is a child’s connection to their community

✓ For CSE: A child will find a way to contact their exploiter – phone or no phone

Conventional vs Harm Reduction Approach: Missing From Care

- Look at absence from placement (or AWOL) solely as a youth's choice alone
- Only intervene when a youth is leaving or has already left
- Change placement to a more restrictive placement

✓ Not if a youth leaves care, but when

✓ Ask youth

Where do they feel safe
Who do they feel safe with
Advocate for what they want

✓ Provide basic needs while child is absent from placement

How and Why HR Works:

- HR assists in creating trusting relationships and identifying supportive people and services for when an individual is ready/able to stop the unsafe behavior or leave the harmful situation themselves.
- HR acknowledges an individual child's autonomy and authority and centers them in decision-making
- Buy in and shared risk from entire Multi Disciplinary Team

How and Why HR Works (Cont.):

- Lasting change takes time, and healing is hardly ever immediate, consistent or linear
- Aligns with Trauma Informed Care and good engagement best practices
- Aligns with individualized, youth-centered engagement, wherever and however a youth is
- Aligns with ICPM – Intergrated Core Practice Model

HR Implementation for CSEC

- Initially, the Child Trafficking Response Team focused the implementation of HR to be for children that have experienced Commercial Sexual Exploitation
- However, early in the work, it was determined that HR could be used for all children in care
- HR Definition and Program Statement requirement in STRTP ILS
- CDSS now working on more comprehensive HR implementation – including FFA and RFA requirements

How HR Aligns with ICPM

- The Integrated Core Practice Model guide is the state's research-informed System of Care core practice framework.
  - 4 Values
  - Essential Leadership and Practice Behaviors
  - 5 Elements of Care
  - 12 Principles, which when consistently manifested in a Harm Reduction environment, enhance outcomes, Including:
    - Trauma Informed
    - Voice and Choice
    - Community-Based
    - Natural Supports
    - Teamwork

How HR Aligns with ICPM

- ICPM provides critical support of engagement-based healing.
- Four key conditions support engagement, which is present in teams when healers and team members are empathetic, accountable to one another, behave with authenticity, and empower the voices and choices of youth and caregivers.
- ICPM behaviors are grounded in high empathy, professional accountability, compassion and awareness.
- One ICPM behavior example:

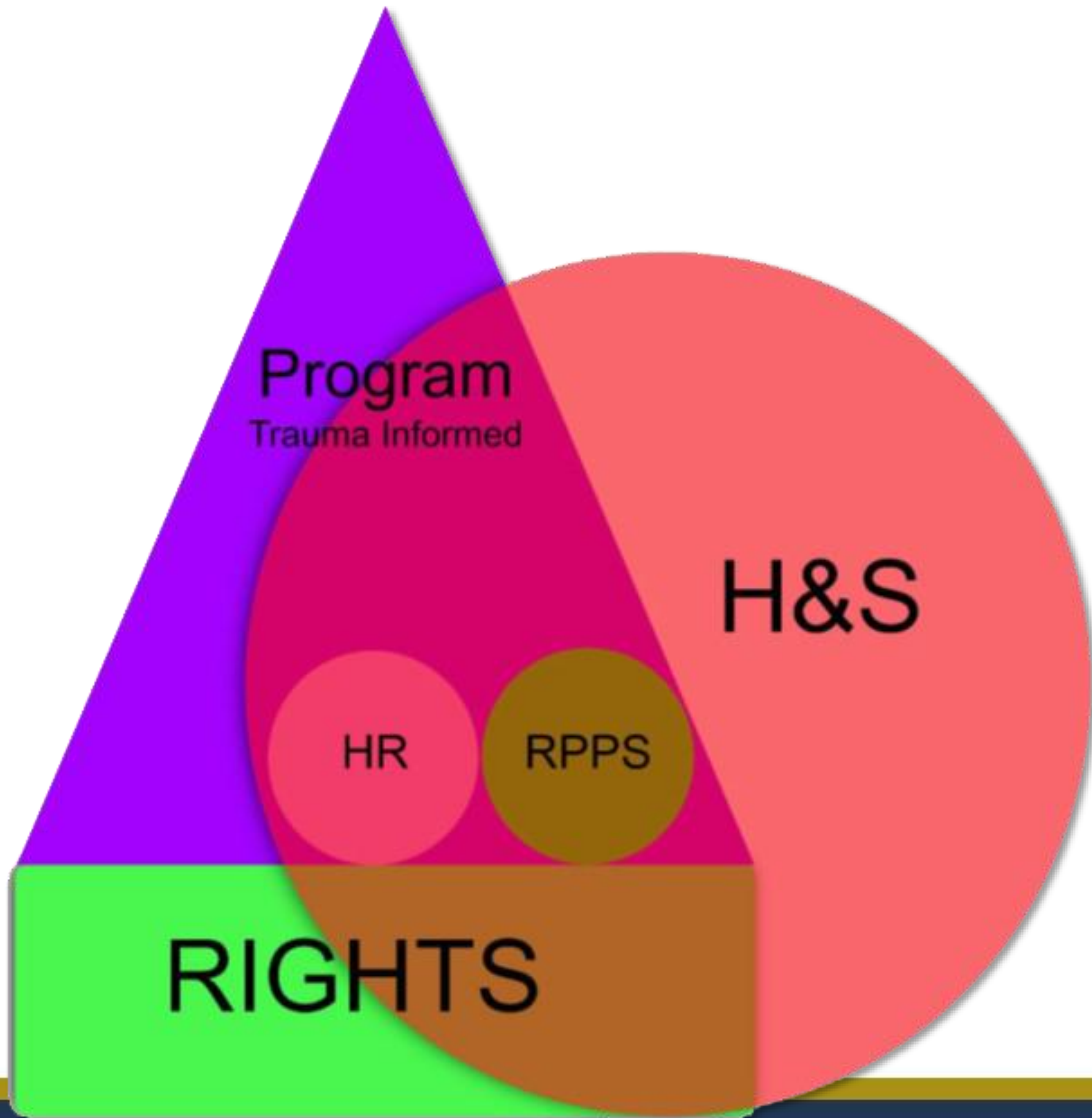
“Use trauma-sensitive language when talking with children, youth, and parents so they feel heard and experience that their information is being used to understand their circumstances without judgment.”

Harm Reduction Definition: STRTP ILS §87001(h)(1)

“Harm reduction” is a set of principles or practices used to meet the needs of children, with a focus on decreasing the negative impact of risky behaviors over time rather than attempting to immediately eliminate them altogether.

Harm reduction centers on child engagement that is holistic, empowering, nonjudgmental and transparent.

The goals of harm reduction include, but are not limited to, improved youth-centered engagement leading to more trust and healing, a reduction in re-traumatization, and an opportunity to assist in building lasting change towards increased safety and success.”



This diagram is a visualization and oversimplification of the complex relationship between the elements of Harm Reduction (HR), the Foster Care Bill of Rights, the Reasonable Prudent Parent Standard (RPPS), Health and Safety (H&S), and programmatic care, including Trauma Informed Care (TIC).

Goals for Current HR Implementation work

- Create consistent HR definition and state-wide implementation
- Determine how HR fits within existing practices for all children:

- Safety Planning
- Placement
- Substance Use
- Sexual behaviors
- Cell Phone Use
- Missing From Care
- Violent behaviors
- Other?

Redefining Safety:

- Conventional interventions are not always effective and may even further push children back towards unsafe or unhealthy behaviors
- Conventional interventions, such as more restrictive placements or punishment, re-traumatize a child
- Short-term: HR helps make unsafe behaviors safer
- Long-term: HR helps keep child safe while the child works on reducing or eliminating behaviors over time

HR Levels of Acceptance:

1. Education to make unsafe behavior safer – **Very accepted!**
2. Providing assistance in case of unsafe behavior - **mixed acceptance**
   – Condoms, Naloxone, and fentanyl test strips
   – Emergency bag with basic needs in case child leaves placement
   – Cell phone for safety purposes
3. Providing assistance to make safer a known unsafe behavior– **least acceptance**
   – Knowing that a child is leaving to be exploited
   – Knowing that a child is intoxicated

HR Best Practices for Providers

Safe implementation of HR must follow licensing standards!

1. What is the unsafe behavior or situation?
2. What conventional interventions are not working?
3. What are the related short-term and long-term goals?
   - Incremental reduction in unsafe behavior/situation?
   - Healthier and more trusting relationship with caregivers?
   - Child's sense of belonging – being a part of a community?
   - Increase in engagement?
4. How might HR make the child's behavior/situation safer?

Provider HR Suggested Best Practices (Cont.)

5. Reassessment – how often should this be done?
   - Is HR continuing to make the behavior/situation safer?
   - Is there any progress, however incremental, on short-term and long-term goals?
   - New risk factors?
6. Decide to continue HR practice?
7. Transparency - Consider having the child participate in all of the above; get their opinion every step of the way.
8. Documentation – all of the above should be in Needs and Services Plan
9. Communicate with CCL and social worker as often as needed

CDSS Harm Reduction Guidance Series

- CDSS Child Trafficking Response Unit (CTRU) convened focus groups with representatives from many disciplines and from the California CSEC Action Team and Survivor Advisory Board
- Introductory Document: ACIN I-59-18 (September 14, 2018) *
- Developing guidance for the following practitioners:
  - Social Workers ACIN I-28-19 (July 22, 2019)
  - Probation Officers ACIN I-50-19 (July 29, 2019)
  - Law Enforcement ACIN I-36-21 (June 22, 2021)
  - Caregivers ACIN I- 31-22 (April 8, 2022)
  - Courts ACIN I-51-23 (September 5, 2023)
- Future guidance planned for Healthcare, Education, and Advocates/Mentors

Probation - HR Best Practices

1. Good Engagement Practices – TIC, ICPM
   - What does the child see as safety
   - Prioritize trust building
   - Get to know the child, not just as an offender or victim
2. Safety plan with the child
   - Plans are always child specific
   - Flexible and positive, not punitive
   - Transparent about consequences without being threatening
   - Include the why
3. Work with placement providers to alleviate HR safety concerns
   - Explain how HR creates safety for the child

Assessing Risk – Child Specific

Conventional

- Will unsafe behavior/situation continue?
- Re-traumatization?
- Loss of trust or engagement?

Harm reduction

- Continued unsafe behavior/situation
- Different rules for different youth.
- Redefine Safety

Training and Information

Related -Free- Training:

- CSEC - 101 Training - Currently being updated.
- CSEC - 102 Training
- CSEC - 101 for Caregivers
- Advanced CSEC Caregiver Training
- UC Davis Harm Reduction Training:
  - Access Code: S1CAHR25 (EXP 6/30/25)

More info on CSE of children and youth:

- Polaris Project: https://polarisproject.org/sex-trafficking
- National Human Trafficking Resource Center: https://humantraffickinghotline.org/

Child Trafficking Response Team

CSECprogram@dss.ca.gov

Questions?

Child Trafficking Response Team
CSECprogram@dss.ca.gov

Scenario #1

- SP is a 15-year-old female – arrested with 35-year-old male; use and possession of cocaine. Had $300 in cash
- Receives probation
- Using a Tinder profile to meet adult men
- Sometimes stays out overnight, using friends as cover
- Parents not aware until arrest
- SP missed school Friday, missing until late Saturday. Parents called law enforcement on Friday evening.

Scenario #1

- What are the safety risks?
- Which risk creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
- What are harm reduction intervention options for specific risks?
- What would you do/recommend and why?

Scenario #2

- MC is a 16-year-old male
- History of gang violence and crimes including assault and theft
- Probation placement in STRTP
- Recently began missing class and leaving placement/missing from care
- States gang is controlling, but better than STRTP
- Is close to Uncle, but the Uncle is not a suitable placement

Scenario #2

- What are the safety risks?
- Which risk creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
- What are harm reduction intervention options for specific risks?
- What would you do/recommend and why?

Scenario #3

- JQ is a 14-year-old female, history of theft, assault, recruitment related to CSE
- 3-year history of CSE
- Exploited by parents, currently exploited by person she considers her boyfriend
- MH diagnoses, she is medication compliant
- Probation placement in an STRTP
- STRTP reported JQ missing from care for 3 hours
- When she returned, she smelled like marijuana – she admits to smoking marijuana with her boyfriend

Scenario #3

- What are the safety risks?
- Which risk creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
- What are harm reduction intervention options for specific risks?
- What would you do/recommend and why?

Scenario #4

- DJ is a 17-year-old male, long criminal history
- History of substance use
- Currently in juvenile hall, being released on probation
- Autism, bi-polar, other mental health diagnoses, not medication compliant
- Regional Center placement, past failed placements include foster homes, vendorized group homes, and an enhanced behavioral supports home
- Preferred friends are experiencing homelessness
- Meth use has recently increased causing health problems

Scenario #4

- What are the safety risks?
- Which risk creates the greatest safety issue for child, or others?
- What are conventional intervention options for a specific risk?
- What are harm reduction intervention options for specific risks?
- What would you do/recommend and why?