

Housing Model -Transition to Independence

Key Program Elements

Clinical Assumptions

- Clinical issues manifested in youth who have experienced sexual exploitation are in 4 key areas (Williamson et al., 2010):
 1. Post Traumatic Stress Disorder(PTSD) – 50 – 75% of women report symptoms
 2. Anxiety and Mood Disorders
 3. Substance Related Disorders
 4. Complex Trauma

Therapeutic Response Model

- Evidence informed practice suggests that a two pronged approach is most effective (Clawson et al., 2008) – trauma informed and trauma specific
- Critical that housing is provided through a trauma informed lens
- Critical that trauma specific services are delivered through partnerships not the housing provider

Trauma Informed

- Understanding of the role that violence and victimization plays in their lives
- Behaviors, symptoms seen as coping mechanisms
- Service relationship - trusting, collaborative
- Primary goals – empowerment and recovery

Health Promotion

- Dedicated health promotion coordinator position
- Participatory action intervention -youth engaged in identifying barriers and solutions to healthy outcomes
- Use of peer mentors is key
- Peers used to engage youth in the program, provide social connections, prevent relapse

Facility/Staffing Model

- House in the community that can accommodate 7 women
- Youth will have their own room and bathroom
- Common space available for meetings, communal gatherings, life skills activities
- Safety/ security issues need to be addressed
- Proximity to Covenant House hub of services – health care clinic, vocational supports, school,
- Staffing model – live in house mentor plus child and youth workers, human trafficking specialists

Thank you

Questions?