

Commercial Sexual Exploitation of Children: 2025

Report 25-04

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OPPAGA

Office of Program Policy Analysis and Government Accountability

Commercial Sexual Exploitation of Children: 2025

EXECUTIVE SUMMARY

Federal, state, and local entities engage in activities to address human trafficking. The Department of Children and Families (DCF) is Florida's primary agency that identifies and oversees services for human trafficking victims. In Fiscal Year 2024-25, Florida service providers received more than \$15 million from state appropriations and federal victim compensation funds to serve human trafficking victims. Over the last decade, the Legislature has passed several bills pertaining to human trafficking awareness, training, and criminal penalties.

DCF staff receives and investigates allegations of abuse, including commercial sexual exploitation (CSE). Multiple tools are used to identify CSE victims. During 2024, DCF verified 379 CSE victims and has verified over 3,000 victims since 2015. In 2024, most verified victims were at least 15 years old and female. Using multi-disciplinary teams, DCF and community-based care lead agencies determine placement, treatment, and service needs for CSE victims.

The availability of placements and services varies statewide, and stakeholders reported several gaps. At-risk homes, safe houses, safe foster homes, behavioral qualified residential treatment programs, and residential treatment centers are placements that can meet the needs of CSE victims. In addition to services provided within placement settings, community service providers are available throughout the state and offer services such as case management and therapy. Victim compensation is another available service, though few CSE victims apply, and no compensation was awarded in 2024. Stakeholders noted a need for more safe houses, safe foster homes, and residential treatment centers and identified substance use treatment, survivor mentorship, and transportation as gaps in services for CSE victims.

OPPAGA analyzed trends in child welfare, juvenile justice, and education outcomes for CSE victims identified between 2016 and 2022. Some child welfare and juvenile justice outcomes for CSE victims have improved, while education outcomes are mixed. The percentage of CSE victims with a new verified finding of CSE in the year following their initial verification has declined. Department of Juvenile Justice (DJJ) involvement has decreased but continues to be high among CSE victims in the year following initial verification. School enrollment in the year following verification has declined slightly but remains high. OPPAGA recommendations include continued efforts to expand CSE-specific service and placement options; statutory amendments to address challenges in applying for and receiving victim compensation; and service provision in DJJ facilities, which include detention centers and residential commitment programs.

REPORT SCOPE

As directed by s. 409.16791, *Florida Statutes*, OPPAGA conducted an annual study on the commercial sexual exploitation of children in Florida. This review reports on the number of children who the Department of Children and Families identified as victims of CSE, describes specialized services provided to CSE victims, and presents short- and long-term child welfare, juvenile justice, and education outcomes.

BACKGROUND

Federal and state laws address human trafficking; federal, state, and local entities support prevention and awareness initiatives and provide services for victims

Federal and state laws define human trafficking. Federal law defines severe forms of trafficking in persons as, “the recruitment, harboring, transportation, provision, or obtaining of a person for labor services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” and “sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.”^{1,2,3,4,5}

Florida law defines human trafficking as, “transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, purchasing, patronizing, procuring, or obtaining another person for the purpose of exploitation of that person.”^{6,7} Florida law defines commercial sexual exploitation (CSE) as the use of any person under the age of 18 for sexual purposes in exchange for money, goods, or services or the promise of money, goods, or services. This definition only applies to children and does not require coercion.^{8,9}

Federal agencies identify, investigate, and prosecute alleged human traffickers; provide funding and training to support victims; and offer guidance on policy and treatment approaches. Four federal agencies (the departments of Health and Human Services, Homeland Security, Justice, and State) engage in activities to address human trafficking domestically and abroad. This includes protecting human trafficking victims; identifying, investigating, and prosecuting alleged human traffickers; and conducting human trafficking prevention and training programs. The Administration for Children and Families, a division within the U.S. Department of Health and Human Services, is responsible for helping fund the U.S. National Human Trafficking Hotline, which is used to report human trafficking and to connect victims with resources and services.¹⁰ Annual reporting by the U.S. Department of State is used to identify human trafficking trends. Additionally, the departments of Homeland Security and Justice collaborate with law enforcement agencies to identify, investigate,

¹ Federal law [22 U.S.C. § 7102\(4\)](#) defines a commercial sex act as any sex act for which anything of value is given or received by any person.

² Florida law does not explicitly define the term labor trafficking. For the purposes of this report, OPPAGA considers labor trafficking to be any instance that meets the federal definition of forms of trafficking in persons in [22 U.S.C. § 7102\(11\)\(B\)](#).

³ Federal law [22 U.S.C. § 7102\(12\)](#) further defines sex trafficking to mean, “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.”

⁴ OPPAGA uses the term human trafficking when referring to both sex and labor trafficking and sex trafficking when referring to sex trafficking only.

⁵ In 2000, Congress passed the Victims of Trafficking and Violence Protection Act, which criminalizes perpetrators of human trafficking.

⁶ Section [787.06](#), F.S.

⁷ Florida law does not provide separate definitions for labor and sex trafficking. Section [787.06\(1\)\(b\)](#), F.S., specifies that trafficking can occur in the prostitution and sexual entertainment industry and may also occur in instances of domestic servitude, janitorial services, and migrant agricultural work.

⁸ Section [409.016](#), F.S.

⁹ In 2004, the Legislature passed Ch. [2004-391](#), *Laws of Florida*, which criminalizes perpetrators of human trafficking.

¹⁰ The non-profit group Polaris operates the U.S. National Human Trafficking Hotline.

and prosecute human traffickers. Federal agencies have emphasized the importance of using victim-centered, survivor-informed, and trauma-informed approaches to assist human trafficking victims.¹¹

State and local agencies identify human trafficking victims, investigate and prosecute human traffickers, provide services and resources, and increase public awareness. The Department of Children and Families (DCF) is Florida’s primary state agency that identifies and oversees services for human trafficking victims. In addition, the Department of Business and Professional Regulation, Department of Health, Department of Juvenile Justice (DJJ), Florida Department of Law Enforcement, and the Office of the Attorney General provide resources, support, and services related to human trafficking.¹²

At the local level, community-based care lead agencies contract with DCF to manage statewide child welfare services.¹³ Lead agencies receive funding for the provision of services for children, including CSE victims, in agency catchment areas (i.e., service areas); services include foster care or therapeutic foster care, residential group care, family reunification, case management, and coordination of mental health services.

Other local entities—such as child advocacy centers—provide services, including offering a neutral facility for law enforcement to interview suspected victims of child sexual or physical abuse. Moreover, local groups (e.g., task forces, coalitions, and commissions) meet to assess regional service availability and coordinate responses to address human trafficking.¹⁴ (See Exhibit 1.)

Exhibit 1
Several State Agencies Conduct Human Trafficking Prevention Activities, Provide Services and Resources to Victims, and Increase Public Awareness

| State Agency | Human Trafficking Roles and Responsibilities |
|--|---|
| Department of Business and Professional Regulation | <ul style="list-style-type: none">• Inspects and regulates businesses and public lodging establishments for compliance with licensing standards and reports suspicions of human trafficking at such establishments to local law enforcement agencies.• Verifies that licensed establishments provide human trafficking training to employees.• Collects fines from businesses that do not comply with human trafficking training requirements. |
| Department of Children and Families | <ul style="list-style-type: none">• Operates the statewide Florida Abuse Hotline and employs child protective investigators to receive and investigate reports alleging exploitation of children and vulnerable adults, including human trafficking and CSE.• Develops and administers screening assessments to facilitate the identification of human trafficking victims and aid in data collection.• Develops and provides human trafficking training to key stakeholders and other state agencies; topics include responding to reports of human trafficking and identifying human trafficking victims.• Conducts human trafficking prevention efforts through community service programs. |

¹¹ These approaches help ensure that clinical and social services and policies are developed with input from and are responsive to the needs and experiences of human trafficking victims. A victim-centered approach requires service providers to place a victim’s needs, priorities, and interests at the forefront of their work with the victim. A survivor-informed approach incorporates survivor input, feedback, experiences, knowledge, and expertise at all stages of policy and service development. A trauma-informed approach involves recognizing and being responsive to the past trauma of trafficking victims.

¹² The Attorney General also chairs the Statewide Council on Human Trafficking, which meets a minimum of four times per year to enhance the development and coordination of state and local law enforcement and social services responses for human trafficking and to support victims. Members include the secretary of DCF, the surgeon general of the Department of Health, the secretary of the Agency for Health Care Administration, the executive director of the Department of Law Enforcement, the secretary of DJJ, the commissioner of education, one Senate member, and one House of Representatives member. Additional members include Governor- and Attorney General-appointed members.

¹³ Community-based care lead agencies serve children who have been referred to DCF due to reports of abuse, neglect, or abandonment; children who were adopted from the child welfare system and need postadoption supports; and children who have not been referred to DCF but are at risk of abuse, neglect, or abandonment.

¹⁴ As required in s. 409.1754(4), F.S., certain DCF staff and other key stakeholders participate in any task force, committee, council, advisory group, coalition, or other entity in a service area that is involved in coordinating responses to address human trafficking or CSE; DCF is responsible for initiating such a group if one does not exist in a particular area. These task forces work in conjunction with local, state, and federal law enforcement agencies to investigate cases, pursue leads, and coordinate service provisions.

| State Agency | Human Trafficking Roles and Responsibilities |
|--------------------------------|--|
| | <ul style="list-style-type: none"> • Contracts with community-based care lead agencies to manage child welfare services, including services for CSE victims, and allocates funding to other entities serving human trafficking victims. • Creates and maintains a statewide inventory of human trafficking programs. • Certifies, regulates, and inspects some residential treatment settings that serve human trafficking victims. • The secretary serves as a member of the Statewide Council on Human Trafficking. |
| Department of Health | <ul style="list-style-type: none"> • Provides human trafficking resources for healthcare professionals including county health department staff, such as training on recognizing the verbal and non-verbal indicators of human trafficking and strategies for identifying and responding to victims in a healthcare setting. • Inspects establishments, such as massage businesses, for compliance with licensing requirements and reports suspicions of human trafficking to local law enforcement. • Identifies and refers human trafficking victims to available services on the local level via county health departments. • Facilitates the Human Trafficking Workgroup in monthly meetings to discuss and improve statewide activities related to human trafficking, including building workforce capacity to address trafficking in clinical and community settings.¹ • The surgeon general serves as a member of the Statewide Council on Human Trafficking. |
| Department of Juvenile Justice | <ul style="list-style-type: none"> • Uses a screening tool developed in conjunction with DCF to identify CSE victims in the department's custody. • Refers suspected CSE victims to DCF for further investigation and possible service provision. • The secretary serves as a member of the Statewide Council on Human Trafficking. |
| Department of Law Enforcement | <ul style="list-style-type: none"> • Operates seven regional operation centers, each of which have a specific focus on human trafficking either through open cases or targeted task forces. • Operates a 24-hour online and telephone system for reporting suspicious activity, including human trafficking. • Supports the Criminal Justice Standards and Training Commission that creates training curricula and certification testing for Florida's law enforcement officers, including those pertaining to human trafficking. • Investigates and arrests human trafficking perpetrators. • The executive director serves as a member of the Statewide Council on Human Trafficking. |
| Office of the Attorney General | <ul style="list-style-type: none"> • Pursues convictions against individuals charged with trafficking. • Assists human trafficking victims by administering federal funds from the Crime Victim Fund established by the federal Victims of Crime Act; providing training; and creating initiatives to address trafficking. • The Attorney General chairs the Statewide Council on Human Trafficking. |

¹ The Human Trafficking Workgroup is comprised of approximately 90 members across 29 counties. These members include county health department and Department of Health staff, such as the human trafficking prevention coordinator who is responsible for identifying activities to build the department's capacity to address human trafficking in the state.

Source: OPPAGA analysis of stakeholder interviews and state agency websites and reports.

State and federal funds help serve CSE victims; Florida has made recent changes to its human trafficking laws

In Fiscal Year 2024-25, Florida service providers received more than \$15 million from state appropriations and federal victim compensation funds to serve human trafficking victims. Funding for human trafficking-related activities includes state appropriations and federal grants provided to state agencies. In addition, the Legislature appropriates funds for service provision. For example, the Legislature annually allocates core service funds to community-based care lead agencies

that may be used to serve CSE victims.^{15,16} Lead agencies have the flexibility to use these funds as needed to serve CSE victims. For Fiscal Year 2024-25, the Legislature allocated a total of \$11.3 million to serve human trafficking victims; \$6.3 million was allocated to specific providers that offer services such as case management, housing, and advocacy, and the remaining \$5.0 million was allocated to increase emergency beds for victims statewide.^{17,18} DCF reported that these funds will result in an increase of 48 beds for human trafficking victims. Additionally, in Fiscal Year 2024-25, the Office of the Attorney General's Bureau of Advocacy and Grants Management awarded \$4.2 million in Victims of Crime Act (VOCA) federal funds to service providers.¹⁹ Organizations that were awarded these funds, such as One More Child, Selah Freedom, and Delores Barr Weaver Policy Center, offer services such as education and training, needs assessments, service coordination, and clinical services.

Over the last decade, the Legislature passed several bills related to human trafficking. Florida lawmakers have passed several bills related to human trafficking awareness, training, and criminal penalties. This includes two significant bills for victims of sexual exploitation in 2012 and 2016. The 2012 Florida Safe Harbor Act created safe houses for victims of child sexual exploitation.²⁰ In 2016, legislators removed persons under the age of 18 from being prosecuted for prostitution and made changes to reflect that sexually exploiting a child in prostitution should be viewed as human trafficking.²¹ In addition, the Legislature passed several bills to increase human trafficking awareness by requiring signage for the departments of Transportation and Health, certain employers, and residential treatment centers serving children and adolescents.²² Legislation related to human trafficking training includes additional curricula for law enforcement, healthcare professions, fire safety inspectors, foster parents, and child-caring and -placing agencies.²³

Florida lawmakers have also consistently passed legislation increasing the penalties for human trafficking perpetrators.²⁴ Most recently, the 2025 Legislature passed three CSE-related bills, all of which the Governor signed into law. Chapter 2025-65, *Laws of Florida*, requires public and charter schools to provide training about human trafficking awareness to all instructional, administrative, and educational support personnel who have contact with students. Chapter 2025-156, *Laws of Florida*, creates a new crime of capital human trafficking of vulnerable persons for sexual exploitation, which can result in a sentence of life without parole or the death penalty. Chapter 2025-186, *Laws of Florida*, requires DCF to collect certain individualized data on CSE victims and to contract for a study on placement and treatment needs and gaps. (See Appendix A for additional information about CSE-related legislation.)

¹⁵ Core service funds are used for dependency case management, licensed facility-based care, maintenance payments for certain foster homes, prevention services, client services, adoption services, safety management services, training, services for CSE victims, and other expenditures.

¹⁶ In addition to core service allocations, the Legislature appropriated \$3.0 million in recurring general revenue funds to lead agencies to specifically support placement and service needs of CSE victims in Fiscal Year 2024-25.

¹⁷ Amounts have been rounded.

¹⁸ Organizations that received funds from the General Appropriations Act are Bridging Freedom-Pasco County, Camillus House, FLITE Center Anti-Human Trafficking Program, More Too Life, Nancy J. Cotterman Center, One More Child Anti-Sex Trafficking, Selah Freedom, The No More Foundation, and United Way Pasco.

¹⁹ In addition, the Office of the Attorney General's Bureau of Criminal Justice Programs awarded The No More Foundation, Inc., \$76,659 in state funds in Fiscal Year 2024-25 as part of a recurring appropriation that began in Fiscal Year 2023-24; the funds are being utilized to renovate a safe house for adults.

²⁰ Chapter [2012-105](#), *Laws of Florida*

²¹ Chapter [2016-24](#), *Laws of Florida*

²² Chapters [2015-172](#), [2019-152](#), and [2023-85](#), *Laws of Florida*

²³ Chapters [2012-105](#), [2019-152](#), [2022-168](#), and [2025-65](#), *Laws of Florida*

²⁴ Chapters [2012-105](#), [2016-24](#), [2021-189](#), [2023-86](#), [2023-87](#), *Laws of Florida*

DCF and community-based care lead agencies conduct numerous activities to serve victims of CSE

DCF’s Human Trafficking Unit provides direction for human trafficking services at the state and regional level. As the state’s primary agency serving human trafficking victims, DCF staffs a Human Trafficking Unit to guide policy at the state level and provide support, training, and assistance at the regional level. The unit includes a statewide human trafficking director, two human trafficking managers, and six regional human trafficking coordinators. One human trafficking manager oversees a training specialist, policy specialist, and data specialist. The other human trafficking manager oversees the six regional human trafficking coordinators. The regional human trafficking coordinators serve as subject matter experts and are involved in child abuse investigations with allegations of CSE; participate in treatment-related meetings and help create service plans for suspected and verified CSE victims; conduct follow-up with lead agencies, the child and their families; engage in statewide and national collaboratives to ensure a quality array of services; and assist in identifying service providers in the state.²⁵

DCF staff receives and investigates allegations of abuse, including CSE. Florida law requires that any person who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, caregiver, or other person responsible for a child’s welfare is a mandatory reporter and must report such allegations to DCF’s Florida Abuse Hotline.²⁶ The hotline is a central reporting center that takes reports from the public—via phone or online—of allegations of abuse, abandonment, and neglect, including allegations of CSE. Consistent with prior years, in 2024, the most frequent reporter types for CSE allegations were law enforcement (18%) and criminal justice personnel (15%), accounting for 33% of reports. DCF and community-based care lead agency personnel accounted for 14% of reports, as did medical and mental health employees.²⁷ (See Exhibit 2.)

Exhibit 2

In 2024, Law Enforcement and Other Criminal Justice Personnel Were the Most Frequent Reporters of CSE Allegations

| Reporter Type | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|--|------|------|------|------|------|------|------|------|------|------|
| School Personnel | 6% | 6% | 7% | 6% | 7% | 5% | 8% | 7% | 6% | 7% |
| Medical/Mental Health Employee | 13% | 12% | 12% | 11% | 11% | 13% | 11% | 14% | 14% | 14% |
| Law Enforcement | 17% | 15% | 15% | 16% | 16% | 17% | 18% | 18% | 19% | 18% |
| Department of Juvenile Justice/ Department of Corrections/Criminal Justice Personnel | 19% | 20% | 19% | 21% | 22% | 18% | 17% | 17% | 19% | 15% |
| Parent/Friend/Relative | 10% | 11% | 12% | 12% | 10% | 11% | 11% | 10% | 9% | 9% |
| Department of Children and Families/Community-Based Care Lead Agency Personnel | 19% | 18% | 16% | 16% | 16% | 17% | 17% | 16% | 13% | 14% |
| Caretaker/Babysitter | <1% | <1% | <1% | <1% | <1% | <1% | 0% | <1% | <1% | 1% |
| Court Personnel | 2% | 2% | 2% | 1% | 1% | 2% | 1% | 2% | 2% | 1% |
| Department of Business and Professional Regulation Personnel | 0% | 0% | 0% | 0% | <1% | 0% | 0% | <1% | <1% | 0% |

Source: OPPAGA analysis of DCF data.

²⁵ Section [409.1754\(2\)\(d\) and \(e\)](#), *F.S.*, requires DCF to follow up with all verified CSE victims within six months of investigation. The department is required to determine what service referrals were made, what services were received, whether services received were completed, and whether the victim has experienced further CSE since the verified report. DCF is also required to determine the educational and employment status of the child, and if dependent, any placements made, any elopement episodes, and if the child has subsequent DJJ or criminal justice system involvement.

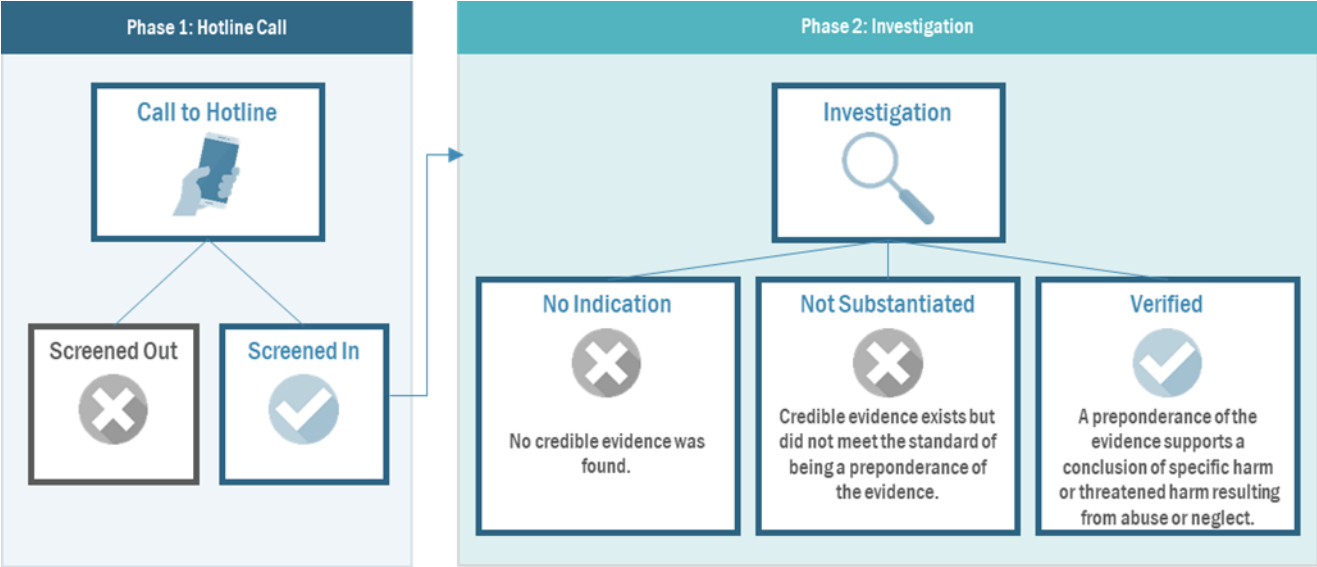
²⁶ Section [39.201\(1\)](#), *F.S.*

²⁷ Unless otherwise indicated, all data presented in this report is for the specified calendar year.

When a caller reports an allegation to the Florida Abuse Hotline, hotline counselors complete an intake assessment and gather information about the type of maltreatment, circumstances surrounding the maltreatment, and the child’s general behavior and physical capacity.²⁸ Prior to ending the call, hotline counselors determine whether there is sufficient evidence to screen in and accept a report for investigation.²⁹ If there is insufficient evidence to accept a report for investigation, the call is screened out. Department staff conduct routine reviews of a sample of screened-out calls, regardless of alleged maltreatment type, to determine if any information was omitted from the intake assessment and whether the calls were correctly screened out. Further, DCF staff must conduct a review when a single child is the alleged victim in three or more screened-out calls and, as of April 2024, on all screened-out calls containing CSE allegations.

Screened-in reports alleging CSE are assigned to a child protective investigator (CPI) with specialized training in assessing children who may be CSE victims. To verify an allegation of CSE, CPIs must determine that there is credible evidence that a child under the age of 18 was used for sexual purposes in exchange for something of value or the promise of something of value, which can include money, goods, or services. CPIs conduct interviews with and observe the alleged victim and caregiver(s) and review records and forensic assessments, including medical exams and police reports. CPIs use this information to determine whether the CSE allegation is not indicated, not substantiated, or verified. (See Exhibit 3.)

Exhibit 3
There Are Three Possible Outcomes for Florida Abuse Hotline Calls That Allege CSE and Result in Investigations






Source: OPPAGA analysis of information from DCF.

²⁸ An allegation refers to a statement made by a reporter to the Florida Abuse Hotline that harm or threatened harm to a child has occurred or is suspected to have occurred. A maltreatment refers to the behavior that is harmful to a child. There are 27 types of maltreatments (e.g., abandonment, physical injury, human trafficking–commercial sexual exploitation of children).

²⁹ To accept a report for investigation, hotline counselors must be able to determine that 1) the victim is a child; 2) there is an alleged perpetrator or caregiver responsible; 3) there is an alleged maltreatment; and 4) there is an acceptable means to locate the child. A report will also be accepted if the alleged perpetrator’s relationship to the child is unknown but all other screening criteria are met. The alleged perpetrator does not have to meet the definition of caregiver, as defined in s. [39.01\(10\)](#), F.S., for an allegation of CSE to be accepted.

DCF uses several tools to aid in CSE victim identification. When potential human trafficking is alleged in an abuse report or certain indicators are present during an investigation, the CPI must administer the Human Trafficking Screening Tool.^{30,31} The tool is intended to help CPIs screen for possible child victims of CSE. In 2025, DCF launched two additional tools to assist with reporting and identifying suspected CSE—the Early-Detection Child Welfare Human Trafficking Identification Assessment and the Community Human Trafficking Identification Guide for Commercial Sexual Exploitation of Children and Labor Trafficking. (See Exhibit 4.)

Exhibit 4
DCF Uses Multiple Tools to Identify CSE Victims

| | | |
|---|--|---|
|  Human Trafficking Screening Tool |  Early-Detection Child Welfare Human Trafficking Identification Assessment |  Community Human Trafficking Identification Guide for CSE of Children and Labor Trafficking |
| Launch Year: 2016 | Launch Year: 2025 | Launch Year: 2025 |
| Purpose: Screen for possible child victims of CSE when a CSE allegation is made or certain indicators are present | Purpose: Identify children involved in sexual abuse or substance use investigations who may be at increased risk of trafficking | Purpose: Assist in identifying and reporting possible trafficking cases and provide reporting guidance via an interactive online guide |
| User(s): Child protective investigators | User(s): Child protective investigator supervisors | User(s): Professionals and community members outside of child protective investigations |

Source: OPPAGA analysis of information from DCF.

DCF and community-based care lead agencies use multidisciplinary teams to determine placement, treatment, and service needs. Florida law requires DCF to conduct a multidisciplinary team (MDT) staffing for each child who is a suspected or verified victim of CSE. Florida law defines a MDT as an integrated group of individuals that meets to collaboratively develop and attempt to reach a consensus decision on the most suitable out-of-home placement, educational placement, or other specified important life decision that is in the best interest of the child.^{32,33} MDT staffings develop a service plan that identifies the child’s and family’s needs; the local services to meet those needs; and if applicable, what alternative placement is needed.³⁴ Assessments completed during human trafficking MDT staffings help identify the most appropriate, least restrictive setting that will meet a child’s needs. Community-based care lead agencies facilitate the provision of services identified during MDT staffings.

³⁰ The indicators that prompt the use of the Human Trafficking Screening Tool include a child’s acknowledgement of being trafficked; report of human trafficking by a parent or guardian, law enforcement, a medical or service provider, a teacher, child protective services, or a juvenile probation officer; history of elopement (i.e., running away from a placement) or getting kicked out four or more times; the child is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child; the child’s current incident or history of inappropriate sexual behaviors; the child is known to associate with confirmed or suspected CSE victims; the child is recovered from an elopement episode in a hotel or known area of prostitution; the child has no knowledge about the community they are located in; the child is not allowed or unable to speak for themselves and may be extremely fearful; the child has no personal items or possessions; the child appears to have material items that they cannot afford; the child shows signs of being groomed (e.g., hair done, new clothing) in a manner that the child cannot afford or justify how it was paid for; the child has suspicious tattoos (e.g., the trafficker’s name, dollar signs, diamonds, or stars) or other signs of branding, and may also have certain designs or logos on items (e.g., on nails, jewelry); the child associates or has relationships with age-inappropriate friends, boyfriends, or girlfriends; and the child has inappropriate, sexually suggestive activity on social media websites or chat applications.

³¹ The Human Trafficking Screening Tool was initially designed by DCF, in collaboration with DJJ, in 2015 and implemented statewide in 2016. The Florida Institute for Child Welfare is conducting a validation study of the updated tool and anticipates completion by summer 2025. For additional information on the development and attempted validation of the tool, see OPPAGA reports [22-05](#) and [23-08](#).

³² Section [39.4022\(2\)\(c\)](#), F.S.

³³ Human trafficking MDT members may include, but are not limited to, the child, if appropriate; the child’s family or legal guardian; the child’s guardian ad litem (i.e., a court-appointed individual who represents the best interest of the child); DJJ staff; school district staff; local health and human services providers; victim advocates; and any other person who may be able to assist the child.

³⁴ Section [409.1754](#), F.S.

FINDINGS

DCF has verified over 3,000 victims of CSE since 2015; victim characteristics have remained consistent over time

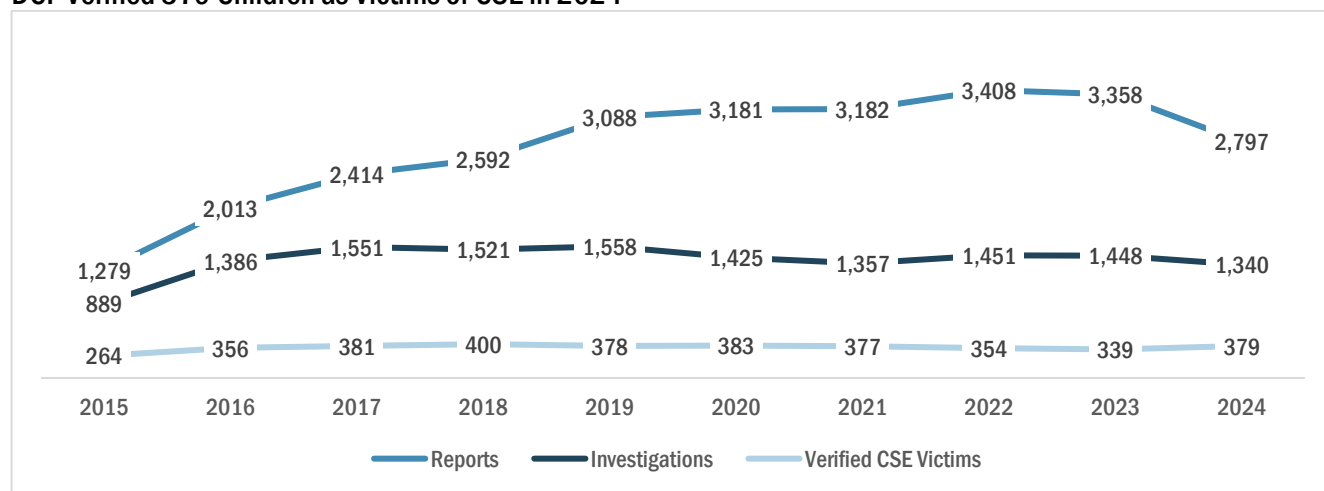
Since 2015, Department of Children and Families has verified over 3,000 children as commercial sexual exploitation victims—an average of 361 per year. The demographic composition and prior maltreatment experiences of victims remained consistent between 2015 and 2024.

Between 2015 and 2024, DCF verified 3,124 children as CSE victims. During 2024, there were 2,797 reports received by the Florida Abuse Hotline alleging CSE, resulting in 1,340 investigations and 379 verified CSE victims. (See Exhibit 5.) Since 2015, reports alleging CSE received by the hotline have increased, except in 2023 and 2024. According to DCF, the number of reports received may have increased between 2015 and 2022, in part, because of legislation that requires prospective foster parents to be trained to identify CSE and legislation that requires residential treatment centers (RTCs) to post human trafficking signage, potentially increasing public awareness.³⁵

The number of investigations resulting from CSE reports has remained relatively consistent since 2015, while the number of verified victims per year fluctuated from a low of 264 in 2015 to a high of 400 in 2018.³⁶ In 2024, there were 379 verified CSE victims. During this period, the counties with the highest number of verified victims were Broward (47), Miami-Dade (32), Palm Beach (27), Polk (22), and Duval (21). (See Appendix B for the number of verified CSE victims by county.)

Exhibit 5

DCF Verified 379 Children as Victims of CSE in 2024



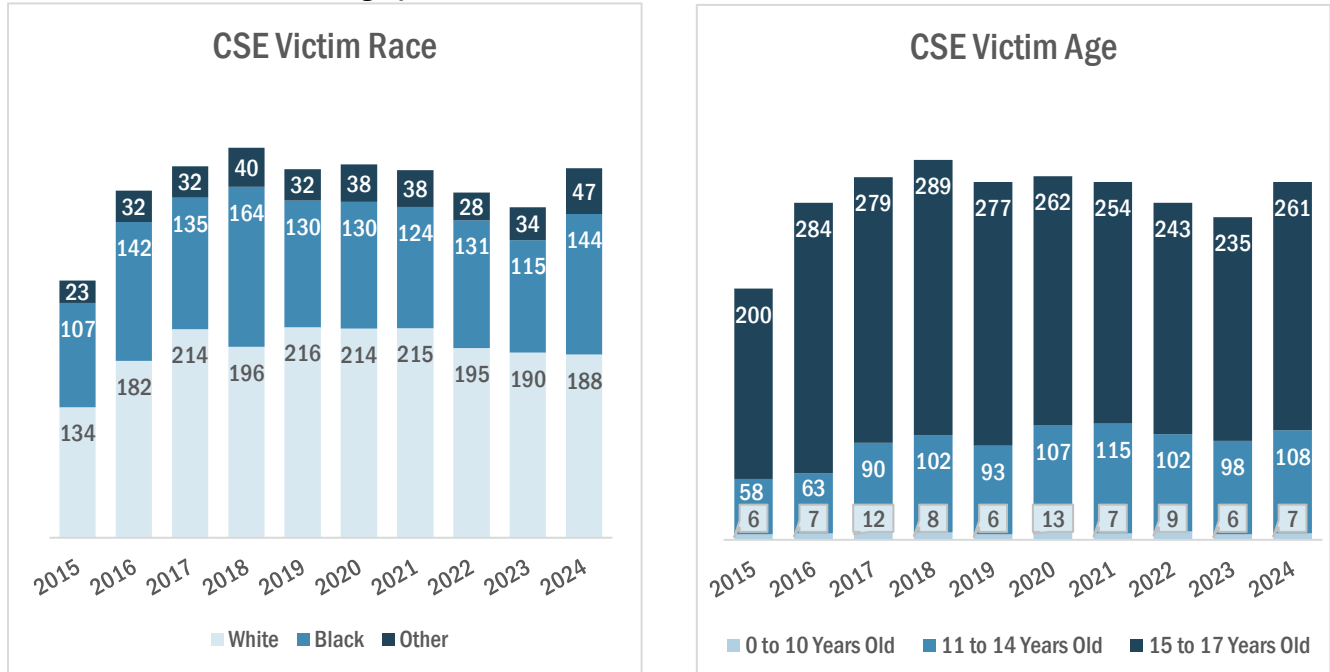
Source: OPPAGA analysis of DCF data.

The demographic composition and prior maltreatment experiences of victims remained consistent between 2015 and 2024. Since 2015, at least 91% of victims have been female and the most common age has been 16. In the same period, the number of black verified victims ranged from a low of 107 in 2015 to a high of 164 in 2018. In 2024, 345 of the 379 verified victims were female, 188 were white, and 261 were at least age 15. (See Exhibit 6.)

³⁵ Chapters [2022-168](#) and [2023-85](#), *Laws of Florida*.

³⁶ Between 2015 and 2024, an average of 49 children per year were found to be verified CSE victims in a prior year.

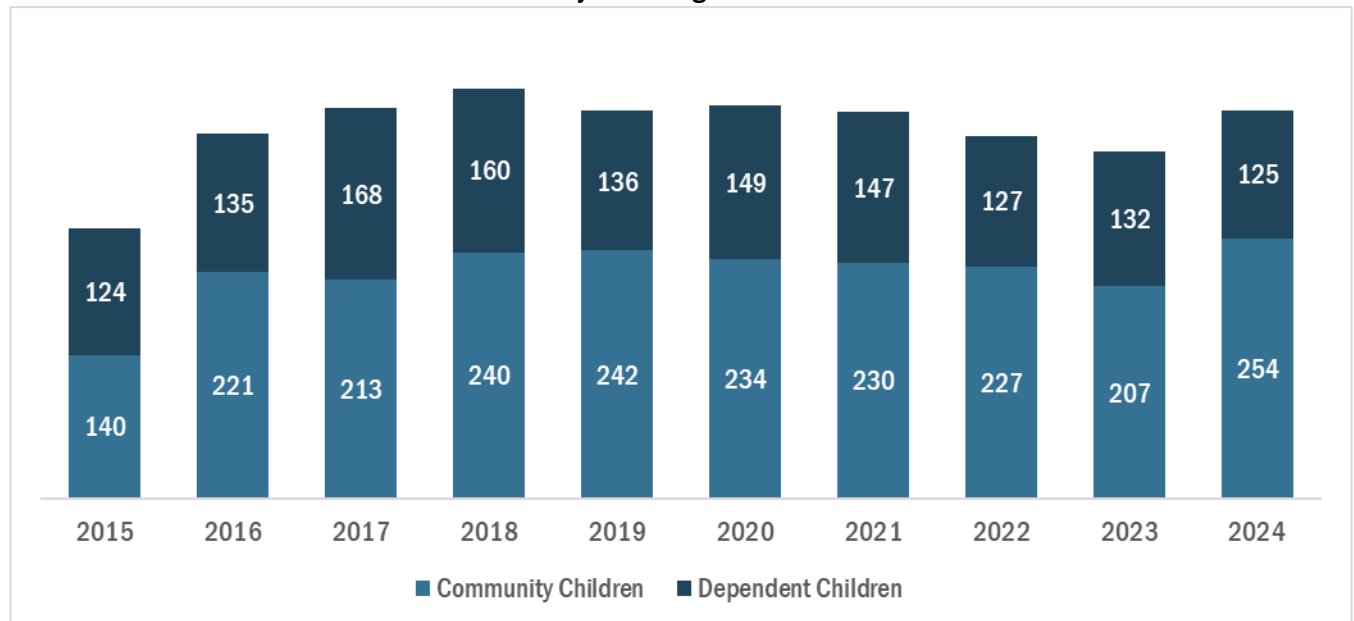
Exhibit 6
Since 2015, CSE Victim Demographics Have Remained Consistent



Source: OPPAGA analysis of DCF data.

The distribution of children who had received DCF child welfare services at or near the time of their CSE verification has also been relatively consistent. In 2024, most verified victims were not receiving in-home or out-of-home services at the time of or within six months of their CSE investigation; such children are referred to as *community children*. The number of children receiving in-home or out-of-home services ranged from a low of 124 in 2015 to a high of 168 in 2017; such children are referred to as *dependent children*. (See Exhibit 7.)

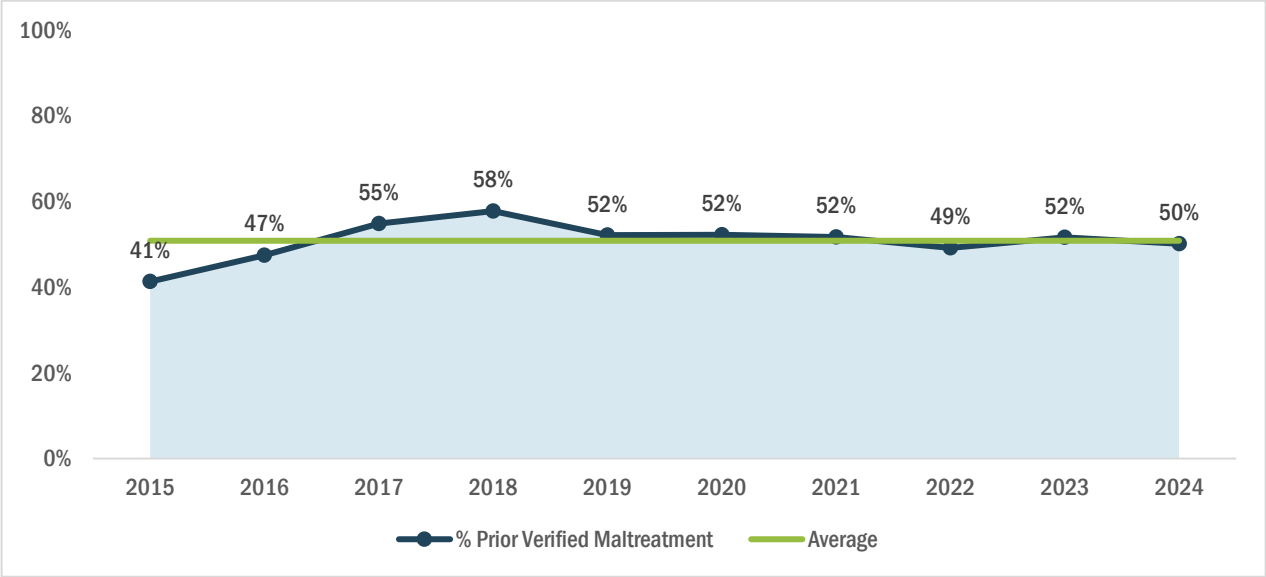
Exhibit 7
Most Verified Victims Remained in the Community Following Their CSE Verification



Source: OPPAGA analysis of DCF data.

The percentage of verified CSE victims with prior verified maltreatment has remained relatively stable over time, ranging from a low of 41% in 2015 to a high of 58% in 2018. (See Exhibit 8.) The average percentage of verified victims with prior verified maltreatments from 2015 to 2024 was 51%. The average percentage of verified victims with a prior CSE verification was 14%, ranging from a low of 10% in 2016 to a high of 18% in 2019.³⁷ Non-CSE sexual abuse, neglect, and substance misuse were among the most common prior maltreatment types.

Exhibit 8
Around Half of CSE-Verified Victims Have a Prior Verified Maltreatment Finding of Abuse, Abandonment, or Neglect



Source: OPPAGA analysis of DCF data.

Florida offers several placement settings, treatments, and services for CSE victims, but availability varies statewide

CSE victims can receive services within placement settings and through community service providers outside of placements. Placement settings include at-risk homes, safe houses, safe foster homes, and behavioral qualified residential treatment programs. In addition, residential treatment centers are available for CSE victims and other children with mental health diagnoses. Community service providers across the state offer case management, therapy, and other services. Victims may also be eligible for state victim compensation funds. Overall, the state is lacking in safe houses and safe foster homes but does offer at-risk homes in each region. In Fiscal Year 2023-24, few victims applied for victim compensation, and none were awarded funds. Stakeholders noted a need for more safe houses, safe foster homes, and residential treatment centers and identified substance use treatment, survivor mentorship, and transportation as gaps in services for CSE victims.

³⁷ Victims in earlier calendar years have a lower likelihood of prior verified CSE findings due to the lack of reliable maltreatment history for CSE prior to 2015. For more information on CSE maltreatment code development, see OPPAGA report [16-04](#).

DCF placements and community service providers offer treatments and services to CSE victims; financial assistance is also available from the state's victim compensation fund

DCF offers an array of placement settings to meet CSE victims' needs; in addition to services offered within placement settings, community service providers assist victims. Section 39.4021, *Florida Statutes*, states that a basic tenet of child welfare practice is that a child is placed in the least restrictive, most family-like setting available.³⁸ Placement options, from least to most restrictive, include relative and non-relative caregivers, traditional foster homes, safe foster homes, at-risk group homes, and safe houses.³⁹ DCF offers several specialized placement settings for children who are at-risk of CSE or are verified CSE victims.⁴⁰

- **Safe foster homes:** family-based foster homes that provide a safe and therapeutic environment tailored to the needs of verified victims and require foster parents to have specialized training in CSE.⁴¹
- **At-risk group homes:** group homes providing care and support services to children who are at-risk of CSE or are verified CSE victims.
- **Safe houses:** group residential placements certified by DCF to care for sexually exploited children. Florida law requires safe houses to offer an array of services tailored to the needs of CSE victims.⁴²

Six providers operate eight safe houses in Florida. OPPAGA requested information from all safe house providers and received responses from three providers operating five safe houses. These providers reported offering and arranging for services and treatments that emphasize individual choice and independence and allow children to process trauma and develop coping, problem-solving, and emotional regulation skills. This includes evidence-based treatments, discharge planning services, recreational activities, and substance use screening and treatment. Staff for three safe houses also reported having access to survivor mentors who are lived experience experts who have survived sexual exploitation and provide support to victims. Staff for five safe houses reported offering onsite, trauma-focused cognitive behavioral therapy for children who have experienced CSE.⁴³ This treatment is the only evidence-based option specific to CSE victims and is intended for children between 8 and 17 years old with a known trauma and CSE history who are experiencing significant posttraumatic stress disorder symptoms, depression, anxiety, or shame related to their trauma exposure. In addition,

³⁸ Section [39.4021](#), *F.S.*

³⁹ For additional information on placement options for CSE victims in Florida, see OPPAGA reports [21-06](#) and [24-04](#).

⁴⁰ DCF defines a child to be at-risk for CSE when they have experienced trauma, such as abuse, neglect, or maltreatment, and demonstrate one or more of the following risk factors: history of elopement or homelessness; history of sexual abuse or sexually acting out behavior; inappropriate interpersonal or social media boundaries; family history of or exposure to human trafficking; or out-of-home placement instability demonstrated by repeated moves from less restrictive levels of care.

⁴¹ An example of a safe foster home program is the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program. CHANCE supports verified CSE victims placed in specially trained safe foster homes using a single-child-per-home model with wraparound services based on the child's needs. CHANCE started in Miami-Dade County in 2013, and in Fiscal Year 2023-24, the Legislature appropriated funds to expand the program to additional areas. CHANCE staff reported providing training on the CHANCE program model to Broward, Duval, Pasco, and Pinellas counties and continued operating in Miami-Dade County in 2024.

⁴² Section [409.1678](#), *F.S.*, requires that safe houses utilize strength-based, trauma-informed approaches and provide, arrange for, or coordinate certain services at a minimum, including behavioral health care; treatment and intervention for sexual assault; education; life skills; mentoring by a survivor of CSE, if available and appropriate; substance abuse screening and, when necessary, access to treatment; discharge planning; and information on the signs and dangers of CSE and how to report it. Additionally, DCF, in accordance with [CFOP 170-14](#), further requires that approaches also be evidence-based and requires additional services, such as resiliency skills, recreational therapy, and personal development.

⁴³ California Evidence-Based Clearinghouse for Child Welfare designated this treatment as having promising research evidence in November 2024. This treatment is a modification of trauma-focused cognitive behavioral therapy that includes CSE-specific psychoeducation; safety concerns common to these victims, including risk of leaving placements (i.e., elopement) and revictimization; and strategies for addressing common clinical challenges, such as engagement and retention difficulties, and emotional and behavioral dysregulation.

five safe houses provide trauma-focused cognitive behavioral therapy onsite; four provide eye movement desensitization and reprocessing onsite; and three provide motivational interviewing onsite.⁴⁴ Safe house providers also reported offering a range of services both onsite and offsite to meet children's educational needs, including formal in-person and virtual instruction, general education development, tutoring, and monthly field trips to enhance educational understanding through historical and community opportunities.

In addition to receiving assistance within placement settings, CSE victims are offered a variety of services by community service providers. These providers include legal service providers, faith-based organizations, entities providing education about human trafficking, non-profit organizations, and county-based services. Services provided include counseling and therapy, case management, free legal representation, and financial assistance. DCF reported that some providers primarily focus on human trafficking victims, whereas other providers offer services to human trafficking victims and other groups. For example, ReThreaded is an organization in Jacksonville that provides jobs, career development, and a supportive community specifically for human trafficking survivors. In contrast, the Alachua County Victim Services & Rape Crisis Center provides support services to survivors of assault, although those survivors may not have also experienced human trafficking.

CSE victims with emotional or behavioral disorders or disturbances can receive treatment in specialized settings. Behavioral qualified residential treatment programs (BQRTPs) and RTCs are settings that support CSE victims with mental health needs. BQRTPs treat children with serious emotional or behavioral disorders or disturbances with or without a mental health diagnosis.⁴⁵ RTCs provide intensive services for children with emotional disturbances and include qualified residential treatment programs, statewide inpatient psychiatric programs, and therapeutic group homes.^{46,47} (See Exhibit 9.) RTCs are required to have policies and procedures for serving CSE victims; provide specialized treatment tailored to meet victims' needs; ensure that victims are served in single-sex groups; and ensure that staff working with victims are adequately trained in addressing trauma and CSE using trauma-informed approaches.

⁴⁴ Trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing, motivational interviewing, and dialectical behavioral therapy are all evidence-based practices for children and adolescents and research suggests they may be effective for children who have experienced CSE.

⁴⁵ BQRTPs are DCF-licensed facilities implemented in February 2024. In 2024, the Legislature allocated \$5.6 million to DCF to increase BQRTPs' capacity to support a targeted population that has high acuity levels.

⁴⁶ Section [394.67, F.S.](#), defines a RTC for children and adolescents as a 24-hour residential program, including a therapeutic group home, which provides mental health services to emotionally disturbed children or adolescents as defined in s. [394.492\(5\) or \(6\), F.S.](#), and which is a private for-profit or not-for-profit corporation licensed by the Agency for Health Care Administration, which offers a variety of treatment modalities in a more restrictive setting.

⁴⁷ Section [394.492\(5\), F.S.](#), defines a child or adolescent with an emotional disturbance as a person under 18 years of age who is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit their role or ability to function in the family, school, or community. The emotional disturbance must not be considered a temporary response to a stressful situation. Section [394.492\(6\), F.S.](#), defines a child or adolescent who has a serious emotional disturbance or mental illness as a person under 18 years of age who is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and exhibits behaviors that substantially interfere with or limit their role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.

Exhibit 9

RTCs Offer 24-Hour Care for Children With Emotional Disturbances or Mental Health Diagnoses

| Residential Treatment Center | Description |
|--|---|
| Qualified Residential Treatment Programs | Provide observation, diagnosis, and treatment services for children who have serious emotional or behavioral disorders or disturbances. |
| Statewide Inpatient Psychiatric Programs | Provide extended residential psychiatric treatment to children and adolescents who require placement in a psychiatric residential setting due to a primary diagnosis of emotional or serious emotional disturbance. |
| Therapeutic Group Homes | Provide community-based mental health treatment and mental health support services to children or adolescents who have an emotional disturbance or serious emotional disturbance in a nonsecure, homelike setting. |

Source: Section [39.407](#), F.S.; r. [65E-9](#), F.A.C.; r. [65C-28.021](#), F.A.C.; and the Agency for Healthcare Administration's Florida Medicaid Statewide Inpatient Psychiatric Program Coverage Policy.

Children may enter RTCs via referral from a suitability assessment or involuntarily through use of the Baker Act.⁴⁸ A suitability assessment is an examination conducted by a qualified evaluator to determine whether a child with an emotional disturbance or serious emotional disturbance who is in the legal custody of DCF requires residential treatment and is expected to benefit from treatment, and appropriate, less restrictive alternatives are not available.⁴⁹ The Baker Act allows families, health care providers, law enforcement officers, or other professionals, including child welfare professionals, to seek emergency mental health services and temporary detention for individuals who are impaired because of their mental illness and who are unable to determine their own treatment needs.^{50,51} The Baker Act is intended to provide short-term evaluation, treatment, and stabilization for individuals struggling with acute mental health symptoms.

Financial assistance is another service available to CSE victims. The Office of the Attorney General's Bureau of Victim Compensation administers a process to disburse federal and state funds to crime victims, including victims of human trafficking. Funds are disbursed from the Crimes Compensation Trust Fund, which consists of federal funds, legislative appropriations, moneys recovered on behalf of the Department of Legal Affairs by subrogation or other action, funds recovered through restitution, court fees and fines, or moneys received from any other public or private source.

In some circumstances, crime victims can apply for compensation to help reduce financial hardship due to their victimization. For example, compensation is available for expenses such as treatment, wage loss, and relocation. Victims are eligible for compensation if they meet the statutory definition of a victim and other statutory requirements (e.g., reporting the crime to law enforcement within 120 hours, filing claims within a specified timeframe, and cooperating with law enforcement), and Department of Legal Affairs' staff determines that a crime was committed.^{52,53}

⁴⁸ Section [394.467](#), F.S.

⁴⁹ Section [39.407\(6\)\(b\)](#), F.S., defines a qualified evaluator as a licensed psychiatrist, psychologist, or mental health counselor. The type of qualified evaluator may vary depending on the RTC being considered.

⁵⁰ As the designated mental health authority of Florida, DCF provides executive and administrative oversight for the Baker Act in conjunction with the Agency for Healthcare Administration and the Department of Health.

⁵¹ The following licensed professionals may formally initiate a Baker Act referral by completing a certificate stating that they have examined an individual within the preceding 48 hours and found that the individual appears to meet Baker Act criteria: a physician; physician assistant; clinical psychologist; psychiatric nurse; advanced practice registered nurse registered under s. [464.0123](#), F.S.; mental health counselor; marriage and family therapist; or clinical social worker.

⁵² Section [960.03\(14\)](#), F.S., defines a victim as a person who suffers personal physical injury or death as a direct result of a crime; a person younger than 18 years of age who was present at the scene of a crime, saw or heard the crime, and suffered a psychiatric or psychological injury because of the crime but who was not physically injured; a person younger than 18 years of age who was the victim of a felony or misdemeanor offense of child abuse that resulted in a mental injury as defined by s. [827.03](#), F.S., but who was not physically injured; a person against whom a forcible felony was committed and who suffers a psychiatric or psychological injury as a direct result of that crime but who does not otherwise sustain a personal physical injury or death; or an emergency responder, as defined in and solely for the purposes of s. [960.194](#), F.S., who is killed answering a call for service in the line of duty.

⁵³ Section [960.03\(3\)](#), F.S., defines a crime as a felony or misdemeanor offense committed by an adult or a juvenile that results in physical injury or death, a forcible felony committed by an adult or juvenile that directly results in psychiatric or psychological injury, or a felony or misdemeanor

Placement and service availability varies across the state; placement and service gaps remain

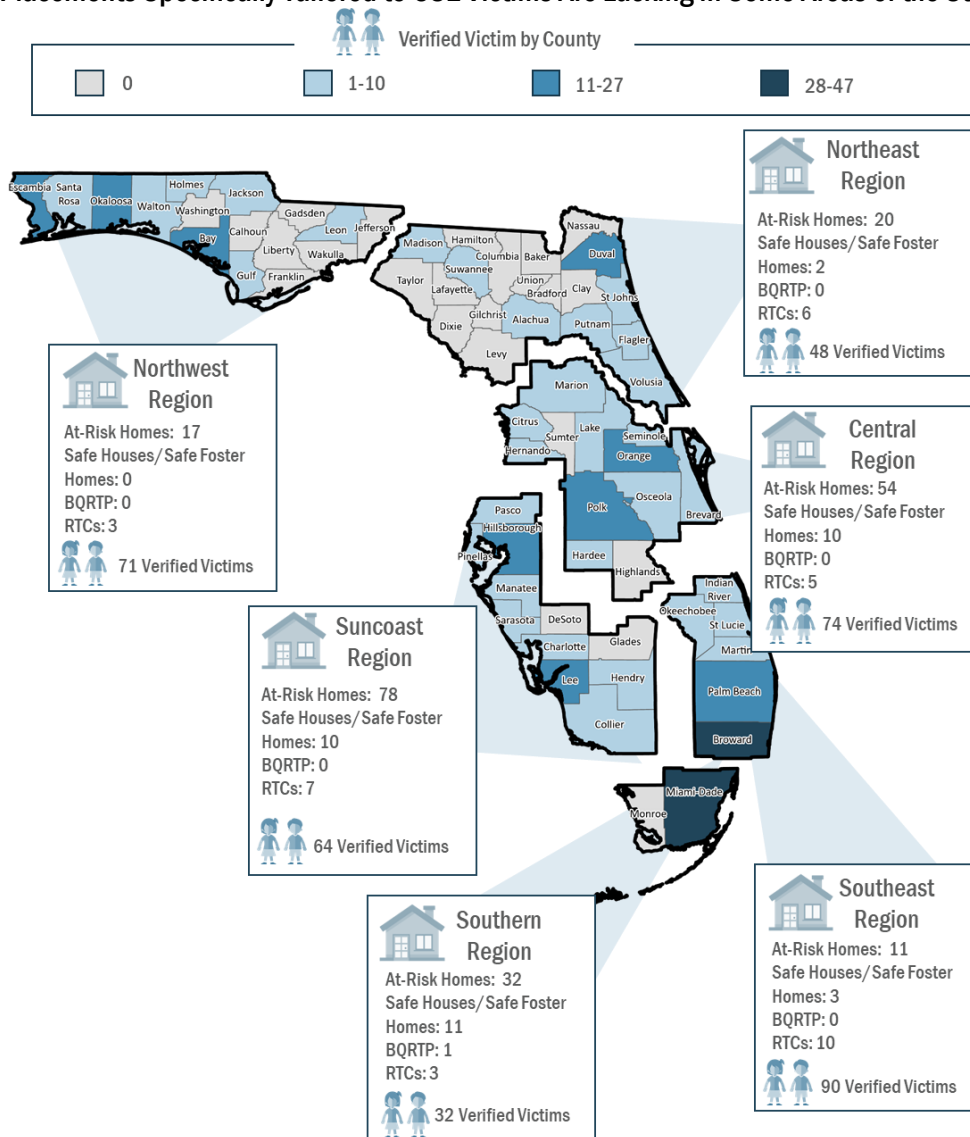
The number of placement settings and service providers that serve CSE victims varies across the state. As of February 2025, there were 258 placements available for CSE victims. Of these placements, 223 were designed to serve CSE victims and 35 were more intensive residential placements that can serve children with mental health needs, including verified CSE victims.⁵⁴ Out of the placements tailored to serve CSE victims, there are 8 safe houses and 28 safe foster homes. In addition, there are 187 at-risk homes that serve CSE victims and children at-risk of CSE. The Suncoast region had the most at-risk homes (78), while the Southern region had the most safe houses and safe foster homes (11). In contrast, the Southeast region had the fewest at-risk homes (11) and the Northwest region had the fewest safe houses and safe foster homes (0). The more intensive residential placements that may be appropriate for CSE victims with mental health needs vary by region and include RTCs and BQRTPs. As of March 2025, there were 34 RTCs in Florida, with the most in the Southeast region (10) and the fewest in the Southern and Northwest regions (3 in each region). As of February 2025, one BQRTP was located in the Southern region. (See Exhibit 10.)

offense of child abuse committed by an adult or a juvenile that results in a mental injury, as defined in s. [827.03, F.S.](#), to a person younger than 18 years of age who was not physically injured by the criminal act. The term also includes a criminal act that is committed within this state but that falls exclusively within federal jurisdiction.

⁵⁴ This number excludes all foster home placement types and, instead, focuses on safe foster homes intended to serve CSE victims. As of April 2025, there were 6,627 licensed foster homes in Florida.

Exhibit 10

Placements Specifically Tailored to CSE Victims Are Lacking in Some Areas of the State



Note: Ten of the 17 at-risk homes in the Northwest region are in Leon County. Ninety-eight at-risk homes serve males only, 70 serve females only, and 19 serve both males and females.

Source: OPPAGA analysis of DCF and Agency for Healthcare Administration data.

DCF reported that there are over 100 service providers across the state that serve human trafficking victims.⁵⁵ The Suncoast region has the highest number of service providers available to human trafficking victims (35), while the Central and Southern regions had the fewest number of providers (9 in each region). (See Exhibit 11.)

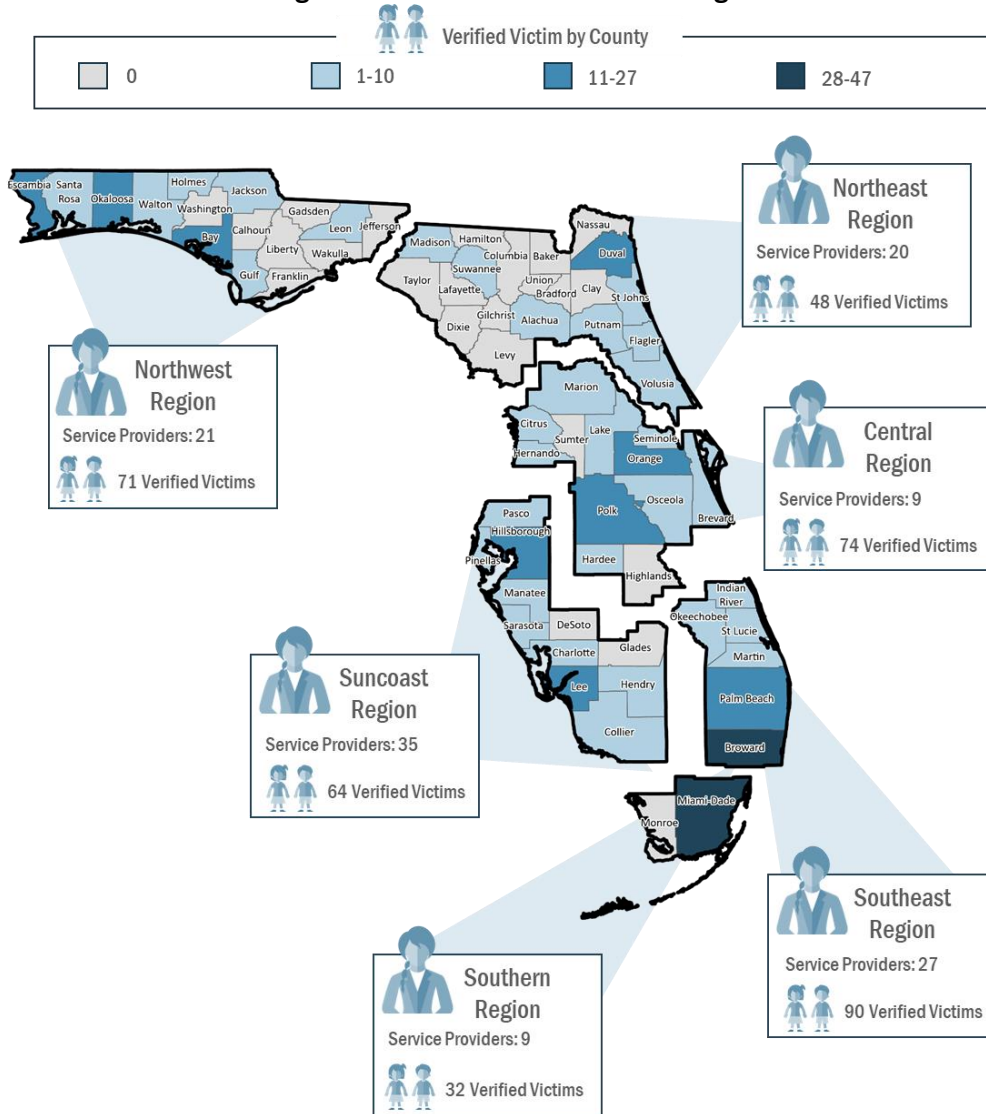
In addition to the service providers operating in specific regions of the state, DCF reported that five providers and over 60 community action treatment teams operate statewide. Statewide providers include two organizations offering legal representation for victims and survivors, one organization focused on training and education, one organization focused on training and care coordination, and one advocacy organization. Community action treatment teams are an alternative to out-of-home care or residential treatment. These teams help children in their homes and offer a team-based treatment

⁵⁵ DCF staff regularly collects and updates information about providers serving victims of human trafficking, including legal services, case management, and advocacy.

approach to provide services to children with serious behavioral health conditions and complex needs.⁵⁶

Exhibit 11

Service Providers Assisting CSE Victims Are Available in All Regions of the State



Note: The map excludes the five statewide providers and community action treatment teams.

Source: OPPAGA analysis of DCF data.

CSE-specific placements, survivor mentors, and services for additional issues impacting CSE victims are needed. Stakeholders most frequently identified safe foster homes and RTCs as gaps in placement settings for CSE victims.⁵⁷ According to stakeholders and available research, safe houses, safe foster homes, and traditional foster home settings are the placements that are most needed and best suited to address CSE victims' needs. These homes are family-like settings that have specially trained foster parents and provide in-depth supports to children who have been sexually exploited. However, multiple regions have 10 or fewer safe houses and safe foster homes, and the Northwest region has no safe houses or safe foster homes.

⁵⁶ Community action treatment team staff includes a case manager, a psychiatrist or advanced practice registered nurse, a registered or licensed practical nurse, a team leader, mental health clinicians, therapeutic mentor or certified peer specialist, and support staff.

⁵⁷ Stakeholders refer to a combination of regional human trafficking coordinators, safe house providers, and human trafficking service providers from whom OPPAGA received information.

Service providers, regional human trafficking coordinators, and safe house staff also noted that CSE victims sometimes present with significant mental health needs that may require placement in a RTC. However, DCF reported that only two RTCs specialize in serving CSE victims, and the remaining RTCs are geographically limited, with 10 or fewer available in each region. One behavioral qualified residential treatment program operates statewide and could serve CSE victims with emotional or behavioral disturbances.

In addition, there are several gaps in services for CSE victims, including a lack of substance use treatment, survivor mentors, and transportation, as well as difficulty obtaining victim compensation funds.

- *Substance use treatment.* Stakeholders noted that substance use is common among CSE victims and must be addressed before placement in recommended settings, such as safe houses. Additionally, stakeholders reported that substance use can result in elopement (i.e., running away from a placement), which impedes treatment progress. However, several stakeholders reported that substance use treatment is lacking. For example, stakeholders reported that detox options are less available in rural areas, and there is a need for both inpatient and outpatient substance use treatment in some regions.
- *Survivor mentors.* Survivor mentors are lived experience experts who have survived sexual exploitation and are trained to provide support to victims. Emerging research suggests that survivor mentors can offer a range of benefits to CSE victims, including building supportive relationships; reducing shame and stigma; improving CSE victims' overall well-being; and reducing substance use, delinquent behavior, and future exploitation. However, multiple stakeholders explained that there are not enough survivor mentors to serve CSE victims and some noted that survivor mentors have difficulty visiting victims in Department of Juvenile Justice facilities.
- *Transportation.* CSE victims often require a variety of treatments and services that are not always available in the same location. According to service providers, transportation in both rural and urban areas is a barrier to connecting children to other resources in the community, such as therapy appointments, schools, or workplaces. Rural areas may lack public transportation services, and public transportation in urban areas may be insufficient.
- *Victim compensation.* While victim compensation is available to CSE victims through the Office of the Attorney General, very few victims receive funds from this source. The office's Bureau of Victim Compensation staff is responsible for reviewing applications for victim assistance funds. During Fiscal Year 2023-24, CSE victims submitted six applications for victim compensation and one application for relocation assistance. The bureau deemed four of the six victim compensation applications eligible for compensation, denied the remaining two victim compensation applications, and denied the relocation application. Although the bureau deemed four victim compensation applications eligible for funds, it did not pay any claims. Three victims did not submit claims for reimbursement and bureau staff denied the claim of the one victim who did submit a claim for reimbursement because the victim received services after turning 18.⁵⁸ The bureau also denied the relocation application due to the lack of a law enforcement report and proof of relocation expenses and because the application was not certified correctly.

⁵⁸ According to r. [2A-2.2002\(2\)\(g\)\(7\)](#), F.A.C., when a minor receiving mental health treatment reaches the age of 18, the adult benefit maximum amount applies, and if that benefit amount has already been paid, no further mental health benefits are available. As specified in r. [2A-2.2003\(2\)](#), F.A.C., the maximum benefit amount for a minor victim's mental injury is \$10,000 at a rate of 50%, and the maximum amount for a mental health injured adult is \$5,000 at a rate of 50%.

Some child welfare and juvenile justice outcomes for CSE victims have improved; education outcomes are mixed

OPPAGA analyzed outcomes for all victims with a verified CSE finding from 2016 through 2022 in three areas: (1) child welfare; (2) juvenile justice; and (3) education. For these measures, OPPAGA grouped victims into cohorts by the year of their initial verification and then examined the short-term outcomes of a subset of those victims for whom data was available for at least one year following their initial CSE verification prior to turning 18.⁵⁹

Cohort: Verified victims grouped by the year of their initial CSE verification.

The percentage of verified CSE victims who had subsequent CSE verifications within a year of initial verification has decreased since 2018. In addition, since 2016, the amount of time verified CSE victims spent in group care, at-risk homes, or missing from care has shifted, coinciding with the introduction of at-risk homes. DJJ involvement continues to be high among CSE victims. Despite a slight decrease in school enrollment in the year following initial verification, other educational outcomes, including attendance and age-expected grade level, have improved over time.

Fewer CSE victims had subsequent verified CSE findings within a year of initial verification; time in at-risk homes increased, while the percentage of CSE victims missing from out-of-home care remained relatively stable

The percentage of CSE victims with a subsequent verified CSE finding within a year of verification has decreased over time. The overall percentage of CSE victims subsequently verified has steadily decreased from a high of 18% for the 2017 and 2018 cohorts to a low of 10% for the 2022 cohort. (See Exhibit 12.)

Some service providers attributed the decline in revictimization to increases in local team reviews, multidisciplinary teams, and CSE-specific services, which may have resulted in more support provided to victims.⁶⁰ Two providers also mentioned increased care coordination, and another provider noted a significant increase in services within the past five to seven years.⁶¹ Increased care coordination and increased service availability could result in continued services for victims, potentially contributing to the decline in subsequent verified CSE findings. However, service providers also attributed the decline to a lack of accurate identification and reporting. For example, one service provider noted that children may have modified their responses to DCF staff or law enforcement to avoid further treatment and services.

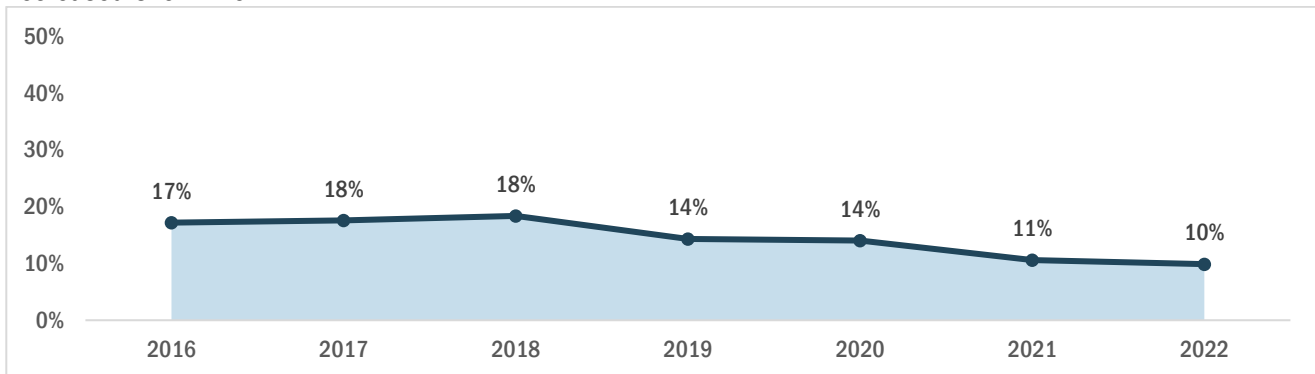
⁵⁹ Because the number of initial verifications can fluctuate by year, the number of children represented within each cohort year will vary. In addition, the number of children represented in each measure may vary due to individual measurement specifications.

⁶⁰ Local review teams coordinate services and supports for children being served by multiple agencies; participating agencies include DCF, DJJ, Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Education, Department of Health, Guardian ad Litem Program, and Florida's Office of Early Learning.

⁶¹ Section [394.4573\(1\)\(a\)](#), F.S., defines care coordination as the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

Exhibit 12

The Percentage of CSE Victims Who Had a Subsequent CSE Verification Within a Year of Initial Verification Has Decreased Over Time



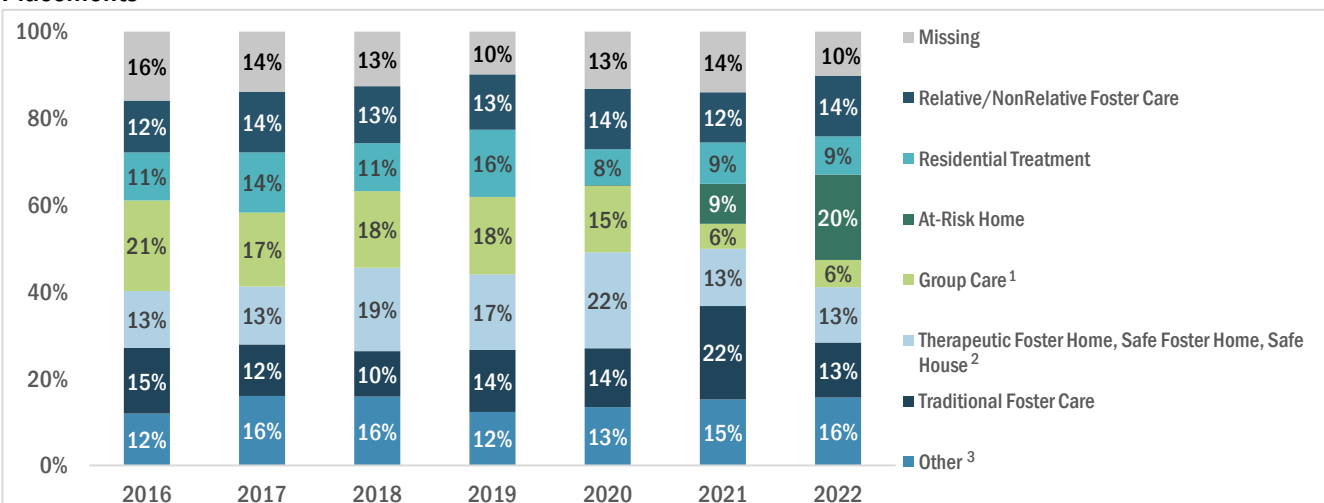
Source: OPPAGA analysis of DCF data.

Since 2021, CSE victims have spent more time in at-risk homes in the year following verification and entry into care. As in each preceding cohort year, in 2022, victims spent time in a variety of settings following their CSE verification and entry into care. (See Exhibit 13.) For verified CSE victims in out-of-home care, time spent in group care has decreased, from 21% in the 2016 cohort to 6% in the 2021 and 2022 cohorts. However, time spent in at-risk homes has increased, from 9% in the 2021 cohort to 20% in the 2022 cohort.

The increase in time spent in at-risk homes may be related to changes at the federal level. Specifically, in 2018, Congress passed the Family First Prevention Services Act, which limited group care federal cost reimbursements to a 14-day stay. At-risk homes are exempt from the 14-day stay reimbursement limit. DCF introduced at-risk home licensure in 2021. Since 2021, DCF has licensed more at-risk homes, and there are fewer traditional group care beds available.

Exhibit 13

After the Introduction of At-Risk Homes, CSE Victims Spent More Time in These Settings Compared to Other Placements



¹ Group care includes maternity group homes and traditional group care.

² OPPAGA grouped therapeutic foster homes, safe foster homes, and safe houses because these are the placements stakeholders and available research indicate are best suited for CSE victims.

³ The other category includes correctional, emergency shelter, emergency medical, hospitalization, and respite placements.

Note: The total number of victims who could be tracked for a year after entry into care varied by cohort year from a low of 66 in 2019 to a high of 92 in 2017.

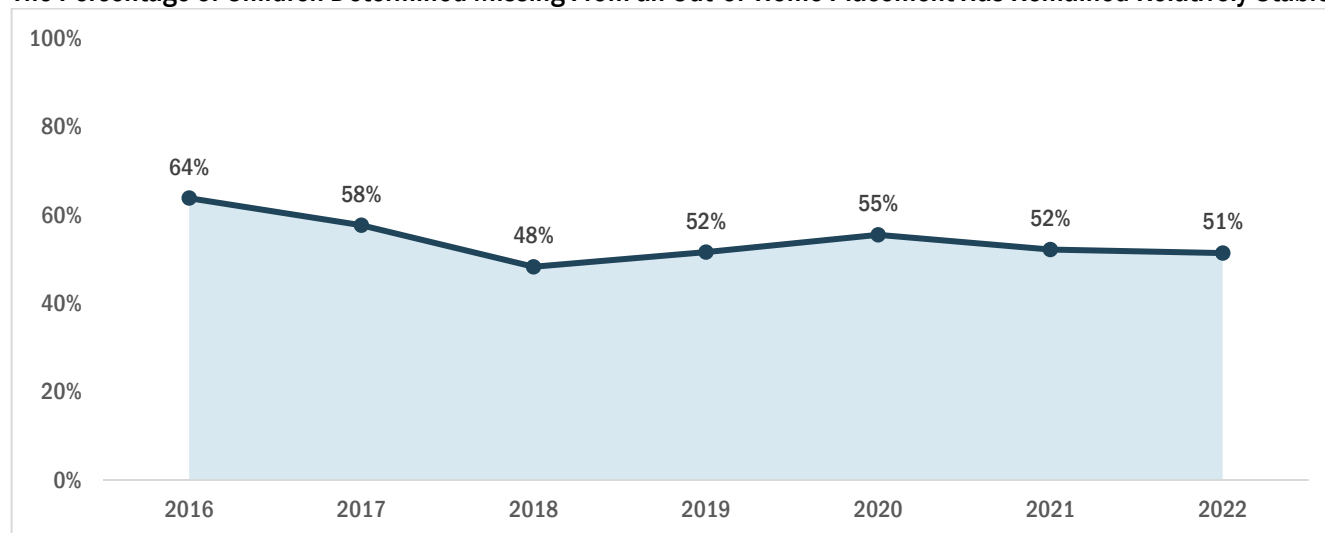
Source: OPPAGA analysis of DCF data.

Approximately half of CSE victims in out-of-home care are missing from care within one year of entry into care. In addition to identifying the percentage of time CSE victims spend in various placements, OPPAGA examined the percentage of CSE-verified children in out-of-home care who had an episode of missing from care. Missing from care is a designation in which a child in DCF care, including out-of-home placement, is subsequently unable to be located. This may occur when a child has eloped from care or is otherwise missing from care. The percentage of verified CSE victims in out-of-home care who were missing from care within one year of placement has remained stable since 2018. This figure decreased from a high of 64% in the 2016 cohort to a low of 48% in the 2018 cohort but has risen and remained above 50% since 2019. (See Exhibit 14.)

Reports from service providers and available research note that CSE victims are likely to elope from placements and be labeled as missing from care. These stakeholders noted several factors that may contribute to elopement, such as discomfort sharing living space with other children and difficulty accepting increased structure and rules pertaining to safety. In some cases, victims may elope as a means of coping with symptoms of trauma or when seeking illicit substances. In other cases, traffickers may have remained in contact with victims, allowing for the possibility of further coercion or exploitation, leading to the child's elopement from care. Research also suggests that a child may be more likely to elope from a placement if they have negative experiences with staff or peers in those settings or feel misunderstood or disengaged from caregivers.

Exhibit 14

The Percentage of Children Determined Missing From an Out-of-Home Placement Has Remained Relatively Stable



Source: OPPAGA analysis of DCF data.

DJJ involvement continues to be high among CSE victims; mental health services are offered in detention centers and residential commitment programs but are not tailored to CSE victims

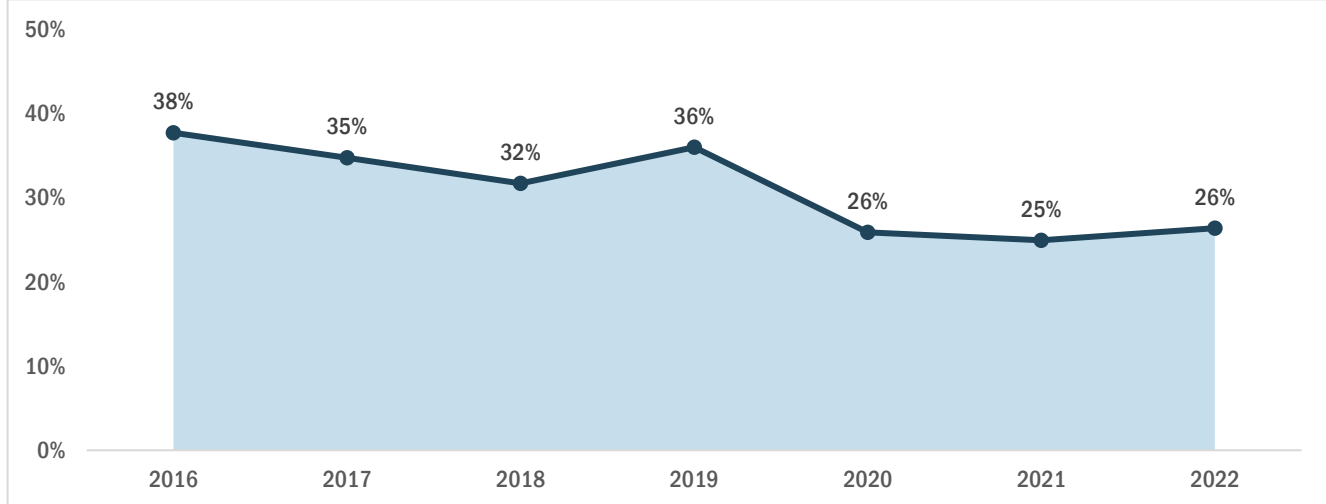
CSE victims' DJJ involvement remains high, with at least one in four victims placed in a DJJ detention center or residential commitment program after being accused of a crime or adjudicated by the court as delinquent. DJJ detention centers are state-operated facilities where children are held temporarily pending court hearings or other case actions, while residential commitment programs are for children who are required by a judge to stay in the care of the department. Each DJJ residential commitment

program is managed by a contracted provider and offers specialized treatment.^{62,63} DJJ does not offer detention centers or residential commitment programs specifically designated to serve CSE victims.

Since 2016, at least 25% of verified CSE victims in each cohort have been placed in a DJJ detention center or residential commitment program within one year after CSE verification. CSE victims may commit crimes, sometimes at the direction of their trafficker; available research reports that trauma may make victims more susceptible to coercion to commit crimes. Furthermore, stakeholders and available research indicate that CSE victims may be more likely to experience substance use issues, and possession of substances, such as illegal drugs and alcohol, can result in DJJ involvement. According to DJJ, children released from residential commitment programs in Fiscal Year 2022-23 spent an average of 260.7 days in those programs. The percentage of CSE victims entering DJJ-facilities (i.e., detention centers and residential commitment programs) decreased between cohort years 2019 and 2021. (See Exhibit 15.) Stakeholders attributed this decline to the COVID-19 pandemic; Florida's overall decline in DJJ involvement is consistent with national trends that occurred during the global health emergency.⁶⁴

Exhibit 15

The Percentage of Victims Entering DJJ Facilities Has Decreased Over Time



Source: OPPAGA analysis of DJJ and DCF data.

DJJ screens children in its custody for human trafficking but does not offer CSE-specific programming in department facilities. DJJ's current policy regarding human trafficking, last revised in 2016, provides guidance for screening and reporting potential trafficking to DCF.⁶⁵ Since 2016, DJJ has issued memos to advise detention centers, residential commitment programs, and staff about human trafficking training and administration requirements for the Human Trafficking Screening Tool. One memo included specific language to use for orders to take children with verified or non-substantiated human trafficking alerts into custody when they abscond from DJJ supervision. DJJ's policies include initial mental health and substance use screening for all children who enter

⁶² DJJ reported that mental health and substance abuse treatment services are available to all children who stay in detention centers long enough to receive them. According to DJJ, children spent 13 days, on average, in detention centers in Fiscal Year 2023-24.

⁶³ DJJ reported a total of 60 juvenile justice facilities in the state. This includes 37 residential commitment programs and 23 detention centers as of April 2025.

⁶⁴ Analysis of the National Juvenile Court Data Archive found that the proportion of cases that were dismissed at intake or otherwise received informal sanctions increased and the number of delinquency cases resulting in an adjudication decreased during the early months of the COVID-19 pandemic. The archive collects juvenile court data from around the nation to create national estimates detailing demographic and case processing characteristics of delinquency and petitioned status offense cases handled in U.S. juvenile courts.

⁶⁵ While the department reported that policies are formally updated through the rule making process when there is sufficient reason to do so, clarifying instructions and memos are issued to advise of other changes to policy.

department custody and referrals for comprehensive assessments. However, DJJ policies, procedures, and other documents do not appear to address staff roles and responsibilities once a child has been identified as a suspected or verified victim of human trafficking.⁶⁶ Residential commitment programs provide behavioral health, mental health, substance abuse, and sex offender treatment services to children identified by staff as needing these services. Mental health treatment may include individual, group, or family therapy; behavior therapy; psychosocial skills training; and juvenile sexual offender therapy. However, the department does not provide CSE-specific services. To address this issue, OPPAGA recommended in 2020 that DJJ implement CSE-specific programming in detention centers and residential commitment programs, including a human trafficking prevention curriculum. DJJ staff reported in 2021 that the department was establishing a CSE prevention curriculum; as of April 2025, the department had not established a curriculum.⁶⁷

For the current review, OPPAGA interviewed staff at three DJJ residential commitment programs that served verified CSE victims. Clinical services offered varied by commitment program. Staff at all three commitment programs reported offering dialectical behavior therapy. Other therapeutic modalities and curricula mentioned include cognitive behavioral therapy and trauma-focused cognitive behavioral therapy. One commitment program's staff reported having a partnership with a local service provider that offers CSE-related services to children who elect to participate, as services are voluntary.

In addition, two service providers that serve CSE victims in the Suncoast, Southern, and Northeast regions reported difficulties entering DJJ facilities. Service providers in the Central, Southeast, Suncoast, Southern, and Northeast regions also reported that in their experience, clients in DJJ facilities do not receive adequate services unless their clinicians or survivor mentors are able to enter the facility and provide care. Two service providers reported that visitation policies vary by facility. Per department guidance, outside service providers are responsible for initiating communication and coordination to enter a DJJ facility. Department staff reported that there is no written guidance for detention centers and residential commitment programs regarding survivor mentors' ability to enter facilities. As a result, survivor mentors may have difficulty visiting children in DJJ facilities. For example, a service provider in the Northeast region reported that DJJ facility administrators exercise discretion to impose additional background check requirements at the facility level that act as barriers to survivor mentors.

In the year following initial verification, school enrollment for CSE victims decreased slightly but remained high; until recently, the percentage of victims at the expected grade level had increased

School enrollment among CSE victims has decreased slightly but remained high; attendance and the percentage of victims at the expected grade level has increased over time. The percentage of CSE victims enrolled in school (grades K-12) remained above 75% despite decreasing slightly from a high of 87% in the 2016 cohort to a low of 78% in the 2022 cohort. The percentage of CSE victims enrolled in school who attended school for at least half the year has increased over time.

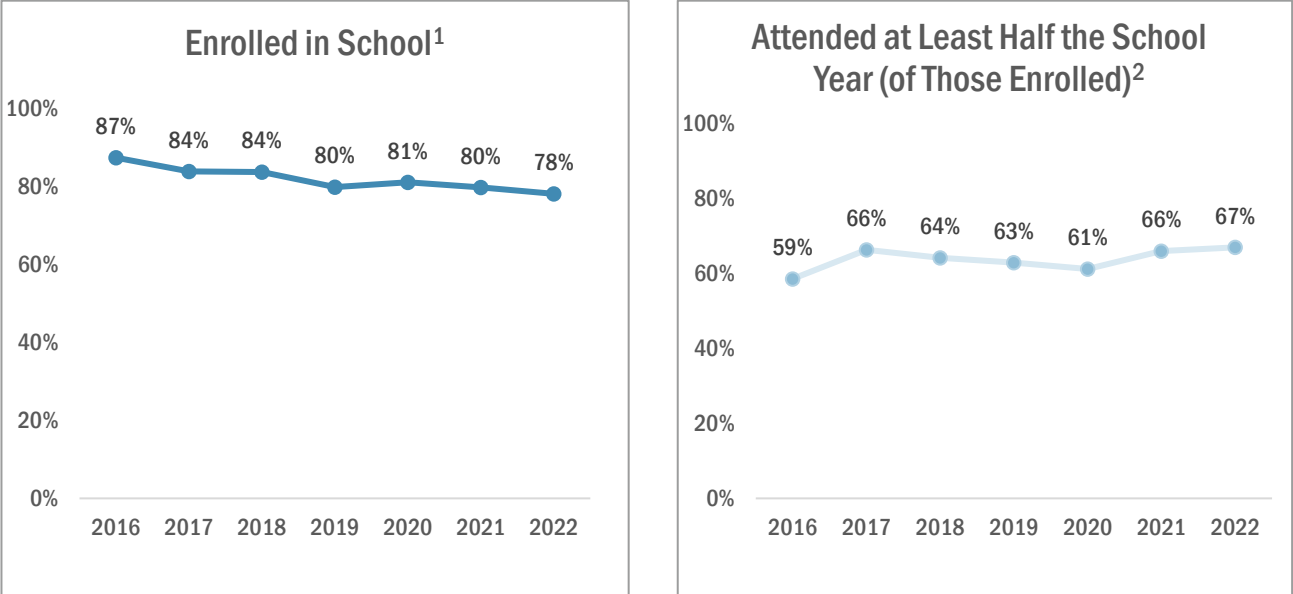
⁶⁶ OPPAGA requested clarification on DJJ's policies addressing staff roles and responsibilities as they relate to children in the department's custody who have already been identified by DCF as suspected or verified victims of human trafficking but instead received responses related to screening and assessment policies.

⁶⁷ For additional information on DJJ's reported implementation plan of a CSE prevention curriculum, see OPPAGA report [21-06](#).

Specifically, in the 2016 cohort, 59% of CSE victims enrolled in school attended at least half the school year; for the 2022 cohort, this figure reached a high of 67%. (See Exhibit 16.)

Placement instability and mental health issues may make it more challenging for children to attend school regularly. Stakeholders noted that CSE victims’ education may be disrupted due to placement changes related to elopement and involuntary commitment through the Baker Act. Furthermore, one service provider explained that when CSE victims do not receive the correct psychiatric medication or therapeutic interventions, they may struggle in school.

Exhibit 16
The Percentage of CSE Victims Enrolled in School Has Slightly Decreased Over Time, While the Percentage of Those Attending at Least Half the School Year Has Increased



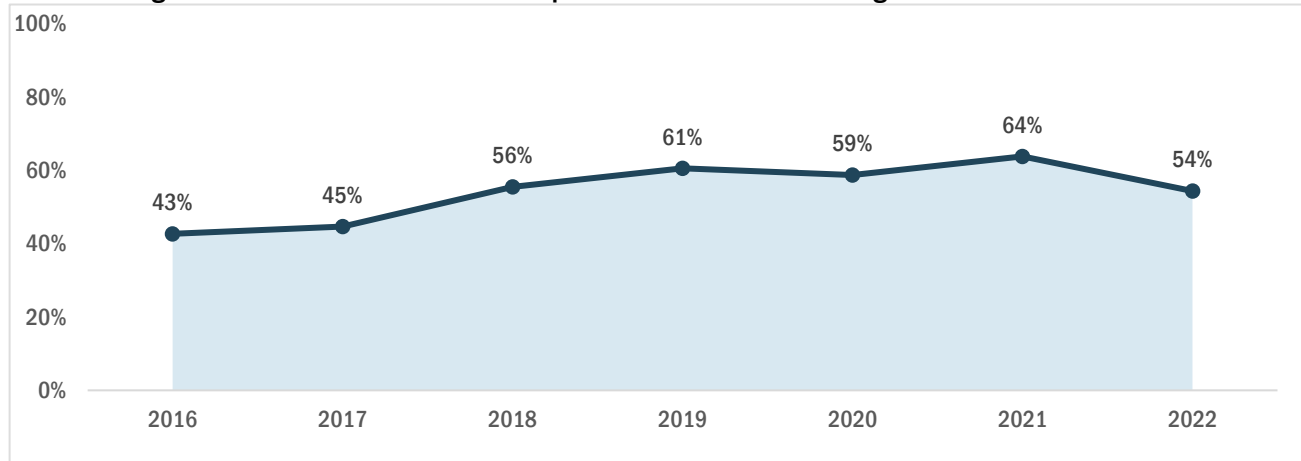
¹ Of those who could be tracked for a year after their CSE verification, this measure represents those who were enrolled in a Florida public school.
² Of those who could be tracked for a year after their CSE verification and who were enrolled in a Florida public school in that year, this measure represents those who attended at least half of the school year.

Source: OPPAGA analysis of DCF and Department of Education data.

Between 2016 and 2021, the percentage of CSE victims who were in the expected grade level for their age increased from a low of 43% in the 2016 cohort to a high of 64% in the 2021 cohort before declining to 54% in the 2022 cohort. (See Exhibit 17.) Stakeholders indicated that a decrease in CSE victims being at the expected grade level may be explained in part by the COVID-19 pandemic. Regional human trafficking coordinators noted that virtual instruction offers increased flexibility for children who experience placement disruptions.

Exhibit 17

The Percentage of CSE Victims Who Were in the Expected Grade Level for Their Age Has Increased Over Time



Source: OPPAGA analysis of DCF and Department of Education data.

RECOMMENDATIONS

OPPAGA identified several recommendations to address issues regarding placement settings, treatment, and services for children who are victims of commercial sexual exploitation.

- To expand services for CSE victims, the Department of Children and Families should continue efforts to increase safe house and safe foster home placement options statewide; enhance residential treatment by recruiting additional behavioral qualified residential treatment programs; and expand the supply of service providers throughout the state, particularly those that specialize in serving human trafficking victims. These efforts include consulting with lead agencies, local service providers, and other community partners to better understand the underlying cause(s) of service gaps (e.g., substance use treatment options, educational supports); identifying existing providers that may be able to expand services; exploring opportunities to partner with new providers; leveraging new funding opportunities; and considering telehealth or mobile service teams in areas with limited physical provider presence.
- To address low approval rates of applications for human trafficking relocation assistance and victim compensation, the Legislature could amend Ch. 960, *Florida Statutes*, to expressly include psychological or physical injury due to CSE in the definition of crime and to include minor CSE victims who suffered a psychological or physical injury in the definition of victim. The Legislature could also amend Ch. 960, *Florida Statutes*, to allow any local, state, or federal law enforcement official to act as a proper authority for human trafficking victims, regardless of jurisdiction. In addition, the Legislature could amend Ch. 960, *Florida Statutes* to include DCF as a proper authority for CSE reporting for individuals who were minors at the time the crime occurred.⁶⁸
- To ensure that suspected and at-risk CSE victims receive needed services to address their victimization while in the Department of Juvenile Justice detention centers and residential commitment programs, the Legislature could direct the department to provide CSE-specific

⁶⁸ Per r. [2A-2.2001](#), *Florida Administrative Code*, proper authorities mean state and federal law enforcement officials and prosecuting attorneys; the rule does not expressly include local law enforcement entities or provide clarification regarding jurisdiction.

treatment and services for verified and suspected CSE victims, including therapists trained to provide trauma-focused cognitive behavioral therapy for children who have experienced trafficking and CSE, referrals for survivor mentorship, and human trafficking education and awareness.⁶⁹ Additionally, because statute requires DJJ to provide prevention services for children at-risk of becoming delinquent—including targeted services to trafficked children—the Legislature could direct the department to include a human trafficking prevention curriculum in its current service array.⁷⁰

AGENCY RESPONSE

In accordance with the provisions of s. 11.51(2), *Florida Statutes*, a draft of OPPAGA’s report was submitted to the Department of Children and Families and Department of Juvenile Justice for review and response. The offices’ written responses have been reproduced in Appendix C.

⁶⁹ These efforts could include facilitating survivor mentor access to DJJ facilities by developing and disseminating formal written guidance regarding mentors entering department institutions.

⁷⁰ Section [985.17, F.S.](#), requires prevention services to focus on preventing initial or further involvement in the juvenile justice system by including services such as literacy services, sex-specific programming, recreational services, and after-school services, and should include targeted services to troubled, truant, ungovernable, abused, trafficked, or runaway children.

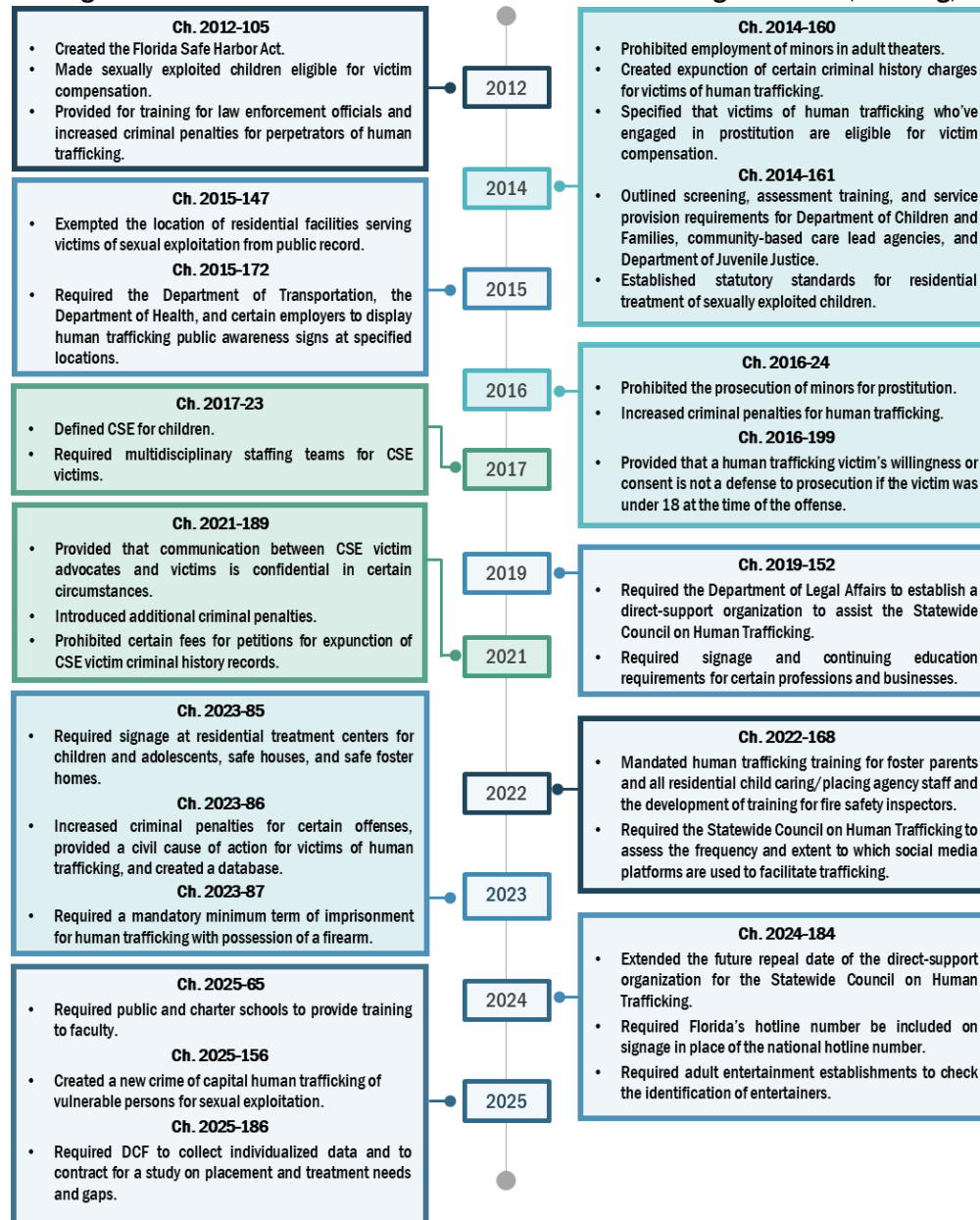
APPENDIX A

Human Trafficking-Related Legislation Since 2012

Since 2012, the Legislature passed multiple bills related to human trafficking awareness, training, and criminal penalties.⁷¹ This includes legislation that require some entities to display public awareness signs at specified locations, expands training requirements for law enforcement, and increases criminal penalties for perpetrators. (See Exhibit A-1.)

Exhibit A-1

The Legislature Passed Several Bills Related to Human Trafficking Awareness, Training, and Criminal Penalties



Source: OPPAGA analysis of Florida human trafficking legislation.

⁷¹ To view all changes resulting from signed legislation, see Chs. [2012-105](#), [2014-160](#), [2014-161](#), [2015-147](#), [2015-172](#), [2016-24](#), [2016-199](#), [2017-23](#), [2019-152](#), [2021-189](#), [2022-168](#), [2023-85](#), [2023-86](#), [2023-87](#), [2024-184](#), [2025-65](#), [2025-156](#), and [2025-186](#) *Laws of Florida*.

APPENDIX B

Verified Victims of Commercial Sexual Exploitation by County for 2024

OPPAGA's analysis identified 379 children who were verified as victims of commercial sexual exploitation (CSE) by the Department of Children and Families in 2024. Broward (47), Miami-Dade (32), Palm Beach (27), Polk (22), and Duval (21) counties had the highest numbers of verified victims and accounted for 39% of all cases. (See Exhibit B-1.)

Exhibit B-1

Number of Verified CSE Victims by Lead Agency and County in 2024¹

| Region | Community-Based Care Lead Agency | County | Number of Verified CSE Victims | Percentage of Verified CSE Victims |
|-----------|--|------------|--------------------------------|------------------------------------|
| Northwest | Northwest Florida Health Network | Bay | 16 | 4.2% |
| | | Calhoun | 0 | N/A |
| | | Escambia | 17 | 4.5% |
| | | Franklin | 0 | N/A |
| | | Gadsden | 0 | N/A |
| | | Gulf | 1 | 0.3% |
| | | Holmes | 1 | 0.3% |
| | | Jackson | 4 | 1.1% |
| | | Jefferson | 0 | N/A |
| | | Leon | 8 | 2.1% |
| | | Liberty | 0 | N/A |
| | | Okaloosa | 12 | 3.2% |
| | | Santa Rosa | 6 | 1.6% |
| | | Walton | 6 | 1.6% |
| | | Wakulla | 0 | N/A |
| | | Washington | 0 | N/A |
| Northeast | Community Partnership for Children, Inc. | Flagler | 2 | 0.5% |
| | | Putnam | 2 | 0.5% |
| | | Volusia | 9 | 2.4% |
| | Family Integrity Program | St. Johns | 1 | 0.3% |
| | Family Support Services of North Florida, Inc. | Duval | 21 | 5.5% |
| | | Nassau | 0 | N/A |
| | Kids First of Florida, Inc. | Clay | 0 | N/A |
| | Partnership for Strong Families, Inc. | Alachua | 10 | 2.6% |
| | | Baker | 0 | N/A |
| | | Bradford | 0 | N/A |
| | | Columbia | 0 | N/A |
| | | Dixie | 0 | N/A |
| | | Gilchrist | 0 | N/A |
| | | Hamilton | 0 | N/A |
| | | Lafayette | 0 | N/A |
| | | Levy | 0 | N/A |
| | | Madison | 2 | 0.5% |
| | | Suwannee | 1 | 0.3% |
| | | Taylor | 0 | N/A |
| | | Union | 0 | N/A |

| Region | Community-Based Care Lead Agency | County | Number of Verified CSE Victims | Percentage of Verified CSE Victims |
|--------------------------------|--|------------------------|--------------------------------|------------------------------------|
| Central | Family Partnerships of Central Florida | Brevard | 7 | 1.8% |
| | | Orange | 20 | 5.3% |
| | | Osceola | 2 | 0.5% |
| | | Seminole | 6 | 1.6% |
| | Heartland for Children | Hardee | 2 | 0.5% |
| | | Highlands | 0 | N/A |
| | Kids Central, Inc. | Polk | 22 | 5.8% |
| | | Citrus | 1 | 0.3% |
| | | Hernando | 3 | 0.8% |
| | | Lake | 4 | 1.1% |
| SunCoast | Children's Network of Hillsborough, LLC | Marion | 7 | 1.8% |
| | | Sumter | 0 | N/A |
| | | Hillsborough | 18 | 4.7% |
| | | Charlotte | 1 | 0.3% |
| | Children's Network of Southwest Florida, LLC | Collier | 5 | 1.3% |
| | | Glades | 0 | N/A |
| | | Hendry | 2 | 0.5% |
| | | Lee | 20 | 5.3% |
| | Family Support Services of SunCoast, LLC | Pasco | 4 | 1.1% |
| | | Pinellas | 4 | 1.1% |
| Safe Children Coalition, Inc. | | DeSoto | 0 | N/A |
| | | Manatee | 7 | 1.8% |
| | Sarasota | 3 | 0.8% | |
| | Southeast | ChildNet, Inc. Broward | Broward | 47 |
| ChildNet, Inc. Palm Beach | | Palm Beach | 27 | 7.1% |
| Communities Connected For Kids | | Indian River | 1 | 0.3% |
| | | Martin | 3 | 0.8% |
| | | Okeechobee | 2 | 0.5% |
| | | St. Lucie | 10 | 2.6% |
| Southern | Citrus Family Care Network | Miami-Dade | 32 | 8.4% |
| | | Monroe | 0 | N/A |
| Total | | | 379 | 100% |

¹ DCF, in accordance with [CFOP 170-2](#), assigns a county to an alleged or verified case of CSE based on various factors, such as the location and setting in which the alleged maltreatment occurred and the county in which the child is located.

Source: OPPAGA analysis of DCF data.

APPENDIX C

Agency Response



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

June 27, 2025

Kara Collins-Gomez, Coordinator
Office of Program Policy Analysis and Government Accountability
111 West Madison Street
Tallahassee, Florida 32399

Coordinator Collins-Gomez:

Thank you for sharing the 2024-25 Annual Report on the Commercial Sexual Exploitation of Children. The Florida Department of Children and Families greatly appreciates the thoughtful and thorough work reflected in this year's review.

We appreciate the focus on survivors of human trafficking as reflected in the recommendation to amend Chapter 960, Florida Statutes, to improve access to victim compensation. Ensuring survivors receive the support they are entitled to is essential, and we fully support legislative efforts to remove barriers that have historically limited the distribution of these funds. We also appreciate the report's emphasis on improving accountability and transparency in service provision, both of which are priorities for the Department.

The Department looks forward to fully participating in the implementation of Senate Bill 7012 (SB 7012), which strengthens our ability to serve Commercial Sexual Exploited (CSE) victims in meaningful ways. The bill requires the Department to collect and maintain individualized data on every child assessed for safe house or safe foster home placement, ensuring a clearer understanding of placement outcomes and unmet needs across regions. Additionally, SB 7012 mandates a comprehensive, statewide study of placement and treatment gaps for CSE victims. This study will be instrumental in identifying opportunities in both residential and non-residential services, and we are committed to using its findings to guide strategic resource development, inform legislative priorities, and ensure the system is responsive to the unique needs of these children.

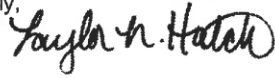
As we work toward these goals, the Department continues to prioritize the recruitment of new providers in high-need areas and is actively engaged in expansion conversations with existing partners. We will continue to develop partnerships and advance infrastructures that support the well-being of families at the earliest moment possible. Through united efforts with key stakeholders, the State continues the positive momentum established which includes the recent expansion of proposed safe houses. We are encouraged by this progress and appreciate OPPAGA's partnership in keeping children and families safe and connected to the services they need to support their well-being.

2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Please don't hesitate to reach out to the Department's Director of Human Trafficking, Jonathan Stephens, if we can provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Taylor N. Hatch". The signature is written in a cursive, flowing style.

Taylor N. Hatch
Secretary

CC: Wendy Scott, Office of Program Policy Analysis and Government Accountability
Claire Mazur, Office of Program Policy Analysis and Government Accountability
Rebecca Bouquio, Office of Program Policy Analysis and Government Accountability
Kirsten Harvey, Office of Program Policy Analysis and Government Accountability
Keith Parks, Inspector General, Florida Department of Children and Families
Melinda Miguel, Chief Inspector General, Executive Office of the Governor
Kathryn Williams, Deputy Secretary, Florida Department of Children and Families
Kathryn Whitehurst, Chief of Staff, Florida Department of Children and Families
Samuel Kerce, Deputy Chief of Staff, Florida Department of Children and Families
Patricia Medlock, Assistant Secretary, Florida Department of Children and Families



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

June 30, 2025

Kara Collins-Gomez
Coordinator
Office of Program Policy Analysis and Government Accountability (OPPAGA)
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Ms. Collins-Gomez:

The Department of Juvenile Justice (DJJ) has received and reviewed the preliminary findings and recommendations of OPPAGA's annual report titled "Commercial Sexual Exploitation of Children: 2025". This letter is DJJ's official response to the preliminary report in accordance with subsection 11.51(2), Florida Statutes.

Thank you for the opportunity to review and submit this response to the preliminary findings and report.

The mission of the Florida Department of Juvenile Justice is to enhance public safety through high-quality effective services for youth and families delivered by world-class professionals dedicated to building a stronger, safer Florida. Florida's juvenile justice system will continue to pursue comprehensive system improvement and deploy proven practices that solidify our place as the leading system in the nation.

DJJ recognizes the enhancement opportunities noted in the report and plans additional systemic improvement.

Respectfully,

A handwritten signature in black ink that reads "Heather DiGiacomo".

Heather DiGiacomo
Chief of Staff

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Ron DeSantis, Governor

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.



OPPAGA

Office of Program Policy Analysis and Government Accountability

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- [PolicyNotes](#), an electronic newsletter, delivers brief announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.
- Visit [OPPAGA's website](#).

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

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Project conducted by Kirsten Harvey (850/717-0507), Rebecca Bouquio (850/717-0505)
Jordan Berry, Anne Cooper,
Jason D'Amours, and Dan Dunleavy
Kara Collins-Gomez, Coordinator