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Youth Experiences Survey (YES): Exploring the Scope and Complexity of Sex Trafficking in a Sample of Youth Experiencing Homelessness

Jennifer S. Middleton, M.S.W., L.C.S.W., Ph.D.^a, Maurice N. Gattis, M.S.S.W., Ph.D.^a, Laura M. Frey, L.M.F.T., Ph.D.^a, and Dominique Roe-Sepowitz, M.S.W., Ph.D.^b

^aKent School of Social Work, Human Trafficking Research Initiative, University of Louisville, Louisville, Kentucky, USA; ^bSchool of Social Work, Arizona State University, Phoenix, Arizona, USA

ABSTRACT

In the United States, sex trafficking victims have been identified at ages across the lifespan but young persons (under age 25) have been found to have unique vulnerabilities. At-risk youth, such as those who run away from home or those experiencing homelessness, are also at an increased risk of sexual exploitation. To better understand the scope and complexity of sex trafficking among these at-risk youth, a convenience sample of 131 homeless youth aged 12 to 25 years old experiencing homelessness recruited from Kentuckiana youth service providers completed an enhanced version of the Youth Experiences Survey (YES). Univariate and bivariate analyses were conducted. Results indicated that 41.2% of the homeless youth were victims of sex trafficking. The sex trafficked youth were more likely to report previous self-harm behaviors, suicide attempts, and substance use. This study not only provides support for improved service delivery, but also provides essential statistics that should inform internal policy and procedures for youth serving agencies in Kentucky and Indiana. Findings highlight a need for trauma-informed interventions designed to treat not only females but also males and LGBTQ youth. Additionally, service providers should consider partnering with victim providers and clinicians to offer therapeutic groups, individual therapy, and supportive services that increase prevention, education, and wraparound care for clients. In regards to future research, findings point towards a need to better understand the role that trauma and adverse childhood experiences may play in making young people vulnerable to sex trafficking, and encourage the need for testing prevention and early intervention practices among vulnerable youth.

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Introduction

Sex trafficking victimization has been documented in all 50 states in America. Sex trafficking of a person is a criminal act in every state, according to state law, and is defined as a crime in federal and international law. According to federal anti-trafficking laws, sex trafficking is defined as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion (22 USC § 71020). Notably, force, fraud, or coercion is not a required element for persons trafficked under 18 years of age (U.S. Department of State, Office to Monitor and Combat Trafficking in Persons, 2013). Despite these laws and growing awareness of this issue in the United States, reports of sex trafficking are on the rise. It is the fastest-growing

business of organized crime and the third-largest criminal enterprise in the world (International Labour Organization, 2014).

Young people make up a majority of all reported sex trafficking cases. A report from the Human Trafficking Data Collection and Reporting Center found that 70% of all sex trafficking victims are under the age of 24, and 30% are under the age of 18 (Farrell, McDevitt, & Fahy, 2008). In general, at-risk youth, including youth experiencing homelessness and youth who run away from home, are more likely to fall victim to sexual exploitation and are often forced or coerced to trade sex for their basic needs such as food or shelter (Bigelsen & Vuotto, 2013; Hudson & Nandy, 2012). Many of the youth engaging in this type of “survival sex” meet criteria established by the 2000 Victims of Trafficking and Violence Protection Act

(U.S. Department of State, Office to Monitor and Combat Trafficking in Persons, 2000). This growing awareness about what was traditionally considered acts of desperation now being included in the definition of sex trafficking victimization has prompted researchers, service providers, and policy makers to reframe the context within which we conceptualize how at-risk youth experience survival sex and sexual exploitation, including a significant shift in language (e.g., from 'child prostitution' to 'child sexual assault' or 'child trafficking;' and 'survival sex' to 'sexual exploitation') (Bigelsen & Vuotto, 2013).

Accurate information regarding the number of at-risk youth who have been victims of sex trafficking is scarce for a number of reasons including the hidden nature of the crime, lack of agreed upon terminology and indicators by law enforcement and service providers, discrepancies and limitations in data collection, and insufficient resources among providers to report data accurately (World Health Organization, 2012). By the same token, identifying victims of sex trafficking can be difficult because of a general lack of public awareness about the issue as well as a lack of awareness or reluctance of many exploited children to identify themselves as victims (President's Interagency Taskforce to Monitor and Combat Trafficking in Persons, 2014; Walker, 2013). Often victims experience mental health issues such as posttraumatic stress disorder or reported experiences of childhood maltreatment (Hossain, Zimmerman, Abas, Light, & Watts, 2010), which can contribute to their vulnerability to pimps and traffickers (Oram, Khondoker, Abas, Broadbent, & Howard, 2015), and their experiences with the child welfare system, and in some cases the juvenile justice system, serve as a barrier to effectively accessing and engaging in help-related services (Ugarte, Zarate, & Farley, 2003). Victims of trafficking often have serious and complicated mental health treatment needs related to their traumatic experiences (Hossain et al., 2010; Oram, Stöckl, Busza, Howard, & Zimmerman, 2012). However, the majority of youth service providers in these settings report that (a) they have received little to no specialized training regarding sex trafficking, (b) they do not have trauma-informed identification protocols, and (c) they are in need of specific services to offer youth once they are identified as victims of sex trafficking. (Clawson & Dutch, 2008; Middleton & Vavrousek, 2015; Reid, 2010). Reliable data regarding the scope of sex trafficking among the most vulnerable

populations (e.g., homeless and runaway youth), as well as the characteristics and special needs of victims, is vital to help youth service providers develop victim-centered policies and practices to enhance their ability to identify, treat, and protect youth who are at-risk of and/or are victims of sex trafficking. This study will explore the prevalence of sex trafficking victimization among youth (age 12–25) experiencing homelessness served by youth serving organizations in Kentuckiana in order to develop regionally appropriate policy and service responses.

Literature Review

Despite efforts to estimate the crime of sex trafficking, its scope continues to elude governments, practitioners, and researchers alike. It has been estimated that thousands of young people are sex trafficked in the United States every year; however, the exact number remains largely unknown. Data are often limited by reliance on the number of hotline reports, arrests, indictments, and prosecutions, which only captures a portion of the sex trafficking activities in the United States. Sex trafficking is a hidden crime that often impacts hidden populations. As a result, the majority of sex trafficking appears to go unreported. Despite attempts by researchers to estimate the extent of sex trafficking in the United States, most national estimates have been discredited for using flawed research methods (see Fedina & DeForge, 2017, for a full review). Regardless of these challenges in estimating the national sex trafficked population, prevalence research on sex trafficking is necessary in order to develop appropriate policy and practice responses to enhance resources for victim assistance, investigation, and prosecution efforts (Goziak & Bump, 2009; Picarelli, 2015).

When considering methodologies for establishing prevalence of sex trafficking, a few promising approaches come to light. Although several designs might be appropriate for studying stigmatized social problems, certain approaches may be more preferable due to study cost, resource limitations, and time constraints. Due, in part, to these reasons, cross-sectional designs are most frequently used to measure the prevalence or occurrence of a particular phenomenon at one point in time (Fedina & DeForge, 2017). Cross-sectional studies can measure prevalence within the general population (e.g., U.S. citizens) or within certain

subgroups of the general population (e.g., lesbian, gay, bisexual, or transgendered persons in the United States) (Gordis, 2009). Additionally, a growing body of promising research has used community-based methods (e.g., participatory and/or action research) to study social issues occurring in hidden, stigmatized, transient, and marginalized populations (Israel, 2005). This community-based approach is congruent with social work research, as social work researchers historically emphasize the value of developing partnerships with communities to study social issues, particularly issues that impact our most vulnerable populations. Taking this into consideration, a cross-sectional, community-based design may be effective in measuring the prevalence and service needs of sex trafficked youth, by surveying one of the populations most at-risk for sex trafficking: youth experiencing homelessness.

This type of cross-sectional, community-based research approach to measure sex trafficking prevalence within the homeless youth population is absent from the peer-reviewed literature. However, a review of the literature uncovered three unpublished studies (e.g., reports) that utilized these approaches to estimate prevalence of sex trafficking among youth experiencing homelessness (Bigelsen & Vuotto, 2013; Murphy, Taylor, & Bolden, 2015; Roe-Sepowitz, Brockie, Bracy, & Hogan, 2016).

Bigelson and Vuotto (2013) conducted a prevalence study involving a random sample of 174 homeless youth, aged 18–23 years old, seeking services at Covenant House in New York (CHNY). The researchers utilized the Human Trafficking Interview and Assessment Measure (HTIAM-14), a qualitative assessment tool they created for the purposes of the research study, designed specifically to assess trafficking among the CHNY population. For the first 60 random participants, youth whose scores on the HTIAM-14 indicated suspected victimization were interviewed about potential trafficking experiences by an independent lawyer or law student to determine if the youth experienced trafficking based on the definitions in federal law. Once the HTIAM-14 was found to be effective (after the 60th participant), legal interviews were no longer conducted and a shortened version of the HTIAM-14 was used to prescreen participants. Results of the study indicate that 20.1% of the participants had either experienced sex trafficking (12%) or engaged in survival sex (8.1%). Of the participants who experienced sex trafficking, the researchers reported that 6.3% of the participants experienced sex trafficking

that was compelled through force, fraud, or coercion, and 5.7% of the participants were under the age of 18 at the time of the sex trafficking experience, which does not require force, fraud, or coercion to be determined as sex trafficking (Bigelson & Vuotto, 2013). Some limitations exist for the study, including the fact that the sample consisted only of homeless youth seeking services at CHNY. Second, the researchers discussed sex trafficking and survival sex as two separate entities. However, as stated earlier, survival sex is considered to be sex trafficking if the participant is under the age of 18, based on the current federal definition of sex trafficking. Additionally, the trafficking screening tool was administered as an in-person interview by staff, and was not administered anonymously, so there were most likely instances of underreporting due to discomfort on the part of the participants to disclose their sex trafficking experiences.

A second Covenant House study, conducted by Murphy et al. (2015) at Covenant House in New Orleans (CHNO), interviewed 99 youth aged 16–22 year old using the HTIAM-14, along with follow-up questions that allowed respondents to elaborate on their trafficking experiences. Results indicate that 11% of the sample reported an experience that would be classified as sex trafficking according to the current federal, legal definition. In addition, 15% of the sample indicated they had engaged in survival sex. Similar limitations exist in this study including potential social desirability bias from participants feeling uncomfortable disclosing their experiences and the fact that the study was conducted only among a convenience sample of homeless youth seeking services at CHNO.

Building off of the qualitative research conducted by Covenant House, which utilized the HTIAM-14 in-depth interview approach with homeless youth, researchers at the Arizona State University (ASU) Office of Sex Trafficking Intervention Research (STIR) designed a quantitative survey instrument, the Youth Experiences Survey (YES), to aid in the identification and understanding of sex trafficking prevalence and experiences of homeless young adults aged 18 to 25 in Phoenix and Tucson, Arizona (Roe-Sepowitz et al., 2016). The YES study has been conducted every year for the past three years (2014 – 2016), targeting homeless young adults in transitional housing, drop-in centers, and on the streets.

In 2014, 246 homeless young adults participated in the YES study and one in four ($n = 63$; 25.6%) of

homeless young adult participants self-reported they experienced sex trafficking. The 2015 YES study was completed by 215 homeless young adults, with one in three ($n = 77$, 35.8%) respondents self-reporting a sex trafficking experience. Arizona's 2016 YES study was administered to 199 homeless young adults through homeless service providers. Results indicate that of the 33.2% of homeless young adults who identified as being a sex trafficking victim, the average age of first sex trafficking experience was 17.9 years old and over a third (36.1%) reported that they were sex trafficked before the age of 18 (Roe-Sepowitz et al., 2016). The authors note a number of limitations to consider when interpreting the findings of the study. The data was drawn from the two largest cities in Arizona utilizing four service providers, but data was not collected from rural areas or smaller cities which may vary in regards to sex trafficking prevalence. In addition, the sample only included homeless young adults receiving services from four homeless service providers. However, the study confirmed the rate of reported sex trafficking victimization over a three-year period (average rate of 31.5%), identified serious challenges and service needs faced by homeless youth who have experienced sex trafficking, and offered important implications for service providers who serve homeless young adults in Arizona.

Although the majority of studies reviewed are cross-sectional and do not allow for the inference of causality, what emerges from the literature is a picture of significant risk for homeless youth becoming victims of sex trafficking. Homeless and runaway youth are perceived as easy targets for traffickers because they lack housing and basic necessities, they often cannot return home to their families and are socially isolated with limited support systems, and they have few legitimate ways of supporting themselves on the streets (Bigelsen & Vuotto, 2013; Clawson & Goldblatt, 2007; Reid, 2010).

Sex Trafficking in Kentuckiana

In Kentuckiana—a region of counties within both Kentucky and Indiana—the scope and complexity of sex trafficking among these at-risk youth has remained unclear. Moreover, previous research has yet to differentiate key characteristics between homeless youth who have experienced sex trafficking compared to those who have not. Many Kentuckiana

youth are at high-risk for sex trafficking due to high rates of homelessness, child maltreatment, child welfare and juvenile justice system-involvement, and poverty that exist in the metropolitan region (Hudson & Nandy, 2012). Sex trafficking cases have been increasingly identified by law enforcement and through service providers in Kentuckiana, with Louisville designated as a hotspot for sex trafficking activity due to its dense nexus of interstates and highways, as well as its role as host to several big events (Hayden & Anderson, 2014). According to the Kentucky Human Trafficking Report submitted to the Kentucky Legislative Research commission on November 1, 2016, since the inception of human trafficking reporting in Kentucky, there have been 365 reported incidents (40 in 2013, 57 in 2014, 99 in 2015, and 169 in 2016) involving 447 alleged victims (Department for Community Based Services, Cabinet for Health and Human Services, 2016). Jefferson County accounts for the highest number of incidents in the last four years with 74 reported incidents. For the 2016 reporting period, most of the victims were between ages 14 and 17 years, 79% female, and 53% were in out-of-home care, most commonly residential treatment programs or juvenile justice facilities. In 64% of the reported cases, a caretaker was alleged to be the perpetrator and in 31% of the cases, drugs were provided to the victim or involved in the trafficking. While these statistics are concerning, professionals in the field believe that these sex trafficking statistics are just the tip of the iceberg. The current study was conducted to elucidate information regarding the scope and complexity of sex trafficking among those most vulnerable to sex trafficking – young people experiencing homelessness – in order to inform social service practice, policy, and research.

Research Questions

The purpose of this study is to understand the scope and complexity of sex trafficking among youth experiencing homelessness in Louisville, Kentucky and Southern Indiana. The specific research questions are (1) What are the descriptions of youth experiencing homelessness in Kentuckiana related to place of origin, use of drugs and alcohol, mental and physical health diagnoses, family connectedness, reasons for homelessness, and risk and protective factors? (2) Are sex trafficked homeless youth different from non-sex trafficked homeless youth in regards to demographics,

family connectedness, sexual orientation, medical and mental health issues, high risk behaviors, school and social issues, adverse childhood experiences, drug and alcohol use/abuse, and risk and protective factors? Within the population of sex trafficked homeless youth research questions include: (3) What are the most common reasons the sex trafficking victims identify regarding how they were sex trafficked (e.g., for money, food, clothes, drugs, protection, a place to stay)? (4) How prevalent was the use of technology in their sex trafficking experience? (5) What is a profile of a sex trafficked homeless youth in Kentuckiana and how does this relate to their service needs? It is hypothesized that sex trafficked homeless youth will experience more negative outcomes (e.g., substance use, medical and mental health issues, adverse childhood experiences).

Methods

This study utilized a cross-sectional research design and included a convenience sample of 132 homeless youth aged 12 to 25 years old that completed a self-administered survey. The Institutional Research Board (IRB) at [removed for blind peer review] approved the study. The surveys were collected during a two-week period in October 2016.

Sample and Data Collection

Potential participants were initially approached to participate in the study when seeking services from eight homeless youth serving agencies in Louisville, Kentucky and Southern Indiana. A member of the staff at each agency utilized a recruitment protocol and script developed by the research team to explain the survey to the youth, assess the youth's interest in taking the survey, and determine if the youth met the inclusion criteria. To be included in the study, youth were to be between the age of 12 and 25 years and currently experiencing homelessness. Homelessness was defined as living on the streets, in a shelter, in a hotel, in a transitional housing program, or couch surfing. If eligible, the staff member informed the individual of the survey procedures and compensation. The staff member obtained oral consent and provided the youth with the survey to complete privately. Written consent was not obtained because the surveys were anonymous. The survey took the participants approximately

15 minutes to complete and each participant was paid \$5 for their time spent completing the survey.

Instrument

The Youth Experiences Survey (YES) developed by the Arizona State University (ASU) Office of Sex Trafficking Intervention Research (STIR) was used to assess the challenges and needs of youth experiencing homelessness. The YES is a validated survey instrument designed for homeless youth that aids in the identification and understanding of their sex trafficking prevalence and experiences. The YES is a 60-item survey with questions that ask about demographics, personal history, including where they are from, their living situation, drug and alcohol use, a health history section with questions about self-harm, history of suicide attempts, mental health issues and mental health treatment, medical issues and medical treatment access, and pregnancy. Each section of the survey (drug and alcohol use, health history, suicide attempts, mental health issues, etc.) began with a yes or no question. If a respondent replied "yes" to an item, they were then asked more detailed, follow-up questions. The family history section includes questions about how the youth define their family ("I define my family as...check all that apply"), how they feel about their connectedness with their families ("I would describe my connection to my family as..." and respondents were asked to select from options ranging from "no contact" to "lots of contact and supportive"), the supportiveness of their families, reasons for not having a place to live, and if family religion differs from their own. Response options included yes or no options, as well as the option to check all that apply. The life experiences section includes questions about how they make money and if they have experienced sex trafficking.

If the respondent reported a sex trafficking experience, the survey directed them to questions about the presence of a sex trafficker and what technology was used in the sex trafficking situation. Sex trafficking was identified if the respondents answered yes to any of the following questions:

1. Have you ever been compelled, forced, or coerced to perform a sexual act, including sexual intercourse, oral or anal contact for: money, food, clothing, drugs, protection, or a place to stay?

2. Do you currently have a person who encourages/pressures/forces you to exchange sexual acts for money, drugs, food, a place to stay, clothing or protection?
3. In the past, has anyone encouraged/pressured/forced you to exchange sexual acts for money, drugs, food, place to stay, clothing or protection?

Presence of a sex trafficker was identified if the respondents answered affirmatively to at least one of the following questions: (1) Do you currently have a person who encourages/pressures/forces you to exchange sexual acts for money, drugs, a place to stay, clothing or protection? (2) In the past, has anyone encouraged/pressured/forced you to exchange sexual acts for money, drugs, a place to stay, clothing or protection? Respondents indicated the types of technology used in the sex trafficking situation by responding to the following survey question, which included a list of possible forms of technology (e.g., smart phone, Facebook, Backpage.com): Were any of the following technological devices or means used to recruit you to trade sex, to keep you in the sex trading situation, or used as a tool in the sex trading situation?

The YES also included questions regarding the youths' risk and protective factors. Negative life experiences identified in the literature as being risk factors for homelessness and sex trafficking included a range of possible experiences, such as: residential treatment, negative contact with law enforcement, dating violence, foster care/group home, involvement with the juvenile justice system, academic difficulties, running away from home, expelled from school, special education classes, bullied by school peers, harassed by peers, working in the adult industry (e.g. pornography, stripping, escort), physical abuse by a parent/guardian, gang affiliation, emotional abuse by parent/guardian, sexual abuse (molested or raped) as a youth (ages 13–17), and sexual abuse (molested or raped) as a child (age 12-under). Protective factors were also surveyed, and these included: said no to drugs, said no when they felt they were being forced into sex, steady employment, being a part of a club or organization, enrolled in school or technical program, volunteered in community, supportive, loving family or group of friends, healthy, safe and permanent place to live, safe sex, trust/good relationship with law enforcement, feel secure or safe standing up for yourself/protecting yourself, and awareness of community resources.

In addition to the 60-item YES instrument, two additional sections were included for the purposes of the current study. A set of 10 questions were included pertaining to Adverse Childhood Experiences (ACE), based on the CDC's ACE study which uncovered a link between childhood trauma and chronic health and mental health diseases developed in adulthood (Felitti et al., 1998). Research regarding childhood trauma indicates that people with an ACE score of four or higher are more likely to experience chronic health and mental health problems in adulthood (Felitti et al., 1998). Youth were provided a list of ACE and were asked to circle all that apply. Additionally, a set of seven questions were included pertaining to personal history and context of one's suicidal experiences in order to more deeply explore the risk for suicidal ideation and behavior in youth experiencing homelessness and sex trafficking. Given that suicide-related disclosure is the most straight-forward method for not only identifying individuals at risk for suicide but also ensuring that treatment and support networks are meeting individuals' needs, questions focused on whether or not youth told anyone about their suicidal ideation or attempts, who they told, and whether or not they sought medical attention. Response options included yes or no for some of the initial questions ("Have you ever attempted suicide?"), followed by additional questions that included options to be selected as applicable ("If yes, when was the last attempt?" and "If yes, who did you tell?").

Analysis

Bivariate analyses were conducted to compare each of the outcome variables for the sex trafficked homeless youth versus the non-sex trafficked homeless youth. Chi-square tests were used to examine differences for categorical variables and independent-samples *t*-tests were used to compare means between groups. In regards to missing data, listwise deletion was utilized. The analyses were only run on cases that had a complete set of data.

Results

Demographics

The 132 respondents identified as female (48.1%, $n = 63$), male (47.3%, $n = 62$) and other gender (2.3%, $n = 3$). Other gender included respondents

who identified as the following: transgender (0.8%, $n = 1$) non-conforming (0.8%, $n = 1$), and two-spirit (0.8%, $n = 1$). The respondents' ages ranged from 12 to 25 ($M = 19.65$, $SD = 3.73$). Approximately seventy percent (71%, $n = 93$) of respondents identified as heterosexual, while 24.4% ($n = 32$) identified as lesbian, gay, bisexual, or pansexual, and 4.5% ($n = 6$) did not respond to the question. The most prevalent races/ethnicities reported were Black/African American (42.7%, $n = 56$), White/Caucasian (29.8%, $n = 39$) and Biracial/Multiracial (9.2%, $n = 12$). The respondents reported they were from Kentucky and Indiana and 11 other states in the United States, as well as one respondent from Puerto Rico, and another one from Mexico. Over half (62.1%, $n = 82$) of the respondents were born and raised in Kentucky. The majority of the respondents (64.9%, $n = 85$) had lived in Kentuckiana for more than a year with 16.8% ($n = 22$) living in the Kentuckiana region for less than a year. Approximately 19% ($n = 24$) of respondents left this item blank.

Housing

Youth experiencing homelessness reported their living situations as living in a shelter (57.3%, $n = 75$), couch surfing (11.5%, $n = 15$), living in a transitional housing program (11.5%, $n = 15$), living on the streets (9.9%, $n = 13$), or living in a hotel (3.8%, $n = 5$). Five respondents indicated their housing as 'other' and three did not answer the question. On average, respondents reported that their first homeless experience was at age 16 ($M = 16.54$, $SD = 4.2$). Responses ranged between the ages of three and 25 years.

Drug Use

Drug use was reported by 59.5% ($n = 78$) of the youth experiencing homelessness, while 19.8% ($n = 26$) reported having an addiction to drugs, and 13% ($n = 17$) an addiction to alcohol. On average, respondents reported that their first drug use was at age 13 ($M = 13.86$, $SD = 3.087$). Responses ranged between the ages of six and 22 years. Levels of reported motivation to change their behaviors regarding drug use and addiction by the respondents were spread from not at all motivated (18.3%, $n = 24$), somewhat motivated (26.7%, $n = 35$), very motivated (31.3%, $n = 41$) and no response (23.7%, $n = 31$). Fifty-two (39.7%) of

respondents reported using marijuana, 7 (5.3%) reported using methamphetamine, 8 (6.1%) reported using crack/cocaine, 7 (5.3%) reported using pills, 5 (3.8%) reported using heroin, 5 (3.8%) reported using all drugs, 2 (1.5%) reported using spice, 4 (3.1%) reported using opiates/OxyContin, 1 (0.8%) reported using /Ecstasy, and 1 (0.8%) reported using acid.

Self-Harm Behaviors

Nearly half (48.1%, $n = 63$) of the youth experiencing homelessness reported they participated in some form of self-harming behavior including cutting (25.2%, $n = 33$), not eating for long periods (29%, $n = 38$), drinking alcohol excessively (19.8%, $n = 26$), and scarification (e.g., scratching, etching, burning/branding, or superficially cutting designs, pictures, or words into the skin as a permanent body modification (15.9%, $n = 21$). Nearly a quarter of respondents reported participating in other risk taking behaviors (22.9%, $n = 30$) including having sex with strangers (19.1%, $n = 25$) and body modification (10.7%, $n = 14$), which is defined as altering or modifying the human anatomy or physical appearance for self-expression, shock value or aesthetics (Featherstone, 1999). A little under half (41.2%, $n = 54$) of the respondents reported experiencing a previous suicide attempt.

Mental Health

Nearly three-fourths (73.3%, $n = 96$) of the youth experiencing homelessness reported having a current mental health issue/diagnosis, with more than half (58%, $n = 76$) reporting more than one mental health issues/diagnoses. Fifty-seven (43.5%) respondents reported depression, 58 (44.3%) reported anxiety, 58 (44.3%) reported Bipolar Disorder, 39 (29.8%) reported ADD/ADHD, 27 (20.6%) reported Post-traumatic Stress Disorder, 14 (10.7%) reported Oppositional Defiant Disorder, 14 (10.7%) reported Schizophrenia, 11 (8.4%) reported Borderline Personality Disorder, 9 (6.9%) reported Antisocial Personality Disorder, and 1 (0.8%) reported Dissociative Identity Disorder. One respondent (0.8%) reported having Autism Spectrum Disorder. A little under half of the respondents (48.1%, $n = 63$) reported having received treatment for their reported mental health disorders.

Medical Issues

Approximately two in five (38.9%, $n = 51$) of the respondents reported they had health insurance through Kentucky system and 16% ($n = 21$) reported that they had insurance through the Indiana system. A current medical problem was reported by 57.3% ($n = 75$) of the respondents with 13% ($n = 17$) reporting a current dental issue. Medical conditions included the following: asthma 21.4% ($n = 28$), vision issues 22.1% ($n = 29$), skin problems 8.4% ($n = 11$), heart 7.6% ($n = 10$), chronic pain 6.9% ($n = 9$), Hepatitis C 6.1% ($n = 8$), sexually transmitted infections 6.1% ($n = 8$), joint problems 4.6% ($n = 6$), broken bones 3.8% ($n = 5$), stomach 3.1% ($n = 4$), HIV/AIDS 3.1% ($n = 4$) and open wounds 1.5% ($n = 2$). Approximately a quarter (25.2%, $n = 33$) of the youth experiencing homelessness reported receiving medical treatment for their identified current medical problem. The sources of medical care varied from using permanent sources (emergency rooms in hospitals, urgent care clinics) to mobile clinics to self or a friend treating the medical problem.

Among females in the sample, 14.3% ($n = 9$) reported currently being pregnant. Nearly a third (31.3%, $n = 41$) of the respondents reported they had children: 16% ($n = 21$) reporting that the children were in their care; 3.8% ($n = 5$) reported their children were in foster care; 13.7% ($n = 18$) were in the care of their family, and 0.8% ($n = 1$) reported others situations. The number of children reported by the respondents ranged from one to five children ($M = 2.03$, $SD = 1.21$).

Family Connection

Youth experiencing homelessness reported that their relationships and level of connectedness with their families varied. Approximately sixteen-percent ($n = 21$) reported no contact with their family, 21.4% ($n = 28$) reported some contact but negative, 11.5% ($n = 15$) reported lots of contact with family, but not supportive, 29% ($n = 38$) reported some contact but positive, and 11.5% ($n = 15$) reported lots of contact with family and supportive.

In response to a question about possible reasons for the respondents' level of contact with their families, 39.7% ($n = 52$) reported that they were kicked out by their families, 27.5% ($n = 36$) reported that their home with their family was not a safe environment for

them, and 24.4% ($n = 32$) reported their family lives too far away. When asked why they were kicked out of their homes, youth reported: family conflict/fighting with parents (30.5%, $n = 40$), substance use (10.7%, $n = 14$), their family could not provide for their basic needs (poverty) (9.9%, $n = 13$), their family did not approve of their sexual orientation (1.5%, $n = 2$), and their family did not approve of their gender identity (2.3%, $n = 2$).

Specific religious practices were reported by 33.3% ($n = 44$) of the youth experiencing homelessness. Approximately 27.5% ($n = 36$) of the respondents reported they practiced the same religion as their families, whereas 32.8% ($n = 43$) reported they did not practice the same religion as their family. Approximately 7.6% ($n = 10$) of the respondents identified this as contributing to a disconnection with their families. The desire to be more connected with families was reported by 44.3% ($n = 58$) respondents.

Economics of Youth Experiencing Homelessness

The respondents identified a variety of ways they earned money which included: having a steady job 35.9% ($n = 47$), side jobs for cash 21.4% ($n = 28$), selling their own belongings 19.1% ($n = 25$), day labor 16% ($n = 21$), selling drugs 15.3% ($n = 20$), sex trading 10.7% ($n = 14$), selling stolen things 10.7% ($n = 14$), panhandling 8.4% ($n = 11$), pick pocketing 2.3% ($n = 3$), and door to door sales 0.8% ($n = 1$).

Risk Factors

Youth experiencing homelessness identified their risk factors as: ran away from home 46.6% ($n = 61$), experienced dating violence 45% ($n = 59$), emotional abuse by parent or guardian 41.2% ($n = 54$), bullied by school peers 37.9% ($n = 50$), physical abuse by parent or guardian 32.8% ($n = 43$), lived in foster care/group home 32.1% ($n = 42$), sexually abused (molested or raped) 32.1% ($n = 42$), academic difficulty 29% ($n = 38$), negative contact with law enforcement 29% ($n = 38$), involvement in juvenile justice system 28.2% ($n = 37$), harassed by peers 26.7% ($n = 35$), molested or raped as a child (under 12) 23.7% ($n = 31$), expelled from school 22.9% ($n = 30$), gang affiliation 16.8% ($n = 22$), and worked in adult entertainment industry (pornography, stripping, escort) 16% ($n = 21$). Eighteen percent (17.6% $n = 23$)

identified as having been in special education classes when in school.

Adverse Childhood Experiences

Prior research conducted by the Center for Disease Control and Prevention regarding childhood trauma indicates that people with an ACE score of four or higher are more likely to experience chronic health and mental health problems in adulthood (Felitti et al., 1998). Sixty-six percent of the YES respondents in our study reported an ACE score of four or higher, in contrast to 12% of respondents in the Center for Disease Control and Prevention's national study of ACE.

Protective Factors

Youth experiencing homelessness identified their protective factors as: said no when drugs or alcohol were offered 50.4% (n = 66), safe sex 51.9% (n = 68), enrolled in school or technical program 35.9% (n = 47), said no when they felt they were being forced into sex 34.4% (n = 45), healthy, safe, and permanent place to live 33.6% (n = 44), supportive loving family or group of friends 31.3% (n = 41), feel secure or safe standing up for yourself/protecting yourself 32.8% (n = 43), volunteered in the community 32.1% (n = 42), steady employment 31.3% (n = 41), been a part of a club or youth organization 38.9% (n = 51), and trust/good relationship with law enforcement 26% (n = 34). Approximately 31.3% of the youth (n = 41) report being aware of community resources.

Sex Trafficking Experiences of Homeless Youth

Sex Trafficking Experiences

Two in five (41.2%, n = 54) of the youth experiencing homelessness reported they had been sex trafficked. Thirty female youth reported they were a sex trafficking victim, which is 47.6% of the total number of female youth experiencing homelessness in the sample. Of the 62 male respondents, 32.3% (n = 20) reported they were a sex trafficking victim. Finally, of the three individuals who identified as other gender, 66.7% (n = 2) reported that they were a sex trafficking victim. Regarding sexual orientation, of the 54 youth who reported they had been sex trafficked, 64.8% (n = 35) identified as heterosexual and 27.8% (n = 15) identified as LGBTQ. Of the 54 respondents who reported being sex trafficked, only 59.3% (n = 32)

responded to the question asking them how old they were the first time they were sex trafficked. The age of first sex trafficking victimization was 16 years old and ranged from 12 to 23 years (M = 16.38, SD = 2.98) with 57.6% (n = 19) of the youth who responded to this question reporting that they were sex trafficked before they were 18 years old.

The most commonly reported reasons the respondents identified regarding how they were sex trafficked were: they were compelled, forced, or coerced to perform a sexual act that was for money (55.6%, n = 30) followed by for a place to stay (48.1%, n = 26), for food (38.9%, n = 21), for drugs (37%, n = 20), for clothes (16.7%, n = 9), and for protection (13%, n = 7). Having a sex trafficker was reported by 75.9% (n = 41) of the respondents that identified as being a victim of sex trafficking. Approximately 29.6% (n = 16) of the 54 respondents who reported a sex trafficking experience identified they were currently being sex trafficked by a person who encourages/pressures/forces them to exchange sexual acts for money, drugs, protection, a place to stay, clothing or protection.

Types of Technology Used in Sex Trafficking Situations

The use of technology for the purpose of the sex trafficking was identified by 70.4% (n = 38) of the 54 respondents who reported having been sex trafficked. The types of the technology used to recruit, keep them in, or as a tool in the sex trafficking situation included smartphone 35.2% (n = 19), Backpage.com 29.6% (n = 16), Facebook 22.2% (n = 12), Snapchat 14.8% (n = 8), pornographic pictures 11.1% (n = 6), dating websites, craigslist 9.3% (n = 5), Twitter 9.3% (n = 5), Instagram 7.4% (n = 4), Tumblr 3.7% (n = 2), Paypal 3.7% (n = 2), Bitcoin 3.7% (n = 2), Tinder 1.9% (n = 1). The names of the dating websites used to recruit, keep them in, or as a tool in the sex trafficking situation were written in by participants and included Uberhorny and Plenty of Fish.

Comparing the Sex Trafficked Victims with the Non-Sex Trafficked Group

There were no significant differences between the two groups, the sex trafficked and non-sex trafficked youth, regarding gender, sexual orientation, age at the

time of the survey, age of first homelessness experience, or age at first drug use.

Self-Harm and Risk Taking Behaviors

Self-harming behaviors were significantly more likely to have been reported by the sex trafficked group when compared to the non-sex trafficked group ($\chi^2(1, n = 114) = 13.17, p < .001$) (see Table 1). The sex trafficked youth were more likely to report they were participating in cutting behaviors when compared to the non-sex trafficked group ($\chi^2(1, n = 103) = 10.219, p = < .01$). Drinking alcohol excessively was significantly more likely to be reported by the sex trafficked group of homeless youth respondents than the non-sex trafficked group ($\chi^2(1, n = 104) = 4.424, p = < .05$). Drug use as a high-risk behavior was significantly more likely to have been reported by the sex trafficked respondents when compared to the non-sex trafficked group ($\chi^2(1, n = 104) = 9.53, p < .01$) (see Table 1).

Having sex with strangers as a risky behavior was significantly more likely to have been reported by the sex trafficked respondents than the non-sex trafficked group ($\chi^2(1, n = 104) = 16.04, p < .001$). Risk taking behaviors ($\chi^2(1, n = 104) = 17.846, p < .001$) and not eating for long periods of time ($\chi^2(1, n = 04) = 13.482, p < .001$) were significantly more likely to have been reported by the sex trafficked respondents than the non-sex trafficked respondents. Also, engaging in body modification behaviors was more likely to be reported by the non-sex trafficked youth respondents when compared to the sex trafficked group ($\chi^2(1, n = 104) = 13.22, p < .001$) (see Table 1).

Mental Health Issues

Sex-trafficked youth experiencing homelessness were more likely to report a previous suicide attempt compared to the non-sex trafficked group ($\chi^2(1, n = 80) = 11.881, p < .01$) (see Table 1). The sex trafficked respondents were more likely to have a current mental health issue/diagnosis than the non-sex

Table 1. Self Harm, Risking Taking, and Mental Health by Group.

Sexual Orientation and Substance Use by Trafficking Victimization				
Variable	Sex trafficked group (n = 54) n (%) or mean (SD)	Non-sex trafficked group (n = 77) n (%) or mean (SD)	χ^2 or t test	
Sexual orientation	Heterosexual 35 (64.8)	LGBTQ 17 (26.6)	1 (1.6)	2.59
Did not respond	15 (27.8)	4 (7.4)		
Drug addiction*	19 (38.8)	7 (11.3)		12.038
Alcohol addiction	11 (22.4)	6 (9.5%)		4.234
Methamphetamine use	3 (7)	3 (5.7)		0.070
Self-Harm and Risk Taking Behaviors by Trafficking Victimization				
Variable				
Self-harming behaviors**	38 (71.7)	23 (37.7)		13.173
Not eating for long periods**	26 (53.1)	10 (18.5)		13.482
Risk taking behaviors**	24 (49)	6 (11.1)		17.846
Drug use**	23 (46.9)	10 (18.5)		9.53
Cutting**	22 (45.8)	9 (16.7)		10.219
Sex with strangers**	20 (40.8)	4 (7.4)		16.044
Drinking alcohol excessively*	17 (34.7)	9 (16.7)		4.424
Body modification**	13 (26.5)	1 (1.9)		13.322
Sex with strangers**	20 (40.8)	4 (7.4)		16.044
Drinking alcohol excessively*	17 (34.7)	9 (16.7)		4.424
Body modification**	13 (26.5)	1 (1.9)		13.322
Mental Health Issues by Trafficking Victimization				
Variable				
Mental health issue/diagnosis**	47 (94)	43 (72.9)		8.387
More than one diagnosisReported**	40 (85.1)	31 (55.4)		10.56
Previous suicide attempt**	34 (82.9)	18 (46.2)		11.881
Ever received mental health treatment	28 (73.7)	31 (66)		0.591
Anxiety**	37 (78.7)	19 (33.9)		20.668
Depression**	34 (72.3)	20 (37)		13.167
Bipolar disorder**	33 (70.2)	21 (35.1)		10.964
ADD/ADHD	19 (40.4)	17 (30.4)		1.139
Post-Traumatic Stress Disorder*	17 (36.2)	9 (16.1)		5.470
Borderline Personality Disorder*	8 (17)	3 (5.4)		3.645
Oppositional Defiant Disorder	7 (15.2)	5 (8.9)		.962
Schizophrenia	7 (14.9)	7 (12.5)		.125
Antisocial Personality Disorder	6 (12.5)	3 (5.4)		1.668

*Significance at a $p < .05$ level. **Significance at a $p < .01$ level.

trafficked group ($\chi^2 (1, n = 110) = 8.387, p <.01$). The sex trafficked group was also significantly more likely to report having more than one mental health diagnosis compared to the non-sex trafficked group ($\chi^2 (1, n = 104) = 10.56, p <.01$). Specifically, the sex trafficked group were more likely to report being diagnosed with bipolar disorder ($\chi^2 (1, n = 104) = 10.964, p <.001$), depression ($\chi^2 (1, n = 103) = 13.17, p <.001$) and anxiety ($\chi^2 (1, n = 104) = 20.67, p <.001$).

Medical Problems and Services Accessed

The two groups were not significantly different regarding medical services accessed (see Table 2). Poor vision ($\chi^2 (1, n = 93) = 3.69, p <.05$ and dental problems ($\chi^2 (1, n = 93) = 8.52, p <.01$) were more likely to be reported by the sex trafficked group.

Family Connection and Support

There were no statistically significant differences in regards to family connection and support when comparing the sex trafficked group with the non-sex trafficked group (see Table 3). The sex trafficked group

was more likely to report that they have children ($\chi^2 (1, n = 118) = 6.21, p <.01$) (see Table 3).

Protective Factors

The sex trafficked homeless youth were more likely to have said no when they felt that they were being forced into sex ($\chi^2 (1, n = 100) = 12.909, p <.01$) (see Table 3).

How Respondents Earn Money

The sex trafficked homeless youth respondents were more likely to report that they earned money by selling their own things ($\chi^2 (1, n = 108) = 4.023, p <.05$ or from day labor ($\chi^2 (1, n = 108) = 4.17, p <.05$) (see Table 4).

Risk Factors

Childhood maltreatment was reported by both the sex trafficked and non-sex trafficked homeless youth (see Table 4). However, the sex trafficked respondents were more likely to report emotional abuse by a parent or caregiver ($\chi^2 (1, n = 107) = 5.483, p <.05$), childhood (age 12 and under) sexual abuse

Table 2. Medical Problems and Services Accessed by Group.

Medical Problems by Trafficking Victimization			
Variable	Sex trafficked group (n = 54) n (%) or mean (SD)	Non-sex trafficked group (n = 77) n (%) or mean (SD)	χ^2 or t test
Current medical problem	34 (63)	36 (78.3)	2.768
Poor vision*	16 (38.1)	10 (20)	3.687
Asthma	11 (26.2)	14 (28.2)	.038
Chronic pain	8 (19)	1 (2)	7.516
Dental problems**	12 (28.6)	3 (6)	8.522
Skin problems	6 (14.3)	5 (10.2)	.355
Sexually Transmitted Infections	5 (11.9)	1 (2)	3.673
Broken bones	3 (7.1)	2 (4)	.439
Open wounds	2 (4.9)	0	2.494
Medical Services Accessed by Trafficking Victimization			
Variable			
Emergency room	27 (60)	26 (50)	.973
Urgent care/walk-in clinic	18 (40)	13 (25)	2.496
Primary doctor	16 (35.6)	19 (38.8)	.001
Free health clinic	16 (36.4)	11 (21.2)	2.727
Currently receiving medical care	12 (30)	18 (38.3)	.659
Treat it myself	6 (13.6)	3 (5.8)	1.736
Alternative medicine	4 (9.1)	1 (2)	2.408
City public health clinic	3 (6.8)	3 (5.8)	.045
Friend/relative treats it	2 (4.5)	1 (1.9)	.541
Use internet to learn how to treat it	0	4 (7.7)	3.532
Pregnancy and Children by Trafficking Victimization			
Variable			
Have children*	23 (43.4)	14 (21.9)	6.210
Children with family	12 (52.2)	4 (26.7)	2.423
Currently pregnant	5 (9.4)	5 (8.1)	0.067
Children in the respondent's care	10 (43.5)	8 (53.3)	.354
Children in foster care	2 (8.7)	2 (13.3)	.207

*Significance at a $p < .05$ level. **Significance at a $p < .01$ level.

Table 3. Family Connection, Support, and Other Protective Factors by Group.

Family connection and support by Trafficking Victimization			
Variable	Sex trafficked group (n = 54) n (%) or mean (SD)	Non-sex trafficked group (n = 77) n (%) or mean (SD)	χ^2 or t test
Some family contact, but positive	22 (37.3)	13 (25.5)	1.755
No contact	10 (19.2)	10 (16.9)	0.097
Some family contact, but negative	15 (28.8)	12 (20.3)	1.087
Lots of family contact, supportive	4 (7.8)	10 (16.9)	2.042
Lots of family contact, not supportive	11 (21.6)	7 (11.9)	1.882
They kicked me out	23 (48.9)	23 (41.8)	0.519
The family was not a safe environment	18 (39.9)	17 (32.1)	0.536
They live too far away	13 (28.9)	16 (30.2)	0.020
Protective Factors by Trafficking Victimization			
Variable			
Has safe sex	32 (74.4)	33 (58.9)	2.588
Said no when drugs and alcohol were offered	31 (72.1)	31 (56.4)	2.569
Said no when you felt you were forced into sex**	27 (62.8)	15 (26.8)	
Feel secure or safe standing up for yourself/protecting yourself	23 (53.5)	19 (33.9)	3.81
Been part of a club or youth organization	22 (51.2)	25 (44.6)	0.415
Aware of community resources	21 (48.8)	16 (28.6)	4.268
Having a health, safe and permanent place to live	21 (48.8)	19 (33.9)	2.245
Enrolled in a technical program	19 (45.2)	26 (46.4)	0.014
Have a supportive, loving family or group of friends	19 (45.2)	21 (37.5)	.595
Volunteered in the community	18 (41.9)	21 (37.5)	0.194
Trusting/good relationship with law enforcement	15 (35.7)	16 (28.6)	0.566
Steady employment	12 (27.9)	25 (44.6)	2.911

*Significance at a $p < .05$ level. **Significance at a $p < .01$ level.

(χ^2 (1, $n = 107$) = 3.658, $p < .05$), and sexually abused between the ages of 13 – 17 years old (χ^2 (1, $n = 107$) = 8.843, $p < .01$). The sex trafficked homeless youth were more likely to report having experienced dating violence than the non-sex trafficked group (χ^2 (1, $n = 107$) = 16.948, $p < .001$). Finally, the sex trafficked homeless youth were more likely to report experiences of working in the adult entertainment industry (χ^2 (1, $n = 107$) = 13.45, $p < .001$, having experienced negative contact with law enforcement: (χ^2 (1, $n = 106$) = 4.93, $p < .05$, and having been expelled from school (χ^2 (1, $n = 107$) = 7.83, $p < .01$).

Adverse Childhood Experiences

Sex trafficked youth in the sample reported higher ACE scores when compared to the non-sex trafficked youth (see Table 4). Almost half (48%) of the youth who report being sex trafficked have an ACE score of seven or more, compared to 25% of the non-trafficked youth. Furthermore, there was a statistically significant difference in regards the total ACE score reported by the sex trafficked group ($M = 5.96$, $SD = 2.77$) versus the non-sex trafficked group ($M = 4.77$, $SD = 2.43$) (t (98, $n = 100$) = -2.497 , $p < .05$). The sex trafficked group was statistically significantly more likely to report experiencing emotional abuse [ACE question 1 (χ^2 (1, $n = 100$) = 4.25, $p < .05$)],

sexual abuse [ACE question 3 (χ^2 (1, $n = 100$) = 11.529, $p > .001$), emotional neglect [ACE question 4 (χ^2 (1, $n = 100$) = 3.5, $p < .05$), physical neglect [ACE question 5 (χ^2 (1, $n = 100$) = 3.9, $p < .05$), and witnessing domestic abuse [ACE question 7 (χ^2 (1, $n = 100$) = 7.719, $p < .05$)].

Discussion

The findings of this study will help the Kentuckiana community better serve homeless youth through an increased awareness of their specific experiences and needs. The main findings of this study include: (a) a majority of youth experiencing homelessness in Kentuckiana in the study sample were originally from Kentuckiana (62.1%); (b) drug and alcohol use and addiction, as well as mental health problems (diagnoses and self-harm behaviors), are issues impacting youth experiencing homelessness in Kentuckiana; (c) the majority of the participants reported some positive contact with their families which indicates that agencies should continue to initiate and support the engagement of the family system of homeless youth to help address their needs when appropriate and feasible (e.g. homelessness, drug and alcohol addiction and mental health problems); (d) many of the youth who participated in the YES study had received social system-based services during their childhoods in

Table 4. Risk Factors by Group.

How Respondents Earn Money by Trafficking Victimization			
Variable	Sex trafficked group (n = 54) n (%) or mean (SD)	Non-sex trafficked group (n = 77) n (%) or mean (SD)	X ² or t test
Steady job	21 (41.2%)	19 (32.8%)	.828
Selling my own things*	15 (30%)	8 (14%)	4.023
Day labor*	14 (28%)	7 (12.3%)	4.172
Side jobs for cash	12 (23.5%)	13 (22.8%)	.008
Sell drugs	12 (23.5%)	7 (12.3%)	2.349
Selling stolen things	9 (18%)	5 (8.8%)	1.995
Panhandling	5 (10%)	6 (10.5%)	.008
Risk Factors by Trafficking Victimization			
Variable			
Experienced dating violence**	35 (72.9)	19 (32.8)	16.948
Emotional abuse by parent or guardian*	30 (62.5)	23 (39.7)	5.483
Physical abuse by parent or guardian	21 (43.8)	20 (34.5)	.951
Running away	29 (60.4)	29 (50)	1.796
Bullied by school peers	24 (51.1)	23 (39.7)	1.367
Sexually abused (ages 13–17)**	22 (45.8)	11 (19)	8.843
Residential treatment	21 (43.8)	20 (35.1)	.821
Negative contact with law enforcement*	21 (44.7)	14 (24.1)	4.93
Harassed by peers	19 (39.6)	15 (25.9)	2.270
Foster care/group home	19 (39.6)	23 (39.7)	.0
Expelled from school**	19 (39.6)	9 (15.5)	7.826
Sexually abused (age 12 and under)*	18 (37.5)	12 (20.7)	3.658
Academic difficulties	18 (37.5)	17 (29.3)	.796
Worked in the adult entertainment industry**	17 (35.4)	4 (6.9)	13.447
Juvenile justice involvement	16 (33.3)	19 (32.8)	.004
Been in special education classes	12 (25)	9 (15.5)	1.487
Gang affiliation	11 (22.9)	10 (17.2)	.532
ACE Scores			
Variable			
Total ACE Score*	5.958 (2.767)	4.769 (2.438)	-2.284
ACE Question 1*	37 (77.1)	30 (57.7)	4.245
Did your parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? OR Did your parent or other adult in the household act in a way that made you afraid that you might be physically hurt?			
ACE Question 2	31 (64.6)	32 (61.5)	0.099
Did your parent or other adult in the household often or very often push, grab, slap, or throw something at you? OR Did your parent or other adult in the household ever hit you so hard that you had marks or were injured?			
ACE Question 3**	32 (66.7)	17 (32.7)	11.529
Did an adult or a person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way? OR Did an adult or a person at least five years older than you ever attempt or actually have oral, anal, or vaginal intercourse with you?			
ACE Question 4*	37 (77.1)	31 (59.6)	3.5
Did you often or very often feel that no one in your family loved you or thought you were important or special? OR Did you often or very often feel that your family didn't look out for each other, feel close to each other, or support each other?			
ACE Question 5*	27 (56.3)	19 (36.5)	3.904
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Did you often or very often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?			
ACE Question 6	39 (75)	32 (66.7)	.842
Were your parents ever separated or divorced?			
ACE Question 7*	26 (19.2)	14 (26.9)	.005
Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? OR Was your mother or stepmother sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR Was your mother or stepmother ever repeatedly hit for at least a few minutes or threatened with a knife or a gun?			

(Continued on next page)

Table 4. (Continued)

How Respondents Earn Money by Trafficking Victimization			
ACE Question 8 Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	29 (60.4)	25 (48.1)	1.53
ACE Question 9 Did you live with anyone who was depressed or mentally ill, or did a household member attempt suicide?	18 (37.5)	18 (34.6)	0.09
ACE Question 10 Did you ever live with anyone who was sent to prison?	17 (35.4)	23 (44.2)	0.808

*Significance at a $p < .05$ level. **Significance at a $p < .01$ level.

Kentuckiana including residential treatment programs, foster care involvement, school programs, and juvenile justice involvement.

Several differences were found between the sex-trafficked participants and the non-sex trafficked participants. The main findings regarding the 41.2% of the homeless youth participants that reported having experienced sex trafficking victimization included: a) the sex trafficked participants reported being sex trafficked for money (55.6%) and place to stay (48.1%); b) technology was an integral part of the sex trafficking experience for 70.4% of the sex trafficking victims; c) the sex trafficked group reported more addiction to drugs, and more self-harm and risk-taking behaviors than the non-sex trafficked group; d) mental health problems and childhood experiences of maltreatment (sexual, physical, and emotional abuse; domestic abuse; physical and emotional neglect), school expulsions, and negative contacts with law enforcement were reported more often by the sex trafficked group.

The profile of a sex trafficked youth experiencing homelessness in Kentuckiana from our sample would be a person who reports being addicted to drugs, has a history of cutting, and participates in other self-harm and risk-taking behaviors. They are more likely to have survived at least one suicide attempt, have a high ACE score (seven or more), and have more than one mental health diagnosis including depression, anxiety, and/or bipolar disorder. They are most likely to report having children of their own, having experienced dating violence, and having reported a risk behavior such as having sex with strangers.

Implications for Practice, Policy, and Future Research

The results of this study have relevance to current social work practice and policy. This study found that

youth experiencing homelessness in Kentuckiana have faced serious challenges in their lives and often report limited opportunities to resolve some of their most presenting problems including drug addiction, mental health issues, and limited family connectedness. The findings of this study also establish the rate of reported sex trafficking victimization among youth experiencing homelessness in the Kentuckiana sample. The rate of sex trafficking victimization is 41% among study participants. This has significant implications for the service providers who serve youth experiencing homelessness in Kentuckiana.

The results of this study provide a snapshot of the complexities homeless youth face throughout their childhood and early adult life. Service providers should identify areas within programs to embed education and clinical services surrounding childhood abuse, exploitation, and suicide. Service programs should ensure that interventions not only focus on victims of trafficking but runaway and homeless youth who are at-risk for exploitation. An emphasis is needed to expand beyond just female-focused interventions and to be inclusive of male, and LGBTQ youth. Runaway and Homeless Youth (RHY) providers should evaluate their existing programming and identify areas to increase prevention-based activities using trafficking and at-risk language to inform high-risk youth how to ensure safety, identify healthy (and non-healthy) relationships, and increase resiliency factors to prevent victimization.

Homeless and runaway youth are often viewed as isolated from the community and as part of street families. This study found that many young adults would like improved relationships with their family or to have a stronger support network. Efforts that seek to reunite youth with a network of family and supports could include building a peer support network to help move the youth forward to rebuild relationships and to assist youth in achieving self-sufficiency

using those needed supportive relationships. These supportive networks can also serve as a protective factor for youth at risk of sexual exploitation. This data highlights the increased risk for adolescents and young adults in child welfare, residential treatment and at-risk programming to educate and inform staff and clients regarding the potential for exploitation and sex trafficking. Regardless of trafficking-specific programs, service providers should include training on human trafficking, risks, and red flags to identify potential at-risk or victims and refer to appropriate victim serving agencies. Sex trafficking victims access many services during their adolescent and young adult years (Macy & Graham, 2012). All agencies should have a response protocol to ensure that staff provides appropriate referrals. Homeless agencies should be prepared to provide alternative programming or explore service delivery that meets the comprehensive needs of victims. Services should include, but not be limited to case management, service and safety planning, substance abuse, therapeutic, education, and workforce programming and include medical and dental options. Victims of sex trafficking are actively engaged in the homeless, youth serving agencies and housing opportunities need to consider the time a victim may need post-victimization to heal, restore and rebuild life skills.

To improved service delivery specific to youth at risk for sex trafficking or youth victims of sex trafficking, agencies should consider the following activities: adding sex trafficking questions to screening (see Macy & Graham, 2012, for full review); training staff at all levels of service provision on sex trafficking identification; developing and providing targeted, evidence-based, trauma-informed service delivery for victims of trafficking; developing and providing evidence-based, trauma-specific treatment (e.g., Trauma Focused-Cognitive Behavioral Therapy) for youth identified as trafficking victims; developing protocols for mandated reporting requirements for minor and adult sex trafficking victims; and developing clear and useable safety measures for staff and clientele to prevent sexual exploitation and promote protection from predators. Training and education should continue with each agency to increase awareness about sex trafficking and should include a focus on the warning signs and risk factors surrounding victims of trafficking with a focus on trauma-informed care. Lastly, agencies should consider partnering with victim

providers and social work clinicians to offer groups, one-on-one and supportive services to build prevention, education and wraparound care for clients. This study not only provides support for improved service delivery, but also provides essential statistics that should inform internal policy and procedures for youth serving agencies in Kentucky and Indiana.

In regards to future research, findings point towards a need to better understand the role that trauma and adverse childhood experiences may play in making young people vulnerable to sex trafficking and how these experiences correspond with mental health issues. While trauma, adversity, and mental health issues appear to be significant correlates of sex trafficking experiences among youth in our sample, a longitudinal study would help determine the temporal order of events in a young person's life and how these experiences contribute to mental health concerns. Further, the findings suggest opportunities for prevention and early intervention practices among vulnerable youth. Future studies could test these interventions among youth experiencing homelessness. In addition, future research could validate screening and assessment tools and protocols that most effectively and efficiently identify youth at-risk of or who have experienced trafficking and/or exploitation. Improvements in early identification efforts would help connect youth to trauma-informed services as quickly as possible in order to address trauma symptoms and prevent revictimization.

Limitations

There are some limitations to consider when interpreting the findings of this study. This study is cross-sectional (e.g., snapshot, point-in-time) and was conducted only among a convenience sample of youth experiencing homelessness in Kentuckiana who were receiving services in October of 2016. All results refer to this sample and are not generalizable to or representative of all Kentuckiana youth experiencing homelessness, the national population of people experiencing homelessness, or the larger U.S. population and should not be construed as such. By the same token, the data was drawn from a large metropolitan region in Kentuckiana utilizing eight service providers and data was not collected from rural areas. In rural communities, sex trafficking prevalence along with the other issues presented in this study may vary from the

urban sample used in this study. Another limitation of this study consists of the sample being limited to those in contact with a homeless youth service provider whether through street outreach, at a resource/drop-in center, or in a transitional housing program. Though not assessed in this study, it is possible that there is a significant difference in victimization rates between homeless youth who seek shelter and those who do not. Additionally, this study utilized a self-report measure (e.g., the YES), without objectively verified data, to collect information from study participants. As with any self-report measure, researchers rely on the honesty, introspective ability, and understanding/interpretation of their participants. Furthermore, as with much social science research dealing with sensitive topics, it is prudent to assume that the numbers presented here concerning sex trafficking, drug use, and victimization are underestimated. This may be due to social desirability bias resulting from respondents feeling uncomfortable disclosing their potential involvement in activities often considered to be illicit, as well as the likelihood that some may have responded “no” to questions about certain experiences because they did not understand the question and/or did not view their experiences to be relevant to the researchers.

Conclusion

Nearly one out of every two homeless youth surveyed in Kentuckiana reported being a victim of sex trafficking. This information will hopefully change the way that homeless youth in this community are screened for sex trafficking and that ensure that service providers will recognize the probability of sex trafficking victimization among their homeless youth clients. The findings from this study highlight the need for additional services targeting homeless youth and victims of sex trafficking. Although this study was conducted within the Kentuckiana region, the prevalence rates within our participants suggest a common experience that likely occurs across other regions of the United States. Clinicians and practitioners are valuable assets that can support and empower victims of sex trafficking in their recovery. By providing a snapshot of their experiences, this study prepares service providers to understand the complexity of victims’ histories and provides some recommendations for working alongside them.

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