



# YOUTH • EXPERIENCES • SURVEY

Exploring the Scope and  
Complexity of Sex Trafficking in  
a Sample of Youth Experiencing  
Homelessness in Kentuckiana



**UL** KENT SCHOOL OF  
SOCIAL WORK  
Human Trafficking  
Research Initiative



University of Louisville

Human Trafficking  
Research Initiative

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

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## EXECUTIVE SUMMARY

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

Research indicates that the majority of sex trafficking cases go unreported. 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 individuals to identify themselves as victims (Walker, 2013; President's Interagency Taskforce to Monitor and Combat Trafficking in Persons, 2014). As such, there is a need to determine the prevalence of sex trafficking experiences, particularly among those most at-risk for trafficking. 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 addition, recent research has shown that homelessness is a risk factor for sexual exploitation and sex trafficking (Hudson & Nandy, 2012), but much remains unknown regarding the prevalence, risks, and intervention needs of sexually exploited and trafficked homeless young people relative to non-exploited or trafficked homeless young people.

The Youth Experiences Survey (YES) was given to a population that is complex and difficult to assess. Youth experiencing homelessness (ages 12 to 25) are difficult to find and can be difficult to engage. This survey was given to youth experiencing homelessness in both Louisville, Kentucky and Southern Indiana, known as the Kentuckiana region, at homeless youth-targeted service providers. The findings from the Youth Experiences Survey provide insight into the challenges and needs of youth experiencing homelessness. Information from the survey provides data on the scope and complexity of their challenges, including the sex trafficking experiences of these young people.

Identifying sex trafficking among youth experiencing homelessness is challenged by access issues, such as transience and difficulty in locating the youth, which makes this population difficult to study. This study targeted youth in shelters, transitional housing, drop-in centers, and on the streets. A seven-page survey was distributed to youth experiencing homelessness over two weeks in October 2016 by agency staff from eight agencies. This report will include a description of the 2016 survey results of the respondents and a comparison of the respondents that reported that they were sex trafficking victims versus the non-sex trafficking victim respondents in the sample.

#### ***Status of Youth Experiencing Homelessness in a Kentuckiana Sample***

##### **In the 2016 YES:**

- 140 participants completed the YES. Eight surveys were excluded because the respondents did not meet the age criteria. A total of 132 surveys were included in the 2016 sample of the YES.
- The average age of the 132 respondents was 19.53 years old.
- They reported their gender identity as 47.7% (n=63) females, 47% (n=62) males, and 2.3% other gender (n=3).

- The sexual orientation of the participants was reported as 70.5% (n=93) Heterosexual, 25.0% (n=33) Lesbian, Gay, Bisexual, or Pansexual and 4.5% (n=6) no response.
- Youth experiencing homelessness reported their living situations as living in a shelter (56.8%, n=75), couch surfing (11.4%, n=15), living in a transitional housing program (11.4%, n=15), living on the streets (10.6%, n=14), or living in a hotel (3.8%, n=5).
- Over half (62.1%, n = 82) of the respondents were born and raised in Kentucky, while the rest were from 12 other states, one from Puerto Rico, and one from Mexico.
- More than half of the respondents reported they had used drugs or alcohol, while 21.2% (n=28) reported they had an addiction to drugs and 13.6% (n=18) had an addiction to alcohol.
- The drug used most often by the respondents was marijuana (48.6%, n=51).
- A previous suicide attempt was reported by 41.7% (n=55) of the respondents.
- Approximately three quarters (73.5%, n =97) of the respondents reported experiencing a current mental health problem, 58.3% (n =77) had more than one mental health problem, with the most common mental health problems identified as anxiety (44.7%, n=59) and depression (43.9%, n=58).
- Less than half (47%, n=62) of the respondents reported having received treatment services for their current mental health problem.
- Over half (57.6%, n=76) of the respondents identified a current medical problem with 25.8% (n=34) reporting they had received treatment for the identified problem(s).
- The most common medical problems reported included vision problems (21.2%, n=28) and asthma (21.2%, n=28).
- Family connectedness and level of contact varied among the respondents with 29.5% (n= 39) reporting they have some limited, but positive contact with their families and 43.9% (n= 58) reported that they would like to be more connected to their families.
- Risk factors reported by the respondents included:
  - Having run away (46.2%, n=61)
  - Experienced dating violence (43.9%, n=58)
  - Emotional abuse by a parent or guardian (40.9%, n=54)
  - Being sex trafficked (40.9%, n=54)
  - Been bullied by school peers (37.9%, n=50)
  - Having been in group or foster homes (32.6%, n=43)
  - Sexual abuse before the age of 18 (31.1%, n=42)
  - Negative experiences with law enforcement (28, n=37)
- Protective Factors
  - Said no to drugs or alcohol when it was offered to them (50.8%, n=67)
  - Approximately 51% (n=67) reported practicing safe sex and 34.8% (n=46) reported they said no when they felt they were being forced into having sex.
  - Having been in a club or youth organization (39.4%, n=52)
  - Having a supportive, loving family or group of friends (33.3%, n=44)

- Felt secure or safe standing up for themselves or protecting themselves (33.3%, n=44)
- Enrolled in school or a technical program (36.4%, n=48)
- Having steady employment (30.3%, n=40)

***Status of Victims of Sex Trafficking Experiencing Homelessness in Kentuckiana***

- Overall, 40.9% (n=54) of the youth experiencing homelessness identified as being a sex trafficking victim.
- Almost half (47.6%, n=30) of female respondents reported they had been sex trafficked.
- Approximately one out of three (32.3%, n=20) male participants reported a sex trafficking experience.
- The average age of first sex trafficking experience was 16.4 years old with 35.2% (n=19) reporting that they were sex trafficked before the age of 18.
- Approximately seventy-six percent (n=41) of the respondents who reported being sex trafficked reported they had a sex trafficker with 29.6% (n=16) of the respondents reporting they were currently being sex trafficked at the time of the survey.
- The most common reasons identified by the 54 participants that reported sex trafficking victimization were for money (55.6%, n=30), for a place to stay (48.1%, n=26), and for drugs (37%, n=20).
- When comparing the sex trafficked youth experiencing homelessness with the non-sex trafficked youth experiencing homelessness, the sex trafficked group was found more likely to:
  - Be addicted to drugs
  - Participate in self-harm activities including cutting
  - Have survived a suicide attempt
  - Have a mental health problem/diagnosis
    - Have a diagnosis of Depression
    - Have a diagnosis of Anxiety
    - Have a diagnosis of Bipolar Disorder
  - Have more than one mental health problem/diagnosis
  - Have children
  - Have been in residential treatment programming
  - Have a history of dating violence
  - Have a history of physical abuse by a parent or guardian
  - Have a history of sexual abuse
  - Have negative contacts with law enforcement
  - Have a history of school expulsions
  - Have worked in the adult entertainment industry
  - Have a history of emotional abuse by a parent or guardian
  - Have higher adverse childhood experience (ACE) scores

## PROJECT OVERVIEW

The University of Louisville Human Trafficking Research Initiative (HTRI) with the support of Arizona State University Office of Sex Trafficking Intervention Research (ASU STIR) conducted the YES study in the fall of 2016. The purpose of the YES study is to understand the scope and complexity of sex trafficking among youth experiencing homelessness in Kentucky and Southern Indiana. Currently, no prevalence data exists in Kentuckiana regarding sex trafficking experiences of at-risk youth. Prevalence data will help inform the need for training and specialized services and will contribute to future grant opportunities and resources to better serve trafficked youth and young adults in our community.

The Youth Experiences Survey (YES) is a validated survey instrument developed by ASU STIR that aids in the identification and understanding of sex trafficking prevalence and experiences. ASU STIR and their local partners have been collecting data over the past three years utilizing Arizona's YES. In the most recent 2016 study, research indicates that 33.2% of homeless young adults aged 18-25 in Arizona identify as being a sex trafficking victim. Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) young adults report higher rates of sex trafficking versus non-LGBTQ young adults (Roe-Sepowitz, Brockie, Bracy, & Hogan, 2016). The data from the Kentuckiana YES study will be published and shared statewide, to assist with the development of targeted, trauma-informed programs, to aid in the development of funding opportunities to address the issue, and to highlight the prevalence of sexual exploitation and sex trafficking of our most vulnerable youth populations. The data will also be combined with the ASU STIR YES data to develop a wider scope of understanding about sex trafficking and young people across the United States.

### **Background**

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, et al., 2008). Accurate information regarding the number of at-risk youth who have been victims of human trafficking is scarce, due to discrepancies in data collection and a lack of understanding of sex trafficking and sex work (World Health Organization, 2012). 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 food or shelter (Hudson & Nandy, 2012). Many of the youth engaging in this type of "survival sex" meet criteria established by the 2000 Trafficking Victims Protection Act, and a growing awareness of this type of 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') (Covenant House, 2013).

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 (Walker, 2013; President's Interagency Taskforce to Monitor and Combat Trafficking in Persons, 2014). Often victims experience psychological issues such as posttraumatic stress disorder, which can contribute to their vulnerability to pimps and traffickers, and serve as a barrier to effectively accessing and engaging in services. Due to a lack of specialized housing and services for victims, the majority of youth who may identify as victims may be homeless or runaways, or can be found in our juvenile justice settings and residential treatment programs. Arizona's YES found 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). Victims of trafficking often have serious and complicated mental health needs related to their traumatic experiences. However, the majority of youth service providers in these settings report that they have received little to no specialized training regarding sex trafficking, they do not have trauma-informed identification protocols, and they are in need of specific services to offer youth once they are identified as victims of sex trafficking (Middleton & Vavrousek, 2015).

Human trafficking cases have been increasingly identified by law enforcement and through service providers in Kentuckiana through the use of technology, 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). Many Metro Louisville youth are at high-risk for sex trafficking due to high rates of homelessness, child maltreatment, system-involvement, and poverty that exist in Kentuckiana (Hudson & Nandy, 2012). According to the KY Human Trafficking Report submitted to the KY Legislative Research commission on November 1, 2015, since the inception of human trafficking reporting in KY, there have been 193 reported incidents (40 in 2013, 57 in 2014, and 96 in 2015) involving 235 alleged victims (Department for Community Based Services, 2015). Jefferson County accounts for the highest number of incidents in the last three years with 71 reported incidents. Most of these victims are between ages 14 and 17 years, 85% are female, and 53% were in out-of-home care, most commonly residential treatment programs or juvenile justice facilities. While these statistics are concerning, professionals in the field believe that these sex trafficking statistics are just the tip of the iceberg.

### **Use of the Research**

In the current human trafficking statistics from Kentucky, only the sex trafficking cases that rise to the threshold of a formal child protection report are documented and included in the reports. Research indicates that the majority of sex trafficking cases go unreported, and as such, there is a need to determine prevalence estimates of sex trafficking experiences among at-risk youth and

young adults in Kentuckiana. By surveying youth experiencing homelessness, organizations can upscale service provision and ultimately work to reduce the risks of sex trafficking among vulnerable youth. Information obtained from this study will assist organizations in developing new intervention and prevention programs focused on combatting sexual exploitation and sex trafficking.

### **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. Youth experiencing homelessness took a survey at eight agencies about their life experiences including sex trafficking victimization. The survey process took approximately 15 minutes to complete, the surveys were anonymous, and youth received \$5 to compensate them for their time. The Institutional Research Board (IRB) at the University of Louisville approved the study.

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:

3. What are the most common reasons the sex trafficking victims report 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 the profile of a sex trafficked homeless youth in Kentuckiana and how does this relate to their service needs?

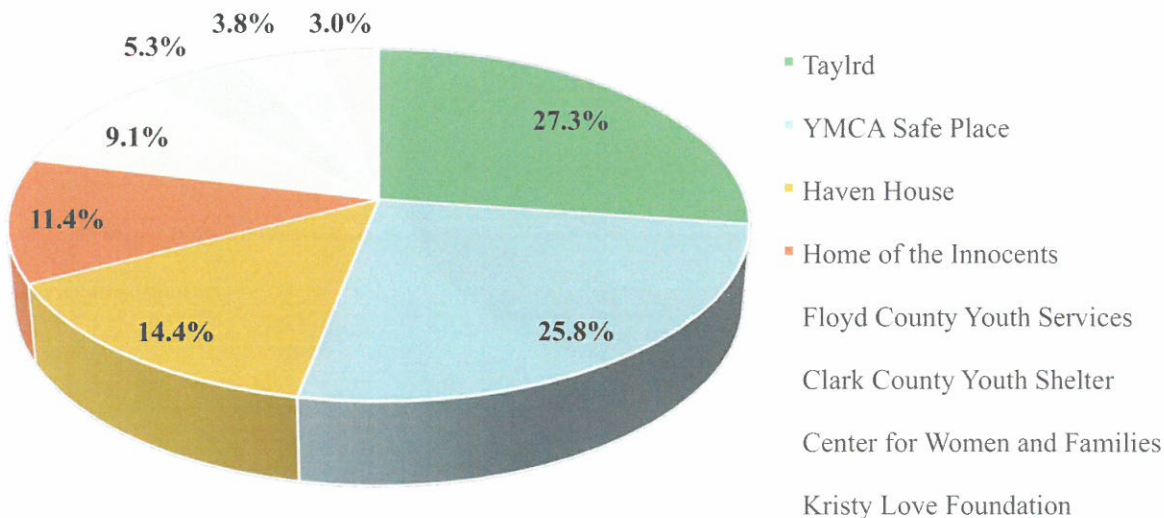
## **RESEARCH METHODOLOGY**

### **Participants**

During a two-week period in October 2016, 132 youth experiencing homelessness from the Kentuckiana area completed the YES. Respondents were drawn from eight different homeless service provision sites across Louisville and Southern Indiana; specifically, Taylrd 27.3% (n=36), YMCA Safe Place 25.8% (34), Haven House 14.4% (19), Home of the Innocents 11.4% (n=15), Floyd County Youth Services 9.1% (n=12), Clark County Youth Shelter 5.3% (n=7), Center for Women and Families 3.8% (n=5), and the Kristy Love Foundation 3.0% (n=4).

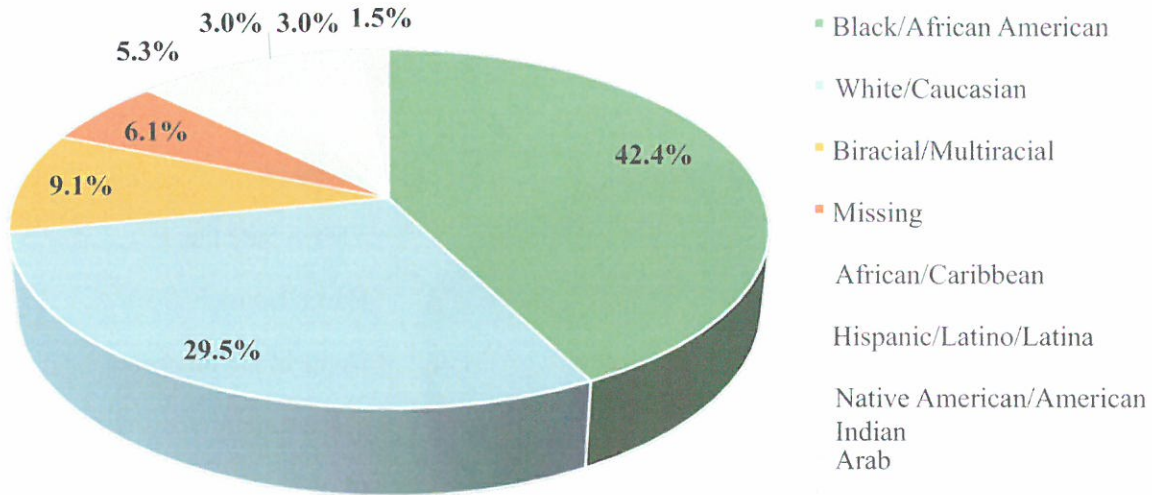


**Figure 1. Respondents by Agency**



Respondents identified as female (47.7%, n = 63), male (47.0%, 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 =19.53, SD =3.77). Approximately seventy percent (70.5%, n = 93) of respondents identified as heterosexual, 25% (n = 33) 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 (42.4%, n = 56), White/Caucasian (29.5%, n =39) and Biracial/Multiracial (9.1%%, n = 12). A more specific breakdown of race/ethnicity is provided in the figure below.

**Figure 2. Respondent Ethnicity**



**Instrument**

The YES developed by ASU STIR was utilized along with the following additional sections:

- An additional set of 10 questions was included pertaining to Adverse Childhood Experiences (ACEs), 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).
- An additional set of seven questions was 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.

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. The family history section includes questions about how the youth define their family, how they feel about their connectedness with and support from their families, reasons for not having a place to live, and if family religion differs from their own. 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?

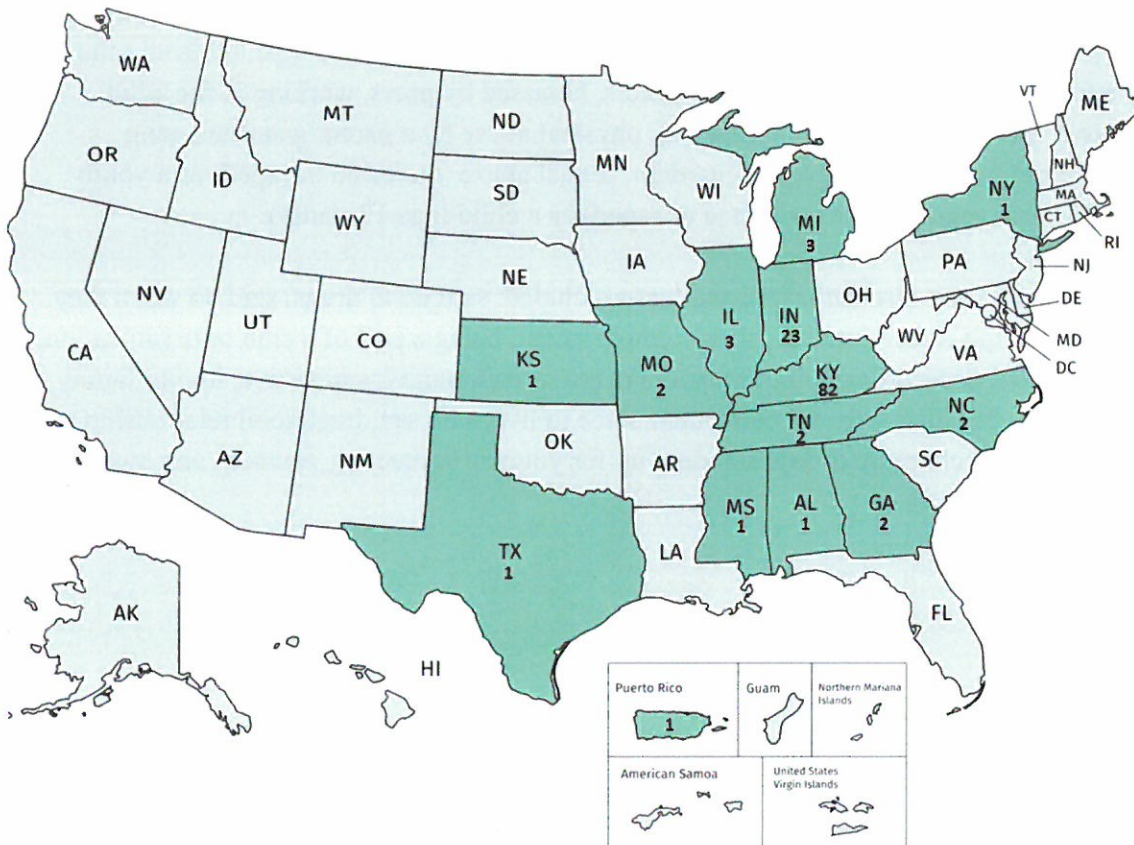
Negative life experiences identified in the literature as being risk factors for homelessness and sex trafficking included a range of possible experiences, such as: residential treatment, negative contact with law enforcement, dating violence, foster care/group home, involvement with the juvenile justice 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.

## FINDINGS

The respondents reported they were from Kentucky and Indiana and 11 other states in the United States, one from Puerto Rico, and one from Mexico. Over three-quarters (79.5%, n = 105) of the respondents were born and raised in Kentucky or Indiana. The majority of the respondents (64.4%, n = 85) had lived in Kentuckiana for more than a year with 16.7% (n = 22) living in the Kentuckiana region for less than a year. Approximately 19% (n = 25) of respondents left this item blank. Respondents reported that their first homeless experience was between the ages of 3 and 25 years (M = 16.49, SD = 4.14).

**Figure 3. Respondent Place of Origin**

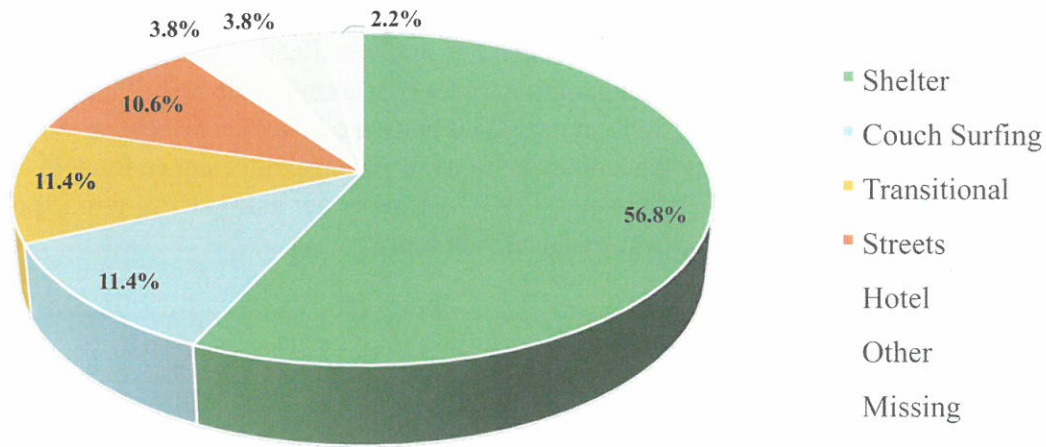


*\*One respondent reported originating from Mexico, and six respondents did not report place of origin.*

### Housing

Youth experiencing homelessness reported their living situations as living in a shelter (56.8%, n=75), couch surfing (11.4%, n=15), living in a transitional housing program (11.4%, n=15), living on the streets (10.6%, n=14), or living in a hotel (3.8%, n=5). Five respondents indicated their housing as 'other' and three did not answer the question.

**Figure 4. Housing arrangement**



**Drug Use**

Drug use was reported by 57.6% (n = 76) of the youth experiencing homelessness, while 21.2% (n = 28) reported having an addiction to drugs, and 13.6% (n = 18) an addiction to alcohol. The age of first drug use ranged from six to 22 years (M = 13.79, SD = 2.99). Levels of reported motivation to change regarding drug use by the respondents were spread from not at all motivated (18.9%, n = 25), somewhat motivated (26.5%, n = 35), very motivated (31.1%, n = 41) and no response (23.5%, n = 31). The types of drugs used by the respondents varied and some respondents identified using multiple drug types.

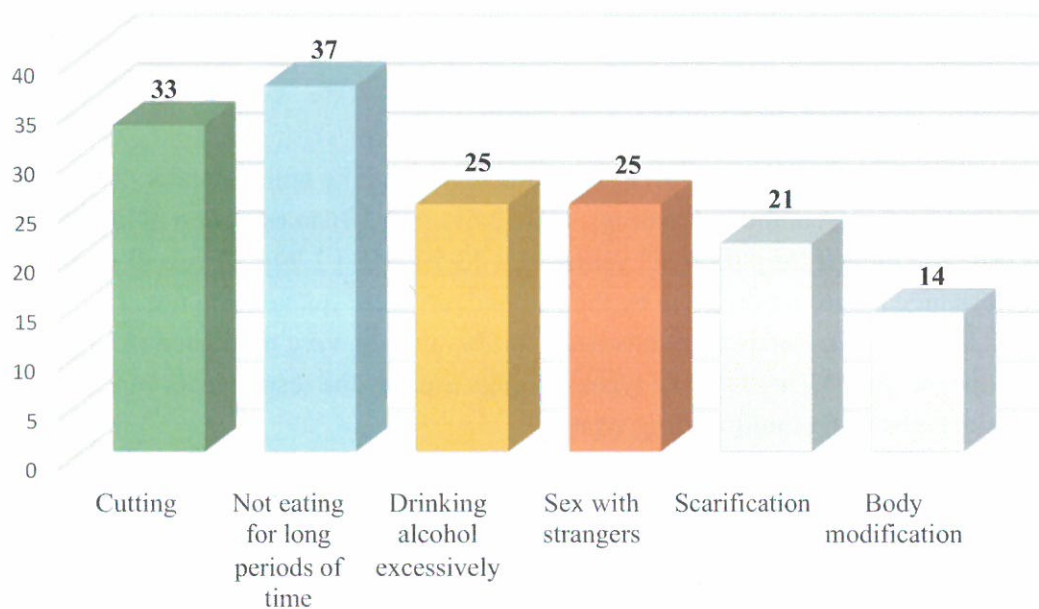
**Table 1. Reported Drug Use**

Drug Type	#	%
Marijuana	51	38.6%
Methamphetamine	7	5.3%
Crack/Cocaine	7	5.3%
Pills	7	5.3%
Heroin	5	3.8%
All Drugs	5	3.8%
Spice	4	2%
Opiates/OxyContin	2	1.5%
X/Ecstasy	1	0.8%
Acid	1	0.8%

## Self-Harm Behaviors

Nearly half (46.2%, n= 61) of the youth experiencing homelessness reported they participated in some form of self-harming behavior including cutting (25%, n = 33), not eating for long periods (28%, n = 37), drinking alcohol excessively (18.9%, n = 25), and scarification (15.9%, n = 21). Nearly a quarter of respondents reported participating in other risk taking behaviors (23.5%, n = 31) including having sex with strangers (18.9%, n = 25) and body modification (10.6%, 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 (41.7%, n = 55) of the respondents reported experiencing a previous suicide attempt.

**Figure 5. Self-harm and risk taking behaviors**



### **Mental Health Issues**

Nearly three-fourths (73.5%, n = 97) of the youth experiencing homelessness reported having a current mental health issue/diagnosis, with more than half (58.3%, n=77) reporting more than one mental health issues/diagnoses.

**Table 2. Reported Mental Health Diagnoses**

<b>Types of Mental Disorders Reported (N =132)</b>	<b>#</b>	<b>%</b>
Anxiety	59	44.7%
Depression	58	43.9%
Bipolar Disorder	57	43.2%
ADD/ADHD	39	29.5%
Post-Traumatic Stress Disorder	29	22%
Schizophrenia	14	10.6%
Oppositional Defiant Disorder	14	10.6%
Borderline Personality Disorder	11	8.3%
Antisocial Personality Disorder	8	6.1%
Dissociative Identity Disorder	2	1.5%

One respondent (0.8%) reported having Autism Spectrum Disorder. A little under half of the respondents (47.0%, n=62) reported having received treatment for their reported mental health disorders.

### Medical Issues

Approximately two in five (39.4%, n=52) of the respondents reported they had health insurance through Kentucky system and 15.9% (n=21) reported that they had insurance through the Indiana system. A current medical problem was reported by 57.6% (n=76) of the respondents with 12.9% (n=17) reporting a current dental issue. Medical conditions included the following: asthma, vision issues, chronic pain, sexually transmitted infections, open wounds, skin problems and broken bones.

**Table 3. Reported Medical Challenges**

Medical Issues Reported	#	%
Asthma	28	21.2%
Poor Vision	28	21.2%
Skin Problems	11	8.3%
Heart	10	7.6%
Chronic Pain	10	7.6%
Heart	10	7.6%
Hepatitis C	8	6.1%
Sexually Transmitted Infections	8	6.1%
Joint Problems	6	4.5%
Broken Bones	5	3.8%
Stomach	5	3.8%
HIV/AIDS	4	3%
Open Wounds	2	1.5%

Approximately a quarter (25.8%, n =34) 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.

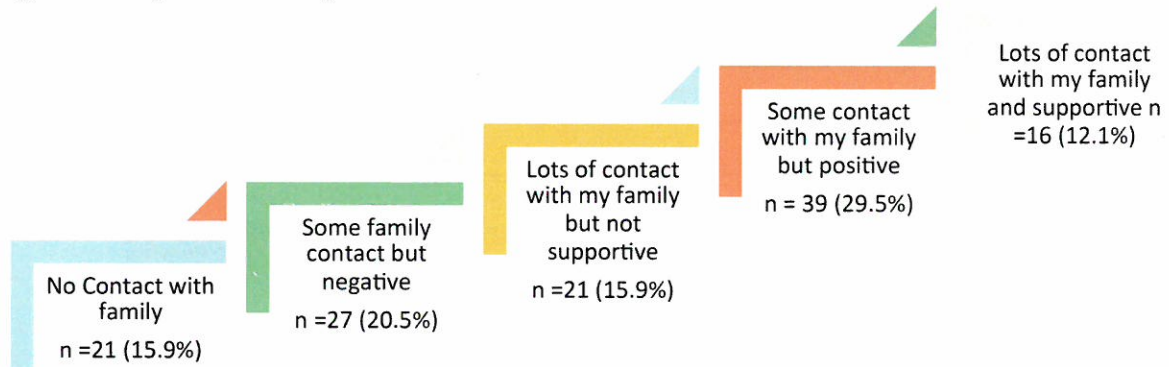
Among females in the sample, 14.3% (n=9) reported currently being pregnant. A third (29.5%, n =39) of the respondents reported they had children: 14.4% (n=19) reporting that the children were in their care; 3.8% (n=5) reported their children were in foster care; 13.6% (n=18) were in the care of their family, and 0.8% (n=1) reported others situations. The number of children reported by the respondents ranged from one to five children (M =1.97, SD= 1.10).



## Family Connection

Youth experiencing homelessness reported that their relationships and level of connectedness with their families varied. Approximately sixteen-percent (15.9%, n =21) reported no contact with their family, 20.5% (n =27) reported some contact but negative, 15.9% (n =21) reported lots of contact with family, but not supportive, 29.5% (n =39) reported some contact but positive, and 12.1% (n =16) reported lots of contact with family and supportive.

**Figure 6. Reported Family Connection**



In response to a question about possible reasons for the respondents' level of contact with their families, 38.6% (n=51) reported that they were kicked out by their families, 26.5% (n=35) reported that their home with their family was not a safe environment for them, and 23.5% (n=31) reported their family lives too far away.

Reasons that they were kicked out of their homes reported by youth included: family conflict/fighting with parents (31.1%, n = 41), family conflict (10.6%, n=14), their family could not provide for their basic needs (poverty) (9.1%, n = 12), their family did not approve of their sexual orientation (2.3%, n = 3), and their family did not approve of their gender identity (2.3%, n = 2).

Specific religious practice was reported by 33.3% (n =44) of the youth experiencing homelessness. Approximately 27% (n =36) of the respondents reported they practiced the same religion as their families, whereas 31.1% (n =41) reported they did not practice the same religion as their family. Approximately 8% (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 43.9% (n = 58) respondents.

**Economics of Homeless Youth**

The respondents identified a variety of ways they earned money which included: having a steady job, working day labor, selling drugs, selling stolen things, selling their own belongings, working side jobs for cash, door to door sales, panhandling, pickpocketing, and sex trading.

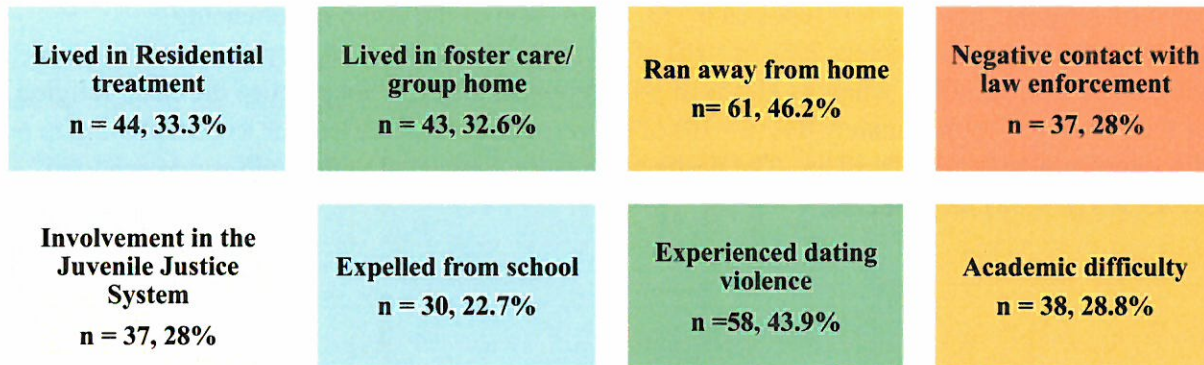
**Table 4. Reported method of earning money**

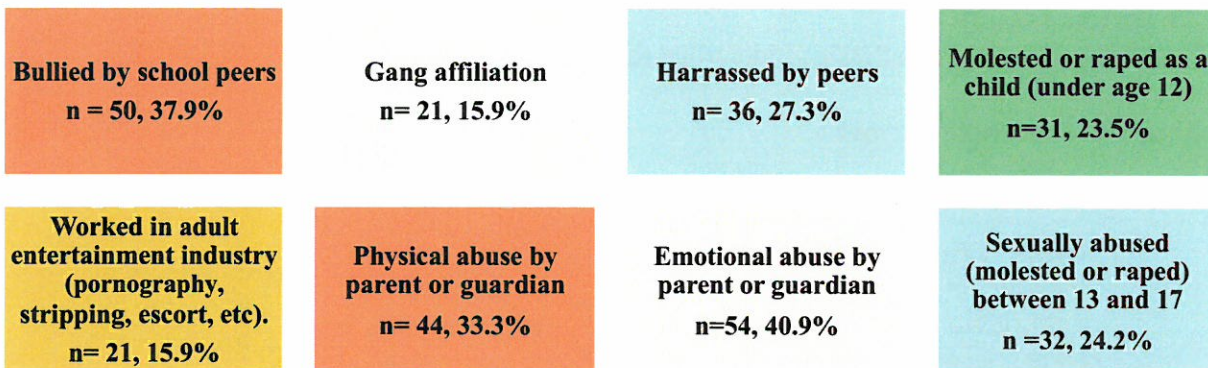
How the Respondents make money to live	#	%
Steady job	49	37.1%
Side jobs for cash	29	22%
Selling their own belongings	25	18.9%
Day labor	21	15.9%
Selling drugs	20	15.3%
Sex trading	14	10.6%
Selling stolen things	14	10.6%
Panhandling	11	8.3%
Pickpocketing	3	2.3%
Door to door sales	1	0.8%

**Risk Factors**

Youth experiencing homelessness identified their risk factors as:

**Figure 6. Risk Factors**





Eighteen percent (18.2% n =24) identified as having been in special education classes when in school. A third (31.1%, n=41) of the homeless youth respondents reported that they had been sexually abused before the age of 18.

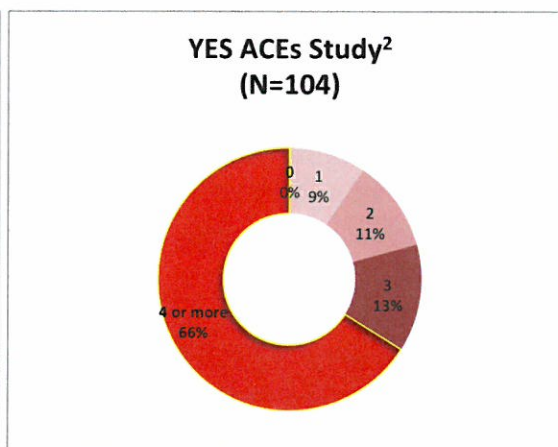
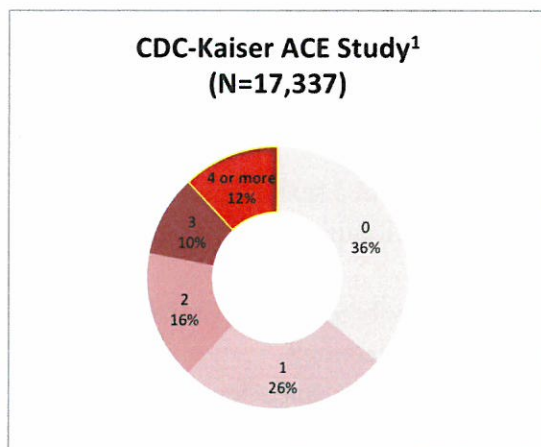
### Number of ACEs

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). Sixty-six percent of the YES respondents had 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.

Figure 7. ACE Scores

### Comparison of ACEs Between Populations

Number of Adverse Childhood Experiences (ACE Score)	CDC-Kaiser <sup>1</sup>			YES Study <sup>2</sup>		
	Women	Men	Overall	Women	Men	Overall
0	35%	38%	36%	0%	0%	0%
1	25%	28%	26%	5%	15%	9%
2	15%	16%	16%	7%	17%	11%
3	10%	9%	10%	12%	13%	13%
4 or more	15%	9%	12%	75%	55%	66%



Sources:

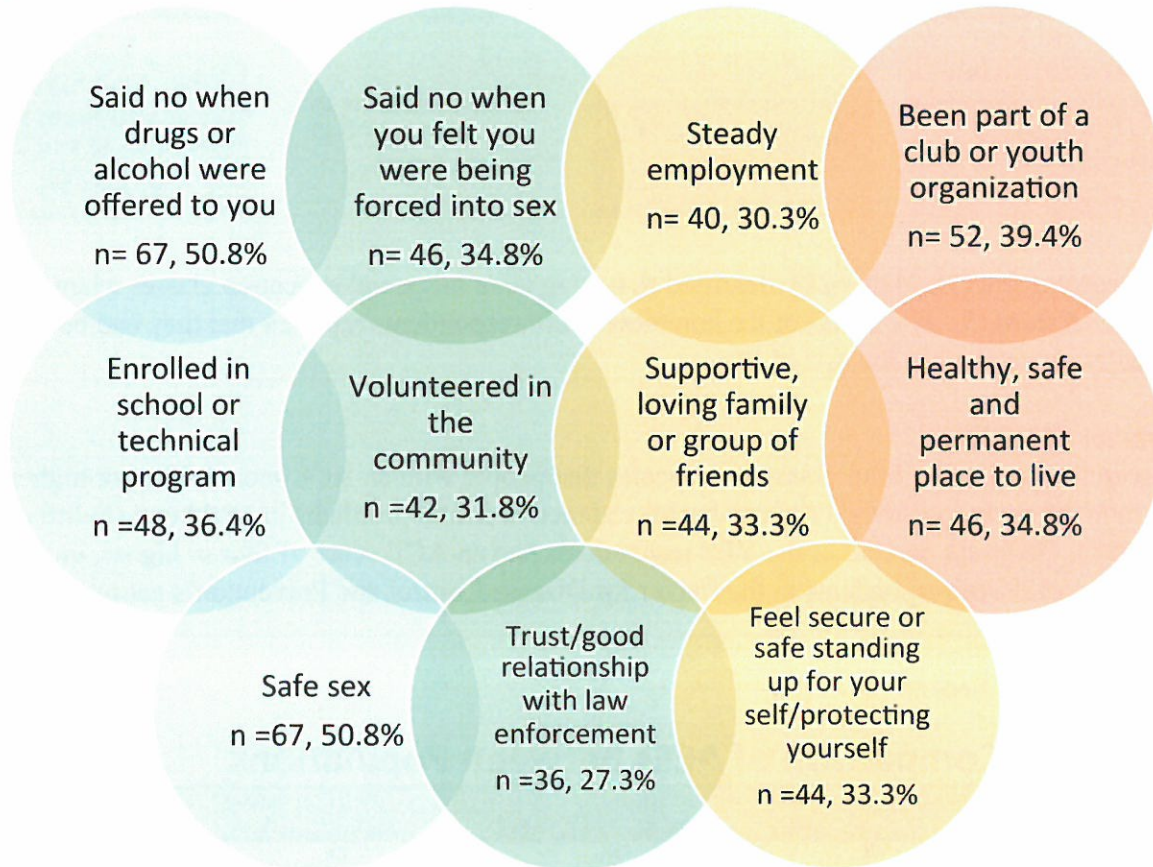
<sup>1</sup>Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services; 2016.

<sup>2</sup>Youth Experiences Study, UofL Human Trafficking Research Initiative, 2017

### Protective Factors

Youth experiencing homelessness identified their protective factors as:

**Figure 8. Protective Factors**



Approximately 33% of the youth (n=43) report being aware of community resources.

### Sex Trafficking Experiences of Homeless Youth

#### Sex Trafficking Experiences

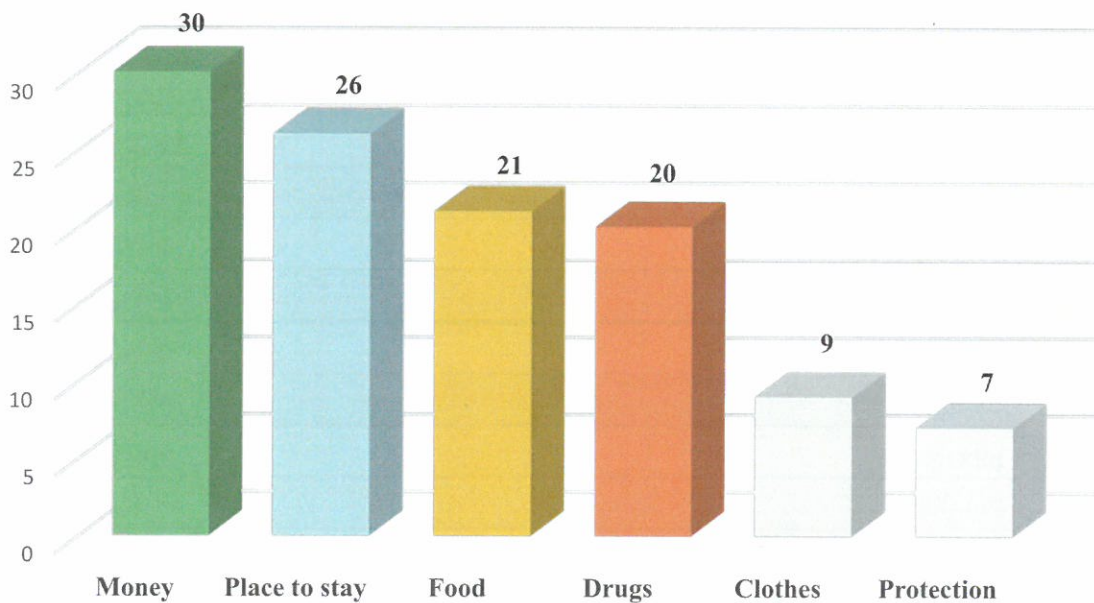
Two in five (40.9%, n=54) of the youth experiencing homelessness reported they had been sex trafficked by answering affirmatively to any of the following questions:

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?

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 ranged from 12 to 23 years (M = 16.38, SD = 2.98) and 59.4% (n=19) of the youth who responded to this question reported that they were sex trafficked before they were 18 year 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).

**Figure 8. Commercial Sexual Exchange**



Having a sex trafficker was reported by 75.9% (n = 41) of the respondents that identified as being a victim of sex trafficking. The 75.9% who reported having a sex trafficker 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?

Approximately 33% (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 respondents responded affirmatively to the following survey question:

1. 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?

**Table 5. Technology Use in Sex Trafficking Situation**

Types of technology used in the sex trafficking situations (n=54)	#	%
Smartphone	19	35.2%
Backpage.com	16	29.6%
Facebook	12	22.2%
Snapchat	8	14.8%
Pornographic pictures	6	11.1%
Dating websites	5	9.3%
Craigslist.com	5	9.3%
Twitter	5	9.3%
Instagram	4	7.4%
Tumblr	2	3.7%
Paypal	2	3.7%
Bitcoin	2	3.7%
Tinder	1	1.9%

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 the participants and included Uberhorny and Plenty of Fish.

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

To compare the sex trafficked group and the non-sex trafficked group, chi-square and t-test analyses were used. There were no significant differences between the two groups regarding age at the time of the survey, age of first homelessness, or age at first drug use.

Sex trafficked youth were more likely to identify as a drug addict ( $\chi^2(1, N = 111) = 9.953, p = .002$ ) when compared to non-sex trafficked youth.

**Table 6. Group comparison, sexual orientation and substance use**

	Sex trafficked group (n =54)	Non sex trafficked group (n =78)
Sexual orientation		
Heterosexual	35 (64.8%)	46 (59.0%)
LGBTQ	15 (27.8%)	18 (23.1%)
Did not respond	4 (7.4%)	14 (17.9%)
Drug addiction*	19 (38.8%)	8 (12.9%)
Alcohol addiction	11 (22.4%)	5 (7.9%)
Methamphetamine use	3 (7%)	3 (5.7%)

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

### 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 ( $\chi^2(1, n = 114) = 13.17, p < .001$ ). The sex trafficked youth were more likely to report they were participating in cutting behaviors when compared to the non-sex trafficked group ( $\chi^2(1, n = 103) = 10.580, p = .001$ ). 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 ( $\chi^2(1, n = 104) = 5.76, p = .016$ ).

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 ( $\chi^2(1, n = 104) = 11.37, p = .001$ ). 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 ( $\chi^2(1, n = 104) = 16.43, p < .001$ ). Risk taking behaviors ( $\chi^2(1, N = 104) = 16.28, p < .001$ ) and not eating for long periods of time ( $\chi^2(1, n = 04) = 15.63, p < .001$ ) were significantly more likely to have been reported by the sex trafficked respondents than the non-sex trafficked respondents.

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 ( $\chi^2(1, n = 104) = 413.59, p < .001$ ).

**Table 7. Group Comparison, self-harm and risk taking behaviors**

<b>Self-Harming and Risk Taking Behaviors</b>	<b>Sex trafficked group (n =54)</b>	<b>Non-sex trafficked group (n =78)</b>
Self-harming behaviors**	38 (71.7%)	23 (37.7%)
Not eating for long periods**	26 (53.1%)	9 (16.4%)
Risk taking behaviors**	24 (77.4%)	7 (12.7%)
Drug use**	23 (46.9%)	9 (16.4%)
Cutting**	22 (45.8%)	9 (16.4%)
Sex with strangers**	20 (40.8%)	4 (7.3%)
Drinking alcohol excessively*	17 (34.7%)	8 (14.5%)
Body modification**	13 (26.5%)	1 (1.8%)

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

**Mental Health Issues**

Sex-trafficked youth experiencing homelessness were more likely to report a previous suicide attempt compared to the non-sex trafficked group ( $\chi^2(1, n = 80) = 10.46, p = .001$ ). The sex trafficked respondents were more likely to have a current mental health issue/diagnosis than the non-sex trafficked group ( $\chi^2(1, n = 110) = 8.15, p < .004$ ). 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 ( $\chi^2(1, n = 104) = 10.15, p = .001$ ).

The sex trafficked group were more likely to report being diagnosed with bipolar disorder ( $\chi^2(1, n = 104) = 12.72, p < .001$ ), depression ( $\chi^2(1, n = 103) = 12.47, p < .001$ ) and anxiety ( $\chi^2(1, n = 104) = 19.8, p < .001$ ).

**Table 8. Group comparison, mental health issues**

<b>Mental Health Issues</b>	<b>Sex trafficked group (n =54)</b>	<b>Non-sex trafficked group (n =78)</b>
Mental health issue/diagnosis**	47 (94%)	44 (73.3%)
More than one diagnosis reported**	40 (85.1%)	32 (56.1%)
Previous suicide attempt**	34 (82.9%)	19 (48.7%)
Ever received mental health treatment	28 (73.7%)	30 (61.2%)
Anxiety**	37 (78.7%)	20 (35.1%)
Depression**	34 (72.3%)	21 (37.5%)



Mental Health Issues	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Bipolar disorder**	33 (70.2%)	20 (35.1%)
ADD/ADHD	19 (40.4%)	17 (29.8%)
Post-Traumatic Stress Disorder	17 (35.1%)	33 (70.2%)
Borderline Personality Disorder	8 (17 %)	3 (5.35%)
Oppositional Defiant Disorder	7 (15.2%)	5 (8.8%)
Schizophrenia	7 (14.9%)	7 (12.3%)
Antisocial Personality Disorder	6 (12.5%)	2 (3.5%)

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

### Medical Problems and Services Accessed

The two groups were not significantly different regarding medical services accessed. Poor vision ( $\chi^2(1, n=93) = 4.9, p = 0.027$  and dental problems ( $\chi^2(1, n=93) = 8.765, p = 0.003$  were more likely to be reported by the sex trafficked group.

**Table 9. Group comparison, medical problems**

Medical Problems	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Current medical problem	35 (64.8%)	36 (78.3%)
Poor vision*	16 (38.1%)	9 (13.7%)
Asthma	11 (26.2%)	14 (56%)
Chronic pain	12 (18.2%)	16 (12%)
Dental problems**	12 (28.6%)	3 (5.9%)
Skin problems	6 (14.3%)	5 (10%)
Sexually Transmitted Infections	5 (11.9%)	1 (2%)
Broken bones	3 (7.1%)	2 (3.9%)
Open wounds	2 (4.9%)	0

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

**Table 10. Group comparison, medical services accessed**

Medical Services Accessed	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Emergency room	27 (60%)	25 (49%)
Urgent care/walk-in clinic	26 (39.4%)	39 (29.3%)

<b>Medical Services Accessed</b>	<b>Sex trafficked group (n =54)</b>	<b>Non-sex trafficked group (n =78)</b>
Primary doctor	16 (35.6%)	20 (38.5%)
Free health clinic	16 (36.4%)	12 (6%)
Currently receiving medical care	12 (30%)	19 (38.8%)
Treat it myself	6 (13.6%)	3 (5.9%)
Alternative medicine	4 (9.1%)	1 (2%)
City public health clinic	3 (6.8)	3 (5.9%)
Friend/relative treats it	2 (4.5%)	1 (2.0%)
Use internet to learn how to treat it	0 (0%)	4 (7.8%)

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

The sex trafficked group was more likely to report that they have children ( $\chi^2(1, n =118) = 8.7, p =0.003$ )

**Table 11. Group comparison, pregnancy and children**

<b>Pregnancy and Children</b>	<b>Sex trafficked group (n =54)</b>	<b>Non-sex trafficked group (n =78)</b>
Have children**	23 (43.4%)	12 (18.5%)
Children with family	12 (52.2%)	4 (30.8%)
Currently pregnant	6 (9.1%)	10 (7.5%)
Children in the respondent's care	10 (43.5%)	6 (46.2%)
Children in foster care	2 (8.7%)	2 (15.4%)

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

### 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.

**Table 12. Group comparison, connection and social support**

Family Connection and Support	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Some family contact, but positive	23 (38.3%)	13 (25.5%)
No contact	10 (19.2%)	10 (16.7%)
Some family contact, but negative	15 (28.8%)	11 (18.3%)
Lots of family contact, supportive	4 (7.8%)	11 (18.3%)
Lots of family contact, not supportive	6 (10%)	11 (21.6%)
<b>Reasons for disconnection and lack of support:</b>		
They kicked me out	23 (39.3%)	22 (48.9%)
The family was not a safe environment	18 (39.9%)	16 (29.6%)
They live too far away	13 (28.9%)	15 (27.8%)

### How Respondents Earn Money

The sex trafficked homeless youth respondents were more likely to report that they earned money by selling their own things ( $\chi^2 (1, n =108) = 4.208, p =0.04$  or from day labor ( $\chi^2 (1, n =108) = 4.351, p =0.037$ ).

**Table 13. Group comparison, commercial sexual exchange**

How Respondents Earn Money	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Steady job	21 (41.2%)	21 (35.6%)
Selling my own things*	15 (30%)	8 (13.8%)
Day labor*	14 (28%)	7 (12.1%)
Side jobs for cash	12 (23.5%)	14 (24.1%)
Sell drugs	12 (23.5%)	7 (12.1%)
Selling stolen things	9 (18%)	5 (8.6%)
Panhandling	5 (10%)	6 (10.3%)

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

## Risk Factors

Childhood abuses were reported by both the sex trafficked and non-sex trafficked homeless youth. However, the sex trafficked respondents were more likely to report emotional abuse by a parent or caregiver ( $\chi^2(1, n = 107) = 5.856, p = .016$ ), childhood (age 12 and under) sexual abuse ( $\chi^2(1, n = 107) = 3.863, p = .049$ ), and sexually abused between the ages of 13 -17 years old ( $\chi^2(1, n = 107) = 10.534, p = .001$ ). The sex trafficked homeless youth were more likely to report having experienced dating violence than the non-sex trafficked group ( $\chi^2(1, n = 107) = 19.042, p < .001$ ). Finally, the sex trafficked homeless youth were more likely to report experiences of working in the adult entertainment industry ( $\chi^2(1, n = 107) = 13.76, p < .001$ ), having experienced negative contact with law enforcement: ( $\chi^2(1, n = 106) = 6.158, p = 0.013$ ), and having been expelled from school ( $\chi^2(1, n = 107) = 8.109, p = 0.004$ ).

**Table 14. Group comparison, risk factors**

Risk Factors	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Experienced dating violence**	35 (72.9%)	18 (30.5%)
Emotional abuse by parent or guardian*	30 (62.5%)	23 (39%)
Physical abuse by parent or guardian	30 (45.5%)	29 (21.8%)
Running away	29 (60.4%)	29 (49.2%)
Bullied by school peers	24 (51.5%)	23 (39%)
Sexually abused (ages 13-17)**	22 (45.8%)	10 (31.3%)
Residential treatment	21 (43.8%)	20 (34.5%)
Negative contact with law enforcement*	21 (44.7%)	13 (22%)
Harassed by peers	19 (39.6%)	16 (27.1%)
Foster care/group home	19 (39.6%)	24 (40.7%)
Expelled from school**	19 (39.6%)	9 (15.3%)
Sexually abused (age 12 and under)*	18 (37.5%)	12 (20.3%)
Academic difficulties	18 (37.5%)	17 (28.8%)
Worked in the adult entertainment industry**	17 (35.4%)	4 (19%)
Juvenile justice involvement	16 (33.3%)	19 (32.2%)
Been in special education classes	12 (25%)	10 (16.9%)
Gang affiliation	11 (22.9%)	9 (15.3%)

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

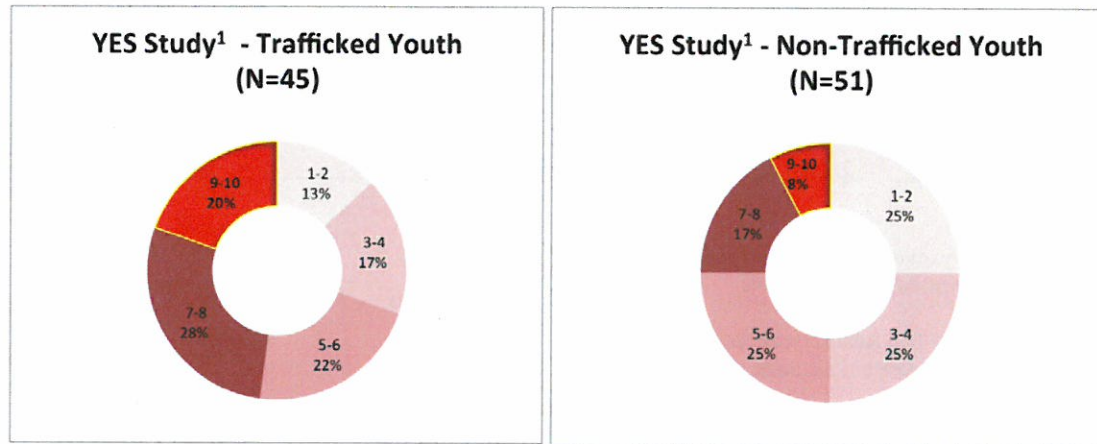
## Number of ACEs

Sex trafficked youth in the sample reported higher ACE scores when compared to the non-sex trafficked youth. 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.

**Figure 9. Group comparison, ACE scores**

### Comparison of ACEs Between Populations

Number of Adverse Childhood Experiences (ACE Score)	Sex Trafficked Youth			Non-Sex Trafficked Youth		
	Female	Male	Overall	Female	Male	Overall
1-2	14%	12%	13%	8%	44%	25%
3-4	18%	18%	17%	27%	20%	25%
5-6	21%	24%	22%	27%	24%	25%
7-8	21%	35%	28%	27%	8%	17%
9-10	25%	12%	20%	12%	4%	8%



Source:  
<sup>1</sup>Youth Experiences Study, UofL Human Trafficking Research Initiative, 2017

Furthermore, there was a statistically significant difference in regards the total ACE score reported by the sex trafficked group versus the non-sex trafficked group ( $t(98, n=100) = -2.497, p < .05$ ). The sex trafficked group was statistically significantly more likely to report experiencing emotional abuse [ACE question 1 ( $\chi^2(1, n=100) = 5.053, p < .05$ )], sexual abuse [ACE question 3 ( $\chi^2(1, n=100) = 12.886, p > 0.001$ )], emotional neglect [ACE question 4 ( $\chi^2(1, n=100) = 4.245, p < .05$ )], physical neglect [ACE question 5 ( $\chi^2(1, n=100) = 4.72, p < .05$ )], and witnessing domestic abuse [ACE question 7 ( $\chi^2(1, n=100) = 6.1615, p < .05$ )].

**Table 15. Group comparison, ACE scores**

ACE SCORES	Sex trafficked group (n =48)	Non-sex trafficked group (n =52)
Total ACE Score*	M=5.96, SD=2.77	M=4.65, SD=2.46

<b>ACE SCORES</b>	<b>Sex trafficked group (n =48)</b>	<b>Non-sex trafficked group (n =52)</b>
<b>ACE 1*</b> Did your parent often or very often swear at you, insult you, or humiliate you? OR Did your parent act in a way that made you afraid that you might be physically hurt?	37 (77.1%)	29 (55.8%)
<b>ACE 2</b> Did your parent often or very often push, grab, slap, or throw something at you? OR Did your parent ever hit you so hard that you had marks or were injured?	31 (64.6%)	32 (61.5%)
<b>ACE 3**</b> Did an adult or a person at least five years older than you 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 attempt or actually have oral, anal, or vaginal intercourse with you?	32 (66.7%)	16 (30.8%)
<b>ACE 4*</b> Did you often or very often feel that no one in your family 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?	37 (77.1%)	30 (57.7%)
<b>ACE 5*</b> 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?	27 (56.3%)	18 (34.6%)
<b>ACE 6</b> Were your parents separated or divorced?	32 (66.7%)	39 (75%)
<b>ACE 7*</b> 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 bitten, hit with a fist, or hit with something hard? OR Was your mother ever repeatedly hit for at least a few minutes or threatened with a knife or a gun?	26 (54.2%)	15 (28.8%)
<b>ACE 8</b> Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	29 (60.4%)	23 (44.2%)

ACE SCORES	Sex trafficked group (n =48)	Non-sex trafficked group (n =52)
ACE 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%)
ACE 10		
Did you ever live with anyone who was sent to prison?	17 (35.4%)	22 (42.3%)

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

### Protective Factors

The sex trafficked homeless youth were more likely to have said no when they felt that they were being forced into sex ( $\chi^2(1, n=100) = 12.055, p=0.001$ ).

**Table 16. Group comparison, protective factors**

Protective Factors	Sex trafficked group (n =54)	Non-sex trafficked group (n =78)
Has safe sex	32 (74.4%)	32 (56.1%)
Said no when drugs and alcohol were offered	31 (27.4%)	32 (57.1%)
Said no when you felt you were forced into sex**	27 (62.8%)	16 (37.2%)
Feel secure or safe standing up for yourself/protecting yourself	23 (53.5%)	20 (35.1%)
Been part of a club or youth organization	22 (51.2%)	26 (45.6%)
Aware of community resources	21 (48.8%)	18 (31.6%)
Have a health, safe and permanent place to live	21 (48.8%)	21 (36.8%)
Enrolled in a technical program	19 (45.2%)	27 (47.4%)
Have a supportive, loving family or group of friends	19 (45.2%)	24 (42.1%)
Volunteered in the community	18 (41.9%)	21 (36.8%)
Trusting/good relationship with law enforcement	15 (35.7%)	18 (31.6%)
Steady employment	12 (27.9%)	24 (42.1%)

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

## 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 grew up in Kentuckiana (79.5%); 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 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 40.9% 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.

### 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. Additionally, 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.

### **Implications**

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 our Kentuckiana sample. The rate of sex trafficking victimization is 40.9% 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, and the need 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 youth or victims, and refer them to appropriate victim serving agencies. Sex trafficking victims access many services during their adolescent and young adult years. 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 interventions, education, workforce programming, and medical and dental options. Victims of sex trafficking are actively engaged in 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; 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 usable 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 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.

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