project
PIVOT
Prevention and Intervention for Victims of Trafficking

Acknowledgments

Research conducted by the University of Louisville Human Trafficking Research Initiative

In partnership with the Kentucky Department of Community Based Services
and the Kentucky Office of the Attorney General

Research funded by a two-year grant from the Kentucky Children's Justice Act Task Force

Contributing Authors:

Jennifer Middleton, PhD, MSW, LCSW

Emily Edwards, B.S.

Rianna Ayala, MSSW

Suggested citation:
Middleton, J., Edwards, E., & Ayala, R. (2019). Project PIVOT: Prevent and intervention for victims of trafficking:
A preliminary report of child trafficking in Kentucky.

Table of Contents

Executive Summary	**3**
Key Definitions	**4**
Introduction to Project PIVOT	**5**
Aims for Project PIVOT	**12**
Goals and Objectives	13
Aim 1: DCBS Comprehensive Case Review	14
Aim 2: Risk Factors and CTSIT	14
Aim 3: TPAC	14
Methods	**15**
Results	**19**
Aim 1: DCBS Comprehensive Case Review	20
Aim 2: Risk Factors and CTSIT	23
Aim 3: TPAC	25
Initial Brainstorming Themes	26
Overall Recommendation Themes	**28**
References	**32**

project PIVOT

Prevention and Intervention for Victims of Trafficking

Executive Summary

Introduction

Human trafficking (see Key Definitions, page 4) is the fastest growing criminal industry in the world today[1] generating $9.5 billion yearly in the United States[2]. Mirroring the national situation, child trafficking specifically is prevalent and posing a serious problem in Kentucky. Trafficking cases have been identified in both rural and urban areas across the state and represent both sex and labor trafficking (see Key Definitions, page 4). Though Kentucky successfully passed the Safe Harbor law in 2013, no residential treatment facilities, alternative housing options, or treatment programs exist in Kentucky specifically for children who have been trafficked, leaving caseworkers with very few options for treatment and placement of some of the state's most vulnerable and traumatized youth. As a result, gaps identified in Kentucky related to child trafficking include: (1) Limited awareness of the problem, features of child trafficking, and services for victims by child welfare personnel; (2) Lack of a trauma-informed, child-focused response including multi-system information, coordination, and advocacy, especially related to the identification and engagement of trafficking victims; and (3) Limited targeted services available for child trafficking victims and for prevention against sex trafficking.

Project PIVOT

Project PIVOT (Prevention and Intervention for Victims of Trafficking) is a research study with the aims of increasing awareness of the issue of child trafficking in Kentucky and improving the ability of systems to appropriately and effectively respond to child trafficking victims in a manner which limits additional trauma to the child victim.

Executive Summary

Takeaways

To fulfill *Aim 1: Comprehensive Case Review,* the Project PIVOT research team analyzed data from 698 reported cases of alleged child trafficking in Kentucky. Trends identified included: a) Law enforcement involvement in more recent cases than in previously reported cases; and b) A greater likelihood for professionals to report child trafficking cases than law enforcement and school staff in more recent cases than in previously reported cases. Additionally, an alarming majority of the alleged child victims were reportedly trafficked by a family member and were often at home when these allegations were received. Further, cases were more likely to be substantiated and/or founded when law enforcement was involved, a forensic interview was conducted, and when cases involved drugs. Reflecting previous literature, factors related to an alleged child victim having multiple perpetrators were having a family member facilitating trafficking, being young, and drugs being involved.

Based on 14 states interviewed for *Aim 2: Child Trafficking Screening and Identification Tools (CTSIT),* all but one had screening protocols in place for identifying potential victims of trafficking. Task forces, work groups, and advisory councils were often formed to give input and recommendations on the decision-making of screening tools. Common experiences in challenges to implementing screening tools included the length of the tool, maintaining training of reporters throughout the state, a lack of inclusive language, and unpredictability as a result of inconsistent reporting. Implications for developing a CTSIT protocol for at-risk youth in Kentucky are discussed.

For *Aim 3: Trafficking Policy Advisory Consortium (TPAC),* work group meetings with the Kentucky Statewide Human Trafficking Task Force (SHTTF) were conducted to brainstorm ideas for effective cross-agency communication and collaborate on policy and practice recommendations for ending child trafficking.

Recommendations

The research conducted by Project PIVOT regarding child trafficking victims in Kentucky further supported the findings from previous literature and serves as a call to action to our community and our State. The statistics are alarming, however, hope remains. Key recommendations include: 1) Develop and implement a standardized trauma-informed training across all professionals and community members involved in ending child trafficking in Kentucky; 2) Implement an Information Sharing System for the Multidisciplinary Team (MDT); 3) Create an identification process and offer resources that are inclusive of overlooked populations (e.g. male victims, LGBTQ+ victims, victims in rural areas). Together, we can create a compassionate and safe community free from human trafficking. Education and building awareness in our community coupled with systems change are key, and will make us all warriors in the fight against human trafficking.

Key Definitions

Human Trafficking

Using force, fraud, or coercion to obtain commercial sex acts or other labor or services; When the type of trafficking is commercial sex, and the victim is under 18, no force, fraud, or coercion need be shown.[3]

The recruitment, harboring, transportation, provision, or obtaining of a person for:

Labor Trafficking—Labor or services, through the use of force, fraud, coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery

Sex Trafficking—The purpose of a commercial sex act induced by force, fraud, or coercion[4]

Commercial Sexual Exploitation of Children (CSEC)

A range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person, or in exchange for anything of value given or received by any person[5]

Substantiated Cases—Cases confirmed by a DCBS investigation

Founded Cases—Cases confirmed by a law enforcement investigation

Child Trafficking

Includes commercial sexual exploitation, domestic, sex trafficking, and labor trafficking of minors

Family Controlled Trafficking

Encompasses the wider range of experiences of human trafficking survivors whose families were involved in their exploitation[6]

Introduction to Project PIVOT

Why is this project important?

Background

The Kentucky child welfare system currently provides limited human trafficking training to staff and has no standardized screening and/or assessment tools to assist with identifying trafficked children in their system once a report is made. In addition, while Kentucky successfully passed the Safe Harbor law in 2013, no residential treatment facilities, alternative housing options, or treatment programs exist in Kentucky specifically for children who have been trafficked, leaving caseworkers with very few options for treatment and placement of some of the state's most vulnerable and traumatized youth.

This had led to the following child welfare specific service-system gaps being identified in Kentucky related to child trafficking including:

limited awareness of the problem, features of child trafficking, and services for victims by child welfare personnel

lack of a trauma-informed, child-focused response including multi- system information, coordination, and advocacy—related to the identification and engagement of trafficking victims

limited targeted services available for child trafficking victims and for prevention against sex trafficking

This study, Prevention and Intervention of Victims of Trafficking in Kentucky (PIVOT-KY, aka "PIVOT") utilizes strategies and research activities to better understand, and ultimately address these coordination and service gaps in order to *improve the handling of child exploitation and trafficking cases in a manner that limits additional trauma to the victim and better meet the needs of child welfare involved children who have experienced, or are at risk of, trafficking in Kentucky.*

What do we already know about human trafficking?

Trafficking in the United States

Human trafficking is the fastest growing criminal industry in the world today[1] generating $9.5 billion yearly in the United States[2].

83% of all confirmed human trafficking cases in the United States involve American born citizens[7]

The average age of entry into commercial sexual exploitation is **13 years**[9,10]

98% of sex trafficking victims are women and girls[7]

Risk factors increasing youths' vulnerability to trafficking include **sexual or physical abuse** & **running away or being homeless**[8]

Victims are **becoming younger9,**[10,12]

Many victims tend to come from vulnerable populations with a serious history of **previous abuse**[14]

Other risk factors: **system-involvement** (e.g. juvenile justice, child welfare systems),[13,15]

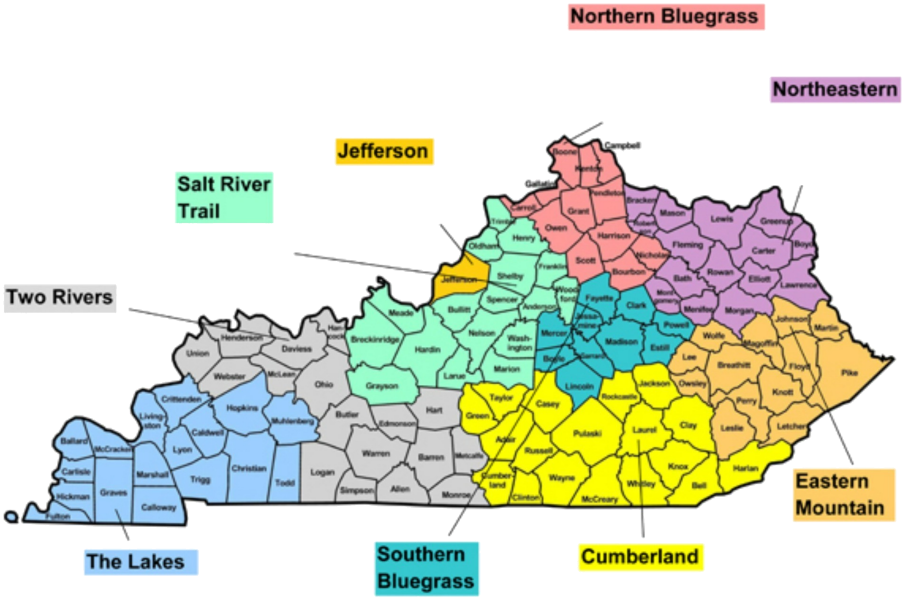
Other risk factors: **being LGBTQ, substance abuse, poverty**, and **early adverse experiences**[13,15]

1 in 7 children receive an online solicitation or approach[11]

What puts Kentucky at risk for child trafficking?

Risk Factors

Kentucky (KY) consists of 120 counties and nine Department for Community Based Services (DCBS) child welfare regions. According to the 2015 United States Census population estimates, KY has a total population of 4,425.092 (88.3% Caucasian, 8.2% African-American, 3.4% Hispanic or Latino, 1.4% Asian and American Indian 0.3%)[16]. 2,219 refugee children were resettled in KY between 10/2013 and 9/2015[17]. The percentage of minors under 18 years of age is 22.9%. Kentucky (KY) is home to 1,014,004 children[18] and has the nation's highest rate of student homelessness[19], with 41% of KY children living in high- poverty communities[18]. The number of homeless students in KY has nearly doubled in less than six years, reaching a high of more than 35,000 students in the 2011-12 school year[19]. Jefferson County, home to 172,526 children, accounts for the highest number of homeless students and has a child poverty rate of 26%[18]. Over 12,700 KY children were in foster care due to abuse or neglect in 2013[18].



Mirroring the national situation, child trafficking is a serious problem in Kentucky

Trafficking cases have been identified in **rural and urban** areas across the state, representing both **sex and labor trafficking**.

Sex trafficking comprised **98%** of all child trafficking cases in KY in 2017, **2%** labor trafficking, and **3%** both labor and sex[20]

Child victims have been identified in **all 15** Area Development Districts, representing many different counties throughout the state

Since human trafficking reporting in KY, there have been **582 reported incidents** of child trafficking involving **698 alleged victims**[20]

The data indicates a **443% increase** in reported incidents over the past five years[20]

What puts Kentucky at risk for child trafficking?

Current Research

A recent study[21] was conducted by the University of Louisville Human Trafficking Research Initiative to investigate the prevalence rate of sex trafficking among 132 homelessness youth aged 12-25 in the Kentuckiana region of the state. Results indicated a 42% prevalence rate, with one in two girls and one in three boys reporting sex trafficking victimization. The average age of reported entry into sex trafficking was approximately 16 years old, and over three quarters of the sample reported currently being trafficked at the time of the survey.

Middleton et al.[22] also found that 48% of youth who reported being sex trafficked had Adverse Childhood Experiences (ACEs) scores of 7 or more. The ACEs that were found to be predictors of sex trafficking included: Experiencing emotional abuse, sexual abuse, emotional neglect, physical neglect, and witnessing domestic abuse. Among 128 youth (aged 12-25) experiencing homelessness in the Kentuckiana region, Frey et al.[23] found that 53% of the sample reported experiencing suicidal ideation and 84.4% of those who reported experiencing suicidal ideation reported that they had attempted suicide in their lifetime. Additionally, the odds of a youth experiencing homelessness who had experienced sex trafficking reporting suicidal ideation was 3.87 times higher than youth experiencing homelessness who had not experienced sex trafficking.

Many Kentucky youth are at high-risk for trafficking in part due to the abovementioned high rates of homelessness, child maltreatment, system-involvement, and poverty that exist in the state.

This high-risk nature is also due to the fact that a family member is often the perpetrator of such crimes when they trade or sell a child for drugs and/or money, as is the case where approximately 60% of cases involved family members[20,24].

Although Kentucky is not a border state or a major entry point into the US, it faces a severe problem of labor and sex trafficking in small towns and urban areas across the Commonwealth. Crisscrossed by multiple interstates, including I-65, I-75, I-64 and I-71, Kentucky is host to a number of high-profile events, including the Kentucky Derby and NCAA Basketball Championship, which increase traffic in the commercial sex market and lead to increased trafficking of adults and youth for labor and sex. Kentucky's high rates of poverty, child maltreatment and the drug epidemic have led to increased vulnerability of youth being trafficked by both parents/caretakers and acquaintances/pimps in all 15 area development districts across Kentucky.

The Impact of Trafficking on Child Victims

Child trafficking (see Key Definitions, page 4) results in high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms among the victims[21,25]. Specifically, most victims experience symptoms of complex trauma, resulting from events that include entrapment; relocation; exposure to the abuse of others; and extended physical, sexual, psychological abuse[26]. Trafficked youth are also at increased risk for suicide[27,28], which is likely exacerbated by the difficulty in accessing these youth in order to ensure accurate clinical assessment and prompt follow-up care[29].

Timeline of events related to child trafficking in Kentucky

2013 — The Kentucky General Assembly passed the Human Trafficking Victims Rights Act (HTVRA) to strengthen penalties for traffickers and set up a safe harbor and pathway to services for child victims.

2013 — In response to the HTVRA, the Kentucky Statewide Human Trafficking Task Force (SHTTF) was created to assist in implementation of the HTVRA, improve collaboration between federal, state and local law enforcement and other professionals .

2015 — The Department of Juvenile Justice (DJJ) began screening for human trafficking in late 2015

2016 — The Office for the Attorney General received a federal grant in 2016 to address human trafficking, hire a specially-trained human trafficking investigator, Ricky Lynn, and provide trainings by Allyson Cox Taylor on how to recognize and report human trafficking[30]

2016 — From July 2015 to April 2016, the DJJ identified 236 youth who scored positive on the screeners for human trafficking, indicating a higher number of youth victims than were reported to DCBS during that same time period[30]

2017 — According to DCBS, in 2017, reports of trafficking and identification of victims have been steadily on the rise; there have been 582 reported incidents of child trafficking involving 698 alleged victims[20]

Systemic Gaps and Challenges

Despite the progress made in Kentucky over the last ten years, significant, systemic gaps exist in addressing the problem of child trafficking. These include a *lack of data sharing*, which impacts effective investigations and prosecutions. For instance, inconsistencies exist between numbers of reported youth victims screened by Department of Juvenile Justice (DJJ) and those identified by DCBS in their report. Numbers also differ between victims served and cases charged and prosecuted although some of the variances may exist due to lack of prosecution or unwillingness/inability of the victim to move forward with a criminal case. There is also a *lack of specialized training for all law enforcement and prosecutors*. Although the recently passed HTVRA now mandates training for law enforcement, prosecutors and victim advocates on human trafficking, there is still an absence of law enforcement officers able to train on human trafficking, as well as a lack of training materials and online resources to address the specific skills of investigating and prosecuting human trafficking. Additionally, law enforcement lacks an established protocol and procedure on responding to human trafficking cases, likely negatively impacting the number of identified cases, and the number of victims given access to services.

Additionally, the discrepancy between these reported numbers highlights multiple challenges including; lack of training regarding proper use of evidence-based screening and identification tools, lack of awareness about the issue, as well as a lack of awareness or reluctance of many exploited children to identify themselves as victims[31,32].

What is Project PIVOT?

Description of Research Plan/Intervention PIVOT:

A New Anti-Trafficking Consortium in Kentucky: Prevention and Intervention of Victims of Trafficking in Kentucky (PIVOT) represents a new partnership (consortium) among the Kentucky Department for Community Based Services (DCBS), University of Louisville, and many others including the I AM Project, Kentucky Association of Sexual Assault Programs, the Kentucky Attorney General's Office, Kentucky Association of Children's Advocacy Centers and the Catholic Charities Human Trafficking Program to name just a few. The consortium, developed in January 2019, partnered to improve the state's ability to identify child welfare-involved trafficking victims in Kentucky and to promote safety, permanency, and well-being outcomes for children who have been the victims of trafficking by:

1. **Ascertaining potential gaps, systemic issues and opportunities for enhanced training,**
2. **Partnering with other states with established and validated screening and identification tools,**
3. **Integrating trafficking-specific screening items into existing DCBS screening and assessment tools,**
4. **Creating and promoting partnerships throughout the system of care in Kentucky, and**
5. **Evaluating all outcome focused objectives, evidence of project impact and success, and contributions to knowledge base.**

Who is the PIVOT Team?

From left to right: DCBS Branch Manager, **Lucie Estill**; Social Service Specialist with the Child Protection Branch, **Tara Cecil**; Attorney General **Andy Beshear**; Director of the University of Louisville's Human Trafficking Research Initiative, **Jennifer Middleton**; Director of the Office of Child Abuse and Human Trafficking Prevention and Prosecution, **Allyson Cox Taylor**; Project PIVOT Research Assistant, **Emily Edwards**; Project PIVOT Research Assistant, **Rianna Ayala**; and Director of the Kentucky Statewide Human Trafficking Task Force, **Mandy Otis**

What are the goals of Project PIVOT?

Goals and Objectives

The overall goal of Project PIVOT is two-fold:
1) To increase awareness of the issue of human trafficking within the child welfare population; and
2) To improve the ability of systems to appropriately and effectively respond to human trafficking within the child welfare population, in a manner which limits additional trauma to the child victim. Project PIVOT, funded by a $100,000 grant from the Kentucky Children's Justice Act Task Force, focused on three aims:

Project PIVOT Aims

1

Conduct a **comprehensive case review** of the 698 alleged child trafficking cases reported to DCBS from 2013-2018 to answer the primary question: *What happens to child trafficking cases in the child welfare system?*

2

Conduct research on **child trafficking screening and identification tools (CTSIT)** to inform the development of child trafficking screening and identification protocols for at-risk youth in Kentucky

3

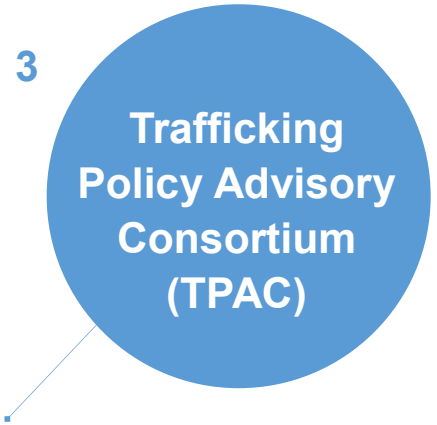
Develop and implement a **Trafficking Policy Advisory Consortium (TPAC)** to enhance cross-agency interactions, facilitate better communication related to child trafficking cases, and work collaboratively to close gaps in services for child trafficking victims

Aims of Project PIVOT

Aim 1: The first was to answer the question: ***What happens to child trafficking cases in the child welfare system?*** To answer this question, the PIVOT team conducted a comprehensive case review of 698 child trafficking cases reported to the Department of Community Based Services (DCBS) between 2013 and 2018. The comprehensive case review will inform the stated activities of the project and help to describe child welfare practice pertaining to child trafficking cases. The results of the comprehensive case review will be used to ascertain gaps, systemic issues, and opportunities for enhanced education, training, and policy development.

Aim 2: The second objective answered the question: ***What is the best approach for screening and identifying potential victims of child trafficking?*** The PIVOT team developed a child trafficking screening and identification protocol for at-risk youth in Kentucky by reviewing literature regarding risk factors for child trafficking, reviewing existing child trafficking screening and identification tools (CTSIT), and interviewing child welfare experts in states across the country. Upon completion of the project, findings and recommendations of the TPAC were shared with key legislators, the Office of the Governor, and the Commissioners, as well as stakeholders.

Aim 3: The third objective answered the question: ***What is the best way to respond to child trafficking victims in a manner which limits additional trauma to the child victim?*** To assist with this question, the PIVOT team developed the Trafficking Policy Advisory Consortium (TPAC) which included University of Louisville's Human Trafficking Research Initiative, the Kentucky Office of the Attorney General, and the Kentucky DCBS. The TPAC worked collaboratively to enhance cross-agency interactions, facilitate better communication related to child trafficking cases, and close gaps in services for child trafficking victims.



Methods

Participants

The comprehensive case review was conducted during a six-month period (months 2-8 of the project) and included a review of the existing 698 reported cases in 2013-2018 involving alleged victims of human trafficking within the DCBS system. The comprehensive case review informed the stated activities of the project and help to describe child welfare practice pertaining to child trafficking cases. The results of the comprehensive case review will be used to ascertain gaps, systemic issues, and opportunities for enhanced education, training, and policy development. See Figure 1 for descriptive statistics on the substantiated and/or founded alleged child victims.

Procedures

The PIVOT Research and Evaluation Team (RET), led by Dr. Jennifer Middleton, worked with DCBS to obtain a data sharing agreement. The RET worked closely with DCBS, the Attorney General's Office, and project consultants to design a data extraction tool to be used to collect all pertinent information and variables for the case file review. The research literature on typical characteristics of child trafficking victims informed the data elements to be included in the data extraction from the DCBS caseworker intake assessment form (aka: ADT CPS Assessment for Abuse/Neglect form).

To assess the well-being of children reported as possible child trafficking victims over time, DCBS provided the RET with the unique ID, which was used to match data to the Child and Adolescent Needs and Strengths (CANS) data that is conducted by behavioral health providers for all children in out of home care who screen positive for trauma and behavioral health needs as they enter care. All children who meet a threshold with the CANS are then referred to treatment. While they remain in treatment it is expected that a CANS will be completed every 90 days. For this project, the first and most recent CANS data will be analyzed for all child trafficking cases reported during the study period of this proposed project.

Further, findings were used to identify trends, as well as contextualize the specific experiences of trafficked youth involved in the Kentucky child welfare system in order to better inform best practice and future training opportunities, and to create services that best fit the victims' needs. The primary goals of this task were: **1)** to determine the incidence rate of child sex and labor trafficking within the Kentucky child welfare system from 2013 to 2017, **2)** to use findings to clearly articulate best practices, enhance training for child welfare professionals, and create trauma-informed, victim-centered services, and **3)** improve current sex and labor trafficking identification practices within DCBS by integrating new trafficking-specific screening items into existing screening and assessment practices.

Figure 1. Descriptive Statistics on Substantiated and/or Founded alleged child victims

Substantiated and/or founded alleged child victims (n = 210)	82.8% were female
Ages ranged from 2wks—17yrs	The most commonly reported age was 16yrs
Over 97% of alleged victims were American-born	89% had prior involvement with DCBS
89% were victims of sex trafficking only, versus labor or both	42.9% was controlled by a family member
49.5% of victims were at home when allegations were received	23.3% of alleged victims were removed due to this incident
60.5% were not removed at all	32.9% resulted in criminal charges for HT

2

Child Trafficking Screening and Identification (CTSIT)

Participants

Child welfare leaders and experts from across the United States were invited via email and phone to be interviewed on the following questions:

- **What identification and screening tools does your state/agency use to identify potential child trafficking victims?**
- **How did your state/agency decide on the current CTSIT being used? Who had input?**
- **How was your selected CTSIT developed? Have you experienced any challenges or barriers to implementing it? If so, what were they? Can you send us a copy of your CTSIT to review?**
- **Is the juvenile justice system in your state using a CTIST? If so, tell me about it. Can you get a copy of it for us to review and/or put me in touch with your JJ person?**
- **Do you have contacts for child welfare leaders/experts in other states/agencies that can answer these questions as well?**

Procedures

A literature review was first conducted regarding risk factors for child trafficking as well as screening and identification tools currently utilized in the United States to identify victims of child trafficking. Next, the PIVOT team conducted interviews with child welfare leaders, youth service providers, and researchers in other states in order to gather information about current practices pertaining to CTSIT.

Upon data collection on risk factors and CTSIT in the United States, the PIVOT team worked with the Investigations/Law Enforcement Working Group of the Kentucky SHTTF to pilot test and evaluate a novel approach to identifying potential child victims of trafficking via a new case tracking and reporting system based on Missing Children Reports. Data were compiled into a report, including a table of selected tools, and presented to the TPAC members for input, prioritization, and ranking. Recommendations from TPAC for best practice regarding screening and identification of potential victims of child trafficking in Kentucky were collected.

3

Trafficking Policy Advisory Consortium (TPAC)

Participants

Members of the SHTTF were invited to participate in a survey and two focus groups during two of the meetings. Members were over 18-years of age and served as professionals and community members on the task force.

Procedures

The new workgroup developed was called the Trafficking Policy Advisory Council (TPAC), and met in Frankfort, KY, to facilitate in creating the opportunity to develop cross-agency routine consultation opportunities. The TPAC meetings included the following agenda: a) review of a closed child trafficking case (presented by a DCBS worker, masked to prevent violation of confidentiality), b) discussions of any cases that were being shared among service providers that are complex and require staffing, data sharing or collaboration on decision making, c) service provider update and collaboration discussion, and d) an update on child trafficking research (prevention, identification and treatment) to assist the group to serve trafficked youth in child welfare care with the most up to date, evidence-based information. The group collaboration was evaluated using the following:

Demographics

Seven Commitments Survey

Coalition Web-Based Self-Report Questionnaire

Brainstorming Session

Focus Groups

Results

The dataset included 29 questions answered by reporters.
In addition to specific questions asked when making reports, each case had an open-ended question for additional comments and brief allegations. Informed by previous research on risk factors along with reviewing a random sample of 30 of these additional notes, the RET developed a Qualitative Coding Extraction Tool to analyze the total sample of 698 case additional notes.
The most common themes mentioned in additional notes were the following:
Sex was used for money (46%) and drugs (32.8%), 76.1% of exploitation experienced by alleged child victims was prostitution, 15.9% of alleged child victim cases mentioned sexual abuse at some point in the child's history. Further, **in 31% of cases, perpetrators had multiple victims** and **technology was reportedly involved in 8.5% of alleged child victim cases.**

Gender differences and running away

Children who were reported in additional notes to have run away or be missing at some point in their history consisted of 19.3%. Compared to the variable of running away and/or missing, the RET found that the probability of the alleged child victim running away or going missing was 8.4 times more likely for females than males (see Table 1).

Table 1. Number of respondents with mention of running away or being missing in case notes (n = 693)

Gender Variable	Running Away or Missing		χ^2	*p*	Φ	*OR*
	No	Yes				
Female	462	117	3.904	.048	.075	8.35
Male	100	14				

Drug involvement

The RET discovered that cases involving drugs were significantly more likely to involve more perpetrators per alleged child victim than cases not involving drugs. Additionally, cases being reported more recently were significantly more likely to involve drugs than in previously reported cases (see Table 2).

Table 2. Results of t-test and Descriptive Statistics for number of perpetrators and reports made each year by drug involvement (n = 600)

Variables	Drug Involvement									
	No			Yes						
	M	SD	n	M	SD	n	95% CI	t	*p*	Cohen's d
Number of Perpetrators	1.536	.748	330	1.793	1.055	270	.111, .401	3.469	.001	.281
Reports Each Year	2015.952	1.045	330	2016.159	1.035	270	.040, .375	2.433	.015	.199

The RET accounted for the frequency and the manner in which drugs were reportedly involved using the Qualitative Coding Extraction Tool. Most prominent findings among the additional notes were the following:

20.8% of children were sold for drugs

15.7% of caregivers were receiving drugs

12.5% of caregivers were using drugs

Substantiated and/or Founded

Cases involving a family member (n = 95) resulted in being substantiated, cases involving a non-family member (n = 141) resulted in being founded, and cases involving both a family member and non-family member (n = 26) resulted in being both substantiated and founded. Thus, the RET created one variable that accounted for all cases (n = 210) confirmed either by law enforcement investigation (founded) and/or by a DCBS investigation (substantiated). The odds of a case be- substantiated and/or founded were related to law enforcement involvement, whether a forensic interview was conducted, and if drugs were involved (see Table 3).

ing

Table 3. Number of cases substantiated and/or founded by whether law enforcement was involved, a forensic interview was conducted, and if drugs were involved

	Substantiated and/or Founded						
Variables	**No**	**Yes**	**n**	χ^2	***p***	**Φ**	***OR***
Law Enforcement	420	203	698	17.205	.000	.106	4.66
	(68)	(7)					
Forensic Interview	236	150	698	31.61	.000	.213	2.73
	(252)	(60)					
Drug Involvement	174	96	600	6.767	.009	.106	1.60
	(245)	(85)					

The probability of a perpetrator having multiple victims was 4.15 times greater for perpetrators who were family members than for perpetrators who were not family members (see Table 4). Further, children trafficked by a family member were significantly younger than those trafficked by a non-family member and children who were trafficked by a family member were more likely to having more perpetrators than children trafficked by a non-family member (see Table 5).

Table 4. Number of cases involving a perpetrator with multiple victims by whether the perpetrator was a family member or not (n = 465)

	Perpetrator with Multiple Victims					
Family Member as a Perpetrator	**No**	**Yes**	χ^2	***p***	**Φ**	***OR***
Yes	30	125	7.295	.007	.125	4.15
No	32	278				

Family Controlled Trafficking *(for definition, see page 4)*

The RET condensed the caretaker's relationship to the victim variable into the question, "*Was the perpetrator a family member?,"* which resulted in two outcomes: *Nonrelative*, encompassing all relationships of perpetrators not biologically related to the alleged child victim; and *Family Member*, encompassing biological relationships including aunt, uncle, brother, father, mother, grandmother, grandfather, and sister.

Table 5. Results of t-test and Descriptive Statistics for number of perpetrators and age of alleged child victim by having a family member as a perpetrator

	Family Member as a Perpetrator									
Variables	**No**			**Yes**						
	M	**SD**	**n**	**M**	**SD**	**n**	**95% CI**	**t**	***p***	**Cohen's d**
Number of Perpetrators	1.452	.918	62	1.913	.917	403	-.707, -.216	-3.69	.000	.503
Age	14.23	2.7	62	12.69	4.098	399	.474, 2.589	2.847	.005	.444

Age

Among the total sample, ages ranged from 2-weeks old to 17-years old (M = 14). Younger children were more likely to have a perpetrator with multiple victims than older children (see Table 6).

Table 6. Results of t-test and Descriptive Statistics for age of alleged child victims by whether the alleged perpetrator had multiple victims

	Perpetrator Having Multiple Victims									
Variables	**No**			**Yes**						
	M	**SD**	**n**	**M**	**SD**	**n**	**95% CI**	**t**	***p***	**Cohen's d**
Age	14.04	3.352	480	12.87	3.968	270	-1.744, .0592	-3.982	.000	.319

Trends

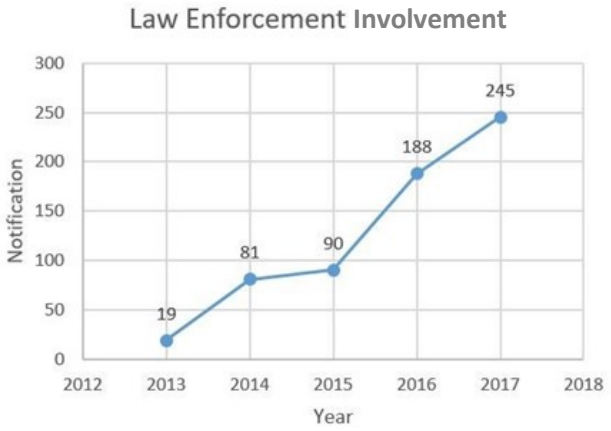
The current sample of data was collected between the years 2013 and 2017. In more recent cases than in previously reported cases, law enforcement was significantly more involved (see Table 7). Moreover, in more recent cases than previously reported cases, professionals (e.g. social workers, case managers, residential staff) were more likely to report child trafficking than law enforcement and school staff (see Table 8).

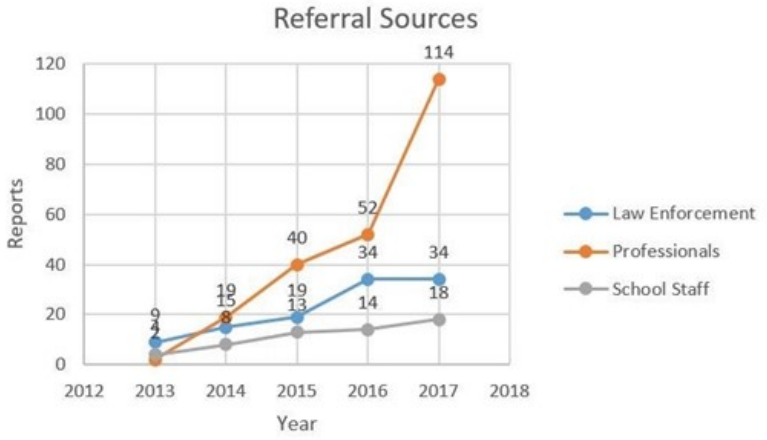
Table 7. Results of t-test and Descriptive Statistics for report year by whether law enforcement was involved

Variables	Law Enforcement Involved									
	No			Yes						
	M	SD	n	M	SD	n	95% CI	t	*p*	Cohen's d
Report Year	2015.1	1.018	75	2015.9	1.15	623	.558, 1.104	5.98	.000	.503

Table 8. One-way Analysis of Variance of referral sources by report year

Source	df	SS	MS	F	*p*	η^2
Between Groups	8	55.264	6.908	5.342	.000	.058
Within Groups	689	891.011	1.293			
Total	697	946.275				





Screening tools currently being used:

1.	**Alaska**	Guide for Assessing Runaway or Missing Minors
2.	**Colorado**	Colorado Human Trafficking Tool
3.	**Connecticut**	Human Trafficking Decision Map
4.	**Florida**	Human Trafficking Screening Tool (HTST)
5.	**Illinois**	Debriefing; Child Assessment of Needs and Strengths (CANS) Tool; Safety Assessment; Sex-Trafficking Assessment Review (STAR) Tool
6.	**Indiana**	Indiana Human Trafficking Screening and Assessment Tool
7.	**Iowa**	High Risk Victim Screening Tool
8.	**Kentucky**	Assessment and Document Tool (ADT)
9.	**Maine**	Pediatric Screening Checklist
10.	**Minnesota**	Child Maltreatment Intake, Screening and Response Path Guidelines
11.	**Nebraska**	Nebraska Human Trafficking Task Force (NHTTF) Screening Tool
12.	**Nevada**	Nevada Rapid Indicator Tool (NRIT)
13.	**New Jersey**	Red Flag Indicator; Rapid Human Trafficking Assessment Tool (RHTAT)
14.	**New Mexico**	The Commercial Sexual Exploitation – Identification Tool (CSE-IT)
15.	**New York**	Rapid Indicator Tool
16.	**Oregon**	Determination of Sex Trafficking for Victim Status Page
17.	**Tennessee**	SEE Sexual Abuse; CSEM cue identification tool; Child Abuse/Neglect Intake; Structured Decision-Making System; CANS (used in custodial and juvenile justice populations) and its sister tool, FAST (Family Advocacy Support Tool) (used in family support)
18.	**Utah**	Human Trafficking Screener
19.	**West Virginia**	Away from Supervision Tool (for youth)
20.	**Wisconsin**	Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide

2

Child Trafficking Screening and Identification (CTSIT)

Based on 20 states:

How did state/agency decide on current CTSIT being used?

- Advisory Council/Work Groups/Task Force gave input and recommendations (65%)
- Members of groups are evaluating currently validated tools based on other tools (20%)
- State has a research partner (15%)
- State developed their own (10%)

Who had input?

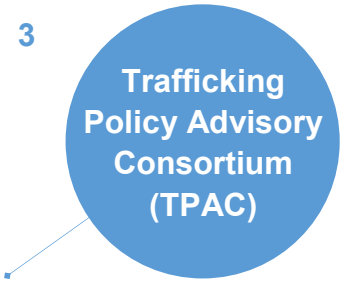
- Multidisciplinary Human Trafficking Council/ Task Force/Advisory Board (65%)
  - Law enforcement (25%)
  - Child welfare (20%)
  - Service providers (20%)
  - Juvenile justice (15%)
  - Health care providers (10%)
  - Victims/Survivors of trafficking (10%)
  - Judges (10%)
  - Attorney General's Office (20%)

What are your experiences and/or challenges to implementing it?

- Unpredictability in inconsistent reporting (20%)
- No challenges (15%)
- Length (too short/too long) (15%)
- Having training throughout the state and maintaining the training (15%)
- Language is not inclusive (15%)
- Staff is not utilizing the tool in appropriate situations (10%)
- Not a validated tool (10%)

Is the same CTSIT used by the Juvenile Justice system in your state?

- Yes (20%)
- Same tool, different triggers (15%)
- Different tools (15%)
- No, but Juvenile Justice is represented on the task force (10%)
- Not certain (10%)
- No (10%)



The RET administered surveys across all 4 work groups within the SHTTF: Data and Research, Law Enforcement, Prevention and Awareness, and Victim Services. Outlined below are the results of the compiled average scores across the total sample (n = 27).

Coalition Web-Based Self-Report Questionnaire. Measuring Community Support for the Statewide Human Trafficking Task Force (SHTTF) and Community Improvement from the Coalition Web-Based Self-Report Questionnaire (CWBSRQ), participants stated their agreement with a series of statements on a scale from "Strongly Disagree" to "Strongly Agree". The closer the average for each subscale to 5, the greater group member felt the particular domain exhibited aspects of collaboration among the community. Across all SHTTF work groups, average scores on the two subscales (13 items) ranged from 3.04 to 3.39 (see Table 9), which feel under a "Watch Area."

7 Commitments Survey. The 7 Commitments Survey consisted of 35 items for which participants indicated their agreement on a scale from "Strongly Disagree" to "Strongly Agree". The closer the average for each subscale to 5, the greater group member felt the particular domain exhibited adherence to the 7 commitments of the Sanctuary Model. Across all SHTTF work groups, average scores ranged from 2.80 – 3.65 (see Table 10). All domains fell under a "Watch Area" with the exception of the Social Responsibility domain, which had an average score of just below 3, indicating an "Area of Growth."

1	2	3	4	5
Area for Growth		Watch Area	Strength	

Table 9 – Coalition Web-Based Self-Report Questionnaire Sub-scales

Area	Score				
	1	2	3	4	5
Community Support for SHTTF	1	2	3.39	4	5
Community Improvement	1	2	3.04	4	5

Table 10 – 7 Commitments Survey

Area	Score				
	1	2	3	4	5
Commitment to Nonviolence	1	2	3.54	4	5
Commitment to Emotional Intelligence	1	2	3.26	4	5
Commitment to Social Learning	1	2	3.65	4	5
Commitment to Shared Governance	1	2	3.28	4	5
Commitment to Open Communication	1	2	3.48	4	5
Commitment to Social Responsibility	1	2.80	3	4	5
Commitment to Growth and Change	1	2	3.50	4	5

Brainstorming Session Themes

3

Trafficking Policy Advisory Consortium (TPAC)

1. What do you think is your individual role as a member of the work group?

- Bringing information, perspective, and resources into the group and out into the community
- Policy work
- Establishing best practices

"I will be able to bring a unique point of view because I do collaborate with different agencies throughout the state."

2. How do you hope to contribute to this process?

- Raise awareness
- Prevention
- Policy

"We realize that human trafficking is really a topic that teachers are on the frontlines to be identifiers but there is a huge lack of awareness"

3. Do you think we have the right individuals at the table? If not, who is missing?

- Need more breadth of representation statewide and in rural communities
- Need more disciplines represented

"We need to add more partners throughout the state...it's important to come together, especially involving kiddos."

4. What do you hope the work group will accomplish?

"If [professionals] don't see it as an issue, how many times does somebody in law enforcement see a victim and not know they're victims?"

- Enhance collaboration
- Enhance coordination across all systems of care
- Build prevention and training capacity
- Create consistent response protocol

5. What are the strengths of the work group?

"That common goal helps us work together and move toward positive change and actually create deliverables."

- Unique, individual expertise of each group member
- Having the same common goal

Brainstorming Session Themes

3 Trafficking Policy Advisory Consortium (TPAC)

6. What does healthy communication look like among work group members?

- Communication that is respectful, open, consistent, inclusive, and ongoing

"Another thing that is important is being mindful of inclusiveness and definitely taking heed of hierarchy and placing more value on those around the table."

7. What does healthy decision-making look like among work group members?

- Consensus and/or democratic process
- Capitalize on expertise of group members

"It never feels like a dictatorship, everyone is coming to a consensus as best as we can."

8. What is the SHTTF's role in the state and in the community?

- Education
- Awareness
- Prevention
- A resource for all things human trafficking

"I think ideally, the task force is a place where people can go to for answers about human trafficking; resources for advocacy."

9. How can the work group work to take care of each other?

"Promoting self-care, it's not just about bubble baths and chocolate cake, but it's about incorporating it into everything we do. Getting to know each other."

- Open communication
- Support and collegiality
- Celebrate successes
- Donuts!

10. What are ways to encourage all member participation in this work group?

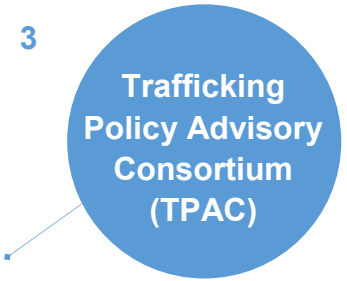
"I appreciate that we're always notified about things. There's flexibility about what time this meeting would be. I appreciate flexibility."

- Practice ongoing and open communication (communicating meeting times, agendas, etc.)
- Provide alternative opportunities for member input (outline surveys and/or conversations outside of regular meetings)

11. What are current gaps or opportunities for improvement for how we are currently reported to child trafficking victims?

"There's a lot of room for improvement in identifying, screening, etc …. If we have a tool that the SHTTF puts forth, that would be so beneficial."

- Lack of coordination across systems
- Lack of clear, consistent, trauma-informed responses protocol and training/understanding regarding roles of MDT and appropriate responses to HT cases
- Lack of trauma-informed after-care services



Policy Recommendations

1. After reviewing our findings from the DCBS cases and our conversations with the workgroups, what recommendations do you have for policy or practice change?

Implement trauma-informed training for all first responders (9)
- Equip first responders to ask the right questions
- Extend training to forensic interviewers
- Extend training to foster parents
- For frontline staff
- In schools, especially rural schools

Create an identification process and offer resources that are inclusive of overlooked populations (4)
- Male victims
- LGBTQ+ victims
- Victims in rural areas

Establish trauma-informed identification and screening processes and trauma-informed after care following identification (4)
- Promote early interaction with victims after identification

Implement an Information Sharing System for the Multidisciplinary Team (MDT) (4)
- Enhance communication regarding victims/potential victims utilizing best practice approaches to victim-centered investigations
- Be intentional about including law enforcement personnel in all MDT work
- Reduce confidentiality barriers to sharing information by enhancing information sharing policies within local agencies as well as across statewide agencies involved in child trafficking investigations.
- Follow trauma-informed, victim-centered optimal practice guidelines when creating and implementing the information sharing agreements and system.

Develop a standardized trauma-informed and victim-centered response to victims of trafficking (3)
- Emphasize the population of runaway and homeless youth

Target college campuses for prevention and awareness (e.g. PEACC at UofL) (2)

Increased use of technology (3)
- Implement screening software to streamline screening and identification processes and allow for screening results to be more efficiently shared with key child abuse investigators (MDT)
- Utilize apps and/or social media to enhance awareness of child trafficking throughout the state
- Provide education and training for the community-at-large regarding risk factors associated with the use of dating apps
- Collaborate with app developers to monitor and flag at-risk activity

Enhance Law Enforcement Involvement (2)
- Partner with law enforcement officials in the development of universal screening and identification tools and protocols
- Emphasize importance of law enforcement involvement in all child trafficking investigations

Address family-controlled trafficking (2)
- Enhance sentences and charges to be inclusive of family members who are engaged in family-controlled trafficking cases
- Utilize evidence-based risk factors to serve families identified as being “at-risk” even when cases are not substantiated (e.g., developmentally appropriate tips sheets)

Broaden training on reporting to the larger community (2)

Refine language around “runaways” to be sensitive to the population (2)

Increase the implementation of a lethality assessment to a regular basis (2)
- Engage law enforcement in implementing lethality assessment
- Engage the larger community to implement lethality assessment

Extend the training and education of the protocol for identifying and screening to the larger community (2)

Address challenges with charging victims of trafficking (2)
- Revise laws to avoid sending trafficked youth to detention
- Revise laws to avoid making nonviolent charges to victims of trafficking that are barriers to survival

2. If you had to prioritize which policy to implement first, what would it be? ("Focus on first")

Develop a standardized training across all professionals and community members involved in ending human trafficking (5)

- Incorporate this training specifically in the judicial system
- Implement training in teams
- Promote a Multidisciplinary Team (MDT) approach to training and development
- Undertake new DCBS workers to go through training with forensic interviewers

Establish a victim-centered response to approaching victims of trafficking (2)

Address the screening and identification process to promote cross-agency interactions (i.e. from law enforcement to child advocacy centers) and avoid miscommunication involving multiple agencies (2)

Revise the protocol for addressing the at-risk population of runaway and homeless youth (2)

- Develop training specific to the needs of this population

3. What should the overarching or primary message be? What do you want our message to be? What is the big message that you want people to hear?

Establish and clearly define a trauma-informed standard level of care that avoids re-traumatization of child trafficking victims (3)

4. Who should hear this? Who should we share it with?

Policymakers (9)

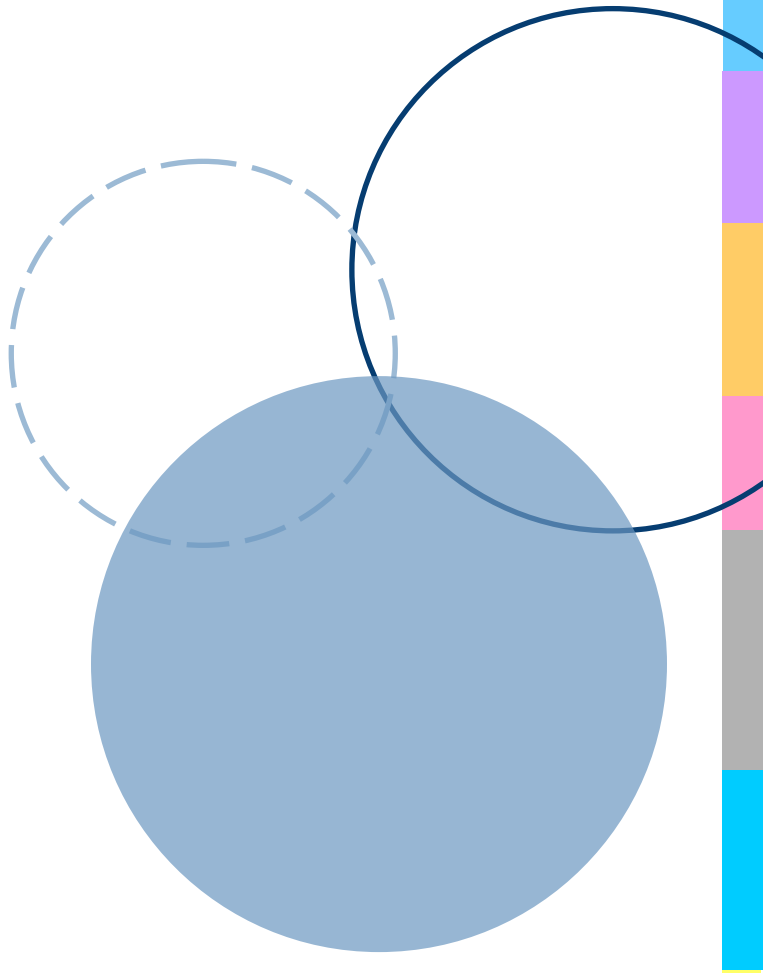
- Chief Justice
- Family courts
- Criminal courts
- Juvenile Justice Advisory Board
- State Interactive Agency Council
- Congress
- Legislation
- Cabinet
- Future bill funders

Services providers (3)

- Child Advocacy Centers
- Kentucky Youth Advocates
- CASA volunteers

Community members (14)

- Truck drivers
- Janitorial staff
- School bus drivers
- Philanthropists
- Rural community members
- Community members could be accessed through:
    - Hotline number on the back of sports/event tickets
    - Church activities
    - Coasters
    - Bathroom stalls
    - Television commercials, public service announcements, public radio interviews
    - Senior centers
    - Department of Motor Vehicles
    - Billboards



References

1. Office of Refugee Resettlement. United States Department of Health and Human Services. (2012). Report to Congress. FY2012. Accessed on 6/23/16 at http://www.acf.hhs.gov/sites/default/files/orr/fy_2012_orr_report_to_congress_final_041014.pdf
2. United Nations News Story, "UN and partners launch initiative to end 'modern slavery' of human trafficking," March 2007, Available at http://www.un.org/apps/news/story.asp?NewsID=22009#.VI3ZyGTF8mV
3. Vanek, J. (2015). The essential abolitionist: What you need to know about human trafficking and modern slavery. Daliwal Press.
4. Victims of Trafficking and Violence Protection Act (2000). Pub. L. No. 106-386, 114 Stat. 1464.
5. Office of Juvenile Justice and Delinquency Prevention. (2014). Commercial sexual exploitation of children/sex trafficking. Retrieved from https://www.ojjdp.gov/mpg/litreviews/CSECSexTrafficking.pdf
6. Roche, K. D. (2019). Personal communication.
7. Department of Justice/Office of Justice Programs Report, "Most Suspected Incidents of Human Trafficking Involved Allegations of Prostitution of an Adult or Child," April 2011, available at http://ojp.gov/newsroom/pressreleases/2011/BJS11093.htm
8. Fedina, L., Williamson, C., & Perdue, T. (2019). Risk factors for domestic child sex trafficking in the United States. Journal of interpersonal violence, 34(13), 2653-2673.
9. Barnitz, L. (2001). Effectively responding to the commercial sexual exploitation of children: A comprehensive approach to prevention, protection, and reintegration services. Journal of Child Welfare, 80(5), 597–610
10. Friedman, S.A. (2005). Who Is There to Help Us? How the System Fails Sexually Exploited Girls in the United States: Examples From Four American Cities. Brooklyn, NY: ECPAT–USA.
11. Wolak, J., Finkelhor, D., Mitchell, K. J., & Ybarra, M. L. (2008). Online" predators" and their victims: Myths, realities, and implications for prevention and treatment. American Psychologist, 63(2), 111- 128.
12. Spangenberg, M. (2001). Prostituted Youth in New York City: An Overview. Brooklyn, NY: ECPAT–USA.
13. Bryan, C. (2014). "What Judges Need to Know About Human Sex Trafficking: Screening and Assessment and Matching to Empirically Based Treatment." Presented at the NCJFCJ Annual Conference July 14, 2014, Chicago, IL.
14. Choi, K. R. (2015). Risk factors for domestic minor sex trafficking in the United States: A literature review. Journal of Forensic Nursing, 11(2), 66-76.
15. IOM (Institute of Medicine) and NRC (National Research Council). 2013. Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States. Washington, D.C.: The National Academies Press.
16. United States Census Quick Facts. Kentucky. (2015). Accessed on 6/18/16 at https://www.census.gov/quickfacts/table/PST045215/21
17. Catholic Charities. (2015). Data on resettled children in Kentucky. Personal email to author on 6/20/20 from Kazim Noori, Catholic Charities data analyst.
18. Kentucky Kids Count Data Center. (2015). Child Poverty Rate (Single-Year Estimates). Retrieved from http://datacenter.kidscount.org/data/tables/3829-child-poverty-rate-single-year- estimates?loc=19&loct=5#detailed/5/2924-3043/false/36,868,867,133,38/any/10827
19. United States Department of Education. (2014). Total Number of Homeless Students Enrolled in LEAs with or without McKinney-Vento Subgrants - Total: 2013-14. Accessed on 6/23/16 at http://eddataexpress.ed.gov/data-element-explorer.cfm/tab/trend/deid/5353/state/KY/.
20. Department for Community Based Services and Cabinet for Health and Family Services. (2017). Human Trafficking: Report to Legislative Research Commission. Retrieved from http://chfs.ky.gov/NR/rdonlyres/26908E11-F99D-41BE-BFB94D54C8BD8C46/0/HumanTraffickingReport2014.pdf

21. Middleton, J., Gattis, M., Frey, L., & Roe-Sepowitz, D. (2018). Youth Experiences Survey (YES): Exploring the scope and complexity of sex trafficking in a sample of youth experiencing homelessness. Journal of Social Service Research, 44(2), 1-17.

22. Middleton, J. S., Ghent, R., Gattis, M., Roe-Sepowitz, D., Goggin, R., & Frey, L. M. (2016). Youth Experiences Survey (YES): Exploring the Scope and Complexity of Sex Trafficking in a Sample of Youth Experiencing Homelessness in Kentuckiana. Report submitted by the Human Trafficking Research Initiative, University of Louisville, Louisville, KY.

23. Frey, L. M., Middleton, J., Gattis, M. N., & Fulginiti, A. (2018). Suicidal ideation and behavior among youth victims of sex trafficking in Kentuckiana. Crisis: The Journal of Crisis Intervention and Suicide Prevention.

24. Greenbaum, J. (2014). Child sex trafficking and commercial sexual exploitation. Current Problems in Pediatric Adolescent Health Care, 44, 245-269.

25. Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., & Motus, M. N. (2008). The health of trafficked women: a survey of women entering post-trafficking services in Europe. American Journal of Public Health, 98(1), 55-59.

26. Courtois, C. (2008). Complex trauma, complex reactions: Assessment and treatment. Psychotherapy: Theory, Research, Practice, Training, 41(4), 412-425.

27. Dubois, D.L., & Felner, J. (2016). Mentoring for youth with backgrounds of involvement in commercial sex activity: National Mentoring Resource Center Population Review. Final report submitted to National Mentoring Resource Center.

28. Frey, L. M., Middleton, J., Gattis, M. N., & Fulginiti, A. (in press). Suicidal ideation and behavior among victims of sex trafficking in Kentuckiana. Journal of Crisis Intervention and Suicide Prevention.

29. Martinez, R. J. (2006). Understanding runaway teens. Journal of Child and Adolescent Psychiatric Nursing, 19, 77-88.

30. Choi-Fitzpatrick, A. (2016). The good, the bad, the ugly: Human rights violators in comparative perspective. Journal of Human Trafficking, 2(1), 1-14.

31. Walker, K. (2013). Ending the commercial sexual exploitation of children: A call for multi-system collaboration in California. Sacramento, CA: California Child Welfare Council, 9-10.

32. President's Interagency Taskforce to Monitor and Combat Trafficking in Persons. 2014. Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013–2017. Washington, D.C.: U.S. Department of Justice, U.S. Department of Health and Human Services, and U.S. Department of Homeland Security. http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf