Research Article

A five-year analysis of child trafficking in the United States: exploring case characteristics and outcomes to inform child welfare system response

Abstract

Child trafficking is prevalent and poses a serious problem in Kentucky and throughout the United States. Though Kentucky successfully passed the Safe Harbor law in 2013, no residential treatment programs exist in Kentucky specifically for children who have been trafficked, leaving child welfare caseworkers with very few options for treatment and placement of some of the state's most vulnerable and traumatized youth. This study used administrative data from the state's child welfare system to identify case characteristics of alleged victims of child trafficking in Kentucky and trends in case outcomes. Analyses were based on 698 alleged victims of child trafficking reported between 2013 and 2017. Findings indicate that 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, cases that involved a family member facilitating trafficking, young children, and drugs were more likely to involve multiple perpetrators. Findings suggest opportunities for research and practice to address child trafficking, particularly among overlooked and underreported populations at-risk for child trafficking, and emphasize the need for standardized, trauma-informed training across the system of care in order to better prevent and alleviate victimization.

Keywords: child trafficking, labor trafficking, victimization, sex trafficking

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Introduction

Human trafficking is the fastest growing criminal industry in the world today[1] generating $9.5 billion yearly in the United States.[2–4] Human trafficking is defined by the recruitment, harboring, transportation, provision, or obtaining of a person for either: Labor trafficking, which is labor or services, through the use of force, fraud, coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery; or Sex trafficking, which is the purpose of a commercial sex act induced by force, fraud, or coercion.[5] Troublingly, 83% of all confirmed human trafficking cases in the United States involve American born citizens and 98% of sex trafficking victims are women and girls.[6] According to the U.S. Justice Department, the average age of entry into commercial sexual exploitation is 13 years[7,8] and 1 in 7 children receive an online solicitation or approach.[9] Banks et al.,[10] found that 70% of all sex trafficking victims are under the age of 24. Victims are becoming younger, largely because exploiters are concerned about victims having HIV or AIDS.[7,8,11] Children, in particular, are at high risk for human trafficking.

The impact of trafficking on child victims

Child trafficking includes commercial sexual exploitation, domestic, sex trafficking, and labor trafficking of minors.[12] Many victims tend to come from vulnerable populations with a serious history of previous abuse. Risk factors that increase youths' vulnerability to trafficking include sexual or physical abuse or maltreatment, running away or being homeless, system-involvement, such as with the juvenile justice and child welfare systems, being LGBTQIA+, experiencing substance abuse, poverty, and early adverse experiences.[13,14] Other risk factors associated with child trafficking include parental drug use/selling,[15–17] youth of color,[18,19] young age[17] history of child welfare involvement,[15,17,20] physical and/or emotional neglect,[21] and the domestic abuse of a mother.[21]

The consequences of child trafficking include high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms among the victims.[22–24] 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.[25] Trafficked youth are also at increased risk for suicide,[26,27] which is likely exacerbated by the difficulty in accessing these youth in order to ensure accurate clinical assessment and prompt follow-up care.[28]

Trafficking in Kentucky

Mirroring the national situation, child trafficking is a serious problem in Kentucky. Increases in child trafficking cases are most likely related to the fact that Kentucky has some of the highest rates of child abuse and neglect, youth homelessness, and substance use in the nation. Kentucky (KY)[29,30] consists of 120 counties and nine Department for Community Based Services (DCBS)[31] child welfare regions. According to the 2019 United States Census population estimates, KY has a total population of 4,467.673 (87.5% Caucasian, 8.5% African-American, 3.9% Hispanic or Latino, 1.6% Asian and 0.3% American Indian; U.S. Census, 2015). According to Catholic Charities[32,33] 2,219 refugee children were resettled in KY between October of 2013 and September of 2015. The percentage of minors under 18 years of age is 22.9%. Kentucky is home to 1,008,829 children (Kids Count Data, 2019) and has the nation's highest rate of

student homelessness (Department of Education, 2014), with 22.1% of KY children living in high- poverty communities (Kids Count Data, 2019). 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 (Department of Education, 2014). Jefferson County, home to 170,791 children, accounts for the highest number of homeless students and has a child poverty rate of 19.8% (Kids Count Data, 2019). Over 47,000 KY children were placed in foster care due to abuse or neglect in 2013 (Kids Count Data, 2019).

Trafficking cases have been identified in rural and urban areas across the state, and cases include incidents of both sex and labor trafficking. Sex trafficking comprised 77.2% of all child trafficking cases in Kentucky in 2019 and labor trafficking comprised 2.3% (DCBS, 2019). Child victims have been identified in all 15 Area Development Districts, representing many different counties throughout the state. According to the KY Human Trafficking Report (2019), since the inception of the human trafficking reporting in KY, there have been 957 reported incidents of child trafficking (51 in 2013, 73 in 2014, 115 in 2015, 208 in 2016, 251 in 2017, 251 in 2018, and 215 in 2019) involving 1,164 alleged victims. The data indicates a 321.6% increase in reported incidents over the past seven years, with the youngest identified victim of human trafficking in KY being 3 months old (DCBS, 2019).

Prevalence of child trafficking in Kentucky

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 "Kentuckiana" - a region that includes metropolitan Louisville, Kentucky, and southern Indiana. 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 being trafficked at the time of the survey. 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 related to the fact that a family member is often the perpetrator of such crimes (60% of cases involved family members) when they trade or sell a child for drugs and/or money.[31,34] High rates of substance use/misuse and the opioid epidemic in Kentucky most likely contribute to these statistics. 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 urban areas as well as small towns 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.

Outcomes of child trafficking in Kentucky

There are numerous complex consequences of child trafficking. Middleton et al., 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.,[27] 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. Kentucky's children and youth who are at risk for and experience child trafficking are at risk for severe consequences that can be lifelong and fatal. It is critical that the issue of child trafficking in Kentucky be addressed to inform identification processes, policies, prevention efforts, and trauma-informed services provided to child trafficking victims.

Addressing child trafficking in Kentucky

In 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. It created a robust legal structure to bring about justice in human trafficking cases and equip law enforcement with key tools, including training and asset forfeiture and seizure in human trafficking cases. In response to the HTVRA, the Kentucky Statewide Human Trafficking Task Force was created in 2013 to assist in implementation of the HTVRA, improve collaboration between federal, state and local law enforcement, state agencies, victim services and other professionals. The Department of Juvenile Justice (DJJ) began screening for human trafficking in 2015. With reports of human trafficking on the rise, the Kentucky Office for the Attorney General received a federal grant in 2016 to address human trafficking, hire a specially-trained human trafficking investigator, expand Kentucky's Office of Child Abuse and Human Trafficking Prevention and Prosecution, and provide evidence-supported training on how to recognize and report human trafficking.[16]

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 the 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 a shortage 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. This likely negatively impacts the number of identified cases and the number of victims who receive access to much-needed services. Relatedly, at the time of this study, despite the high rates of trafficking reports across the state, there was only one specialized human trafficking investigator at the state level in Kentucky, and no specialized human trafficking investigators at the local level.

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Furthermore, there is limited information regarding the prevalence of child trafficking in Kentucky, the case characteristics and outcomes, as well as on the ways in which systems in Kentucky respond to the issue of child trafficking. This study aimed to increase awareness of the issue of human trafficking within the child welfare population in Kentucky and to improve the ability of systems to appropriately and effectively respond to human trafficking, in a manner which limits additional trauma to the child victim. The researcher used a mixed-methods approach to answer the following research questions:

1. What happens to child trafficking cases in the child welfare system?

2. What is the best way to respond to child trafficking victims in a manner which limits additional trauma to the child victim?

Methods

Participants

Comprehensive case review

To answer the first question: What happens to child trafficking cases in the child welfare system?, the authors conducted a comprehensive case review of 698 alleged child trafficking cases reported to the Department of Community Based Services (DCBS) between 2013 and 2017. The results of the comprehensive case review were used to ascertain gaps, systemic issues, and opportunities for enhanced education, training, and policy development.

Of the reported cases of alleged child trafficking (n = 698), 83% were female, the ages of alleged victims ranged from 2 weeks to 17 years old, and the most commonly reported age was 16. Over 97% of alleged victims were American-born, 89% had prior involvement with DCBS, and over 93% were victims of sex trafficking only, versus labor trafficking or both. The majority (57.7%) of the alleged child victims were reportedly trafficked by a family member, often a biological parent, and over 61% of victims were at home when these allegations were received. However, despite the fact that a primary caregiver was the reported trafficker in the majority of the alleged cases, only 12.5% of victims were removed due to this incident, and 68% were not removed at all. In addition, just over 10% of these cases resulted in criminal charges for human trafficking.

Of the 698 alleged child victims, 210 (30.1%) were confirmed to be substantiated child trafficking victims by either law enforcement (substantiated) or by DCBS (founded). Mirroring the total sample of 698, the 210 confirmed cases were 82.8% female child victims aging from 2 weeks old to 17 years of age, and the most commonly reported age was 16. Of the confirmed cases, 97.6%were American-born, 89% had a history with DCBS, 89% were reportedly sex-trafficked only as opposed to labor-trafficked, and 42.9% were trafficked by a family member. When the allegations were received, 49.5% of the alleged child victims were at home, 23.3% were removed due to the incident reported, and 60.5% were not removed at all. Only 32.9% (n = 69) of the confirmed cases resulted in criminal charges around human trafficking.

Participatory action research

To answer the second question: What is the best way to respond to child trafficking victims in a manner which limits additional trauma to the child victim?, the authors conducted surveys and focus groups with participants of the Kentucky Statewide Human Trafficking Task Force (SHTTF) to explore opportunities and strategies for enhancing cross-agency interactions, facilitating better communication related to practice and policy, and addressing gaps in services for child trafficking victims. Members of the SHTTF were invited to participate in a survey and pre- and post- focus groups across the four SHTTF work groups: Data/Research, Law Enforcement, Prevention/Awareness, and Victim Services. Members were over 18-years of age and served as professionals and community members on the task force.

Of the SHTTF members (N=27) who completed the survey, 37% (n = 10) were in the Law Enforcement workgroup, 25.9% (n =7) were in Victim Services, 18.5% (n = 5) in Prevention/Awareness, and 18.5% (n = 5) in Research/Data. Most members were female (63%, n = 17), white (81.5%, n = 22), and members of the SHTTF (85.2%, n = 23). The average age was 41 years old. Members spent an average of 18.3 years in their community and an average 2.3 years in the SHTTF. Reporting an average of 5.4 years in their positions, the most represented business sectors were Law Enforcement (34.6%, n = 9), Victim Services (23.1%, n = 6) and State Government (19.2%, n = 5). Members' highest level of education were Master's Degrees (40.7%, n = 11), Bachelor's Degrees (33.3%, n = 9), and M.D., J.D., or other professional degree (14.8%, n = 4). See Table 1 for a full list of focus group participant demographics.

Procedures

Comprehensive case review

The authors worked with the Department of Community Based Services (DCBS) to obtain a data sharing agreement and 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) (Appendix A for Data Elements). (Table 1).

Table 1 SHTTF respondent demographic information (N = 27)

Characteristic
Gender
Female
Male
Race/Ethnicity
Black/African American
White/Caucasian
Asian/Pacific Islander
Highest Level of Education
High School Diploma
Associates Degree
Bachelor's Degree
Master's Degree
M.D., J.D., or other professional degree

Participatory action research

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The SHTTF work groups met in Frankfort, Kentucky, to facilitate cross-agency collaboration and communication. The pre-focus group meetings (Focus Group #1) consisted of a survey completed by work group members and a group discussion based on Brainstorming Session prompts. The post-focus group meetings (Focus Group #2) consisted of group discussions based on the Policy Recommendations prompts. The group collaboration was evaluated via the survey, which utilized the following measures.

Demographics. Based on the Seven Commitments Survey, the demographic information includes occupation, agency affiliation, and experience in child trafficking advocacy. Other basic demographic variables collected included age, gender, ethnicity, and level of education (Appendix B).

Seven Commitments Survey. The Seven Commitments Survey is based on a set of trauma-informed norms or values set forth by the Sanctuary Model® and was used to measure trauma-informed organizational culture within the SHTTF. The Sanctuary Model is a trauma-informed organizational change intervention developed by Sandra Bloom and colleagues in the early 1980s that is designed to facilitate the development of organizational cultures that counteract the wounds suffered by the victims of traumatic experience and extended exposure to adversity.[35,36]

The Seven Commitments Survey helps with identifying the strengths and weaknesses of the SHTTF and the members' perspectives of the group's culture, within the framework of trauma-informed values. Alpha values range from 0.87 to 0.99 (Esaki, Hopson, & Middleton, 2014) and the Seven Commitments Survey includes a total of 50 items, which measure organizational commitments to nonviolence, emotional intelligence, social learning, shared governance, open communication, social responsibility, and growth and change (Appendix C).

Coalition Web Based Self-Report Questionnaire. Derived from Transaction-Cost Economic Theory, Human Ecology Theories, and Network Theory, the Coalition Web Based Self-Report Questionnaire (CWBSRQ) encompasses 4 dimensions of coalition functioning: 1) Efficiency, 2) Goal-directedness, 3) Opportunities for participation, and 4) Cohesion. Using a 5-point Likert scale, there are 60 items with Cronbach's Alpha values ranging from 0.72 to 0.92. For the purposes of the current study, the authors chose to include two subscales (14 items) labeled Community Support (alpha = 0.85) and Community Involvement (alpha = 0.92)[34] for the pre-/post-tests in evaluating the SHTTF (Appendix D).

Focus Groups. The authors designed open-ended questions specifically to measure the collaboration and shared practices among the SHTTF regarding system responses to child trafficking in Kentucky. The pre-test focus groups utilized a semi-structured focus group protocol that included Brainstorming Session prompts (Appendix E). The post-test focus groups utilized a semi-structured focus group protocol that included Listening Forum prompts (Table 1).

Results

Comprehensive case review

Case characteristics

The dataset included 29 questions (Appendix F) answered by the reporting party. 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 authors developed a Qualitative Coding Extraction Tool (Appendix G) 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%); 15.9% of alleged child victim cases mentioned sexual abuse at some point in the child's history; 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 the report narrative to have run away or been missing at some point in their history consisted of 19.3%. Of the total sample, there 579 females (83%), 114 males (16.3%), and 5 listed as "Unable to Locate" (7%). Because of a small number of cases in this category, 2 cells (33.3%) had expected counts of less than 5. For the sake of statistical analyses, this category was removed and only females and males were compared to each other. Compared to the variable of running away and/or missing, the authors found that females had 8.4 greater odds of having a mention of running away and/or missing in the case narrative relative to males: $\chi2$ (1, N = 693) = 3.904, p = 0.048, Φ = .075 (Table 2).

Table 2 Number of respondents with mention of running away or being missing in case notes (n = 693)

Gender Variable	Running Away or Missing					
	No	Yes	χ2	p	Φ	OR
Female	462	117	3.904	0.048	0.075	8.35
Male	100	14				

Drug Involvement. One of the specific questions asked in the report was, "Was the victim using drugs, given drugs, or sold for drugs" with options of either Yes, No, or Unknown. Of the total sample, reporting parties answered Yes for 270 cases, No for 330 cases, and Unknown for 98 cases. To analyze the differences between whether or not drugs were involved, the authors removed the Unknown category for statistical analyses. Comparing this variable of drug involvement to other variables, the authors discovered that cases involving drugs were significantly more likely to involve more perpetrators per cases than cases not involving drugs: t (241) = -2.74, p = .006, d = .243. Additionally, cases being reported more recently were significantly more likely to involve drugs than in previously reported cases: t (241) = -2.64, p = .008, d = .240 (Table 3).

For further analysis on drug involvement, the authors 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 that 20.8% of children were sold for drugs, 15.7% of parent/caregiver(s) were receiving drugs, and 12.5% of parent/caregiver(s) were using drugs.

Family-Controlled Trafficking. In cases with multiple perpetrators, if at least one of the perpetrators was a family member, then the case was classified as "family-controlled trafficking." Included in the report being made was a question, "Was the perpetrator a caretaker?" Further, additional questions asked, "What was the caretaker's relationship to the victim?" and "What

was the non-caretaker's relationship to the victim?" The authors condensed this 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. Children trafficked by a family member were significantly younger than those trafficked by a non-family member: t (399) = 2.847, p = 0.005, d = .444. Children who

were trafficked by a family member were more likely to having more perpetrators than children trafficked by a non-family member: t (337) = -9.10, p = 0.000, d = .780 (Table 4).

Age. Among the total sample, ages ranged from 2-weeks old to 17-years old (M = 14). Using an independent samples t-test, the authors found that younger children were more likely to have a perpetrator with multiple victims than older children: t (270) = -3.982, p = .000, d = .319 (Table 5).

Table 3 Results of t-test and descriptive statistics for number of perpetrators and reports made each year by drug involvement (n = 600)

	Drug Involvement									
Variables	No			Yes						
	M	SD	n	M	SD	n	95% CI	t	p	Cohen's d
Number of Perpetrators	1.532	0.76	263	1.755	1.053	241	-.382, -.063	-2.739	0.006	0.243
Report Year	2015.94	1.058	263	2016.19	1.042	241	-.432, -.064	-2.644	0.008	0.24

Table 4 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	1.256	0.691	246	1.89	0.926	337	-.775, -.410	-9.1	0	0.78
Age	14.23	2.7	62	12.69	4.098	399	.474, 2.589	2.847	0.005	0.444

Table 5 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	0	0.319

Case outcomes

In the reports, tracked was whether cases were substantiated and/ or founded. Cases involving a family member as the perpetrator/ trafficker (n = 95) resulted in being substantiated, cases involving a non-family member as the perpetrator/trafficker (n = 141) resulted in being founded, and cases involving both a family member and non-family member as perpetrators/traffickers (n = 26) resulted in being both substantiated and founded. Thus, the authors 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 being substantiated and/or founded were the following (Table 6): 7.84 times greater for cases in which law enforcement was involved than for cases not involving law enforcement: χ^2 (1, N = 583) = 12.032, p = 0.001, Φ = .144; 1.41 times greater for cases involving a forensic interview with a Child Advocacy Center than for cases without a forensic interview: χ2 (1, N = 683) = 30.454, p = 0.000, Φ = .229; and .916 times greater for cases involving drugs than for cases not involving drugs: χ^2 (1, N = 504) = 14.334, p = 0.000, Φ = .169.

Trends. The current sample of data was collected between the years 2013 and 2017. A significant association and increase was shown in

law enforcement involvement over a 5-year period: χ^2 (1, N = 583) = 36.953, p = 0.000, Φ = .252. Moreover, a significant association was shown between referral sources and report year (Figure 1). Figure 2 shows that in more recent cases than previously report cases, human service professionals (e.g., social workers, case managers, residential staff, school staff) had more of an increase over time than the Department of Juvenile Justice (DJJ), and the Courts, as well as law enforcement: χ^2 (1, N = 392) = 34.958, p = 0.001, Φ = .211 (Table 7).

Participatory action research

Survey data

The authors evaluated the collaboration of the Statewide Human Trafficking Task Force (SHTTF) using a survey consisting of the Coalition Web-Based Self-Report Questionnaire and the 7 Commitments Survey. This survey was administered cross-sectionally across four working groups within the SHTTF: Data and Research, Law Enforcement, Prevention and Awareness, and Victim Services. The authors compiled average scores for each scale across the total sample (n = 27).

Coalition Web-Based Self-Report Questionnaire. In regard to Community Support for the Statewide Human Trafficking Task Force (SHTTF) and Community Improvement from the Coalition

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Web-Based Self-Report Questionnaire (CWBSRQ), participants stated their agreement with a series of statements on a scale from "Strongly Disagree" to "Strongly Agree" (1 = SD, 5 = SA). The closer the average for each subscale to 5, the greater group members 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 (Table 8), which fell under a "Watch Area."

Table 6 Number of cases substantiated and/or founded by whether law enforcement was involved, a forensic interview was conducted, and if drugs were involved
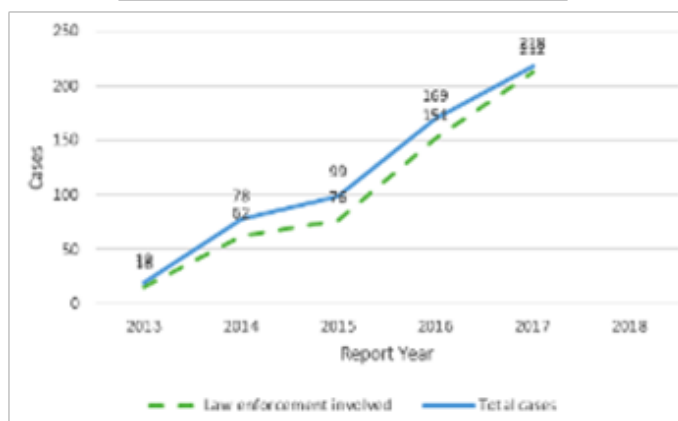
	Substantiated and/or Founded						
Variables	No	Yes	n	χ2	p	Φ	OR
Law	356	161	583	12.032	0.001	0.144	7.84
Enforcement Involvement	-59	-7					
Forensic	213	128	583	30.454	0	0.229	1.41
Interview	-202	-40					
Drug	154	87	504	14.334	0	0.169	0.916
Involvement	-208	-55					

Table 7 Cases per report year in which law enforcement was involved, and the case's known referral source

	Report Year								
Variables	2013	2014	2015	2016	2017	n	χ2	p	Φ
Law	16	62	76	151	212	583	36.953	0	0.252
Enforcement									
Involvement	-3	-16	-23	-18	-6				
Referral Source	0	2	5	17	5	392	34.958	0	0.211
(DJJ, Court)									
(Law Enforcement)	8	11	12	25	25				
(Human Services)	6	27	53	64	132				

Table 8 Coalition web-based self-report questionnaire subscales

Subscale	M
Community Support for SHTTF	3.39
Community Improvement	3.04

"Strongly Disagree" to "Strongly Agree" (1 = SD, 5 = SA). The closer the average for each subscale to 5, the greater group members 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 (Table 9). 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." Social Responsibility is described as "using concern and engagement for the common good".[37–39]

Figure 1 Law enforcement involvement trend.
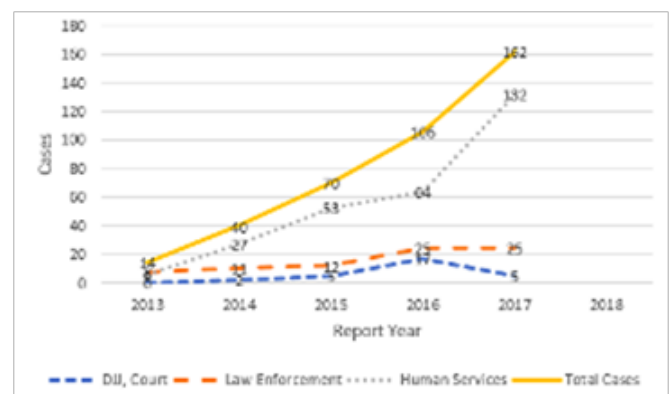
Figure 2 Referral source trend.

Commitments Survey. The 7 Commitments Survey consists of 35 items for which participants indicate their agreement on a scale from

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Table 9 Seven commitments subscales

Subscale	M
Commitment to Nonviolence	3.54
Commitment to Emotional Intelligence	3.26
Commitment to Social Learning	3.65
Commitment to Shared Governance	3.28
Commitment to Open Communication	3.48
Commitment to Social Responsibility	2.8
Commitment to Growth and Change	3.5

Brainstorming Session Themes (Focus Group #1). To promote cross-agency collaboration and communication, the authors led the SHTTF working groups in discussions based on the brainstorming prompts. In the initial focus groups, group members reported their individual roles included bringing policy work, best practices, information, perspective, and resources to the group and to the community. Participants reported that their work focuses on raising awareness, and impacting prevention and policy work, but expressed that more breadth of representation statewide and across disciplines was needed. They reported that their individual strengths included capacity for collaboration, building prevention and capacity, and enhancing coordination and response protocols. Collectively, they reported that their strengths as a group were agreeing on the same common goal and consisting of unique individual expertise.

The work group members described their communication as respectful, open, consistent, inclusive, and ongoing. They described their decision-making process as having a democratic consensus and capitalizing on the expertise of group members. Group members reported that they take care of each other by practicing open communication, giving support, and celebrating successes. They reported encouraging all-member participation by practicing ongoing and open communication (regarding meeting times, agendas, etc.) and providing alternative opportunities for member input (e.g. surveys, conversations outside regular meetings).

Overall, the participants reported that their role in the state and in the community focused on increasing human trafficking education, awareness, and prevention. However, participants reported that gaps exist in their state, including a lack of coordination across systems; a lack of clear, consistent, and trauma-informed response protocols; and a lack of trauma-informed after-care services.

Listening Forum Themes (Focus Group #2). Prior to the second round of focus groups, the research team presented the findings of the comprehensive case review to each group. After reviewing the findings from the comprehensive case review, the participants discussed recommendations for policy and practice change. The most frequently reported recommendation was to establish a "trauma-informed training" (Table 10) to help identify and respond to child trafficking victims.

To more efficiently share information and communicate across disciplines about child trafficking cases, participants recommended increasing the use of technology and reducing confidentiality barriers by enhancing information-sharing policies across the state. Participants also suggested the use of technology to enhance

awareness of risk factors for child trafficking and to collaborate with app developers to monitor and flag at-risk online activity. In addition, participants described several ways that law enforcement could increase involvement in child trafficking (Table 11). [40–44]

To prioritize policy changes, participants recommended the following steps:

1. Develop a standardized training across all professionals and promote a multidisciplinary team (MDT) to address and end human trafficking,

2. Focus on establishing a victim-centered response to approaching victims of trafficking, and

3. Address screening and identification processes and develop training specific to the needs of at-risk populations (e.g. runaway and homeless youth).

Participants stated that the group who needs to hear this overarching message of clearly defining a trauma-informed standard level of care for child trafficking victims is "mostly the community-at-large." Specific domains of the community, as described by the participants, are listed in Table 12. [45–48]

Table 10 Trauma-informed training definitions

Definitions
Asking the right questions
Extending to larger communities, such as first responders, forensic interviewers, foster parents, frontline staff, and school staff
Including overlooked populations such as male victims, LGBTQIA+ victims, college students, runaway and homeless youth, and victims in rural areas

Table 11 Increasing law enforcement

Description
Increasing identification of overlooked victims
Engaging in child trafficking investigations
Implementing lethality assessments
Enhancing sentences and charges to be inclusive of family members as perpetrators/traffickers, and
Revising laws to address challenges with charging victims (e.g. avoid sending trafficked youth to detention, avoid making nonviolent charges to victims).

Table 12 Engaging community members

Description
Community Members
Truck drivers
Janitorial staff
School bus drivers
Philanthropists
Rural community members
Awareness on the issue of child trafficking was suggested to be spread through:

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Table Continued

Description
Back of sports and event tickets
Church activities
Drink coasters
Signs in bathroom stalls
Television commercials
Public service announcements
Radio interviews
Senior centers
Department of Motor Vehicles, and
Billboards

Participants suggested that the findings of the current study be presented to policymakers, such as family and criminal courts, Chief Justices, Juvenile Justice Advisory Board members, State Interactive Agency Council members, future bill funders, Congress, Legislation, and the Cabinet. In addition, they suggested engaging service providers, such as Child Advocacy Centers, Kentucky Youth Advocates, and CASA volunteers (Table 13).

Table 13 Listening forum themes

Themes	Mentions
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
Create an identification process and offer resources that are	
inclusive of overlooked populations	
Establish trauma-informed identification and screening processes and trauma-informed after care following identification	4
Implement an Information Sharing System for the Multidisciplinary Team (MDT)	4
Develop a standardized trauma-informed and victim-centered	4
response to victims of trafficking	
Target college campuses for prevention and awareness (e.g. PEACC at UofL)	3
Increased use of technology	2
Enhance Law Enforcement Involvement	2
Address family-controlled trafficking	2
Broaden training on reporting to the larger community	2
Refine language around "runaways" to be sensitive to the	

Table Continued

Themes	Mentions
population	2
Increase the implementation of a lethality assessment to a regular basis	2
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
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
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
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
Who should hear this? Who should we share it with?	
Community members	14
Policymakers	9
Service providers	3

Discussion

The findings in this study will help increase awareness of the issue of child trafficking in Kentucky and improve the ability of systems to respond to child trafficking. The main findings from the comprehensive case review suggest that law enforcement involvement impacts the likelihood that child trafficking cases will be confirmed. In addition, findings highlight the alarming number of alleged child trafficking cases in Kentucky that involve facilitation by a family member (e.g. family-controlled trafficking). The focus group themes that emerged from the Statewide Human Trafficking Task Force pre– and post– focus groups coalesced into clear recommendations for policy and practice changes. 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 a Multidisciplinary Team (MDT) to promote cross-agency communication and collaboration; 3) Create a universal, statewide screening and identification process inclusive of overlooked populations (e.g., male victims, LGBTQIA+

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victims, victims in rural areas); and 4) Offer trauma-informed, victim-centered resources that are inclusive of overlooked populations.

Limitations

The data from the comprehensive case review was collected over a 5-year period, focusing only on all cases of alleged child trafficking reported to the Department of Community Based Services (DCBS) through the child abuse hotline during this time period. Because the initial hotline report data only included information gleaned from the reporting party, additional details obtained from a DCBS and/or law enforcement investigation were not included in the data provided to the research team, other than the final case outcome (e.g., substantiated and/or founded). This additional data from investigators' notes, interviews, and observations could help to provide a more complete picture of the significance and complexities of child trafficking during the period of measurement. Since the data analyzed was administrative data (meaning it was collected by DCBS workers via a hotline report), the authors had no control over the questions asked and therefore the sample of data analyzed was limited to what was initially reported. For example, the reports did not include a standardized non-binary gender option or a question regarding sexual orientation, therefore the data does not account for underreported populations known to be at-risk for trafficking according to existing literature.[49–51]

Additionally, the qualitative data analyzed in this report was extracted from the narrative descriptions provided by the reporting parties who called the hotline and no standardized tool was utilized to obtain this data from the reporting parties. This suggests the need for enhanced, standardized hotline screening questions and/or protocols as they pertain to potential child trafficking reports. Further, this data was collected only across the state of Kentucky. Therefore, these findings cannot be generalized to populations not included in this dataset nor to national or international populations. The focus groups consisted of members of the Kentucky Statewide Human Trafficking Task Force (SHTTF). Thus, limitations include: 1) The sample taken from one statewide task force does not represent the entire state of Kentucky or other states; 2) Focus groups sometimes allow for dominant voices to emerge, which can make it difficult to ensure that all voices at the table are heard; and 3) Some participants were a part of multiple working groups and thus, they may have attended multiple focus groups in each phase of data collection. As a result, bias could be carried across groups and/or their voices may have influenced other participants. Despite these limitations, several important implications emerged from this research study and are discussed below.

Implications

Research

To further understand the complexities associated with the issue of child trafficking, future comprehensive case reviews should include additional and/or more in-depth data from the alleged child trafficking case file such as information pertaining to the safety and risk assessment, record of contact (ROC) notes, and Child and Adolescent Needs and Strengths (CANS) data. Specifically, the CANS assessments are 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. This additional data can further identify risk factors associated with child trafficking, assess over time the well-being of children reported as possible child

trafficking victims, and describe the unique experiences of victims of child trafficking. As a result of the comprehensive case review of DCBS cases, the authors found that family members were involved in a significant proportion of alleged child trafficking cases. To determine the associated risk factors, system responses and outcomes, as well as the psychological consequences of having a family member as a perpetrator, family-controlled trafficking must be explored further. Future research might include variables regarding victims' health, behavioral health, runaway history, family, peers, perpetrator(s), and community characteristics, as well as system responses beyond initial findings (e.g. prosecution rates and outcomes). In this manner, more complex relationships could be explored regarding family-controlled trafficking, utilizing more advanced statistical analyses including logistic regression and cluster analysis.

Practice

To address the limitations in the data collected in the comprehensive case review, the authors recommend additional variables be collected as part of the DCBS intake, screening, and assessment process. Based on the existing literature regarding risk factors for child trafficking and the need to address overlooked populations, the Statewide Human Trafficking Task Force (SHTTF) work group members recommended considering additional information to be collected by reporting parties at intake, including the following: What was the race/ethnic identity of the alleged victim?, What was the sexual identity of the alleged victim?, What was sex exchanged for?, Was there a history of sexual abuse?, Was there a history of running away or homelessness?, Was there gang-involvement in relation to the alleged trafficking incident(s)?, Were there multiple victims of the alleged perpetrator?, Was technology involved? If so how? These additional variables can help inform future practice among child welfare workers, professionals, and systems, by addressing risk factors supported by research to be associated with child trafficking as well as to better understand the experiences of child trafficking victims. As shown in the DCBS data analysis, a trend emerged over the 5-year period from 2013 and 2017: law enforcement personnel were more involved in child trafficking investigations and professionals were more likely to report alleged cases of child trafficking. It is likely that this trend is due to the increase in statewide human trafficking trainings and case consultation and support provided by the Kentucky Office of the Attorney General (OAG) during that same time period. In 2016, the OAG was awarded a three-year grant from the Bureau of Justice Assistance and the Office for Victims of Crime to address human trafficking in the state of Kentucky(Kentucky Office of the Attorney General and Catholic Charities of Louisville Enhanced Collaborative Model Grantee Committee, 2017). Specifically, the grant funded a new full-time human trafficking investigator position housed within the OAG. This human trafficking investigator provided training and case consultation to local law enforcement jurisdictions across the state of Kentucky.

The human trafficking investigator built relationships with and between local law enforcement jurisdictions, which served as a catalyst for capacity building and systems change within law enforcement jurisdictions throughout the state. Data suggests that this most likely contributed to the increase in law enforcement involvement and reports of child trafficking across the state. Based on this recent example of successful capacity building within the law enforcement system and resulting data, the authors recommend that DCBS

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consider hiring and sustaining a full time child trafficking investigator position, housed within the Cabinet. This position could provide child trafficking training and case consultation to DCBS workers throughout the state. This approach would enhance the capacity of the DCBS system, including rural jurisdictions, to better respond to child trafficking cases, and could serve as a model for other states. Based on the current study, in order to promote effective collaboration across the state of Kentucky, findings suggest the importance of building capacity, safety, justice, and support within the Kentucky Statewide Human Trafficking Task Force (SHTTF). For example, based on the results of the Sanctuary Model's "Seven Commitments Survey," the value of "social responsibility" was identified as a key area of growth. Social responsibility, commonly described as "coming together for the common good" means that an organization (e.g., the task force) that takes seriously its mission to help others, itself must be committed to fulfilling its complex ethical responsibilities to the larger culture, to the task force members, and to the clients and community it serves. For example, children and adults who have experienced adversity and interpersonal violence are likely to have experienced injustice as part of their exposure to trauma. To create "just" environments it is important to be aware of the individual responsibility we have in a group setting and how powerful the group effects can be, especially when we are in the role of bystander as well as considering the ways in which organizations can reduce the effects of vicarious trauma in employees and the organization as a whole. Along these lines, task force members can practice social responsibility by committing to offer support to other human trafficking organizations, engaging in discussions informed by equitable accountability, practicing open and ongoing communication, and celebrating each other's successes.

Trauma-informed behaviors that promote social responsibility include using "we" or "our" verses "I" and "yours" language, behaving ethically in all interactions, and engaging in problem-solving and solution-focused behaviors rather than complaint-focused behaviors. With this in mind, the authors recommend that human trafficking task force members and leaders engage in trauma-responsive team building activities and collectively develop their own set of commonly agreed-upon values, perhaps based on the Sanctuary Model's Seven Commitments. The most commonly reported practice recommendation pertains to the development and implementation of standardized, statewide, evidence-based, trauma-informed training for child welfare staff and leadership, including all sub-contracted service providers (e.g., residential treatment centers, foster care providers). This trauma-informed training should include technical and adaptive approaches to identifying potential victims of child trafficking, partnering for victim-centered investigations that promote recovery, and establishing and sustaining trauma-responsive after care services that include traditional as well as non-traditional, cultural healing practices. The authors recommend that DCBS consider incorporating the Trauma Resilient Communities (TRC) Model, which is based on the Sanctuary Model. The TRC Model, focusing on leadership training and trauma-informed leadership coaching with organizations, systems, and communities, helps embed and embody the science of trauma resilience, and moves people from information to action. The TRC Model could offer standardized trauma-informed and victim-centered training for staff, leadership, and partners across the state fighting to identify and end child trafficking.

Conclusion

The finding that cases that involve family-controlled trafficking,

younger victims, and drug involvement are related to an increased likelihood of multiple perpetrators gives critical information to researchers examining this issue, professionals working with this population, and policymakers creating the systems that respond to these vulnerable children. Specifically, the high proportion of cases that involve family-controlled trafficking highlights the importance of evidence-informed screening and identification protocols for child welfare professionals. This study calls attention to the need for more inclusive response protocols and enhanced resources for overlooked populations vulnerable to child trafficking. Furthermore, a standardized trauma-informed training is recommended for professionals and community members alike, in order to adequately equip them to better identify and respond to child trafficking cases. Additionally, findings suggest that a Multidisciplinary Team (MDT) approach will promote cross-agency communication and collaboration and limit additional trauma to victims of child trafficking. A trauma-informed, collaborative, cross-agency approach has the potential to enhance the system response to children at risk for trafficking and children who have been identified as trafficking victims, and mitigate the detrimental consequences of child trafficking. s not make a determination of "Unable to Locate" until efforts have been made, presented to the supervisor, and approved. The investigator does not make a determination of "Unable to Locate" if either the victim or caretaker have been located and interviewed.

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Conflicts of interest

The author declares there are no conflicts of interest.

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