

project **PIVOT**

Prevention and Intervention for Victims of Trafficking





Acknowledgments

Research conducted by the University of Louisville Human Trafficking Research Initiative

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and the Kentucky Office of the Attorney General

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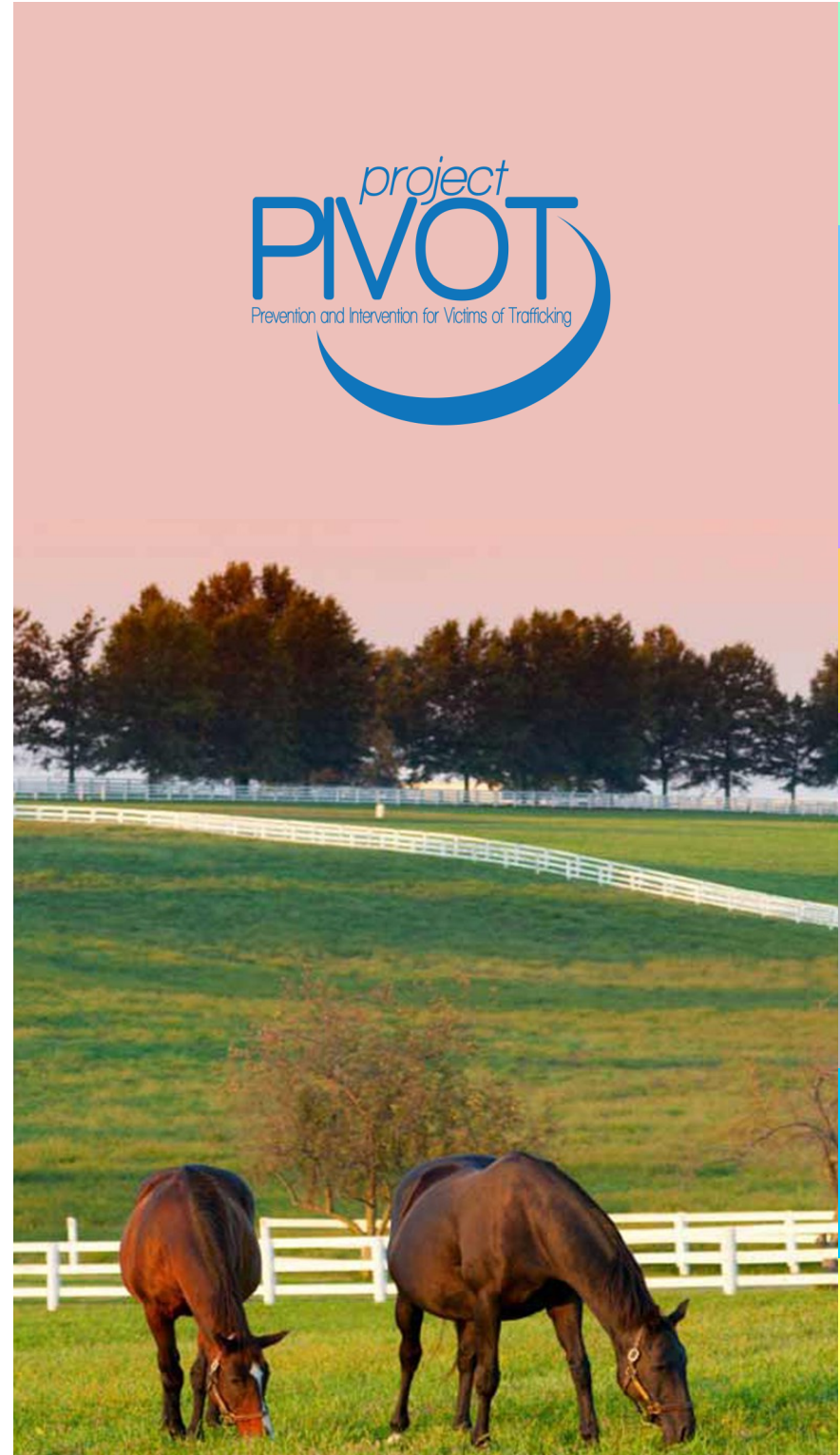
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Executive Summary

Introduction

Human trafficking (see Key Definitions, page 4) is the fastest growing criminal industry in the world today¹ generating \$9.5 billion yearly in the United States². 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.



Hughes, J (Photographer). 2019, April. Human Trafficking Press.

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) An increase in Law Enforcement involvement in child trafficking cases over a 5-year period; 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 26 states interviewed for *Aim 2: Child Trafficking Screening and Identification Tools (CTSIT)*, all but 2 states report having screening protocols in place for identifying potential victims of trafficking. States utilized task forces, work groups, and advisory councils to provide input and recommendations on the decision-making of screening tools. Common challenges to implementing screening tools include the length of the tool, maintaining training of reporters throughout the state, a lack of inclusive language, and inconsistent reporting. Discussed are implications for a CTSIT including using tools with established statistical reliability and validity, a range of questions addressing risk and protective factors, indicators, and direct questions, as well as implementing a structured decision-making process.

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 addressing and ending child trafficking.

Recommendations

The research conducted by Project PIVOT regarding child trafficking victims in Kentucky supports 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 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+ victims, victims in rural areas); and 4) Offer victim-centered resources that are inclusive of overlooked populations. The findings in this study can aid in increasing awareness of the issue of child trafficking in Kentucky and improve the ability of system to respond to child trafficking.



Hughes, J (Photographer). 2019, April. Human Trafficking Press.

Key Definitions





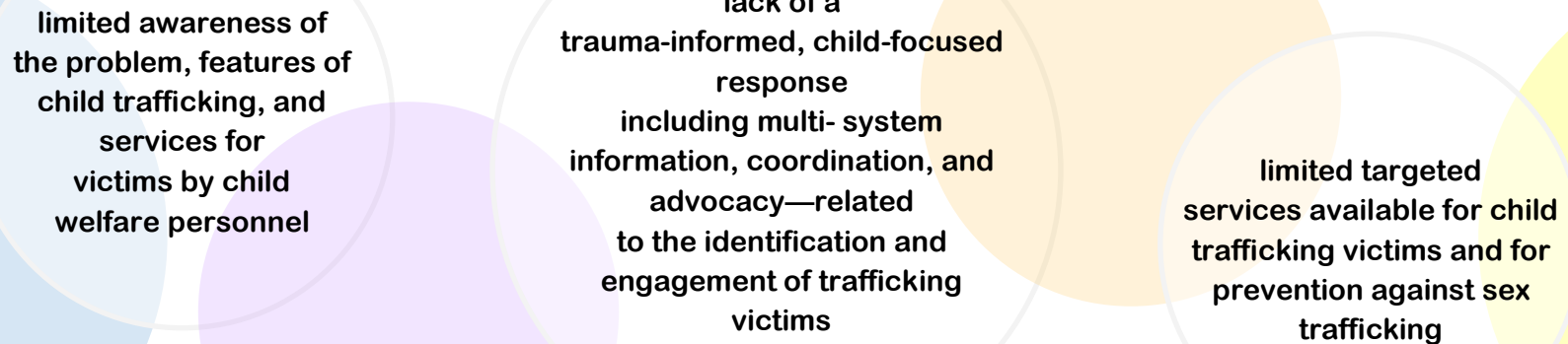
Introduction to Project PIVOT

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

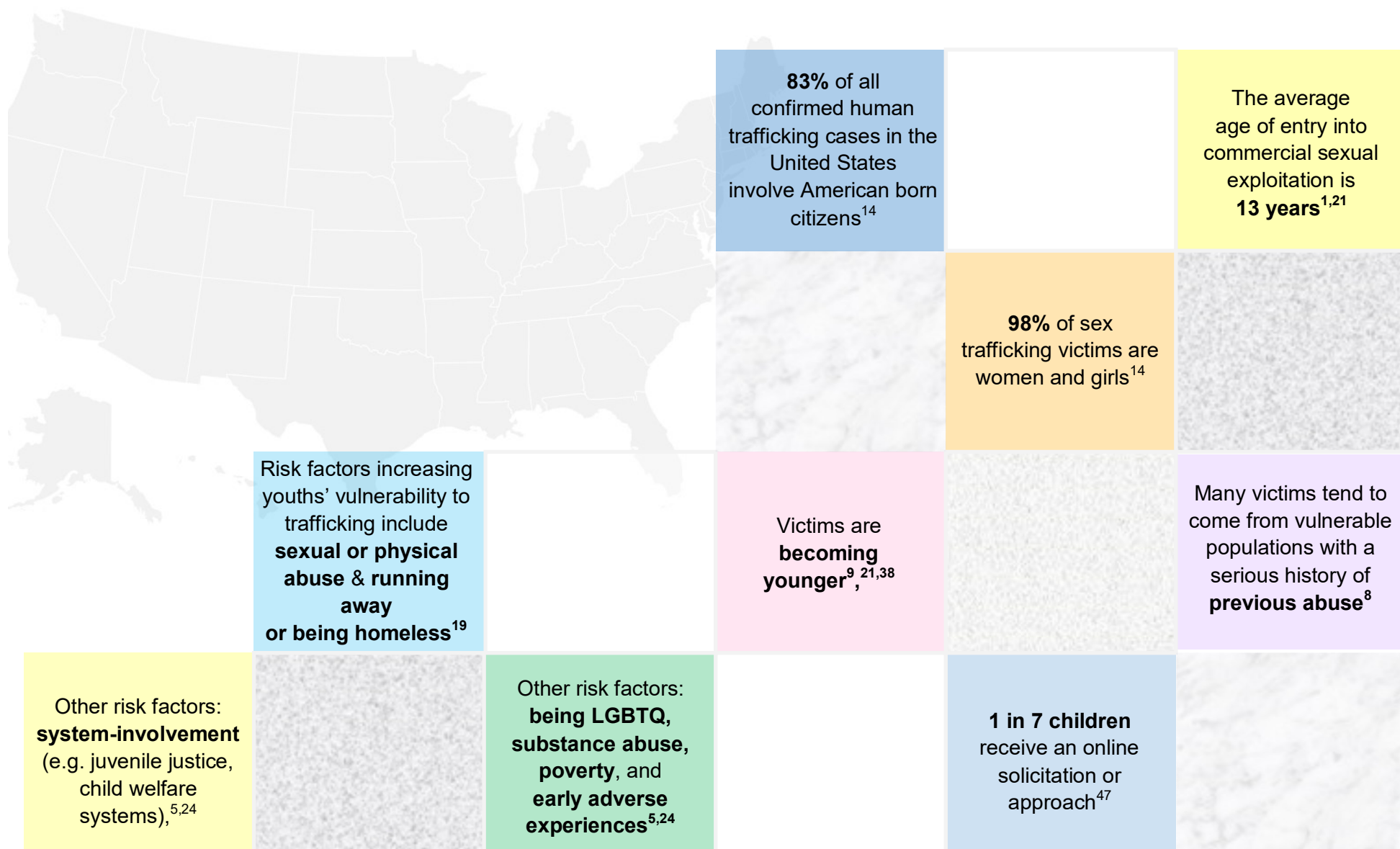
limited targeted services available for child trafficking victims and for prevention against sex trafficking

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 today³⁵ generating \$9.5 billion yearly in the United States⁴⁰.



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%)⁴¹. 2,219 refugee children were resettled in KY between 10/2013 and 9/2015⁶. The percentage of minors under 18 years of age is 22.9%. Kentucky (KY) is home to 1,014,004 children²⁵ and has the nation's highest rate of student homelessness⁴², with 41% of KY children living in high- poverty communities²⁵. 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 year⁴². Jefferson County, home to 172,526 children, accounts for the highest number of homeless students and has a child poverty rate of 26%²⁵. Over 12,700 KY children were in foster care due to abuse or neglect in 2013²⁵.



Cabinet for Health and Family Services. n.d. DCBS Service Regions.

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 sex¹³

Child victims have been identified in **all 15** Area Development Districts, representing many different counties throughout the state⁷

Since human trafficking reporting in KY, there have been **582 reported incidents** of child trafficking involving **698 alleged victims**¹³

The data indicates a **443% increase** in reported incidents over the past five years¹³

What puts Kentucky at risk for child trafficking?

Current Research

A recent study²⁹ 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.³⁰ 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.²⁰ 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 previously mentioned 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^{13,22}.

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 Kentucky⁷.

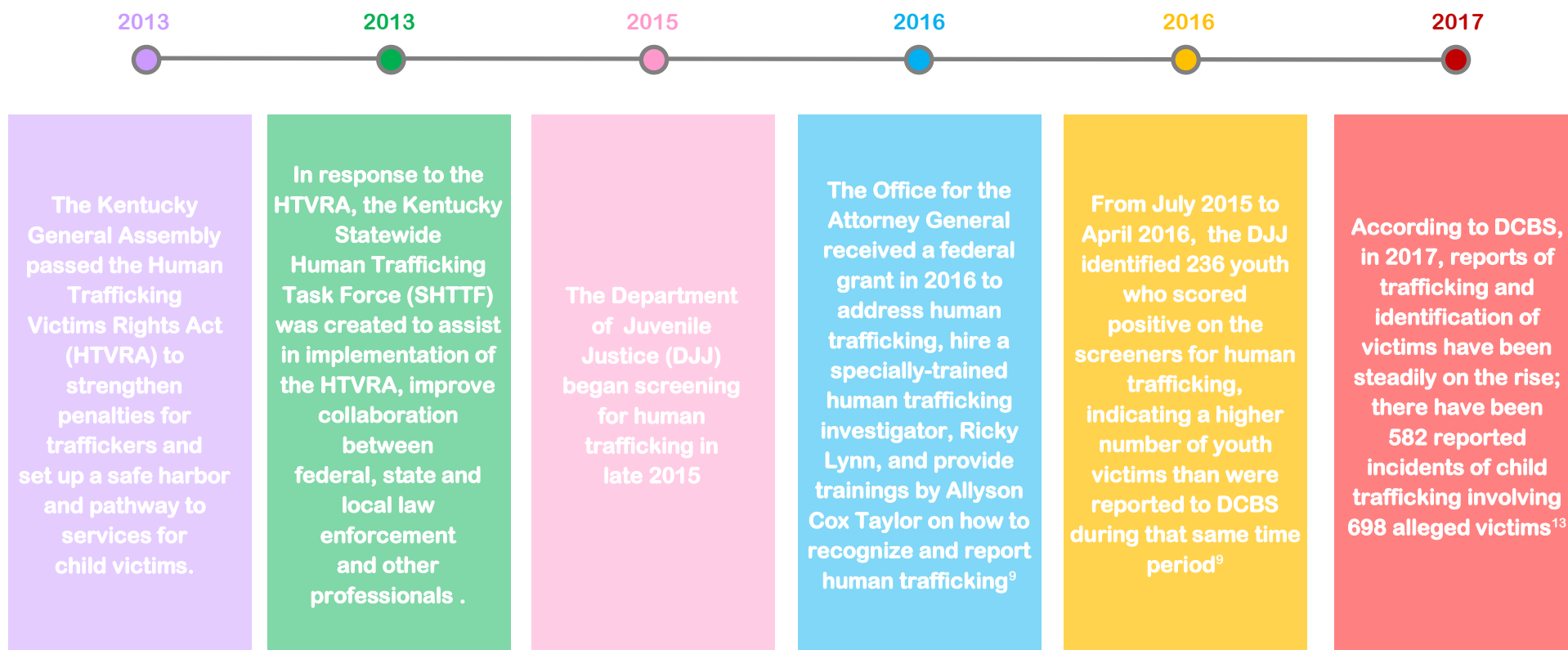
The Impact of Trafficking on Child Victims

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^{29,48}. 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 abuse¹¹. Trafficked youth are also at increased risk for suicide^{15,20}, which is likely exacerbated by the difficulty in accessing these youth in order to ensure accurate clinical assessment and prompt follow-up care²⁸.



Roberts, N. (Photographer). 2019, January. Sunset on the Ohio River.

Timeline of events related to child trafficking in Kentucky



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 case⁷. 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 trafficking⁷, 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 services⁷.

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^{36,46}.

What is Project PIVOT?

Description of Research Plan/Intervention PIVOT:

Project Prevention and Intervention of Victims of Trafficking in Kentucky (PIVOT) represents a unique partnership between the University of Louisville, Human Trafficking Research Initiative (HTRI), the Kentucky Department for Community Based Services (DCBS), University of Louisville, and the Kentucky Attorney General's Office. Starting in January 2019, these organizations partnered to improve the state's ability to identify child trafficking victims in Kentucky 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. **Proposing the integration of trafficking-specific screening and assessment tools,**
4. **Creating and promoting partnerships throughout the system of care in Kentucky, and**
5. **Investigating all child trafficking cases reported to DCBS over a 5-year period to better understand the significance and complexities related to child trafficking in Kentucky.**



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**



Hughes, J (Photographer). 2019, April. Human Trafficking Press.

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.

1

Comprehensive Case Review

2

Child Trafficking Screening and Identification Tools (CTSIT)

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 operationalized a Trafficking Policy Advisory Consortium (TPAC) which included personnel from the University of Louisville's Human Trafficking Research Initiative, the Kentucky Office of the Attorney General, the Kentucky DCBS, and the Kentucky Statewide Human Trafficking Task Force. The TPAC worked collaboratively to enhance cross-agency interactions, facilitate better communication related to practice and policy, and address gaps in services for child trafficking victims.

3

Trafficking Policy Advisory Consortium (TPAC)

Methods

1

Comprehensive Case Review

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 results of the comprehensive case review were 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).

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. 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 2018, and **2)** to use findings to clearly inform best practices and training for child welfare professionals.

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

Participants

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

2

Child Trafficking Screening and Identification (CTSIT)

- 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, to develop a child trafficking screening and identification protocol for at-risk youth in Kentucky, the PIVOT team reviewed literature regarding risk factors for child trafficking, reviewed existing child trafficking screening and identification tools (CTSIT), and interviewed child welfare experts in states across the country. See “Results” on page 27 for information on themes gleaned from interviews with child welfare leaders.

Comparative analysis. The RET utilized the comparative analysis method¹⁷ to examine the details of the 31 screening tools reportedly used by these states to screen children under the age of 18 for child trafficking (See Table 8). Out of the 26 states interviewed, 2 states (8%) reported they were not using a screening tool to identify child trafficking. Of the 31 screening tools, 21 (66%) screened for sex trafficking, one screened for labor trafficking, seven (22%) screened for both labor and sex trafficking, and seven (22%) were general safety screeners and screened for neither labor or sex trafficking.

Trafficking Policy Advisory Consortium (TPAC)

Participants

Members of the Statewide Human Trafficking Task Force (SHTTF) were invited to participate in a survey and pre- and post- focus groups across the four 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.



Procedures

The new SHTTF workgroups participated in the Trafficking Policy Advisory Council (TPAC) and met in Frankfort, Kentucky, to facilitate cross-agency collaboration and communication. The pre-focus group meetings consisted of a survey (see page 25) completed by work group members and a group discussion based on Brainstorming Session prompts (see page 26 and 27). The post-focus group meetings consisted of group discussion based on the Policy Recommendations prompts (see pages 36 and 37). The group collaboration was evaluated using the following measures:



Results



Comprehensive Case Review

The dataset included 29 questions based on information provided 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 RET developed a Qualitative Coding Extraction Tool to analyze the total sample of 698 case narratives. The most common themes mentioned in case narratives 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. 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 the report narrative 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 females had 8.4 greater odds of having a mention of running away/missing in the case narrative relative 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 case 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	1.532	.760	263	1.755	1.053	241	-.382, -.063	-2.739	.006	.243
Report Year	2015.94	1.058	263	2016.19	1.042	241	-.432, -.064	-2.644	.008	.240

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 as the perpetrator/trafficker (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 being substantiated and/or founded were related to law enforcement involvement, whether a forensic interview was conducted, and if drugs were involved (see Table 3).

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

Variables	Substantiated and/or Founded			χ^2	p	Φ	OR
	No	Yes	n				
Law Enforcement	356 (59)	161 (7)	583	12.032	.001	.144	7.84
Forensic Interview	213 (202)	128 (40)	583	30.454	.000	.229	1.41
Drug Involvement	154 (208)	87 (55)	504	14.334	.000	.169	.916

Family Controlled Trafficking (for definition, see page 4)

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." 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. The RET found that 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 have more perpetrators than children trafficked by a non-family member (see Table 4).



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

Variables	Family Member as a Perpetrator							t	p	Cohen's d
	No			Yes			95% CI			
	M	SD	n	M	SD	n				
Number of Perpetrators	1.256	.691	246	1.89	.926	337	-.775, -.410	-9.10	.000	.780
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 5).

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	.000	.319

Comprehensive Case Review

Trends

The current sample of data was collected between the years 2013 and 2017. A significant association (see Table 6) and increase (see Figure 2) was shown in law enforcement involvement over a 5-year period. Moreover, a significant association was shown between referral sources and report year (see Table 6) and Figure 3 shows that in more recent cases than previously reported 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.

Table 6. Cases per report year in which law enforcement was involved, and the case's known referral source

Variables	Report Year					n	χ^2	p	Φ
	2013	2014	2015	2016	2017				
Law Enforcement Involvement	16	62	76	151	212	583	36.953*	.000	.252
	(3)	(16)	(23)	(18)	(6)				
Referral Source	0	2	5	17	5	392	34.958**	.000	.211
(DJJ, Court)	8	11	12	25	25				
(Law Enforcement)	6	27	53	64	132				
(Human Services)									

Figure 2. Law enforcement involvement by report year

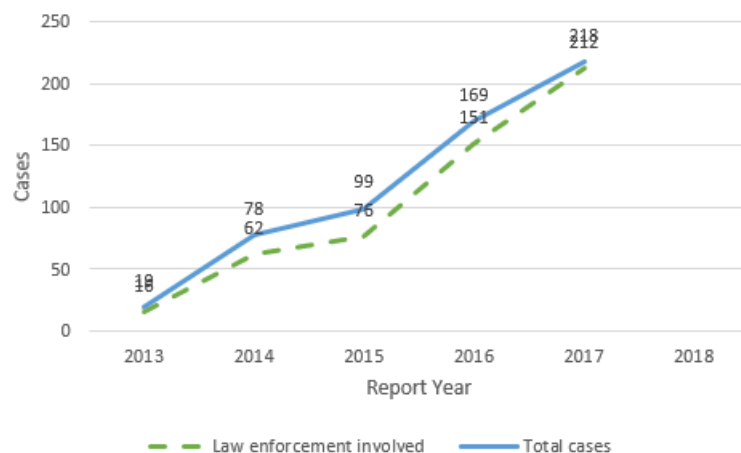
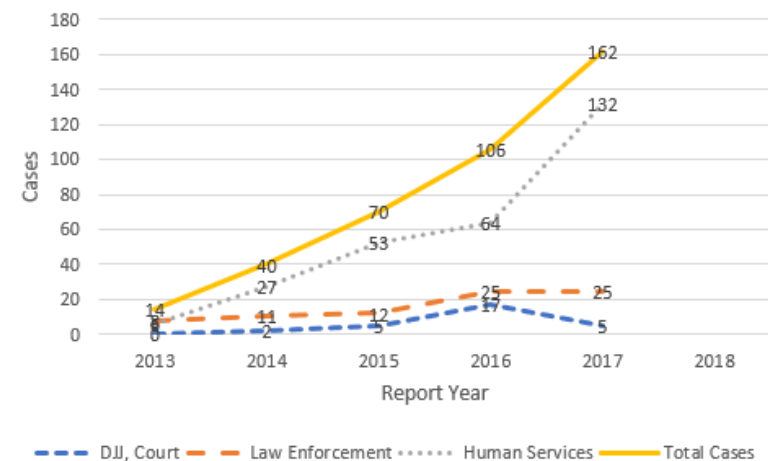


Figure 3. Referral source by report year



Interview themes

Based on the 26 states interviewed (see Table 7), all but 2 states reported having protocols in place for identifying potential victims of trafficking. States reported that they most commonly utilized task forces, work groups, and advisory councils to give input and recommendations on the decision-making of screening tools (n = 15, 57.7%; see Figure 4). Task forces, multidisciplinary teams, and advisory boards were the most commonly reported forums for receiving input regarding instrument selection and/or development (n = 17, 65%; see Figure 5).

Though 7 of the 26 child welfare leaders reported uncertainty about if and what tool was being utilized by their state's juvenile justice system, those who were aware of the protocol by the juvenile justice system reported primarily that the same screening tools were utilized across both systems (n = 4, 15.4%; see Figure 6). Lastly, child welfare leaders from these 26 states reported that challenges to screening for child trafficking consisted mostly of the lack of a standardized use of the screening tool in place, resulting in inconsistent reporting (n = 4, 15.4%; see Figure 7).

2

Child Trafficking Screening and Identification (CTSIT)

Figure 4. How did state/agencies decide on current CTSIT being used?

- Advisory Council/Work Groups/Task Force gave input and recommendations (57.7%)
- Members of groups are evaluating currently validated tools based on other tools (19.2%)
- State has a research partner (11.5%)
- State developed their own (11.5%)

Figure 5. Who had input?

- Multidisciplinary Human Trafficking Council/Task Force/Advisory Board (65%)
 - Law enforcement (19.2%)
 - Child welfare (19.2%)
 - Service providers (15.4%)
 - Attorney General's Office (15.4%)
 - Juvenile Justice (11.5%)
 - Health care providers (7.8%)
 - Victims/Survivors of trafficking (7.8%)
 - Judges (7.8%)

Figure 6. Is the same CTSIT used by the Juvenile Justice system in your state?

- Not certain (26.9%)
- Yes (15.4%)
- Same tool, different triggers (11.5%)
- Different tools (11.5%)
- Juvenile Justice not utilizing a screening tool at all (7.8%)
- No, but Juvenile Justice is represented on the task force (7.8%)

Figure 7. What are your experiences and/or challenges to implementing it?

- Unpredictability from inconsistent reporting (15.4%)
- Length (too short/too long) (15.4%)
- Having training throughout the state and maintaining the training (11.5%)
- Language is not inclusive (11.5%)
- Staff is not utilizing the tool in appropriate situations (7.8%)
- Not a validated tool (7.8%)
- No challenges (11.5%)

Table 7. Screening tool used by state interviewed

1.	Alaska	Guide for Assessing Runaway or Missing Minors
2.	Arkansas	Child and Adolescent Needs and Strengths (CANS) Runaway Module
3.	Colorado	Colorado Human Trafficking Tool
4.	Connecticut	Human Trafficking Decision Map
5.	Florida	Human Trafficking Screening Tool (HTST)
6.	Georgia	Indicators of Child Sex Trafficking and Exploitation
7.	Illinois	Debriefing; Child Assessment of Needs and Strengths (CANS) Tool; Safety Assessment; Sex-Trafficking Assessment Review (STAR) Tool
8.	Indiana	Indiana Human Trafficking Screening and Assessment Tool
9.	Iowa	High Risk Victim Screening Tool
10.	Kentucky	Assessment and Document Tool (ADT)
11.	Louisiana	Runaway Screening Tool; Human Trafficking Screening Tool; Unnamed tool
12.	Maine	Pediatric Screening Checklist
13.	Minnesota	Child Maltreatment Intake, Screening and Response Path Guidelines
14.	Nebraska	Nebraska Human Trafficking Task Force (NHTTF) Screening Tool
15.	Nevada	Nevada Rapid Indicator Tool (NRIT)
16.	New Jersey	Red Flag Indicator; Rapid Human Trafficking Assessment Tool (RHTAT)
17.	New Mexico	The Commercial Sexual Exploitation – Identification Tool (CSE-IT)
18.	New York	Rapid Indicator Tool
19.	Oregon	Determination of Sex Trafficking for Victim Status Page
20.	Puerto Rico	Not using a specific tool
21.	South Dakota	Not using a specific tool
22.	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)
23.	Utah	Human Trafficking Screener
24.	Virginia	Structured Decision Making Safety and Risk Assessment
25.	West Virginia	Away from Supervision Tool (for youth)
26.	Wisconsin	Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide

Child Trafficking Screening and Identification (CTSIT)

Literature review on risk factors. There are some factors that put youth and child at risk for trafficking and exploitation. Based on the existing literature, these risk factors associated with child trafficking include parental drug use/selling^{8,44}, youth of color^{8,18}, young age⁴⁴, history of DCBS involvement^{8,10,44}, history of sexual, physical, and/or emotional abuse^{8,10,18,29,44}, homelessness^{8,10,18,29,44}, physical and/or emotional neglect^{8,29}, domestic abuse of a mother²⁹, and being LGBTQIA+^{8,44}.

Comparative analysis

Instrument development and psychometrics. Two of the 31 tools (from Colorado and Virginia) were removed from analysis because of disrupted communication due to COVID-19. The final sample of tools analyzed were 29 tools (see Table 8). The remaining 29 child trafficking screening tools were primarily developed by statewide multidisciplinary teams (n = 18; 56%). The remaining screening tools were developed by departments of human services, a program manager, a criminal justice coordinating council, research centers, a children's clinic, and adapted from previous research^{2,12,16}. Though 5 tools were adapted from previous research, these adaptations were not statistically validated. Of the 29 tools, 16 did not include published information on statistical validation, 8 were reported to have no evaluation for statistical validation, and 5 reported acceptable interrater and test-retest reliability and concurrent and convergent validity.

The length of the screening tools ranged from 2-55 questions, demonstrating variability in the number of questions used to identify child trafficking. The RET evaluated the types of questions included in the screening tools by items that were direct, based on indicators, based on risk factors, and addressing protective factors.

Question typology

Direct questions. Many of the screening tools evaluated (61.2%) included at least one question that was direct (e.g. "Is the child a victim of human trafficking?"). Victims of human trafficking might not want to or know how to answer, especially a child victim of trafficking. It is possible that asking questions that address risk factors and indicators might better detect victims of human trafficking.

Indicators. Indicators are commonly known as "red flags" and include questions such as, "[Has] multiple hotel cards; staying in hotels known for trafficking; pictures taken in hotel rooms"³². Screening tools involving indicators are detailed questions designed to gather information about potential trafficking or exploitation for agencies to determine a screening decision³². Of the 31 screening tools, 22 (71%) screening tools included at least one question recognizing indicators (e.g. Minnesota's Child Protection Screening of Sexual Exploitation and Sex Trafficking Flowchart includes, "[Has] access to money/large amounts of cash, clothes, or other expensive belongings youth could not afford on their own").

Risk factors. Many of the screening tools evaluated (48.4%) included both direct questions paired with questions that addressed risk factors. For example, Connecticut's One-Page Decision Map includes "Does the child have a history of multiple runaways/AWOLS?" and "Has it been reported that the child is spending time in or has the child been recovered from a hotel known for prostitution, a trap house, or another known area of prostitution?". A total of 18 (50.1%) screening tools included risk factors (e.g. Iowa's High Risk Victim Screening Tool includes "History of, or current concern about sexual abuse, physical abuse or neglect?").

Protective factors. Though the literature on protective factors that combat the risk of child trafficking and the effects of trauma is limited in comparison to the literature on risk factors, recent studies^{27,33} have shown support for the impact that significant interpersonal relationships can have on positive outcomes in youth. Youth who have experienced exploitation were found to have sustaining and supportive peer relationships and relationship stability to mitigate the adverse effects of trauma surrounding exploitation. The RET found it critical to evaluate the way screening tools are addressing protective factors to 1) find additional support for determining risk, and 2) build on the individual strengths and systemic supports that impact the child victim to promote safety and resiliency.

Of the 29 screening tools evaluated, 22.6% (n = 7) included at least one question that addressed protective factors. For example, Alaska's Guide for Assessing Runaway or Missing Minors includes a question that seems to get at a protective factor in regards to support, "Who helped you while you were gone? What type of help was offered?" and Kentucky's Assessment and Documentation Tool includes, "Does the child have a secure attachment to an adult caregiver?".

Table 8. Comparative Analysis of Screening and Identification Tools

Screening and Identification Tool		Screening for	Developed by	Development	# of Questions	Questions Direct	Used By	Questions include Indicators	Risk Factors	Protective Factors
1.	Guide for Assessing Runaway or Missing Minors	Sex	OCFS	Not reported	13	No	Protective Service Specialists	Yes	No	Yes
2.	Wisconsin Child Sex Trafficking and Exploitation Indicator and Response Guide	Sex	Task Force	Adapted from MN Flowchart, Adaptation not validated	Tier system: 18 total	Yes	All mandated reporters	Yes	Yes	No
3.	The Child and Adolescents Needs and Strengths (CANS) Tool	Neither	Adapted from John Lyon's work on Childhood Severity of Psychiatric Illnesses Tool	Strong reliability and validity	50	No	Agency staff	No	Yes	Yes
4.	Away from Supervision Tool	Neither	Program manager from WV Bureau for Children and Families	Not reported	14	Yes	Child Welfare	Yes	Yes	No
5.	Minor Trafficking Screening Tool	Labor and Sex	Task Force	Adapted from POLARIS and other states; Adaptation not validated	26	Yes	Child Welfare	No	No	No
6.	Child Stress Disorder Checklist – Child Welfare	Neither	Saxe, 1997; Saxe et al.,	Interrater and test-retest reliability	36	No	Social workers	No	Yes	No
7.	One-Page Decision Map	Labor and Sex	Connecticut's HART Team	Not reported	32	Yes	Trained professionals	Yes	Yes	No
8.	Human Trafficking Screening Tool	Labor and Sex	MDT, Urban Institute	Concurrent validity, internal consistent reliability	51	Yes	Child welfare	Yes	Yes	Yes
9.	Indicators of Child Sex Trafficking and Exploitation	Sex	Georgia Cares, GA Criminal Justice Coordinating Council	Not reported	Sections, 38 total	No	Child Welfare	Yes	Yes	No
10.	Safety Assessment	Neither	DCFS	Not reported	16	No	Child Welfare	No	Yes	No
11.	Indiana Human Trafficking Screening and Assessment	Labor and Sex	MDT, Adapted by POLARIS	Not validated	55	Yes	Trained professionals	Yes	No	No
12.	High Risk Victim Screening Tool	Sex	Adapted from CO Task Force and Texas Research	Adaptation not validated	34	No	Trained professionals	Yes	Yes	No

Screening and Identification Tool		Screening for	Developed by	Development	# of Questions	Questions Direct	Used By	Questions include Indicators	Risk Factors	Protective Factors
13.	Assessment and Documentation Tool	Neither		Not reported	11 sections	Yes	Child Welfare	No	Yes	Yes
14.	Screening for Human Sex Trafficking and Commercial Sexual Exploitation Checklist	Sex	MDT	Not reported	23	Yes	Child Welfare	Yes	Yes	No
15.	Child Protection Screening of Sexual Exploitation and Sex Trafficking Flowchart	Sex	MDT	Not reported	5	Yes	Child Welfare	Yes	No	No
16.	Labor and Trafficking Screening Tool	Labor	MDT	Not reported	2	Yes	Child Welfare	Yes	No	No
17.	Runaway Debriefing Form	Neither		Not reported	17	No	Child Welfare	Yes	No	Yes
18.	Nebraska Human Trafficking Task Force Screening Tool	Labor and Sex	Task Force	Not reported	17	Yes	Trained Professionals	Yes	Yes	No
19.	Commercial Sexual Exploitation Identification Tool (CSE-IT)	Sex	West Coast Children's Clinic	Concurrent and Convergent validity; Acceptable reliability	45	Yes	Trained Professionals	Yes	Yes	No
20.	Rapid Human Trafficking Assessment	Labor and Sex	Adapted from POLARIS	Adaptation not reported	11	Yes	Child Welfare	Yes	No	No
21.	"Red Flags" for Identifying Human Trafficking Cases	Labor and Sex	Adapted from POLARIS	Adaptation not reported	16	No	Child Welfare, hotline workers	Yes	No	No
22.	Rapid Indicator Tool	Sex	Task Force, DCFS, OTDA	Not validated	41	No	Child Welfare, Juvenile Justice	Yes	Yes	No
23.	Determination of Sex Trafficking for Victim Status	Sex	MDT	Not reported	17	Yes	Child Welfare	Yes	Yes	No
24.	SEE and CSEM Cue Questions	Sex	MDT	Interrater reliability	30 – SEE; 7 – CSEM	Yes	Child Welfare	Yes	Yes	Yes
25.	Child Abuse and Neglect Intake	Sex	MDT, research partner	Not reported	47	Yes		No	Yes	Yes
26.	CPS Screening Tool for Child Sex Trafficking	Sex	MDT	Not validated	12	Yes	Child Welfare	Yes	No	No
27.	Risk Screening for Sex Trafficking	Sex	MDT	Not validated	34	Yes	Child Welfare	Yes	Yes	No
28.	Runaway, Missing, or Kidnapped Child Assessment	Sex	MDT	Not validated	25	No	Child Welfare	Yes	No	No
29.	Human Trafficking Screener	Sex	Dr. Rood, research partner	Not reported	25	Yes	Healthcare workers	No	No	No

Structured decision-making protocol

A structured-decision making (SDM) process consists of a guided screening tool to help reporting parties determine if the report meets criteria for assignment and the appropriate tracking of assignment³⁹. Two of the screening tools evaluated in this study use an SDM process for identifying child trafficking victims.

Only 2 out of the 31 screening tools included questions that addressed risk and protective factors, indicators, and asked direct questions. Tennessee's SEE - Sexual Abuse form screens for sex trafficking, is conducted by child welfare workers, and has establishment of acceptable interrater reliability but unpublished statistical validity. Consisting of 30 questions, the SEE - Sexual Abuse form addresses risk factors with questions such as, "Has the child had incidents of inappropriate sexual behaviors?" and addresses protective factors such as, "Is the child's caregiver protective in regard to ensuring the safety of the child and preventing further sexual abuse by another person?". The screening tool addresses indicators with questions such as "Does the child express fear of going home? Why specifically?" and starred items that ask direct questions including, "Has the child been made available by the alleged perpetrator to others for purposes of sexual gratification or prostitution?" and "Has the victim, the caregiver or any third party (friend, relative, etc.) received money, items or services in exchange to to have sex with the victim or gain access to the victim?". Affirmative responses to these risk-related questions then prompts additional questions from the CSEM - Commercial Exploitation of a Minor to screen for indicators of commercial exploitation.

Virginia and Florida both utilize the *Human Trafficking Screening Tool (HTST)*. The screening tool screens for both labor and sex trafficking, is conducted by child welfare workers, and has established concurrent validity and consistent reliability (Dank et al., 2017). Consisting of 51 questions, it begins with questions addressing risk factors as a reason for screening (e.g. "[Has] history of running away or getting kicked out 4+ times in addition to history of sexual abuse") and addresses indicators as items trigger drop-down questions (e.g. "Do you have any scars or brands that were made intentionally, not from an accident or injury? If 'no,' skip to Item 23; If 'yes,' ask Item 22a"). Assessing evidence of forced labor, one question also addressed a protective factor of planning for the future, such as "When you think about the future, what do you want to do when you get older?". At the end of the screening tool, more direct questions are asked (e.g. "Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for your performing a sexual activity?"). At the end of the screening tool, the child welfare worker indicates either the likelihood of the youth being a victim of trafficking (See Figure 8). If the child welfare worker indicates "not sure," "likely is," or "definitely is," then a report is made to a human trafficking hotline.

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Child Trafficking Screening and Identification (CTSIT)

Figure 8. Human Trafficking Screening Tool Decision Making Protocol

50. Indicate the likelihood that the youth is a victim of trafficking:

- ☐ Definitely not
- ☐ Likely not
- ☐ Not sure
- ☐ Likely is
- ☐ Definitely is

51. Provide at least three reasons for your answer in Item 50:

1. _____
2. _____
3. _____

If you answered "not sure," "likely is," or "definitely is":

For CBC staff - call the Florida Abuse Hotline at 1-800-962-2873 and schedule a Multidisciplinary Team (MDT) staffing as soon as possible or as is required by CFOP 175-14. If the child is a possible or confirmed CSEC victim, place the appropriate designation in FSFN.

For DCF staff - schedule an MDT staffing as soon as possible or as is required by CFOP 175-14. Please add the appropriate human trafficking maltreatment code to your investigation, if not already included.

Reminder: If you have personal knowledge that the youth is a victim of human trafficking, you must call the Florida Abuse Hotline.

Trafficking Policy Advisory Consortium (TPAC)

TPAC Survey Results

The RET evaluated the collaboration of the Trafficking Policy Advisory Consortium (TPAC) 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 Statewide Human Trafficking Task Force: Data and Research, Law Enforcement, Prevention and Awareness, and Victim Services. The RET compiled average scores for each scale across the total sample (n = 27).

Coalition Web-Based Self-Report Questionnaire. In regards to Community Support for the Statewide Human Trafficking Task Force (SHTTF) and Community Improvement based on 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 fell 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.” Social Responsibility is described as “using concern and engagement for the common good,”³.

1	2	3	4	5
Area for Growth		Watch Area		Strength

Table 9. Coalition Web-Based Self-Report Questionnaire Subscales

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

To promote cross-agency collaboration and communication, the RET led the SHTTF working groups in discussions based on the Brainstorming prompts.

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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

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 head of hierarchy and placing more value on those around the table.”



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

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

“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.”



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.”



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

- ◆ 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)

“I appreciate that we’re always notified about things. There’s flexibility about what time this meeting would be. I appreciate flexibility.”



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.”



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

- ◆ 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

“There’s a lot of room for improvement in identifying, screening, etc. It gets so glossed over. If we have a tool that the SHTTF puts forth, that would be so beneficial.”



Listening forum themes

After reviewing the findings from the DCBS cases, the work group members discussed recommendations for policy and practice change. As indicated on pages 33 and 34, the most frequently reported recommendation was to establish a “trauma-informed training” to help identify and respond to child trafficking victims. Specifically, group members defined a trauma-informed training as:

- 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

To more efficiently share information and communicate across disciplines about child trafficking cases, group members recommended increasing the use of technology and reducing confidentiality barriers by enhancing information-sharing policies across the state. Another use of technology can be used to enhance awareness of risk factors for child trafficking and to collaborate with app developers to monitor and flag at-risk online activity.

Increasing law enforcement involvement in child trafficking cases was recommended to include:

- 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).

To prioritize policy changes, group members suggested to:

- First develop a standardized training across all professionals and promoting a multidisciplinary team (MDT) to address and end human trafficking,
- Then, focus on establishing a victim-centered response to approaching victims of trafficking, and
- Addressing screening and identification processes and develop training specific to the needs of at-risk populations (e.g. runaway and homeless youth).

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Group members 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. They reported specific domains of the community to include:

- Truck drivers
- Janitorial staff
- School bus drivers
- Philanthropists
- Rural community members

Awareness on the issue of child trafficking was suggested to be spread through:

- 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.

This message was suggested to be taken to policymakers, such as family and criminal courts, Chief Justice, Juvenile Justice Advisory Board, State Interactive Agency Council, 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.

Themes

Mentions

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 and larger community	11
Enhance Law Enforcement involvement	6
Create an identification process and offer resources that are inclusive of overlooked populations	4
Establish 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 response to victims of trafficking	3
Increase use of technology	3
Target college campuses for prevention and awareness (e.g. PEACC at UofL)	2
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

Themes**Mentions****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

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?

Community members	14
Policymakers	9
Service providers	3

Discussion



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.

Aim 1: Findings 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 members (e.g. family-controlled trafficking).

1

Comprehensive Case Review

2

Child Trafficking Screening and Identification Tools (CTSIT)

Aim 2: Findings reveal that although many screening tools utilized across the United States included selection input from multidisciplinary task forces, the majority (82.8%) of the screening tools being utilized lacked rigorous evaluation and published statistical validation. Some child welfare leaders interviewed reported that this lack of statistical validation was a primary challenge in screening for child trafficking. Reflecting the literature, many of the tools included items addressing risk factors and indicators, as well as direct questions on child trafficking. However, very few screening tools included items addressing protective factors, and even fewer tools included items integrating the multiple careening categories of risk and protective factors, indicators, and direct questions. This type of structured decision-making protocol may be more effective in predicting risk and likelihood that trafficking occurred.

Aim 3: The 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 included: 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+ victims, victims in rural areas); and 4) Offer victim-centered resources that are inclusive of overlooked populations.

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Limitations



Limitations

Aim 1: The data was collected over a 5-year period, focusing only on all cases of alleged child trafficking reported to 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 RET 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^{5,8,24,44}. 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.



2

Child
Trafficking
Screening and
Identification
Tools (CTSIT)



Aim 2: Though 26 states were included in the evaluation of child trafficking screening and identification tools, this was a 52% response rate for child welfare leaders across the United States to participate in interviews. This average response rate may be due to the fact that child welfare leaders did not have the time to respond to the request. In addition, this response rate could indicate that many of those states are not utilizing any tools or protocols for identifying potential victims of child trafficking. Additionally, it is important to note that due to COVID-19 related challenges and priorities impacting child welfare organizations, comparative analysis could not be completed with all states, as many child welfare leaders were understandably focused on COVID-19 related crisis management and/or may not have been working in their offices during the timeframe of the study. As a result, many child welfare leaders were unable and/or unavailable to respond to the interview requests and thus, the sample includes only a subset of states in the analysis and the final report.

Aim 3: The focus groups consisted of working groups within the Kentucky Statewide Human Trafficking Task Force (SHTTF). Thus, limitations include: 1) The small sample of one task force does not represent all of Kentucky; 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) There is little control in focus groups, making it easy for irrelevant discussion to distract group members from the main focus. More specifically, there were group members who were a part of multiple working groups, leaving room for bias to be carried across groups. Despite these limitations, several important implications emerged from this research study and are discussed below.

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Trafficking
Policy Advisory
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Implications



Implications

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 RET 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.

Research



Helmer, K. 2020, January. Gov. Beshear proclaims January as Human Trafficking Awareness Month.

Implications

Because children are not only influenced by personal characteristics but also family, school, peers, and community environments, further research on child trafficking screening and identification tools (CTSIT) should take a broader view of the multiple systems influencing the risk and protective factors of children. Continuing CTSIT research through the lens of the Ecological Risk and Protective Theory⁴ might include a comparative analysis with variables that account for multiple systems. For example, future comparative analyses might examine how CTSIT capture risk-related variables such as antisocial behavior (individual), poor parental monitoring (family), associations with peers involved in child trafficking (peer), academic failure (school), low socioeconomic status (community). Additionally, examining protective factors can aid in assessment and treatment planning for potential victims. These protective factors can include well-developed interpersonal skills (individual), resilience characteristics (individual); close and supportive relationship with at least one family member (family), close and supportive relationship with at least one friend (peer), positive school experiences (school), and belonging to a supportive community (community). Analyzing the multiple systems considered in screening and identification tools might help determine and enhance the efficacy of selected CTSIT.

In addition to utilization of an ecological theoretical framework to evaluating CTSIT, future research should also include an evaluation of implementation strategies, such as the Structured Decision Making (SDM) process, as outlined in Aim 2. Although the SDM approach appears to be promising based on preliminary examination, it is currently utilized in conjunction with less than a handful of statistically validated tools. As such, it is critical to evaluate the SDM process to determine its efficacy in identifying potential victims of child trafficking within the child welfare system.

Research



Easley, T. (Photographer). 2020, January. Campus events, Capitol announcement seek to draw awareness of human trafficking.

Implications

As stated in “Aim 2: Results” on page 23, the current literature reveals risk factors associated with child trafficking. The RET recommends that DCBS caseworkers receive training regarding these risk factors and utilize Tip Sheets created by the RET (see Appendix A), as efforts toward preventing child trafficking in Kentucky.

To address the limitations in the data collected in the comprehensive case review, the RET recommends additional variables be collected as part of the DCBS intake, screening, and assessment process. Based on the current 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 Kentucky²⁶. 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. This most likely led 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 Project PIVOT team recommends that DCBS 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 would enhance the capacity of the DCBS system, including rural jurisdictions, to better respond to child trafficking cases.

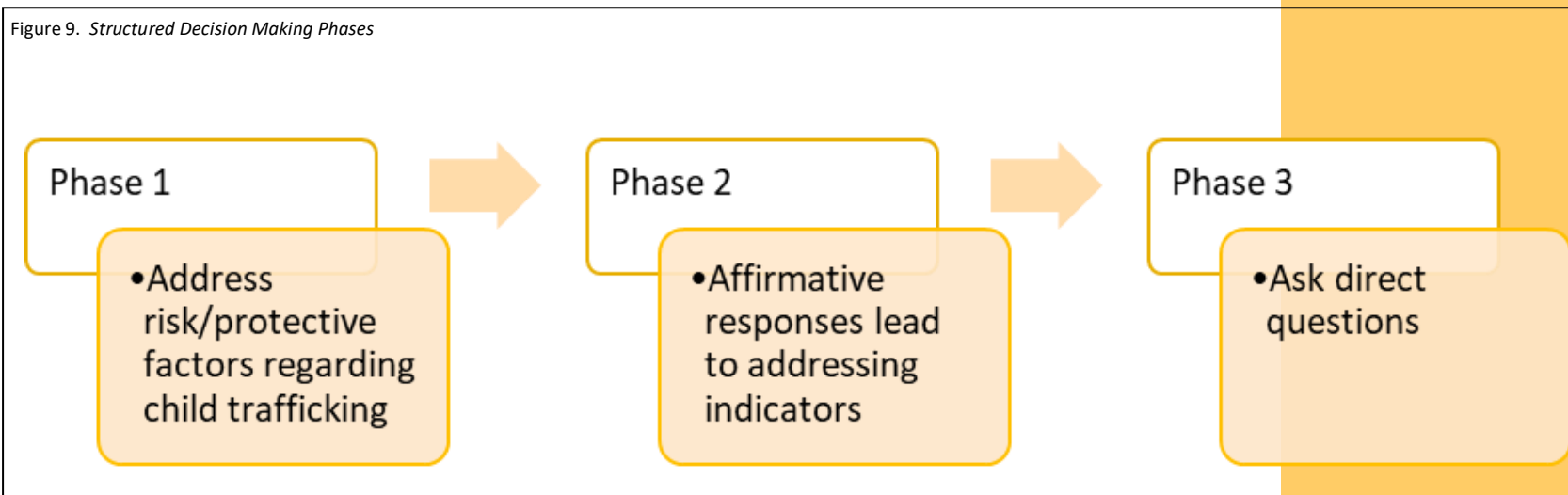
Practice

Implications

Upon the analysis of child trafficking screening and identification tools, the RET found the Human Trafficking Screening Tool (HTST) to be a statistically reliable and valid in identifying potential victims of child trafficking. The HTST screens for both labor and sex trafficking, established statistical reliability and validity¹², and has a structured decision making process (including risk and protective factors, indicators, and direct questions) with clear instructions for child welfare workers on when and how to make a report of child trafficking. The RET recommends the HTST for DCBS use accompanied by a structured decision making process to include: Phase 1) Address risk and protective factors regarding child trafficking, Phase 2) Affirmative responses leading to questions regarding indicators of child trafficking, and Phase 3) Asking direct questions (see Figure 9).

Practice

Figure 9. Structured Decision Making Phases



As reflected in interviews with child welfare leaders across the United States, the RET similarly recommends that DCBS utilize a multidisciplinary advisory council and/or task force to select and implement a child trafficking screening tool and approach/protocol. According to other state child welfare leaders, successful HTST task forces include law enforcement, child welfare leaders, service providers, juvenile justice, health care providers, judges, and victims/survivors of trafficking. The RET recommends the multidisciplinary advisory council/task force select a statistically-validated tool (e.g., HTST), taking into consideration the length of a tool, and inclusivity of the tool (e.g., culturally inclusive, includes overlooked populations such as males, LGBTQIA+, etc.). Finally, the RET recommends partnering with the Department of Juvenile Justice to collaborate on utilizing the same CTSIT and protocol.

Implications

Based in 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" (see "TPAC Results" on page 25), 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, SHTTF 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 behaviors³. With this in mind, the RET recommends that SHTTF 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 a 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 RET recommends 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 Kentucky fighting to identify and end child trafficking.

Practice

Implications

It is the recommendation of the SHTTF members that the Project PIVOT findings and key policy recommendations be presented to and shared with policymakers including: family and criminal courts, Chief Justice, Juvenile Justice Advisory Board, State Interactive Agency Council, future bill funders, Congress, Legislation, and the Cabinet. Based on the findings from Project PIVOT, including the eight focus groups conducted with SHTTF members, key policy recommendations include the following:

- **Statewide multidisciplinary human trafficking response team:** The Kentucky SHTTF should create a Multidisciplinary Team (MDT) across the state to provide wrap-around support for trafficking victims that is trauma-informed and embodied by collaboration and communication. The MDT should include the human trafficking investigator from the OAG, a DCBS human trafficking investigator, as well as representatives from juvenile justice, education, behavioral, mental, and physical health providers, service providers, law enforcement, and victims/survivors of trafficking.
- **Implement information-sharing agreements across departments/systems:** The MDT can efficiently communicate and share information across disciplines by increasing the use of technology and enhancing information-sharing policies regarding confidentiality barriers.
- **Increase law enforcement involvement in alleged child trafficking cases:** Law enforcement is recommended to increase involvement by giving input on screening tool selection, implementing lethality assessments regularly, and completing investigations. Law enforcement can enhance collaboration by communicating and systematically sharing information on child trafficking with child welfare, forensic interviewers, and service providers for effective wrap-around services.
- **Enhance sentencing regarding family-controlled trafficking cases:** Family-controlled trafficking sentences should be addressed, given the significant proportion of family members as perpetrators in confirmed cases. Charges should be inclusive of family members facilitating child trafficking.
- **Revising laws to address the challenges with charging victims:** Charges on trafficking victims, though nonviolent, can cause a lifetime of limited opportunities such as jobs, housing, education, loans, etc. Laws on charging victims should be revised, as these nonviolent charges on trafficking victims pose barriers to their survival.

Policy

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Identifying Child Trafficking in Kentucky

What is child trafficking?

Children can be victims of sex and/or labor trafficking. **Child labor trafficking** may include situations where youth are compelled to work in agriculture, restaurants, family business, or to sell products through traveling sales crews. **Child sex trafficking** victims may be forced to engage in sex acts by family members and/or strangers for something of value, such as money, a place to stay, drugs, or transportation.

What puts Kentucky children at risk for trafficking?

Many Kentucky youth are at high-risk for trafficking in part due to the 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. Specifically, a case review⁶ of child trafficking in KY between 2013 and 2017 revealed that approximately 60% of cases of family-controlled trafficking, where family members are involved in the victims' exploitation⁸.

What risk and protective factors are associated with child trafficking?

Risk Factors:

- Parental drug use/selling^{1,6,9}
- Youth of color^{1,3}
- Young age^{6,9}
- History of DCBS involvement^{1,2,6,9}
- History of sexual, physical, and/or emotional abuse^{1-3,5,9}
- Living in a rural area⁶
- Homelessness^{1-3,5,9}
- Physical and/or emotional neglect^{1,5}
- Domestic abuse of a mother⁵
- Being LGBTQ+^{1,9}

Protective Factors:

Significant and supportive interpersonal relationships: Research^{4,7} has shown support for the impact that significant interpersonal relationships can have on positive outcomes in youth. Youth who have experienced exploitation were found to have sustaining and supportive peer relationships and relationship stability to mitigate the adverse effects of trauma surrounding exploitation.

How can CPS workers help identify and prevent child trafficking?

- Screen for trafficking among young children with a history of DCBS involvement and involving other risk factors associated with child trafficking
- Involve law enforcement in child's case using effective communication and information sharing
- Involve child advocacy center workers to conduct forensic interviews
- Evaluate for involvement of drugs (e.g. using, selling) in child's environment, suicide risk, and/or need for trauma-focused behavioral health services

For more information regarding child trafficking in Kentucky, reach out to us:

Website: <https://louisville.edu/kent/research-special-programs-projects/current-projects/htri>

Facebook: www.facebook.com/uoflhtri



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