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Cover artwork: “Falling From Darkness Into the Light”
by Matthew Bass-Purefoy, age 21

A note from the artist: “Some people have darkness in their past, and when they are ready to find their way out of it Covenant House is there to catch them. The burgundy color of the darkness speaks to their dignity even in their darkest times: they are strong, royal, and hold on to faith that something good will come out of this. There is balance as they use their strength to emerge from the darkness. The hands represent Covenant House, where they hear and feel in their hearts: you are safe.”

“Falling From Darkness Into the Light” is licensed from the artist by Covenant House New Jersey for use in this report.

Design: L+L (landl.us)
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Preface

This investigation is a unique blend of clinical and social services, and research. To meet the immediate needs of clients, and expand the evidence base for service provision, the investigative and Covenant House New Jersey (CHNJ) clinical team members meticulously planned and developed the study over the course of several months, and in consultation with a diverse and experienced advisory board, as well as the researchers of the two previous Covenant House New York and New Orleans trafficking prevalence studies.

Because CHNJ is first and foremost a service agency providing comprehensive assistance to a particularly vulnerable population, the clinical needs of CHNJ clients always came before the research endeavor. This sometimes made for a slow investigative procedure, but insured that the best interests of the youth were always maintained. This work represents a remarkable coming together of specialized clinical and social service provision, and research, to enable more evidence-based service delivery programming.
Defining Our Terms

Language is extremely important in research. The terms we use in this report often have other connotations. We used the strict definitions of the terms, and share them here.

**Human Trafficking (also known as Trafficking in Persons):** the recruitment, harboring, transportation, obtaining and/or provision of a person or persons, by the use of force, fraud, and/or coercion, for the purpose(s) of labor and/or sexual exploitation. If the victimized is under the age of 18 years and engaged in commercial sexual activity (regardless of third party involvement), sex trafficking has occurred. In this report “trafficking” will refer to both labor and sex trafficking, unless the type is specified.

**Sensitivity:** A tool or test’s ability to correctly identify those with the outcome of interest (e.g. disease). If a tool is “highly sensitive” it is very good at recognizing people who have the outcome of interest. In this report, the outcome of interest is a trafficking experience.

**Specificity:** A tool or test’s ability to correctly identify those who do **not** have the outcome of interest (e.g. disease). If a tool is “highly specific” it is very good at recognizing those who do **not** have the outcome of interest.

**Survival Sex:** When adults (18 years or older) perform sex acts in exchange for basic necessities (e.g. food, shelter, medications, etc.) because they believe they cannot otherwise access these resources. In this report, the term “survival sex” is ONLY used to refer to the occurrence of the above when the reporting participants were 18 years or older at the time. As per federal definition of human trafficking, when a minor (under the age of 18 years) uses “survival sex” this is sex trafficking of the minor (a third, facilitating party is not required). Additionally, we use the phrase “uses survival sex,” to recognize it as a means to an end, rather than “engages in survival sex,” which may imply more agency than an individual may actually feel or have at the time.

**Toxic Stress:** The consequence of strong, frequent, or enduring activation of a child’s natural stress response systems, without the protection of a supportive adult relationship may be called “toxic stress.” Toxic stress may negatively impact the brain and body’s development, and continue to negatively impact the affected person, even after the stressor is resolved.
### Acronym List

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AFA</td>
<td>Associated Factors Assessment</td>
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<tr>
<td>CHNJ</td>
<td>Covenant House New Jersey</td>
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<tr>
<td>ESL</td>
<td>English as a Second Language</td>
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<td>HT</td>
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<td>Human Trafficking Assessment Protocol</td>
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<td>Human Trafficking Interview and Assessment Measure</td>
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<td>IEP</td>
<td>Individualized Education Program</td>
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<td>LCSW</td>
<td>Licensed Clinical Social Worker</td>
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<td>QYIT</td>
<td>Quick Youth Indicators for Trafficking</td>
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<td>TVIT</td>
<td>Trafficking Victim Identification Tool</td>
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Executive Summary

Human trafficking is colloquially called “modern day slavery,” and affects people from all demographics. Youth, including those under the age of 18 years and young adults (up to age 26 years), are thought to be particularly at risk for trafficking in the United States. Experts believe that homeless youth are even more at risk for trafficking.

Covenant House is an international not-for-profit federation serving homeless youth. In 2016, in the United States, Covenant House residential programs served 10,318 youth; another 37,000 were assisted via Covenant House Street Outreach and other non-residential services.

Covenant House New York and New Orleans conducted trafficking prevalence studies at their sites in 2013 and 2015, respectively. They found a substantial minority of their youth had experienced trafficking; most of the trafficking identified was sex trafficking. Covenant House New Jersey (CHNJ) needed to know how many of its clients were survivors of trafficking; moreover, CHNJ aimed to strengthen the evidence-base for service provision to homeless youth with a trafficking experience. In this way, CHNJ sought to improve the care of this important subset of its client population.

KEY FINDINGS OF COVENANT HOUSE NEW JERSEY STUDY

— 9.2% of Covenant House New Jersey clients experienced human trafficking at some point in their lives.

— 51.9% of those trafficked experienced labor trafficking; 63.0% of those trafficked experienced sex trafficking. Trafficking types are not mutually exclusive and some participants reported experiences of both (14.8%).

— 9.5% of participants used survival sex.

— Our team developed and validated a short, accessible trafficking screening tool, Quick Youth Indicators for Trafficking (QYIT), which can be used by non-expert staff to evaluate for a lifetime trafficking experience among homeless youth served. In the future, this tool could be used by CHNJ and other social service agencies to identify clients who need a formal evaluation by a trafficking expert.
Factors significantly associated with a trafficking experience include: having had an individualized education program (IEP) or 504 plan; a history of emotional, physical, or sexual abuse; a history of being arrested; ever being in foster care; witnessing violence in the home; having mental health issues; a history of suicidality; having family with legal problems; and having a disabling condition.

Trafficked participants reported similar needs to those who were not trafficked, but were more likely to indicate a need for psychological support and parenting classes.

Participants identified local New Jersey health facilities and institutions that have served homeless youth while they were trafficked. None of those trafficked spoke with a clinician about their trafficking situation.

RECOMMENDATIONS

Other agencies serving homeless youth should be more alert for labor trafficking as a form of exploitation their clients are experiencing or have experienced.

Service agencies that serve a population similar to the one described in this report should consider using the newly validated Quick Youth Indicators for Trafficking (QYIT) on all clients to identify clients with a trafficking experience.

If service agencies serving homeless youth do not have the resources to screen all clients for trafficking, they should consider screening those with the following risk factors: having had an individualized education program (IEP) or 504 plan; a history of emotional, physical, or sexual abuse; a history of being arrested; ever being in foster care; witnessing violence in the home; having mental health issues; a history of suicidality; having family with legal problems; and having a disabling condition.

Homeless youth who have been trafficked should be provided access to resources to mitigate or manage toxic stressors experienced. Agencies serving these youth should be prepared to offer appropriate services or make the necessary referrals. Anti-human trafficking policy makers, advocates, and researchers should creatively and collaboratively investigate ways to mitigate the potential risk factors for trafficking identified in this study.
HUMAN TRAFFICKING

Human trafficking often goes by many names including “modern day slavery,” and depending upon the defining body, has varying characterizations. For the purposes of this investigation and report, human trafficking is defined as in the United States Trafficking Victim Protection Act: the recruitment, harboring, transportation, obtaining and/or provision of a person or persons, by the use of force, fraud, and/or coercion, for the purpose(s) of labor and/or sexual exploitation. If the victimized is under the age of 18 years and engaged in commercial sexual activity (regardless of third party involvement), sex trafficking has occurred. In the U.S., labor trafficking can take many forms and occur in legal fields, like the hospitality industry, as well as illicit industries, like drug trafficking. Sex trafficking can also take many forms, including “mail-order brides,” and child abuse imagery (formerly known as “child pornography”).

The true prevalence of trafficking in the U.S. is not yet known and estimates of those affected have ranged widely, from 14,500 to 50,000 trafficked into the U.S. annually. But these numbers are admittedly inaccurate, with some local counts being greater than federal, national assessments. For example, an estimated 38,000 people are labor trafficked in San Diego county alone, and at least 313,000 are estimated to be trafficked in the state of Texas. The United States is among the top three “destination” countries for human trafficking, but U.S. citizens and lawful permanent residents (LPR) are also trafficked domestically. Despite the moniker, trafficking does not require movement, so people can be and often are trafficked in their home states, home cities, even while living in their own homes. Others come to the U.S. by other means (e.g.: on a work, student, or tourist visa; or are smuggled in) and are trafficked. Trafficking affects persons of all races, ethnicities, genders, ages, educational backgrounds, language abilities, nationalities, religions, and any other demographic imaginable.

In the U.S., marginalized groups are particularly affected by trafficking. People of color are disproportionately represented among trafficking survivors. In one study, funded by the National Institute of Justice, the majority of likely trafficking survivors were people of color. In Minneapolis, where Native Americans make up 2% of the general population, 75% of juveniles trafficked for sex are Native American. Women and girls are disproportionately recognized among those trafficked, though the portrayal of trafficking as only affecting women and girls may prevent some men,
boys, and those with a transgender or gender nonconforming (TGGNC) life experience\textsuperscript{a} from disclosing or being identified.\textsuperscript{b} And despite the dominant media narrative,\textsuperscript{c} many trafficking survivors are U.S. citizens.

In recent years, increased attention has been drawn to the prevalence of trafficking among homeless youth. According to the National Academy of Medicine (NAM; formerly the Institute of Medicine), these U.S. citizens and residents are at particular risk of being trafficked domestically.\textsuperscript{d} This makes sense, as youth who are on the street or are not stably housed are compelled to take risks to fulfill basic needs like shelter, food, clothing, and a feeling of connection to others. With minimal to no resources and poor support networks, they are targets for exploitation. While trafficking is a form of severe exploitation, it can begin with an offer of help from a person who appears to care at a moment when a youth has nowhere else to turn.

\textit{Personal Narrative}^\textsuperscript{e}

When she was 13, after her older brother raped her, Danielle started running away from home. Actually, she didn't really have a home at the time; she lived with her mother and siblings in an abandoned house. After her mother went to prison for criminal trespassing, Danielle went into foster care in New Jersey; she bounced from treatment program to treatment program. Danielle later tried to reunite with her mother who had moved to another state, but her mother kicked her out after only two days. At age 19, believing she didn't have other options and now stuck in an unfamiliar state, Danielle went to live with a man she didn't know very well. He let her stay if she had sex with him and his roommate. There were other girls living in the house too, and she saw them get hit if they tried to leave. Eventually she got up the courage to leave; she returned to New Jersey and became homeless. She found Covenant House, where she spent three months in the Crisis Shelter; later she moved to a longer term house, for young people working on their mental health needs. After six months in stable housing, Danielle moved to a subsidized apartment, and started college; she continued to receive independent living services and mental health counseling from Covenant House.

\textsuperscript{a} Stories have been modified and names have been changed to protect the identity of the youth.
More than 466,000 missing youth are at risk for being trafficked every year.\textsuperscript{16} Given the criminal nature of trafficking, truly accurate estimates of those affected by trafficking are not known. Complicating quantification is that the population of unaccompanied and separated youth frequently escapes formal, systematic assessment. Annually, on a single night in January, the U.S. Department of Housing and Urban Development (HUD) facilitates a nationwide Point-In-Time Count of homeless individuals and families. In 2016, 31,862 youth aged 18 to 24 were counted in the United States. Homeless youth in this age group were the most likely of any age group to be unsheltered, with 47\% of youth identified through street canvassing.\textsuperscript{16} These numbers are likely an undercount of unaccompanied and separated minors living in the United States.\textsuperscript{19}

In 2013 and 2015, Covenant House sites in New York and New Orleans, respectively, conducted human trafficking (HT) prevalence studies at their sites. They found about 14 to 15\% of their clients were being trafficked or had experienced trafficking at some point in their life.\textsuperscript{17,18} The majority of the positively identified youth were trafficked for sex. Youth also reported experiences of survival sex. When adults (18 years or older) perform sex acts in exchange for basic necessities (e.g. food, shelter, medications) because they believe they cannot otherwise access these resources, this is deemed “survival sex.”

**COVENANT HOUSE**

Covenant House is an international not-for-profit federation that has become the largest private charity providing shelter and supportive services to homeless youth in the Americas. Since the first Covenant House opened its doors in 1972, the organization has established sites in 30 cities across six countries in North and Central America. In 2016, 10,318 youth stayed overnight in one of Covenant House’s residential programs. In addition, Covenant House’s Street Outreach and other non-residential services made nearly 37,000 contacts with youth (providing information or services).\textsuperscript{19}

Covenant House provides shelter, clothing, food, legal aid, mental health counseling, and basic health care to youth. Young people commonly find Covenant House through Covenant House Street Outreach efforts; drop-in center contacts; referrals from community partners, community members and Covenant House alumni; foster care systems; and internet searches.

**Covenant House New Jersey**

Serving homeless youth for more than 26 years, Covenant House New Jersey (CHNJ) is known for working with youth collaboratively and holistically. CHNJ operates a continuum of non-residential and residential sites and services throughout New Jersey.
In non-residential settings, CHNJ serves youth through:

- Street Outreach;
- Drop-In Centers in Asbury Park, Camden, and Jersey City;
- Day Services in Crisis Centers in Atlantic City and Newark; and
- Independent Living Services.

CHNJ provides shelter, in addition to other supportive services, in its eight residential sites. Two sites are classified as emergency shelters:

- Crisis Center Atlantic City and
- Crisis Center Newark.

The remaining six sites are supportive housing residences, providing longer-term housing (up to 18 months):

- Rights of Passage Atlantic City;
- Rights of Passage Newark;
- Raphael's Life House, for mothers and babies;
- Nancy's Place, for youth with mental health needs; and
- (2) Supportive Apartment Living residences.

This investigation focused on the population of youth receiving services at CHNJ's two Crisis Centers, for emergency shelter and day services, in Newark and Atlantic City, and Raphael's Life House, for mothers and babies, in Elizabeth. These sites serve youth who are 18 to 22 years old. Atlantic City and Elizabeth serve infants in the care of their mothers; the Newark site does not. Youth present voluntarily for services.

On any given night, CHNJ serves over 200 youth and their babies with overnight beds. Newark and Atlantic City jointly care for over 500 youth annually in the Crisis Centers. Newark's bed capacity was 40 (20 female and 20 male) until December 2016. In December 2016, plans to increase by 5 male beds were initiated. Atlantic City's bed capacity is 32, with 12 female beds, 16 male beds, and 4 cribs for infants. Clients with a transgender or gender nonconforming experience sleep according to their self-affirmed gender. Elizabeth's bed capacity is 12 mothers with their babies. The sites are often at full capacity and have waiting lists for new intakes.

Aside from the age restriction and waiting lists, the Crisis Centers have an open-door policy and will accept any youth who requests services and may be appropriately served at the level of care provided by an emergency shelter setting. Youth who require a higher level of care (e.g., a locked facility) are referred to other service providers in the community. Both Crisis Centers accept youth who identify with any gender, including male,
female, transfemale (male to female), transmale (female to male), and gender nonconforming. The Elizabeth site only accepts pregnant and post-delivery youth with children.

Youth enrolled in the Crisis Centers who receive residential or day services are required to participate in a series of assessments that contribute to staff and youth collaboratively creating an individualized case plan for each young person. The assessments are conducted by specialists in each field and evaluate: physical health, behavioral health, legal, education, and employment histories. Most youth identify case plan goals that lead to secure housing; these goals often require income acquisition, which may be earned income and/or government benefits. Some youth will also receive rental assistance from HUD voucher programs.

Youth’s ability to make progress on their case plan goals and ultimately obtain and maintain housing is affected by their overall well-being, including their physical, behavioral, legal, and educational needs. CHNJ designs on-site programs and services to meet youth’s needs. These services are constantly revised in response to research and organizational learning about effective strategies that promote resilience. Clients will participate in on-site learning opportunities to gain employment, manage finances, and practice mindfulness among other topics. Some youth will go to work or attend classes to obtain educational degrees. Other youth come to CHNJ already enrolled in high school and need a place to stay, food, clothing, and healthy, caring relationships with adults. CHNJ provides ongoing physical and behavioral health support through on-site services and community partners. Finally, CHNJ provides legal aid as needed.

CHNJ may be a young person’s first shelter upon becoming homeless, or CHNJ may be the last stop before moving to safe and secure housing. Or, CHNJ may be one of many stops in between. CHNJ clients are all youth and they are all homeless. Commonly, these young people have experienced trauma that led them to become homeless or that occurred while experiencing homelessness—and often times both. Every young person presents with their own traumas, life history, current circumstances, strengths, talents, resilience, and future dreams.

* In this report, out of consideration of and respect for transgender and gender nonconforming (TGGNC) experienced youth, we will use gender-inclusive language and forgo the traditional use of pronouns. That is to say, rather than using “s/he” or “her/him,” this report will use “they” and “their” instead. In this way, we include the identities and experiences of all youth.
Study Objectives

The National Academy of Medicine highlighted homeless youth as being particularly at risk for being trafficked in their 2013 report. Two separate Covenant House reports noted that a substantial minority of clients served (14 to 15%) was affected by human trafficking. Covenant House New Jersey needed to know how common a trafficking experience is among its clients, and learn more to better serve this population. The need for evidence-based interventions in the anti-trafficking field is immense, especially as services and resources are finite. Collaboration and coordination of efforts can help to mitigate resource deficits.

The purposes of this investigation are six-fold:

- to determine the prevalence of lifetime (any) experience of human trafficking among clients served at Covenant House New Jersey;
- to validate a more accessible and rapid trafficking screening tool;
- to describe the risk factors for and protective factors against homeless youth being trafficked;
- to understand the self-identified needs of trafficked youth;
- to identify the health sites visited by youth while they are being trafficked; and
- to determine whether health sites serving trafficked youth recognize these youth as being trafficked.

Objective 1: Human Trafficking Prevalence Determination

Covenant Houses New York and New Orleans found that 14 to 15% of their clients had survived human trafficking. Anecdotally, these numbers made sense to clinical staff at CHNJ but we also appreciated that these were the only data available in the field. To properly allot for relevant prevention and intervention services, communities must know their local prevalence of trafficking. A clear understanding of how many clients human trafficking has directly touched may impact CHNJ’s clinical and logistical operations,
Objective 2: Human Trafficking Screening Tool Development

The previous Covenant House trafficking studies developed and used a modified version of the VERA Institute's Trafficking Victim Identification Tool (TVIT). The TVIT is a validated tool for the identification of labor and sex trafficking in adults, but it can take at least 40 to 60 minutes to administer and requires the interviewer to know trafficking well. That is to say, the TVIT is user-dependent: There is no objective score at which one screens positive for a trafficking experience. The interviewer must make determinations at various points during the interview, and a final determination about likelihood of the respondent having survived a trafficking experience. To properly use this tool, the interviewer must have a solid comprehension of human trafficking and be able to apply that understanding to the completed interview.

In an organization like Covenant House New Jersey, that provides wrap-around services to 500 to 600 youth annually, such a tool is cumbersome to accurately wield. It requires intensive training and significant time. CHNJ, along with many of its sister Covenant House sites, appreciated the import of screening all clients for human trafficking, but CHNJ does not have the resources to indefinitely include another 60-minute assessment among the other protocolized assessments for all clients served. The modified trafficking identification tool, the Human Trafficking Interview and Assessment Measure (HTIAM-14), developed by Covenant House New York still requires an expert interviewer and can take up to 45 minutes.

Covenant House New Jersey sought a much shorter tool for use at client intake. A valid but brief, user-independent screening tool would allow CHNJ (and others) to quickly identify the clients with a trafficking experience.
Objective 3: Identify Risk and Protective Factors for Human Trafficking

The third objective of the study was to identify risk factors present for homeless youth who were trafficked and protective factors for homeless youth who were not trafficked.

The study looked for the factors that differentiated trafficked homeless youth from not-trafficked homeless youth. This is the first of any study known to the investigators to explore the risk factors for and protective factors against trafficking in a general homeless population.

Anti-trafficking experts concur that homelessness is a major risk factor for youth to become trafficked. But other characteristics thought to be associated with a trafficking experience (e.g., being a person of color, having experience in the foster care system) are common among the homeless youth population. Hence, it is not known which factors are associated with homeless youth having a trafficking experience. If risk and protective factors for this population can be delineated, preventative and early intervention actors may reach the most vulnerable youth sooner, develop approaches to reduce risk factors, and more aptly target services.

Objective 4: Understand the Self-Identified Needs of Trafficked Clients

Anticipating an opportunity to provide specialized services to trafficking survivors at CHNJ, staff wanted to know what needs, if any, the population of trafficked homeless youth have that are different from not-trafficked homeless youth.

CHNJ believes that young people are a valuable source of information about the services they need and has always been responsive to client input about programming.
And it is empowering, rights-affirming, and respectful of their agency to listen to the voice of youth speaking about the services they need.

Objectives 5 & 6: Learn the Health Sites Visited and if Trafficking was Identified

CHNJ does not operate in a silo, but in cooperation and collaboration with other local organizations and institutions. CHNJ receives referrals from outside agencies, and likewise refers clients to receive services it does not provide. Other studies have demonstrated that trafficked persons seek and receive medical care while they are being trafficked.21,22,23

CHNJ wanted to understand which local health care facilities are seeing their trafficked youth, to increase multi-directional communication and relevant referrals.
Methods

STUDY DESIGN

This was a prospective, observational, cohort study. This examination was not interventional or experimental in nature; that is to say, there was no intervention being tested. All clients of CHNJ during the study time period and at geographical locations of the data collection were eligible to receive an assessment for human trafficking, though any client could deny permission to have their de-identified data used for research purposes.

Training
CHNJ staff, including the intake staff, social workers, Global Health Fellows,* and lawyers, all received an interactive, day-long training on human trafficking; trauma-informed interviewing; and the study protocol. Because the HTIAM-14 interpretation relied heavily on the administrator’s knowledge of trafficking and experience with the tool, one-on-one practice sessions, using the tool in real-time, were conducted in the days subsequent to the initial training, to ensure staff could reliably recognize human trafficking. Training additionally included practice scenarios that were video recorded, critiqued, and repeated before staff were approved to begin the study. A human trafficking expert, an experienced social worker, and the New York Mount Sinai members of the investigative team provided the trainings.

Communication
Because CHNJ has multiple physical sites, and the Mount Sinai members of the study team were based in New York, a strong plan for communication was developed. The Director of Strategy and Learning was the CHNJ point of contact for the Mount Sinai members. Investigative team members communicated daily at the start of the study and then on a weekly basis as the study moved forward. CHNJ staff and the investigative team kept a journal of how any anticipated or actual protocol challenges were resolved, even prior to study commencement, so that uniform techniques could be implemented.

Participants
Youth were eligible for study participation if they had an intake during the study period and received services (residential, day, or behavioral health services) at either of CHNJ’s two Crisis Centers or Raphael’s Life House for mothers and babies. In general, youth receive services at CHNJ Crisis Centers if they are 18 to 22 years old and an emergency shelter is deemed

* The Covenant House New Jersey Health Fellows are part of the Global Health Corps community and are young professionals from varying sectors committed to advancing social justice through the health equity movement. At Covenant House, the Health Fellows serve as medical case managers, performing the Basic Health Needs Assessment of CHNJ clients, to connect them to appropriate health services.
appropriate (by experienced CHNJ staff) for their needs. Due to limited bed capacity, some homeless youth may be placed on a waiting list and contacted when a bed becomes available. Youth on the waitlist may receive CHNJ Crisis Center day services, while awaiting an available bed, and thus would have been eligible for participation in the study. Day service clients who were not seeking emergency shelter were also eligible to participate.

The new Human Trafficking Assessment Protocol (HTAP) was administered during the standard Behavioral Health Assessments, which were conducted no more than 14 days after enrollment (with few exceptions), and often within seven days. Thus, youth who had short lengths of stay (typically less than three days) were excluded from study participation. Youth who stayed three or more days, but less than 14 days were eligible to participate but in some cases were missed, due to youth and staff availability.

**Participant Consent**

Due to the timing logistics of the clinical assessments, youth were consented at both parts of data collection: Once before the screening questions of interest were posed and once before the HTAP was administered. Youth were asked if the anonymous data from their answers could be shared with researchers. They were assured that their identities were confidential and their answers would never be connected to them. Potential participants were offered the opportunity to read an information sheet about the study and confidentiality. The document was available in English and Spanish (the two languages of CHNJ clients). If a potential participant’s preferred language was Spanish, consent was obtained and the interviews were conducted in Spanish. To protect participant privacy, youth were not asked to sign their names to the received information sheet. Youth were not offered remuneration for study participation.

If youth did not provide consent to be included in the study, their information was not used for this investigation. If youth provided partial consent (e.g.: consent to HT Screening Questions Protocol or HTAP but not both), only the information approved for research purposes was examined and analyzed.

The Institutional Review Board of the Icahn School of Medicine at Mount Sinai categorized this investigation as “Not Human Subjects Research,” as the investigative team was receiving only anonymous data for analysis.

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**MATERIALS AND PROTOCOLS**

All data collection instruments were created and maintained on CHNJ’s web-based, secure data-collection software, Efforts to Outcomes (ETO).
CHNJ staff with password-only access use ETO to record information about clients. The primary purposes of ETO are two-fold: data collection and staff communication. Only management-level staff have the ability to pull aggregate reports of data contained on ETO. De-identified data was shared with the Mount Sinai team members on a monthly basis, using Microsoft Excel (2013).

**Step 1: HT Screening Questions Protocol**

These items were modified versions of five TVIT questions with the highest odds ratios associated with a trafficking experience; “softening” or normalizing language from the previous Covenant House New York study’s screening tool was used. These were the questions tested for Objective 2 (to validate a shorter trafficking screening tool). The HT Screening Questions Protocol contained one opt out question, for those who did not consent to having their data used for research purposes. A positive answer to this question would remove all subsequent questions, such that an administering staff would not be prompted to ask these items. When youth consented to the study, five subsequent dichotomous (“yes” or “no”) questions appeared. These questions also included “don’t know” and “refuse to answer” response options. The five questions hypothesized to be useful in trafficking screening were:

**Figure 1. HT Screening Questions**

1. It is not uncommon for young people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?

2. In thinking back over your past experiences, have you ever been tricked or forced into doing any kind of work that you did not want to do?

3. Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?

4. Some employers think that in exchange for the work their employees do, they can pay them in other ways even though they’ve never gotten their permission. Has someone you worked for ever controlled the money you earned, or kept money you earned in exchange for transportation, food or rent without your consent?

5. Sometimes young people who are homeless or who are having difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?
Step 2A: HT Assessment Protocol

The HT Assessment Protocol (HTAP) was necessary for all study objectives. It contained one question to record the youth’s consent to participate in the study. The answer to the consent question did not affect the subsequent questions, which were always asked as one of CHNJ’s assessments for services. When data was extracted from ETO for analysis, HTAPs that lacked consent were not included in the dataset shared with the Mount Sinai investigators.

The HT Assessment Protocol included the HTIAM-14, items about clients’ self-identified needs, and questions about healthcare interactions for those who were identified as trafficked. Protocol items were a mix of dichotomous, multiple choice (multiple selections allowed), and free response questions. Branching logic was employed such that questions appeared or disappeared according to conditional rules assigned to dichotomous answers.

As part of the HTAP, all participants were asked what types of services would be helpful to them. They were first invited to share needs in their own words, and then were prompted with ideas from the following list:

- clothing assistance;
- employment assistance;
- English-as-a-second-language (ESL) classes;
- family reunification;
- food assistance;
- housing;
- legal aid;
- legal status/documentation;
- medical assistance;
- parenting classes;
- psychological support; and
- spiritual or religious support.

Step 2B: Associated Factors Assessment

The Associated Factors Assessment (AFA) contained 48 questions about the youth’s personal history. Questions were primarily dichotomous questions, with one multiple options query (“check all that apply”), and continuous items (e.g., number of months homeless) to supply further detail to dichotomous answers. These questions were already a part of CHNJ’s previously protocolized Intake and Behavioral Health Assessments. The questions included topics required by HUD for federal funding of homeless services, including:
• age;
• race;
• ethnicity;
• gender;
• type of homelessness;
• number of times homeless;
• duration of homelessness;
• homelessness cause;
• age when first left home;
• reason for first leaving home;
• disabling condition;
• income and type;
• noncash benefits and type;
• experiences of domestic violence;
• family drug use;
• personal drug use;
• witnessed violence in home;
• identified learning disability (had an IEP or 504);
• bullied by peers in school;
• bullied peers in school;
• emotional, physical, or sexual abuse;
• foster care;
• mental health issues;
• suicidal thoughts;
• family criminal history;
• personal criminal history;
• sexual orientation; and
• caring-adult relationships.

All information was self-reported by youth.

DATA-COLLECTION PROCEDURE

Full-time staff conducted assessments in private offices. The HT Screening Questions Protocol and HTAP were entered into ETO in real-time, and the Associated Factors were entered in real-time or immediately following assessments. Initially touchscreen tablets were used for data entry, based on the expectation that the tablets would allow a more personalized conversation between staff and youth. Ultimately, due to technical difficulties with on-site wireless internet and the lack of a well-functioning mobile application for ETO, staff decided that desktop computers re-positioned to allow staff to face youth worked well for relationship building and a conversational tone.
During the HTAP, after sharing self-identified needs, clients were counseled about services available at CHNJ. Youth who identified an urgent or emergent need were offered options to address the need as soon as possible with CHNJ staff or outside service providers, as appropriate. The availability of immediate relief was important to CHNJ’s primary mission to alleviate distress in a vulnerable population.

Some young people had multiple stays at CHNJ during the study. While they received all routine assessments as part of their case plan, only their first HTAP assessment data were assessed for this report.

Staff roles in data collection varied by site:

**Newark**

1. **HT Screening Questions Protocol.** The two full-time Global Health Fellows conducted the HT Screening Questions Protocol during youths’ mandatory Basic Health Needs Assessments. Basic Health Needs Assessments were typically conducted within the first three days after a youth’s intake. Questions asked during the assessment but not included in the study, encompassed information about illnesses, sexually transmitted infections, pregnancy, and other health-related information.

   The two Global Health Fellow positions turned over in July 2016, when the outgoing fellows were replaced by incoming fellows with a one-week overlap. These and any other new staff were trained as the original team members had been; experienced staff joined the training, as a refresher.

2. **HT Assessment Protocol.** The Licensed Clinical Social Workers (LCSW) and their social work interns conducted the HT Assessment Protocols. They also completed the Behavioral Health Assessments, both within 14 days of intake, and often within seven days.

   Initially, the social work team conducted the HTAP separately from the Behavioral Health Assessment based on concern that the combined assessments would be too lengthy for the youth to sit through. When conducted separately, the same social worker or intern did not conduct both assessments for the same client. The social workers were initially concerned that the HTAP questions might interfere with positive relationship building between the social worker and the youth. Less than two months into the study, the social workers determined that the HTAP could be conducted after the Behavioral Health Assessment in one sitting, without exhausting the youth; in fact, this method appeared to contribute to staff’s positive relationship-building with clients.
The two staff LCSWs remained the same for the duration of the study. The social work interns started in either late 2015 summer or late 2016 summer and continued for the duration of the school year, respectively, with the exception of school breaks. A total of five social work interns conducted protocols for the study.

3. Associated Factors Assessment. The Licensed Clinical Social Workers and their social work interns collected the AFA content during Behavioral Health Assessments. These assessments included additional questions not included in this study, and more extensively covered topics such as mental-health diagnosis and childhood trauma.

Atlantic City

1. HT Screening Questions Protocol. Covenant House in Atlantic City does not have Global Health Fellows. Thus, the Service Managers conducted the HT Screening Questions Protocol as a part of the intake process (gathering of basic demographic and logistical information) that typically occurred within the first three days after intake. Service Managers are front line staff that supervise the Youth Advisors who work one-on-one with clients. The Service Managers meet with every new resident of CHNJ and remain closely involved with their case plan throughout the course of their stay.

2. HT Assessment Protocol. A Licensed Clinical Social Worker and social work intern staff at Atlantic City conducted the HTAP within 14 days of intake.

3. Associated Factors Assessment. Youth Advisors captured AFA content during Initial Assessments with youth. During the Initial Assessment, conducted within 14 days of intake, the Youth Advisor asks clients open-ended questions about reasons for coming to Covenant House, family history, physical and mental health, vocation and education status, legal needs, strengths, and any areas of concern.

Elizabeth

1. HT Screening Questions Protocol. Many Raphael's Life House clients already had a stay at one of the Crisis Centers in Newark or Atlantic City and had already participated in all three steps, including the HT Screening Questions Protocol, of the study. A much smaller cohort of youth (fewer than 10) was new to CHNJ, and received intake directly into Raphael's Life House. These youth did not receive the HT Screening Questions Protocol, because of a lack of specialist staff at this site.

2. HT Assessment Protocol. The HTAP was conducted for all intakes by one of the Licensed Clinical Social Workers from the Newark Crisis Center. This social
worker met with residents at Raphael’s Life House weekly to provide their behavioral health services. HTAP was administered within 14 days of intake with few exceptions.

3. Associated Factors Assessment. New residents received their Behavioral Health Assessments, which included the AFA content, within 14 days of intake with few exceptions. The LCSW from Newark Crisis Center also conducted this assessment.

Figure 2. Typical Data Collection Timeline

Youth who Screened Positive for Trafficking
Youth who screened positive for any form of human trafficking were supported by social work staff to process their experiences and were offered legal services by on-site staff attorneys. Youth were counseled on their options to report to law enforcement and were assisted with the legal process when this option was exercised. Clients who were experiencing symptoms of trauma were offered individualized, onsite therapy and referrals to specialized mental health programs or programs that provided treatment for victims of gender-based violence when relevant.
Analysis

Statistical analysis of data was conducted using Stata 14.2. Descriptive statistics were calculated for the demographic variables, including trafficking prevalence.

**HUMAN TRAFFICKING SCREENING TOOL DEVELOPMENT**

This study aimed to develop and validate a much shorter screening tool than that of the TVIT and the HTIAM-14. Five screening items of interest were selected from the TVIT based on expert review of the questions with the highest odds ratios of association with a trafficking experience. The investigative team ran a multivariable logistic model of the 5 screening items, with the outcome being a positive trafficking screen on the HTIAM-14. The logistic regression showed that two items were significant at the 0.05 level or better. To identify those who screened positive but were not identified via these two questions, the team ran the multivariable logistic model with the eight main constructs of the HTIAM-14 and found that two items were significant at the 0.10 level.

Multiple combinations of the 5 screening questions hypothesized to be of use and the 8 main constructs of the HTIAM-14 were used to calculate the receiver-operating curve (AUROC). Finally, the team calculated the sensitivity, specificity, and positive and negative predictive values for the item combinations to determine the most useful screening questions.

**ASSOCIATED FACTORS**

Data from the Associated Factors Assessment was examined to identify factors that were correlated with being trafficked or correlated with not being trafficked. A bi-variate analysis was completed with a logistic regression model.
Results

This investigation took place at CHNJ sites over 12 months in Atlantic City, from February 22, 2016 to February 21, 2017; and over 15 months in Newark and Elizabeth, from November 2, 2015 to February 21, 2017. Prevalence data for Objective 1 is reported based upon the 12-month time period at each site (February 22, 2016 to February 21, 2017 in Atlantic City and November 2, 2015 to November 1, 2016 in Newark and Elizabeth). For all other objectives, all available data from the entire 15-month period is reported. During the 12-month period, CHNJ served 491 unique clients (see Figure 2). Though some youth returned multiple times to Covenant House for services and programs, only first-visit data was analyzed for this report.

Figure 3. 12-Month Study Participation Flowchart

- 491 Youth Served
- 157 Opted out of services or only stayed overnight
- 334 Participated in Step 1: HT screening questions protocol
- 84 Left before or opted out of Step 2
- 295 Participated in Step 2:* HT assessment protocol and associated factors assessment
- 17 Sex trafficked
- 14 Labor trafficked
- 268 Not trafficked

*45 clients who did not consent to Step 1 did consent to Step 2

Some participants were both sex trafficked and labor trafficked.
Demographics
Table 1 shows the demographics of this study population. The majority of the study participants served were youth of color, with 19.7% identifying as White. Slightly more than half of participants identified as female, and 1.7% have a transgender or gender nonconforming experience. CHNJ serves youth aged 18 to 22 years of age; the majority of participants were 19 to 21 years old. The average age of participants was 20.

Table 1. Participant Demographics

<table>
<thead>
<tr>
<th>DESCRIPTOR</th>
<th>PERCENTAGE (N=295)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>65.1% (192)</td>
</tr>
<tr>
<td>Latino</td>
<td>26.1% (77)</td>
</tr>
<tr>
<td>White</td>
<td>19.7% (58)</td>
</tr>
<tr>
<td>Asian/American</td>
<td>0.7% (2)</td>
</tr>
<tr>
<td>Native American</td>
<td>1.0% (3)</td>
</tr>
<tr>
<td>Other</td>
<td>12.5% (37)</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>50.5% (149)</td>
</tr>
<tr>
<td>Male</td>
<td>47.8% (141)</td>
</tr>
<tr>
<td>TGGNC**</td>
<td>1.7% (5)</td>
</tr>
<tr>
<td><strong>SEXUAL ORIENTATION MINORITY</strong>*</td>
<td>13.9% (41)</td>
</tr>
</tbody>
</table>

* Races and Ethnicity are not mutually exclusive.

** Transgender and Gender NonConforming

*** Self-identified as lesbian/gay/bisexual/pansexual/questioning, or other non-heterosexual sexualities.
<table>
<thead>
<tr>
<th>DESCRIPTOR</th>
<th>PERCENTAGE (N=295)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
</tr>
<tr>
<td>18 years old</td>
<td>21.4% (63)</td>
</tr>
<tr>
<td>19 years old</td>
<td>27.1% (80)</td>
</tr>
<tr>
<td>20 years old</td>
<td>30.2% (89)</td>
</tr>
<tr>
<td>21 years old</td>
<td>20.7% (61)</td>
</tr>
<tr>
<td>22 years old</td>
<td>0.7% (2)</td>
</tr>
<tr>
<td><strong>AGE LEFT HOME</strong></td>
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</tr>
<tr>
<td>&lt;10 years old</td>
<td>2.7% (8)</td>
</tr>
<tr>
<td>10-13 years old</td>
<td>10.2% (30)</td>
</tr>
<tr>
<td>14-17 years old</td>
<td>41.4% (122)</td>
</tr>
<tr>
<td>≥ 18 years old</td>
<td>24.1% (71)</td>
</tr>
<tr>
<td><strong>SURVIVAL SEX</strong></td>
<td>9.5% (28)</td>
</tr>
<tr>
<td><strong>TRAFFICKED</strong></td>
<td>9.2% (27)</td>
</tr>
<tr>
<td>Sex Trafficked</td>
<td>63.0% (17)</td>
</tr>
<tr>
<td>Labor Trafficked</td>
<td>51.9% (14)</td>
</tr>
</tbody>
</table>

Table 2 shows the demographics of those trafficked in relation to clients without a trafficking experience. Of the 9.2% identified as being trafficked in a 12-month period, the preponderance were youth of color, and 63.0% identified as female (none identified as TGGNC-experienced in the 12 month period). Most participants with a trafficking experience left home, through a variety of mechanisms, by the age of 17. Participants could report more than one type of trafficking experience and 51.9% of those trafficked experienced labor trafficking. The average ages of participants who were trafficked and not trafficked were 20 and 19 years respectively.

* Trafficking types are not mutually exclusive forms of trafficking; i.e. some trafficked youth experienced more than one form of trafficking.

** Clients may have run away, been kicked out, or removed from their living situations.
Table 2. Trafficked in Comparison to Not Trafficked Demographics

<table>
<thead>
<tr>
<th>DESCRIPTOR</th>
<th>TRAFFICKED (n=27)</th>
<th>NOT TRAFFICKED (n=268)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RACE/ETHNICITY</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>63% (17)</td>
<td>65.3% (175)</td>
</tr>
<tr>
<td>Latino</td>
<td>33.3% (9)</td>
<td>25.4% (68)</td>
</tr>
<tr>
<td>White</td>
<td>22.2% (6)</td>
<td>19.4% (52)</td>
</tr>
<tr>
<td>Asian/American</td>
<td>0.0% (0)</td>
<td>0.7% (2)</td>
</tr>
<tr>
<td>Native American</td>
<td>0.0% (0)</td>
<td>1.1% (3)</td>
</tr>
<tr>
<td>Other</td>
<td>14.8% (4)</td>
<td>12.3% (33)</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>63.0% (17)</td>
<td>49.3% (132)</td>
</tr>
<tr>
<td>Male</td>
<td>37.0% (10)</td>
<td>48.9% (131)</td>
</tr>
<tr>
<td>TGGNC</td>
<td>0.0% (0)</td>
<td>1.9% (5)</td>
</tr>
<tr>
<td><strong>SEXUAL ORIENTATION MINORITY</strong>**</td>
<td>18.5% (5)</td>
<td>13.4% (36)</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 years old</td>
<td>11.1% (3)</td>
<td>22.4% (60)</td>
</tr>
<tr>
<td>19 years old</td>
<td>22.2% (6)</td>
<td>27.6% (74)</td>
</tr>
<tr>
<td>20 years old</td>
<td>40.7% (11)</td>
<td>29.1% (78)</td>
</tr>
<tr>
<td>21 years old</td>
<td>22.2% (6)</td>
<td>20.5% (55)</td>
</tr>
<tr>
<td>22 years old</td>
<td>3.7% (1)</td>
<td>0.4% (1)</td>
</tr>
</tbody>
</table>

*** Races and Ethnicity are not mutually exclusive.

**** Self-identified as lesbian/gay/bisexual/pansexual/questioning, or other non-heterosexual sexualities.
### Recognizing Human Trafficking Among Homeless Youth / Results

<table>
<thead>
<tr>
<th>DESCRIPTOR</th>
<th>TRAFFICKED (n=27)</th>
<th>NOT TRAFFICKED (n=268)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE LEFT HOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 10 years old</td>
<td>11.1% (3)</td>
<td>1.9% (5)</td>
</tr>
<tr>
<td>10–13 years old</td>
<td>7.4% (2)</td>
<td>10.4% (28)</td>
</tr>
<tr>
<td>14–17 years old</td>
<td>40.7% (11)</td>
<td>41.4% (111)</td>
</tr>
<tr>
<td>≥ 18 years old</td>
<td>14.8% (4)</td>
<td>25.0% (67)</td>
</tr>
<tr>
<td><strong>SURVIVAL SEX</strong></td>
<td>29.6% (8)</td>
<td>7.5% (20)</td>
</tr>
<tr>
<td><strong>TRAFFICKING TYPES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>63.0% (17)</td>
<td>N/A</td>
</tr>
<tr>
<td>Labor</td>
<td>51.9% (14)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Trafficking types are not mutually exclusive forms of trafficking, i.e. some trafficked youth experienced more than one form of trafficking.

### TRAFFICKING PREVALENCE

Over a 12-month period the trafficking prevalence of clients served at CHNJ was 9.2%; of those trafficked, 51.8% were labor trafficked and 63.0% were sex trafficked. In Atlantic City, 5.9% were trafficked; of these, 16.7% were labor trafficked and 83.3% were sex trafficked (see Table 3). In Newark and Elizabeth, the trafficking prevalence was higher, at 10.9%; of those trafficked, 61.9% were labor trafficked and 57.1% were sex trafficked.

Figure 4. Trafficking Prevalence in Atlantic City, Newark and Elizabeth

Of note, Newark and Elizabeth were able to collect data for a total of 15 months, and including the additional three months of data collection there, CHNJ found that 9.9% of 365 participants experienced trafficking. In those 15 months, 2.8% of trafficked participants had a TGGNC experience.
## Table 3. Site-Specific Prevalence of Exploitation Over 12 Months

<table>
<thead>
<tr>
<th>EXPLOITATION TYPE**</th>
<th>ATLANTIC CITY (N=103)</th>
<th>NEWARK &amp; ELIZABETH (N=192)</th>
<th>ALL SITES (N=295)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURVIVAL SEX</td>
<td>12.6% (13)</td>
<td>7.8% (15)</td>
<td>9.5% (28)</td>
</tr>
<tr>
<td>TRAFFICKED</td>
<td>5.8% (6)</td>
<td>10.9% (21)</td>
<td>9.2% (27)</td>
</tr>
<tr>
<td>Labor Trafficked</td>
<td>16.7% (1)</td>
<td>61.9% (13)</td>
<td>51.9% (14)</td>
</tr>
<tr>
<td>Sex Trafficked</td>
<td>83.3% (5)</td>
<td>57.1% (12)</td>
<td>63.0% (17)</td>
</tr>
</tbody>
</table>

Importantly, one type of trafficking does not preclude another, and some participants (14.8% of those trafficked in the 12-month time period) experienced more than one type of trafficking. Two participants were trafficked outside the U.S. Examples of ways in which participants were trafficked for labor include working in mines and the fast food industry; selling illicit drugs and stealing. Ways in which they were trafficked for sex include commercial sex and escort work.

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**Exploitation types are not mutually exclusive**

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### Personal Narrative***

LaTasha and Natalie came to Covenant House in the same week. They were both in foster care and homeless before they heard about a “rooming house” where they could stay. Once they got there, they learned the rules of the house. Men would come, and the girls had to perform sex acts on them. Also, they had to try to sell them drugs. The woman who ran the house paid the girls at the end of the month, but never as much as she told them they would get. She told them to lie about what they did: if anyone asked, they worked under the table at the corner store. If they tried to leave, the woman would get men to beat them up, or she would do it herself. They knew this would happen because they saw it happen to other girls, but the woman threatened far worse than they could imagine.

***Stories have been modified and names have been changed to protect the identity of the youth.***
Only four youth opted out of both the HT Screening Questions Protocol (Step 1) and sharing their HTAP data (Step 2) with the research team. Fifteen youth, or 4.1% of all those who received the HTAP, did not consent to have their data used for research purposes. These youth’s HTAP and AFA data were excluded for analysis completely.

### TRAFFICKING SCREENING TOOL DEVELOPMENT AND VALIDATION

The advisory board agreed that the five questions with the highest odds ratios for trafficking (of either labor or sex) on the TVIT, modified to soften the language, should be tested for their use as a brief screening tool. The five questions hypothesized to be useful in screening are shared again here, for reader ease:

1. **It is not uncommon for young people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?**

2. **In thinking back over your past experiences, have you ever been tricked or forced into doing any kind of work that you did not want to do?**

3. **Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?**

4. **Some employers think that in exchange for the work their employees do, they can pay them in other ways even though they’ve never gotten their permission. Has someone you worked for ever controlled the money you earned, or kept money you earned in exchange for transportation, food or rent without your consent?**

5. **Sometimes young people who are homeless or who are having difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?**

To examine which items were appropriate for a short screening tool, all participant data was examined, not only those enrolled during the 12-month period used for prevalence estimation. Thus, the team was able to use data from the 365 who were screened for trafficking using HTIAM-14, of whom 9.9% (36) screened positive over a 15-month period.

Questions 3 and 5 were independently statistically significant (p-value: 0.000; 0.001) in identifying youth with a trafficking experience, but
recognized human trafficking among homeless youth had only a sensitivity of 64.5%. Various combinations of the hypothesized screening questions and other dichotomous items from the HTIAM-14 were analyzed for a tool-sensitivity greater than 80% but that would not result in administration of HTIAM-14 to the majority of clients. Examining the trafficked youth not identified by Questions 3 and 5 (but recognized via the HTIAM-14), led us to include two additional questions to increase the tool’s overall sensitivity. Adding Question 1 (from the Screening Questions of Interest) and another question from the HTIAM-14 yielded a sensitivity of 87.1%. That is to say, a “yes” to at least one of the below four questions, has a sensitivity of 87.1% for identifying trafficking; and a specificity of 76.7%. This 4-item tool was named Quick Youth Indicators for Trafficking (QYIT).

**Figure 5. Quick Youth Indicators for Trafficking**

1. It is not uncommon for young people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
   - Yes  
   - No  
   - Refuse to Answer  
   - Don't Know

2. Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?
   - Yes  
   - No  
   - Refuse to Answer  
   - Don't Know

3. Sometimes young people who are homeless or who are having difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?
   - Yes  
   - No  
   - Refuse to Answer  
   - Don't Know

4. Sometimes employers don’t want people to know about the kind of work they have young employees doing. To protect themselves, they ask their employees to lie about the kind of work they are involved in. Have you ever worked for someone who asked you to lie while speaking to others about the work you do?*
   - Yes  
   - No  
   - Refuse to Answer  
   - Don't Know

A respondent would receive a point for every “yes” answered. If a respondent answers “yes” to all four questions, they receive four points. Four points on QYIT has a specificity and a positive predictive value of 100% (see Table 4). Four (or 11.1%) trafficked clients answered “no” to QYIT.

* This question was not among the initial 5 questions of interest, but was a part of the larger HTIAM-14.
items 1–3 when they were posed as Step 1 of the study. When later asked QYIT questions as part of the HTIAM-14, all four participants answered “yes” to at least one item.

Table 4. QYIT Score Cutoffs with Sensitivity, Specificity, Positive Predictive Value and Negative Predictive Value

<table>
<thead>
<tr>
<th>SCORE CUTOFF</th>
<th>SENSITIVITY</th>
<th>SPECIFICITY</th>
<th>PPV</th>
<th>NPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 1</td>
<td>87.1%</td>
<td>76.7%</td>
<td>27.3%</td>
<td>98.3%</td>
</tr>
<tr>
<td>≥ 2</td>
<td>54.8%</td>
<td>95.8%</td>
<td>56.7%</td>
<td>95.5%</td>
</tr>
<tr>
<td>≥ 3</td>
<td>38.7%</td>
<td>99.7%</td>
<td>92.3%</td>
<td>94.2%</td>
</tr>
<tr>
<td>4</td>
<td>22.6%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>92.8%</td>
</tr>
</tbody>
</table>

Model AUC of 0.8876.

While these four QYIT questions were highly sensitive in identifying trafficked clients, four trafficked participants were not identified. And, use of QYIT would label 72 (21.9%) of those not trafficked as trafficked. That is to say, to find the 32 that were truly trafficked (four were not identified by QYIT), CHNJ staff would have to perform the complete HTIAM-14 for 104 clients (including the 72 that were not trafficked). The investigators explored which, if any, items on HTIAM-14 could be used to further assess those who initially screened positive with the four QYIT screening questions. No items proved useful in decreasing the false positive rate (or improving the specificity) of the QYIT.

**FACTORS ASSOCIATED WITH TRAFFICKING**

This investigation explored the factors associated with homeless youth being or not being trafficked. Covenant House New Jersey, as part of many protocolized assessments to aid in service, gathers information about clients’ backgrounds. Factors significantly associated with having a trafficking experience were: having had an individualized education program (IEP) or 504 plan; a history of emotional, physical, or sexual abuse; a history of being arrested (though not incarcerated); ever being in foster care; witnessing violence in the home; having mental health issues, including a history of suicidality; having family with legal problems; and having a disabling condition (see Table 5). No protective factors were identified in this sample.
### Table 5. Factors Associated with a Trafficking Experience

<table>
<thead>
<tr>
<th>ASSOCIATED FACTOR</th>
<th>ODDS RATIO</th>
<th>P-VALUE*</th>
<th>CONFIDENCE INTERVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>1.06</td>
<td>0.89</td>
<td>0.48, 2.31</td>
</tr>
<tr>
<td>Latino</td>
<td>1.65</td>
<td>0.19</td>
<td>0.78, 3.51</td>
</tr>
<tr>
<td>Female</td>
<td>1.18</td>
<td>0.66</td>
<td>0.57, 2.42</td>
</tr>
<tr>
<td>“Supportive” Adult **</td>
<td>0.80</td>
<td>0.59</td>
<td>0.36, 1.81</td>
</tr>
<tr>
<td>Homeless &lt; 6 months</td>
<td>0.85</td>
<td>0.71</td>
<td>0.35, 2.03</td>
</tr>
<tr>
<td>Homeless: 6–12 months</td>
<td>2.12</td>
<td>0.20</td>
<td>0.67, 6.66</td>
</tr>
<tr>
<td>Homeless: 12–18 months</td>
<td>1.00</td>
<td>N/A</td>
<td>1.00, 1.00</td>
</tr>
<tr>
<td>Age when first left home: &lt;10 years old</td>
<td>3.50</td>
<td>0.12</td>
<td>0.71, 17.31</td>
</tr>
<tr>
<td>Age when first left home: 10–13 years old</td>
<td>0.99</td>
<td>0.99</td>
<td>0.26, 3.79</td>
</tr>
<tr>
<td>Age when first left home: 14–17 years old</td>
<td>0.89</td>
<td>0.83</td>
<td>0.33, 2.44</td>
</tr>
<tr>
<td>Age when first left home: &gt;18 years old</td>
<td>0.48</td>
<td>0.25</td>
<td>0.14, 1.66</td>
</tr>
<tr>
<td>Kicked out of home?</td>
<td>0.64</td>
<td>0.24</td>
<td>0.30, 1.34</td>
</tr>
<tr>
<td>Pushed out of home?</td>
<td>0.79</td>
<td>0.52</td>
<td>0.37, 1.65</td>
</tr>
<tr>
<td>Ran away or left?</td>
<td>1.37</td>
<td>0.39</td>
<td>0.67, 2.83</td>
</tr>
<tr>
<td>Earned Income (employed)</td>
<td>0.71</td>
<td>0.40</td>
<td>0.32, 1.57</td>
</tr>
<tr>
<td>Received Unemployment</td>
<td>1.63</td>
<td>0.66</td>
<td>0.19, 14.07</td>
</tr>
<tr>
<td>Received noncash benefits (e.g.: WIC, SNAP, TANF)</td>
<td>0.73</td>
<td>0.49</td>
<td>0.31, 1.76</td>
</tr>
</tbody>
</table>

* P-values are statistically significant if less than or equal to 0.05; all significant p-values are in green.

** "Supportive” adult was not defined for the participants, and left to their interpretation.
<table>
<thead>
<tr>
<th>ASSOCIATED FACTOR</th>
<th>ODDS RATIO</th>
<th>P-VALUE*</th>
<th>CONFIDENCE INTERVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Alcohol use?</td>
<td>0.74</td>
<td>0.69</td>
<td>0.17, 3.27</td>
</tr>
<tr>
<td>Current Drug use?</td>
<td>1.08</td>
<td>0.85</td>
<td>0.47, 2.51</td>
</tr>
<tr>
<td>Family history of drug use</td>
<td>2.03</td>
<td>0.08</td>
<td>0.92, 4.46</td>
</tr>
<tr>
<td>Experienced domestic violence?</td>
<td>2.02</td>
<td>0.06</td>
<td>0.98, 4.17</td>
</tr>
<tr>
<td>Had an IEP or 504 *</td>
<td>2.58</td>
<td>0.01</td>
<td>1.21, 5.49</td>
</tr>
<tr>
<td>Vocational or Apprenticeship certificate</td>
<td>1.34</td>
<td>0.49</td>
<td>0.59, 3.02</td>
</tr>
<tr>
<td>Bullied?</td>
<td>1.69</td>
<td>0.19</td>
<td>0.78, 3.70</td>
</tr>
<tr>
<td>Bully?</td>
<td>1.09</td>
<td>0.85</td>
<td>0.47, 2.52</td>
</tr>
<tr>
<td>Experienced emotional abuse?</td>
<td>10.33</td>
<td>0.00</td>
<td>2.42, 44.09</td>
</tr>
<tr>
<td>Experienced physical abuse?</td>
<td>5.03</td>
<td>0.00</td>
<td>1.72, 14.70</td>
</tr>
<tr>
<td>Experienced sexual abuse?</td>
<td>5.05</td>
<td>0.00</td>
<td>2.39, 10.67</td>
</tr>
<tr>
<td>Ever arrested?</td>
<td>2.78</td>
<td>0.01</td>
<td>1.28, 6.05</td>
</tr>
<tr>
<td>Ever incarcerated?</td>
<td>0.94</td>
<td>0.88</td>
<td>0.41, 2.17</td>
</tr>
<tr>
<td>Ever in foster care?</td>
<td>2.49</td>
<td>0.02</td>
<td>1.19, 5.22</td>
</tr>
<tr>
<td>Witness violence in the home</td>
<td>2.49</td>
<td>0.03</td>
<td>1.09, 5.69</td>
</tr>
<tr>
<td>Mental health issues?</td>
<td>4.32</td>
<td>0.00</td>
<td>1.73, 10.79</td>
</tr>
<tr>
<td>Suicidal?</td>
<td>3.43</td>
<td>0.00</td>
<td>1.62, 7.26</td>
</tr>
</tbody>
</table>

* Individualized Education Program
## ASSOCIATED FACTOR

<table>
<thead>
<tr>
<th>ASSOCIATED FACTOR</th>
<th>ODDS RATIO</th>
<th>P-VALUE*</th>
<th>CONFIDENCE INTERVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicidal?</td>
<td>2.08</td>
<td>0.10</td>
<td>0.88, 4.92</td>
</tr>
<tr>
<td>Have family with law problems?</td>
<td>2.80</td>
<td>0.02</td>
<td>1.17, 6.71</td>
</tr>
<tr>
<td>Sexual Orientation Minority**</td>
<td>1.48</td>
<td>0.39</td>
<td>0.61, 3.59</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>5.79</td>
<td>0.00</td>
<td>2.32, 14.44</td>
</tr>
</tbody>
</table>

** Self-identified as gay/lesbian/bisexual/pansexual/questioning/other.

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**SELF-IDENTIFIED NEEDS OF TRAFFICKED CLIENTS**

The self-identified needs of trafficked participants served were similar overall to those who were not trafficked. But those trafficked were more likely to indicate they needed parenting classes (p < 0.01) and psychological support (p < 0.01), in comparison to those not trafficked. Participants were grouped according to exploitation experienced (survival sex, labor trafficking, sex trafficking, or none), and their self-identified needs were compared:

- Both participants who were sex trafficked (ST) and participants who had used survival sex (SS) were more likely to report needing parenting classes (ST, <0.014; SS, p <0.044).

- Participants who were labor trafficked were more likely to need family reunification or English-as-a-second-language classes (p <0.046; p <0.026, respectively).

- Both those labor trafficked (LT) and those who had used survival sex were more likely to need psychological support (LT, p <0.030; SS, p < 0.015).

- Participants who only used survival sex (were not trafficked) were more likely to report needing legal aid (p <0.033).
HEALTH SITES SEEING TRAFFICKED YOUTH

Of the clients with a trafficking experience who responded to the question (n = 30) during the 15-month period, 12 (40.0%) visited a health care setting while they were being trafficked. Respondents named local hospitals and well-established clinics among the places they sought care while being trafficked. While seeking health care, none disclosed their trafficking situation to their clinician(s).

SURVIVAL SEX

Of all study participants, 9.5% during the 12-month study period reported using survival sex. In Atlantic City, the one-year prevalence of survival sex was 12.6% and in Newark and Elizabeth it was 7.8%. Of these, the majority (78.6%) was youth of color. A substantial minority were male (32.1%); 28.6% of those who used survival sex also experienced trafficking.

Figure 6. Survival Sex Prevalence in Atlantic City, Newark and Elizabeth

Survival Sex (definition): When adults (18 years or older) perform sex acts in exchange for basic necessities (e.g. food, shelter, medications, etc.) because they believe they cannot otherwise access these resources. In this report, the term “survival sex” is ONLY used to refer to the occurrence of the above when the reporting participants were 18 years or older at the time. As per federal definition of human trafficking, when a minor (under the age of 18 years) uses “survival sex” this is sex trafficking of the minor (a third, facilitating party is not required). Additionally, we use the phrase “uses survival sex,” to recognize it as a means to an end, rather than “engages in survival sex,” which may imply more agency than an individual may actually feel or have at the time.

(For our full list of definitions, see p. 6)

Personal Narrative

“I felt uncomfortable doing it, but how else was I going to eat or survive? I would never tell my parents. I would never do that again.”

—Akaijah

* Stories have been modified and names have been changed to protect the identity of the youth.
Discussion

TRAFFICKING PREVALENCE AND TYPES

This investigation is exciting because it provides useful information that is immediately actionable. Rigorously implemented, with frequent check-ins and at least weekly communication between the research team and the CHNJ staff collecting the data, CHNJ found a trafficking prevalence of 9.2% among clients served over 12 months. This is lower than the 14 and 15% found in the previous Covenant House New York and New Orleans studies, but the methodology used in the CHNJ study was different: This investigation used the HTIAM-14 to interview all study participants over a year. In doing so, the team was able to generate a 12-month prevalence of trafficking and identify labor trafficking as a major form of exploitation affecting homeless youth served at CHNJ.

These findings are significant for two reasons: First, we were able to identify previously homeless, trafficked youth potentially eligible for services as victims of crime. Further, identification allows Covenant House to target services to individual needs, and serve survivors of human trafficking better. Secondly, in quantitatively recognizing labor trafficking as a major form of exploitation experienced by homeless youth, this study demands an anti-trafficking paradigm shift.

Traditionally the, albeit new, U.S.-based anti-trafficking conversation focuses on sex trafficking, especially in regards to trafficked youth. As such, the limited resources available are mainly focused on survivors of sex trafficking. In fact, many trafficking-specific service providers limit the services they provide to survivors of sex trafficking, whom they presume to be largely female. Our investigation shows these assumptions may not be accurate. We found no statistically significant gender difference in study participants with a trafficking experience, and

51.9% of those trafficked experienced labor trafficking.
Additionally, participants who were labor trafficked had a self-identified need of family reunification and ESL classes in comparison to those sex trafficked. Understanding that, at least at Covenant House New Jersey, a noteworthy portion of trafficked participants experienced labor trafficking encourages staff to recognize labor trafficking now, where they previously may not have. It further encourages those serving youth from at-risk environments, and all anti-trafficking advocates to consider labor trafficking as a form of exploitation affecting their clients.

Personal Narrative*
When Brandon was a teenager, he stood on the streets with his backpack on his shoulder and a box of candy in his hands, offering candy for sale. He wasn’t really trying to sell the candy; inside the backpack was crack cocaine a drug dealer had given him to move. Once, he made a mistake while counting the money he owed the dealer and the punishment landed him in the hospital, where he had metal pins placed to repair his shoulder. The dealer told Brandon he would die if he quit. Brandon was finally able to leave when his foster care agency worker moved him to a new foster home hours away from his neighborhood.

Brandon was first placed in foster care when he was four years old. His mother and siblings had been homeless and sleeping on park benches before he was removed for neglect. In that first placement at a children’s shelter, Brandon was emotionally, verbally, and physically abused. He started selling drugs when he was seven; he thought that selling drugs would make him not feel like a victim anymore.

* Stories have been modified and names have been changed to protect the identity of the youth.

QUICK YOUTH INDICATORS FOR TRAFFICKING

Quick Youth Indicators for Trafficking (QYIT) allows for a non-trafficking expert to screen for trafficking in this population, relatively swiftly. At CHNJ Newark, the Global Health Fellows, who perform the Health Assessment, asked the candidate screening questions, as part of our feasibility assessment. They found the initial candidate questions simple to administer and an acceptable length; moreover, the team hypothesized that incorporating these questions into a health assessment facilitates...
honest answers that are not reliant upon a pre-existing relationship. The Global Health Fellows are among the first staff to perform an assessment with every client; this Basic Health Assessment is usually in the first three days of a client’s arrival to a CHNJ Crisis Center. At Covenant House Atlantic City (where there are no Global Health Fellows), the screening questions of interest were posed during the intake process, when other demographic and logistical questions are asked, to normalize the topics. Similar to the Global Health Fellows, these staff found the questions simple to administer, an acceptable length and well received by CHNJ study participants.

QYIT did not identify four of the 36 clients who were found to have a trafficking experience, using the longer HTIAM-14. These four youth answered “no” to all four of the questions on QYIT, but answered “yes” to at least one of the same questions when asked as part of the HTIAM-14. As with any screening tool that relies upon the respondent, the respondent must be ready and feel enabled to reveal sensitive personal information to the person inquiring. CHNJ staff recognize that some youth may not be forthcoming about prior experiences in the first few days of their stay, and as standard practice inform clients that they can share more information on topics previously asked at any time. Agencies that use QYIT may consider adopting this method of encouraging clients to share their experiences when they are comfortable. Agencies may also consider re-administering QYIT later in a client’s therapeutic relationship, particularly if the presence of known associated factors or other red flags emerges. This may allow service providers to identify those who were not comfortable answering affirmatively at the beginning of their stay. Previous Covenant House studies have noted that the HTIAM-14 seems to benefit from a pre-existing and strong client-interviewer relationship, so that the client with a trafficking experience feels safe (not judged) to tell their story truthfully. That is to say, clients are more comfortable disclosing trafficking situations, using the HTIAM-14, when they have known the interviewer more than briefly. Because many youth may leave before such a relationship is possible, it is conceivable that some trafficked CHNJ youth left before they could be identified and offered specialized services and interventions. This may have contributed to the lower trafficking prevalence rate found at CHNJ.

Perhaps increasing CHNJ’s ability to recognize trafficked youth earlier and offering needed interventions, will build strong relationships faster, and encourage trafficked youth to stay on, to access services.
Additionally, because the outcome (a trafficking experience) is relatively uncommon (9-15%) in this high-risk population, the positive predictive value of one positive answer on QYIT is low (27.3%). This means that there is a low likelihood of actually having a trafficking experience even if scoring positive on QYIT.) In fact, QYIT has a false-positive rate of 19.7%, or would incorrectly identify 19.7% of the 365 screened as trafficked if used alone. While this may seem high, upon qualitative review of the HTIAM-14 responses of these clients, at least 36% of these non-trafficked but QYIT-positive youth experienced survival sex, severe abuse, or some other form of exploitation that was clinically relevant. Hence, while QYIT is overly sensitive in identifying some homeless youth as trafficked, a substantial portion of these youth are likely to have histories that merit a more in-depth interview with clinical staff.

QYIT is comprised of three questions that were initially hypothesized to be useful for short screening, and one that was not hypothesized as such. All items are in the HTIAM-14, but were not posed together, as part of the initial screening items of interest. More research is needed to evaluate the performance of these four questions, cohesively functioning as QYIT, administered by non-expert staff. QYIT was developed for use by non-expert staff during the general intake process for all clients; those who screen positive on QYIT should have a more in-depth assessment for trafficking situations.

ASSOCIATED FACTORS IDENTIFIED, PROTECTIVE FACTORS NOT FOUND

Bivariate analysis found multiple factors to be statistically significantly associated with a trafficking experience. Anti-trafficking experts have predicted that some of these factors, like a childhood history of emotional, physical, or sexual abuse are associated with a trafficking experience. The association of a history of foster care involvement also aligns with expert expectations and the literature.

This study, due to study design, can only show correlation and not causality. These toxic stresses may predispose youth to be trafficked. For example, being arrested, mental health issues, or a history of suicidality are associated with a trafficking experience. But it is not known if a trafficking experience caused these youths to be arrested, have mental health issues, or suicidal feelings, or if being arrested, having mental health issues, or feeling suicidal contributed to these young people being trafficked. Nevertheless, these data do offer evidence that these toxic stresses are linked with youth who are trafficked.

Because the team examined the historical factors already captured as part of CHNJ’s previously protocolized assessments, we were able to identify...
a novel factor associated with trafficking that, to our knowledge, has not been predicted by experts:

**Having an Individualized Education Program (IEP) or a “504 Plan” was also associated with a trafficking experience.**

IEP/504 plans are developed for school-aged children who are recognized as having learning, emotional, or functional problems that interfere with their ability to perform in a traditional educational environment. The development of an IEP or 504 plan may precede or coincide with a child’s trafficking experience (this study cannot say). If an IEP/504 precedes trafficking, this presents authoritative adults with a unique, previously unknown opportunity: This responsible team of professionals has structured, regular contact with an at-risk child. Such a team may have a chance at trafficking prevention.

While IEP/504 plans have not previously been associated with trafficking, learning disabilities and poor academic achievement have been identified in the trauma literature as more common among individuals who have experienced four or more childhood traumas: An individual who has experienced four or more childhood traumas is 32 times more likely

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**Personal Narrative**

Julio described a childhood of being shuttled between extended family and foster care placements. When he was 8 years old, his aunt’s boyfriend sexually abused him. The same aunt physically and verbally abused him. When Julio was 13 years old, he needed money for basic necessities, so he started performing sexual acts for adult men for money. Unaware that he was a survivor of sex trafficking, he described his actions as a 13 year old as “survival sex.” Julio identified his sexual preference as heterosexual or “straight.” Throughout adolescence, Julio was depressed and considered suicide; there were even times when he’d formulated a plan. Before he came to Covenant House at age 19, Julio had more than 10 psychiatric hospitalizations. Despite his incredible adversity, Julio attended high school and, with the aid of an IEP, graduated with his diploma.

---

* Stories have been modified and names have been changed to protect the identity of the youth.
to have a learning disability than an individual who has experienced none. Ten of the 11 statistically significant associated elements identified in this study fall into two categories of factors previously associated with trauma. The significant elements 1) are adverse childhood experiences (ACE): sexual abuse, physical abuse, emotional abuse, witnessed violence in the home, and having a family member with law problems, or 2) are outcomes that have greater risk of occurrence among individuals who have experienced ACEs: have a learning disability/IEP or 504 plan, mental health issues, disability, history of suicidality, and history of arrest. In the experience of the CHNJ licensed clinical social workers, CHNJ clients with a history of foster care experience typically have one unknown parent or parents who are divorced, separated, or never married. As such, foster care experiences (one of the 11 factors associated with a trafficking experience) might be used as a proxy for the ACE item regarding parental separation or divorce (which CHNJ does not include as a part of the biopsychosocial assessment) and added to the first category of ACEs.

Toxic stresses infrequently occur in isolation in the population of homeless youth that CHNJ serves. And the co-occurrence of multiple toxic stresses creates a dose-response effect that may negatively impact the long-term health and well-being of an individual if unmitigated or untreated. Exploring the hypothesis that youth were likely to have experienced trafficking risk factors in combination, we found that 94% of trafficked participants had at least six statistically significant associated factors compared to only 43% of non-trafficked participants. Of the trafficked youth, 61% had experienced nine or more significant risk factors, compared to only 11% of those not trafficked.

Both of these differences were statistically significant. The finding that trafficked homeless youth are overwhelmingly more likely to have experienced a greater number of these associated factors than not-trafficked peers is critically important for service providers such as CHNJ; trafficked youth may need more services—that may not be directly related to their trafficking experience—to address the toxic stress of other traumas.

Some factors were surprising because they did not show a statistically significant association: Many anti-trafficking experts concur that sexual orientation minorities (lesbians, gays, bisexuals, pansexuals, questioning, or other non-heterosexual sexualities) are disproportionately trafficked, or are particularly vulnerable to being trafficked (due to a confluence of

Toxic Stress (definition):
The consequence of strong, frequent, or enduring activation of a child's natural stress response systems, without the protection of a supportive adult relationship may be called “toxic stress.” Toxic stress may negatively impact the brain and body's development, and continue to negatively impact the affected person, even after the stressor is resolved. For our full list of definitions, see p. 6
Recognizing Human Trafficking Among Homeless Youth / Discussion

Disappointingly, no protective factors against homeless youth being trafficked were identified in this investigation. Experts in child development have postulated that the presence of a supportive adult in the life of a child may prevent that child from having poor social outcomes, including being trafficked. But, in this study the term “supportive adult” was not defined for participants and was asked only in the present tense. Hence, subjects may have identified supportive adults who entered their lives after their trafficking experiences occurred. CHNJ licensed clinical social workers believed that in some cases youth considered CHNJ staff to be the supportive adults in their lives and answered accordingly. Future research should prompt the subject to consider a time prior to reaching social service assistance when considering the presence or absence of a supportive adult.

The Associated Factors asked in this study were already a part of CHNJ’s protocolized assessments, and many AFA questions are biased to find toxic stressors. This limits the investigation’s ability to find protective elements. It is likely that a larger study sample evaluated over a longer duration of time is needed to identify factors that prevent trafficking. It will be important for a such study to identify protective factors as much as “risk factors;” interventions involving protective factors may be logistically simpler to provide or implement in comparison to efforts to mitigate or prevent risk factors.

Due to the relatively small sample size of this investigation, the range of the 95% confidence intervals for many odds ratios of the factors associated with a trafficking experience are wide (though none included the null value). Covenant House New Jersey will continue collecting this data, and systematically screen all clients for a trafficking experience. This larger dataset will then be re-examined and the increased sample size should improve the strength and accuracy of these findings.
Not-trafficked homeless youth, like trafficked homeless youth, need housing, food, and safe employment. As social service providers and researchers, we know that youth are often the best evaluators of their needs. The self-identified needs that differentiated trafficked youth was an increased request for psychological assistance and parenting classes. Based on the factors related to well-being that were identified for trafficked youth (mental health issues, suicidality, having a disabling condition, and learning impairments), the clinical team at CHNJ agrees that in addition to crisis care (food and shelter) and income, mental health services are particularly important for this population.

CHNJ staff had not previously identified skills for successful parenting as a need particular to homeless youth with a trafficking experience. While all of the participants with a trafficking history who identified the need for parenting classes have children, many of them did not have children in their care during the time they were clients of CHNJ. Youth who have children in their care at Raphael’s Life House in Elizabeth are offered on-site parenting classes as a part of their routine programming, but youth who are parents at the Crisis Centers in Atlantic City and Newark are not offered on-site parenting classes.

Personal Narrative
Autumn came to stay at the Crisis Shelter in Newark when she was 19 years old. She was not employed at the time, but she had prior work experience in the fast food industry. She said it was bad and wished she could have quit sooner, but she was afraid to leave. Her supervisor touched her inappropriately while she worked her shift and made comments to her about her body. She saw him do the same things to another girl on her shift. During her assessment she became withdrawn and wouldn’t share exactly what he said, but she said she knew he would come after her and harm her if she tried to leave. Autumn said she needed psychological support and employment services while she was staying at Covenant House.

* Stories have been modified and names have been changed to protect the identity of the youth.
The need for parenting classes for trafficked homeless youth, whether they have their children in their care or not, is an immediately actionable finding from this investigation.

**HEALTH SITES SEEING TRAFFICKED YOUTH**

Over a third of the health care facilities trafficked youth reported visiting while being trafficked were hospitals. About 33.3% of participants recognized as having a trafficking experience saw a health clinician during their trafficking experience; none were actually identified as having been trafficked by their clinician. This provides a unique opportunity for partnership and collaboration between CHNJ and these facilities. With improved identification of trafficked patients (via dedicated human trafficking training and protocol development, as screening is not currently available in clinical settings), health care practitioners would be able to provide appropriate social service referrals, like a CHNJ recommendation when appropriate.

**CHALLENGES IN THE PROCESS**

This investigation carried a high logistical cost: CHNJ staff conducted data collection atop their ordinarily assigned responsibilities. At each site, there was a steep learning curve, as traditionally clinical staff embarked on a meticulous research endeavor. They successfully achieved the high level of communication and coordination necessary to synchronize all of the steps of data collection in the prescribed order and within the pre-determined time periods.

**LIMITATIONS**

**Small Sample Size**

The investigative team expected to enroll about 500 Covenant House New Jersey clients in the study. However due to the transient nature of this population, 157 clients did not stay long enough to participate past the first step of the study. As such, neither trafficking, nor historical experiences, nor screening tool item data was available from them. Analysis of the available sample (365 completed trafficking assessments over 15 months), resulted in wide 95% confidence intervals for many findings. Still, CHNJ will continue to collect and examine this data; as the size of the dataset increases, the strength of the evidence will improve.
Homeless Youth Who Reach Services

Youth who walk through the doors of CHNJ have already made a decision and found a way to change their circumstances. They are the young people who were connected to someone who told them about CHNJ or searched the internet to find ways out of homelessness. They are the ones who were able to leave the street, separate from friends and enablers, leave familiar communities, and travel to one of CHNJ’s two Crisis Centers, to share a room with strangers and accept rules established to maintain a structured and safe environment.

But this is not the story of many homeless young people. Homeless youth are often disconnected, and lack advice and support from caring adults. After one or two nights on the street, youth may turn to “street behavior,” like selling drugs or sex, or stealing for survival, and these last-resort actions can result in arrest and incarceration. Homeless youth may use substances to self-medicate, and altered mental states and substance use disorders may further isolate them from support. Those with severe mental illness and developmental disabilities may need placement in a setting that has 24-hour supervision and one-on-one staff-to-youth ratios, which CHNJ is not currently equipped to provide. These youth who do not make it to CHNJ are potentially the most vulnerable segment of the homeless youth population and the easiest targets for traffickers.

This study does not capture the experiences of trafficking for these youth. It is unclear what the prevalence of trafficking is among those who do not make it to services. The factors associated with trafficking in this more vulnerable group may be different from those who found a way to CHNJ; similarly, the protective factors against trafficking for this population remain unknown. Furthermore, we do not know to where these youth are presenting, so we can better target interventions.

Homeless Youth Who Stay for Assessments

Of the youth who enroll in services at CHNJ, a subset do not stay long enough to receive a Behavioral Health Assessment: Up to one-third of youth who have an intake in CHNJ’s Crisis Centers transition, or depart, CHNJ doors in fewer than 14 days. In this study, such youth may not have completed an HTAP, and may have higher or lower rates of trafficking. Similar to the vulnerable homeless youth who never make it to CHNJ, this group that stays only briefly may also have different risk factors for a trafficking experience; or have protective factors against being trafficked that were not found among those who stay on.
Reasons Youth Leave Before Completing the Human Trafficking Assessment Protocol

The most common reasons youth leave before receiving their Behavioral Health Assessments, including the HTAP are:

- Some youth want or need services for only a few days. For example, some youth only need an emergency overnight between other placements. Others return to the streets or friends’ couches but want a few nights to do their laundry, rest, and eat. In a handful of instances, youth have been arrested after a few days’ stay and do not return, if at all, until they have been released.

- Some youth begin a stay at one of the Crisis Centers and decide the environment does not work for them, because of other youth, the rules, the staff engagement, or for other reasons.

- Other young people have challenges following the rules and receive a number of warnings from staff before staff must ask them to leave. For example, these youth may be consistently late for curfew, miss required medical appointments and assessments, or be unwilling to work on their case plan. Youth may also be asked to leave for possession of drugs or weapons, fighting, or having intimate relationships with other youth while on the premises.

- Finally, some youth may have to leave for violating sanctuary. That is to say, they have exhibited violence or made verbal threats toward staff, youth, or property.

Clients who self-transition or are asked to leave are told they may return after a period of time. The period of time varies in length based on the circumstances of their transition. A self-transition will result in an invitation to return after a shorter period of time than an act of violence.

Many CHNJ youth return for multiple stays. CHNJ welcomes them back recognizing that exiting homelessness takes time and repeat stays may be an important part of the process. Often second or third stays have longer durations than earlier stays. Also, on a second or third stay staff have already begun to form a relationship with the young person and can address their individual needs and challenges sooner and with more targeted services. A Behavioral Health Assessment for a returning client may be completed in the first day or two the youth returns, especially if during a prior stay the youth exhibited behavioral health needs.
Characteristics of Youth Who Leave Before Receiving Human Trafficking Assessment Protocol

Some of the youth received the shorter Human Trafficking Screening Questions Protocol (usually within the first 48 hours of client arrival) but left without receiving a longer Human Trafficking Assessment Protocol. There were 84 youth for whom this occurred; 54.8% were female, 44.0% were male, and 1.2% was transfemale (male to female). This information is consistent with CHNJ experience that the length of stay for female clients is shorter than that of male clients.

Of these short-stay youth, 25.0% (12 females, 8 males and 1 transfemale) answered “yes” to the screening question inquiring whether they had ever exchanged sex for something of value. This percentage was higher than the 12.6% of youth who answered “yes” for this question overall, suggesting a higher percentage of the short-stay youth may have had prior sex trafficking or survival sex experiences.

Youth Have to be Ready to Talk

In a few instances, youth who were eligible to participate in the study did not provide complete or accurate answers to the study questions (see the Discussion of QYIT). CHNJ clients were offered opportunities to participate in the study during their first three days (Step 1) and again within the following 11 days (Step 2). Particularly during these first two weeks, youth are developing relationships with staff and peers, and are coping with the stress of residing among strangers with a new set of rules, responsibilities, and rights. In addition to all this adjustment, youth are receiving assessments from staff that ask them to reveal their most personal experiences, thoughts, and feelings.

A natural response for some young people is to protect themselves by guarding personal information. They share only what they must, lie about information that they feel is too sensitive, and reject assurances that all information is confidential and staff can only help if they have more information. CHNJ staff understand that, not only is this response natural, it is adaptive for youth who have lived on the street or in other toxic environments.

In every instance, the client’s emotional needs and care were the staff’s primary focus; the study was secondary. If an assessment needed to be stopped to better serve a youth, it was stopped. If a participant’s body
language suggested they were holding back, that physical indication was noted in the qualitative portion of the assessment, but no participant was pressured to share information they were not ready to share. Youth were invited to continue the conversation any time they were ready, and social work staff revisited topics, as they deemed appropriate, throughout a client’s stay at CHNJ.

Incomplete HTAPs were not included in the study for quantitative analysis. It is possible that the young people most reticent to share were more likely to be trafficked and incomplete assessments would result in a failure to identify such youth. This could bias our study to undercounting the prevalence of trafficking in the population served; moreover, this may affect the factors associated with a trafficking experience. But, as with any participant-dependent assessment, data can only be gathered when the participant or beneficiary is able and ready to share.

**Generalizability**

The generalizability of these findings to larger populations is limited. The population studied here were homeless youth who enroll in services in CHNJ’s Crisis Centers in Newark, Atlantic City and Raphael’s Life House in Elizabeth. New Jersey is a densely populated state with a mix of urban, suburban, and rural settings. Newark is a major international transportation hub, with an international airport that serves New York City and surrounding states. According to the 2010 U.S. Census data, Newark is 52.4% African-American, 33.8% are Hispanic/Latino, and 26.3% White.4 Atlantic City, in contrast, is a relatively secluded oceanside town, reachable by car, bus, commuter train, or small plane. As Atlantic City’s economy has struggled and suffered with consequent bankruptcy and state takeover, the once-booming casino and vacation culture has shriveled. In the 2010 U.S. Census, Atlantic City was reported 38.3% African-American, 30.4% Hispanic/Latino, 26.7% White, and 15.6% Asian.42 The settings of this study limit the generalizability of this study’s findings. That is to say, these results may not apply to, rural or Tribal communities; or largely White populations, for example.

**FUTURE RESEARCH**

This investigation is merely the beginning of an in-depth exploration of how and why trafficking is experienced among homeless youth in the United States. Every community should undertake their own prevalence studies because communities experience trafficking differently. Prevalence information will allow each community to quantify those victimized and the need for services and programming. This investigation only assessed trafficking prevalence among homeless youth that made it to services and
stayed long enough for an assessment; future research should examine the prevalence of those who only stay a short while and among homeless youth who do not reach social service programs. Future research should also explore the risk factors for and protective factors against trafficking of homeless youth who do not make it to services and in other settings (e.g.: rural, reservations and Tribal communities). QYIT should also be validated in other settings (e.g. domestic violence shelters, foster care offices).
Conclusions

This year-long study at three sites in New Jersey is important in a number of ways. To date, it is the largest sample of longitudinally collected data about human trafficking among homeless youth in the United States. It demonstrates that labor trafficking does impact this population more than previously captured in the literature. This study has developed and validated the first significantly shorter and easier to use screening tool for use in a social service setting, that can be administered by non-expert personnel.

**IMPACT AND IMPLICATIONS FOR COVENANT HOUSE NEW JERSEY**

- CHNJ can and will use QYIT as part of the Health Assessment or intake process, to screen for human trafficking among served clients. This will save time and limited resources, while allowing staff to efficiently identify clients with increased needs.

- Clients with a trafficking experience noted increased need for psychological services, parenting classes (even if their children are not in their care), family reunification, and ESL classes. These youth may need more time or more extensive assistance in these areas than not-trafficked youth.

- CHNJ staff are now more aware of labor trafficking, in legal and illicit industries, as affecting their clients. Recognizing that the definition of human trafficking includes more than sex trafficking in this population will allow staff to more accurately assess clients for all U.S.-recognized trafficking experiences.

- Having identified local medical institutions, facilities, and organizations that serve trafficked youth who are homeless, CHNJ is better positioned to collaborate with the local health care network to serve this population more comprehensively.

- CHNJ will continue to provide and enhance access to resources to mitigate or manage toxic stressors experienced by homeless youth who have been trafficked.
IMPACT AND IMPLICATIONS FOR SERVICE PROVIDERS

— Organizations providing services for homeless youth should consider labor trafficking among the forms of exploitation their clients have experienced or are experiencing. Failure to consider labor trafficking will result in a continued under-identification of the problem, and clients will not receive the services they need and deserve.

— Service providers with a homeless youth population should consider using QYIT to screen all clients for a trafficking experience. Use of QYIT should be cautious, with the understanding that a) some clients may not be ready to disclose and b) many that “screen positive” will not have a trafficking experience. As such, those who screen negative on QYIT should still have assessments by staff that are able to recognize trafficking situations and histories. And those who screen positive on QYIT require formal trafficking assessment by a trafficking expert.

— Agencies serving homeless youth with a history of trafficking should be prepared to offer trafficked youth the services they need (e.g. increased psychological support, parenting classes, ESL classes, family reunification) or make the necessary referrals.

IMPACT AND IMPLICATIONS FOR RESEARCHERS

— Each organization serving homeless youth should undertake an investigation to determine the trafficking prevalence at their site. In this way, providers can better allocate resources and develop collaborative networks in the care of trafficked youth. Moreover, they can better advocate for funding and examine the progress of preventative and intervention efforts.

— Future research should explore associated factors (risk and protective) for trafficking, over longer periods of time, with a larger sample, and exploring an increased volume of well-defined factors. Qualitative data regarding which came first (the factor or trafficking) would provide more information about the risk or protective nature of associated factors studied.

— QYIT should be validated and tested for feasibility in other settings that serve homeless youth, including rural and reservation settings.

— QYIT should also be validated and tested for feasibility in other social service settings (e.g. domestic violence shelters) as well as non-social service sites, like law enforcement and healthcare facilities.

— QYIT may also be useful for minor adolescents; the screening tool should be validated and tested for feasibility in this population before use.
IMPACT AND IMPLICATIONS FOR LEGISLATIVE BODIES AND POLICY MAKERS

- With a significant population of labor trafficking survivors, legislative bodies must provide more fiscal and other resources toward anti-labor trafficking efforts, and to the support of labor trafficking survivors.

- Exploitation in the drug trafficking industry was a commonly named way in which homeless youth were trafficked; anti-human trafficking and anti-drug trafficking prevention efforts must collaborate for success.

- Anti-human trafficking policy makers should creatively collaborate with community members, advocates, and researchers to investigate ways to mitigate the potential risk factors for trafficking identified in this study. Educators and IEP/504 plan development teams may be important contributors to human trafficking prevention and identification efforts.
References


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