No Youth Left Behind to Human Trafficking: Exploring Profiles of Risk

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The objective of this study was to analytically identify risk profiles for juvenile human trafficking (JHT) based on adverse childhood experiences (ACEs) and health risk behaviors. First, the study examined which types of ACEs and health risk behaviors were more prevalent among trafficked adolescents using a sample of 913 male and female juvenile-justice-involved adolescents with suspected or verified JHT abuse reports documented between 2009 and 2015 and a comparison group (matched by age, gender, race, ethnicity, and location). Second, latent class analysis was used to identify profiles of risk for JHT. Finally, associations between JHT risk profiles and demographic characteristics provided a more comprehensive depiction of various types of trafficked adolescents. Study findings indicate that adolescents with JHT abuse reports were more likely to report child maltreatment and internalizing health risk behaviors reflective of self-harm and attempts to cope with trauma. Trafficked youth were less likely to report externalizing health risk behaviors related to violence or harming others. Six distinctive profiles of risk for JHT were identified. Three JHT risk profiles were characterized by extensive child maltreatment and health risk behaviors and were differentiated by placement in foster care and substance use. Three JHT risk profiles were characterized by less extensive histories of child maltreatment and were differentiated by drug use. In conclusion, these findings highlight that the current depictions of adolescent victims of human trafficking are too narrow and may lead to critical health care and service provision disparities for many trafficked adolescents.

Public Policy Relevance Statement
The current predominate risk profile of adolescent victims of human trafficking is narrowly focused on a severely abused, runaway girl. However, six distinct risk profiles emerged from a sample of male and female trafficked youth, providing a more inclusive understanding of adolescents at risk for victimization in human trafficking that show important heterogeneity across victims.

Although estimates vary widely, and are difficult to come by, global reports indicate that at any given time approximately 8 million children and adolescents are victimized in juvenile human trafficking (JHT), with 5.7 million exploited in forced and bonded labor and 1.8 million exploited in

Kaufka Walts, 2017; NHTRC, 2016). Traffickers of minors may be strangers, boyfriends, girlfriends, employers, drug dealers, or relatives (Carpinteri, Bang, Klimley, Black, & Van Hasselt, 2017; Raphael, Reichert, & Powers, 2010; Reid, 2016a; Serie et al., 2018 Sprang & Cole, 2018).

Response to U.S. adolescents exploited in JHT has gradually evolved from applying a criminal justice driven response (i.e., arrest and detain) to legislating a child protective driven response (i.e., providing shelter and care) (Barnert et al., 2016; McMahon-Howard, 2017; Musto, 2013; Reid, 2013; Roby & Vincent, 2017). Despite these legislative changes mandating that JHT victims involved in commercial sexual exploitation be treated as trafficking victims rather than juvenile delinquents (Greenbaum & Bodrick, & the Committee on Child Abuse and Neglect, & the Section on International Child Health, 2017; Trafficking Victims Protection Act of 2000), adolescents entrapped in JHT continue to be arrested and detained for several reasons. First, some law enforcement personnel continue to contend with JHT victims as offenders rather than victims, and as a result JHT victims become deeply entangled in the juvenile justice system (Adelson, 2008; U.S. Department of State, 2011, 2014, 2017; Halter, 2010; Mitchell, Finkelhor, & Wolak, 2010; O'Brien et al., 2017). The 2017 U.S. Trafficking in Persons Report recommendations for the United States "reported the continued criminalization of victims for crimes committed as a direct result of being subjected to trafficking, and urged federal, state, local, and tribal agencies to adopt policies not to criminalize victims" (p. 416). Second, human traffickers often manipulate youth and coerce their involvement in criminal operations leading to their arrests and detention for misdemeanors or status offenses such as shoplifting, loitering, or truancy (O'Brien et al., 2017; Reid, 2016a). Lastly, victims of JHT frequently use alcohol or illegal drugs leading to their arrest on drug-related charges (O'Brien et al., 2017; Raphael et al., 2010; Reid & Piquero, 2013).

More recently, researchers have investigated JHT from a public health perspective using the Adverse Childhood Experiences (ACE) framework (Felitti, 2013; Felitti & Anda, 2010) by examining ACEs most prevalent among adolescents exploited in JHT, health risk behaviors impacting JHT, and health consequences of JHT (Cannon, Arcara, Graham, & Macy, 2018; Greenbaum, 2016; Greenbaum & Crawford-Jakubiak, 2015; Lederer & Wetzel, 2014; Oram, Stöckl, Busza, Howard, & Zimmerman, 2012; Reid, Baglivio, Piquero, Greenwald, & Epps, 2017; Varma, Gillespie, McCracken, & Greenbaum, 2015). Childhood histories of sexual and physical abuse are commonly reported by trafficked youth (Gibbs et al., 2018; Reid et al., 2017). Numerous studies have documented the medical needs of sexually exploited adolescents (Curtis et al., 2008; Goldberg, Moore, Houck, Kaplan, & Barron, 2017). For example, adolescent victims of commercialized sexual exploitation seeking health care services in emergency rooms and pediatric hospitals were diagnosed with mental health disorders (93.6%) including suicidal ideation (37.9%), physical injuries (52.3%), sexually transmissible infections (69.8%), and substance use (79.3%; Hornor & Sherfield, 2018).

Less information is available regarding ACEs, or health risk behaviors common among sexicommvntsexCe3.3(sexual)]TJT*Fl

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Method

Participants and Procedures

Data used for this study were collected from a sample of all adolescents in Florida with a history of arrest between 2007 and 2015 who were administered the Full Community Positive Achievement Change Tool (C-Pact) risk/needs assessment upon arrest and intake into the juvenile justice system (Baglivio, 2009). The C-PACT system offers two versions of the assessment tool—a Full C-PACT and a Pre-Screen C-PACT. Only the Full C-PACT collects data required to create ACE measures. As such, the 68,218 adolescents assessed using the Full C-PACT compose the study sample.

The Full C-PACT requires approximately 45 minutes to complete and is administered using semistructured interview protocols drawing from motivational interviewing techniques. Prior to conducting the C-PACT interview with the youth, assessors review all available documentation, including any child welfare system exposure records. The Full C-PACT is completed in consultation with the youth and administered by juvenile probation officers or contracted provider staff who have received at least two days of training on risk assessment theory and case planning, and an additional two days on the technique of motivational interviewing. The assessor uses the C-PACT interview guide that includes specific lead-ins and probes to ensure that all required topic areas are covered during the interview. After the interview is completed, the assessor interfaces with the PACT software and selects the appropriate responses to each question based on the information elicited during the interview (Baglivio, 2009). Previously collected information, such as youth demographic information and prior criminal history data, is auto-populated into the assessment increasing accuracy while allowing assessors more time to gather new information.

Measures

Demographic measures. Demographic characteristics included gender (male = 1; female = 2), race/ethnicity (White = 1; Black = 2; Hispanic = 3; other = 4), age at first offense documented by Florida DJJ (12 and under = 1, 13–14 = 2, 15 = 3, 16 = 4, over 16 = 5); annual family income ($0 \leq 15{,}000$; $1 = \geq 15{,}000$); enrolled in special education (no = 0, yes = 1), and judicial circuit where the youth was processed by Florida DJJ. These measures were used to create a matched sample and to provide

man trafficking reports accounted for less than 1% of abuse reports accepted between 2009 and 2015, indicating a highly selective process for accepting human trafficking reports. Youth with JHT abuse reports were included in the analyses regardless of the investigation status of their abuse report (i.e., verified, not substantiated, no indicators or open). For more information on the measure, see detailed description of the human trafficking indicator in prior research (Reid et al., 2017).

A binary measure of human trafficking (no = 0; yes = 1) was created using data collected by the Florida Abuse Hotline between 2009 and 2015 that identified 913 adolescents in the sample who were subjects of abuse reports involving human trafficking. The age distribution of 913 adolescents at first abuse call involving human trafficking included 2.1% (n = 19) youth who were 12 years old or younger, 6.8% (n = 62) were 13 years old, 15.0% (n = 137) were 14 years old, 21.0% (n = 192) were 15 years old, 29.8% (n = 272) were 16 years old, 25.1% (n = 229) were 17 years old, and 0.2% (n = 2) youth were over 17 years of age.

Analysis

The analytic plan began with the creation of a comparison group using a one-to-one matching procedure to find an exact match for each adolescent with report of JHT. Using SPSS (IBM, 2015), 913 exact matches from the dataset of 68,218 juvenile-justice involved adolescents were found based on gender, race, age of first offense, need for special education, and family income. Exact matches were found for 901 adolescents on judicial circuit. The 12 youth without exact matches on judicial circuit were retained in the sample with one-to-one matches on the remaining matching variables. Accounting for differences in demographics through the use of a matched comparison group reduced the likelihood of bias when examining the associations between ACEs, health-risk behaviors, and JHT. Once matching was completed, the two subgroups were compared to ensure there were no significant differences on the matching variables. Bivariate analyses were conducted comparing the prevalence of occurrences of specific ACE types and health risk behaviors of adolescents with and without a JHT abuse report.

Following the bivariate analyses of ACE types and health-risk behaviors across adolescents with and without JHT abuse reports, latent class analysis (LCA) was utilized to analytically identify a taxonomy based on JHT adolescents' patterns of responses to ACE types and health-risk behaviors found to be significantly more prevalent among adolescents with JHT reports when compared to adolescents without JHT reports. LCA permits the exploration of ACE types and health-risk behaviors of trafficked youth using a person-focused technique to assess the presence of types of JHT victims rather than simply presenting the overall prevalence of ACEs and health-risk behaviors. The benefit of this individual-centered analytic approach is its potential for offering a fuller portrayal of JHT victims by probabilistically sorting this population into mutually exclusive classes, providing information on the distinguishing qualities of the various groups (Lanza, Collins, Lemmon, & Schafer, 2007). LCA has been used pre-

ferences were observed between the JHT subsample and the full sample of non-JHT youth on demographic characteristics. In comparison to the full sample, the JHT subsample contained a higher percentage of girls, slight differences in race/ethnic distribution, higher prevalence of adolescents with first arrest at younger ages, higher percentage of adolescents in special education, higher percentage of adolescents from lower income families, and different distribution across judicial circuits. Table 1 also displays results of the bivariate analysis of JHT sample and the matched sample (compare columns 2 and 5). After matching, there were no significant differences between the two groups on any matching variables.

Descriptive statistics and bivariate comparisons of ACE types and health-risk behaviors across the JHT subsample and the matched comparison group are summarized in Table 2. Statistical differences were found between the two groups on 7 of 11 ACE types, with larger percentages of adolescents in JHT group reporting emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, family violence, and foster care placement. All other ACE types were also experienced at higher prevalence by adolescents in the JHT group, but were not statistically significant. Regarding health-risk behaviors, higher percentages of adolescents in JHT group reported alcohol use, drug use, suicidal ideation or attempt, current romantic involvement with an antisocial or criminal person, and chronic running away. Compared to the matched sample, smaller percentages of adolescents in JHT group reported the other health-risk behaviors, including weapon use, history of violence, and more than one misdemeanor adjudication.

The model fit statistics for the iterative latent class analysis of two-, three-, four-, five-, and six-class models ($N = 913$) are summarized in Table 3. By making comparisons across several indicators, a determination was made regarding the number of classes that best fit the observed patterns in the data. After consideration of model fit statistics, it was decided that the six-class model best fit the data. The Bayesian Information Criterion for that model (BIC = 12,801.23) was the lowest of all such results, indicating superior fit. Results of the Lo-Mendell-Rubin (LMR) test and the Bootstrapped Likelihood Ratio Test (BLRT) for the six-class model suggested that the five-class model can be rejected in favor of the six-class specification. The seven-class model was also estimated and the fit statistics indicated worsening fit and poorer mean classification probabilities. Collectively, the indicators, while suggesting some degree of fit for multiple specifications, converged around the six-class model.

The Six-Class Model

Figure 1 displays the conditional item probabilities for each type of ACE and health-risk behavior across the six analytically derived classes. Youth placed in the first identified class ($n = 249$) were highly and universally abused, very likely to have been in foster care, with high and extensive involvement in substance use and chronic running away. Labeled

Table 2. *Descriptive Statistics and Bivariate Analyses of ACEs and Health-Risk Behaviors for Adolescents With Reported JHT and Matched Sample (N = 1826)*

ACE Items and health risk behaviors	JHT sample (n = 913)	Matched sample (n = 913)	Chi-square/t-test statistic	Odds ratio [95% CI]
Emotional abuse	41.6%	35.9%	$\chi^2(1) = 6.24^{*}$	1.27 [1.05, 1.54]
Physical abuse	44.5%	33.8%	$\chi^2(1) = 21.63^{***}$	1.56 [1.30, 1.89]
Sexual abuse	49.5%	27.2%	$\chi^2(1) = 96.41^{***}$	2.69 [2.16, 3.20]
Emotional neglect	36.1%	27.1%	$\chi^2(1) = 17.46^{***}$	1.53 [1.25, 1.86]
Physical neglect	27.2%	16.4%	$\chi^2(1) = 30.86^{***}$	1.90 [1.51, 2.38]
Family violence	87.5%	78.5%	$\chi^2(1) = 26.13^{***}$	1.92 [1.49, 2.47]
Household substance abuse	19.8%	21.2%	$\chi^2(1) = .45$	.92 [.73, 1.15]
Household mental illness	9.5%	8.7%	$\chi^2(1) = .42$	1.12 [.81, 1.53]
Parental separation/Divorce	93.4%	92.3%	$\chi^2(1) = .36$	1.18 [.83, 1.69]
Household member incarceration	35.9%	35.4%	$\chi^2(1) = .06$	1.02 [.85, 1.24]
Foster care placement	50.4%	31.4%	$\chi^2(1) = 67.80^{***}$	2.22 [1.83, 2.68]
Weapon use	5.8%	9.9%	$\chi^2(1) = 10.39^{**}$	.56 [.40, .80]
History of violence	10.3%	13.4%	$\chi^2(1) = 4.12^{*}$	.74 [.56, .99]
Misdemeanor adjudication >1	61.0%	66.8%	$\chi^2(1) = 6.67^{*}$	.78 [.64, .94]
Felony adjudication >0	62.9%	63.9%	$\chi^2(1) = .19$	.96 [.79, 1.16]
Alcohol use	59.1%	50.6%	$\chi^2(1) = 13.46^{***}$	1.41 [1.17, 1.70]
Drug use	79.2%	63.7%	$\chi^2(1) = 53.39^{***}$	2.16 [1.76, 2.67]
Suicidal ideation/Attempt	39.1%	26.3%	$\chi^2(1) = 34.07^{***}$	1.80 [1.48, 2.20]
Romance w/Anti-social criminal	25.2%	18.5%	$\chi^2(1) = 11.93^{**}$	1.48 [1.19, 1.86]
Chronic running away >5	45.5%	22.9%	$\chi^2(1) = 103.31^{***}$	2.81 [2.29, 3.44]

Note. ACE = Adverse Childhood Experience; JHT = Juvenile Human Trafficking.
$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

very low probability of alcohol and drug use in comparison to the other classes. Labeled *Multiply-Abused Foster Child with Less Substance Use*, class members had among the lowest probabilities of alcohol use, drug use, and romance with an antisocial partner. However, members of this class had moderate probabilities of suicidal ideation/attempt and chronic running away.

Members of the third identified class (n = 134) experienced sexual and physical abuse, engaged in health-risk behaviors, yet were not in foster care. Labeled *Multiply-Abused Non-Foster Child with Extensive Health-Risk Behavior,* class members had the highest conditional probabilities on sexual and physical abuse, substance use, suicidal ideation/attempt, and romance with antisocial partner with the second highest conditional probability of chronic running away. The high conditional class probabilities for the substance use items equaled those of the first class.

Members of the fourth identified class (n = 193) experienced emotional abuse and engaged in drug use. Labeled *Emotionally-Abused Drug User*, class members had the highest conditional probability of emotional abuse and family violence along with high probabilities of alcohol use, substance use, and romance with an antisocial partner in comparison with the other classes.

Members of the fifth identified class (n = 99) were less likely to experience abuse or engaged in health-risk behaviors in comparison to other classes. Labeled *Less Abused Abstainer from Health-Risk Behavior,* class members had low conditional probabilities of each type of ACE and all indicators of health-risk behaviors compared to the other five classes. The highest risk probability for this class was for family violence.

Members of the sixth identified class (n = 152) were less likely to experience abuse in comparison to other classes. However, the conditional probability of drug use shared the highest probability with one other class (Class 1). Labeled *Less Abused Drug User*, class members had low conditional probabilities of each type of ACE and all health-risk behaviors except drug use when compared to those of the other classes.

Table 3. *Comparative Model Fit Statistics for Iterative Latent Class Analysis (N = 913)*

Model	Log likelihood	Bayesian Information Criterion	Entropy	Lo-Mendel-Rubin Adjusted Test	Bootstrapped Likelihood Ratio Test (BLRT)	Mean LC Probabilities—Likely Class Membership
2 Class	−6439.66	13049.74	.74	772.19 (.000)^	780.91 (.000)^	.93, .92
3 Class	−6329.87	12918.78	.83	217.13 (.000)^	219.58 (.000)^	.91, .94, .93
4 Class	−6243.74	12835.14	.82	170.34 (.000)^	172.26 (.000)^	.91, .79, .95, .91
5 Class	−6187.75	12811.77	.83	110.74 (.028)^	111.99 (.000)^	.87, .89, .90, .92, .80
6 Class	−6138.17	12801.23	.82	111.09 (.009)^	112.34 (.000)^	.87, .87, .87, .89, .90, .91
7 Class	−6108.77	12831.05	.82	59.06 (.092)^	59.72 (.000)^	.92, .83, .85, .81, .86, .94, .88

^ H_0: *k*-1 *Class best fit.*

Results of chi-square test of independence indicated that race/ethnicity, household annual income, and special education needs were significantly associated with class placement. African American adolescents were more likely to be placed in Classes 2 and 5 – classes with low substance use. Caucasian adolescents were more likely to be placed in Classes 1 and 3 – classes with high substance use. Adolescents from low income families were more likely to be placed in Class 1 – the largest class; and less like to be placed in Classes 3 and 6 – two classes with the lowest levels of foster care involvement and highest probabilities of drug use. Adolescents with special education needs were more likely to be placed in Classes 1, 2, and 3 – classes with the highest levels of abuse; and less likely to be placed in Classes 5 and 6 – classes with the lowest levels of abuse. Sex and judicial circuit were not associated with class placement. Lastly, there was no association between class placement and abuse investigation status, ($\chi^2(10) = 6.39$, $p = .79$).

Discussion

Addressing the study's first research objective, differences were

featured risk profile of the highly vulnerable runaway adolescent with an extensive history of childhood, involvement in foster care, and engagement in multiple health risk behaviors (Mitchell et al., 2013

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