



# SEX TRAFFICKING OF MINORS IN KENTUCKY

## ABSTRACT

A survey of Kentucky professionals' awareness, knowledge, and experiences working with youth victims of sex trafficking

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## EXECUTIVE SUMMARY

Findings presented in this report are from telephone surveys conducted from July 2012 through April 2013 with 323 professionals who worked in agencies that serve at-risk youth and/or crime victims across Kentucky. Respondents were from all geographic and demographic communities in Kentucky, with the highest number serving Bluegrass metropolitan communities including Louisville, Lexington, and Northern Kentucky.

Of the professionals who completed the survey (n = 323), the types of agencies with the highest number of respondents were:

- Administrative Office of the Courts, Court Designated Workers (28.0%)
- Department of Juvenile Justice Personnel (17.0%)
- Victim service agencies (12.0%)
- Services for at-risk youth (10.0%)

A little over one third of professionals (35.9%) had received some training related to human trafficking and the majority of professionals reported their agency did not have protocols for screening for victims of human trafficking (76.5%).

About half of professionals (49.8%, n = 161) had worked with definite or suspected victims of sex trafficking as a minor (STM).

Of the professionals who had worked with at least one definite or suspected victim of STM (n = 161):

- The majority had worked with female (91.3%) and male victims (55.9%);
- The majority of professionals had worked with victims who were U.S. citizens or permanent residents (96.3%);
- About one quarter of professionals had worked with victims who were foreign born (26.7%);
- About 7 in 10 (69.6%) respondents stated at least one victim lived in a non-metropolitan community;
- The most commonly mentioned trafficker-victim relationship was family (61.9%), followed by other relationship (e.g., pimp that was not a boyfriend, coach, family friend, drug dealer; 30.0%), intimate partners (27.5%), and stranger (15.6%);
- The majority of respondents mentioned that at least one victim had a strong bond with their trafficker (71.3%);
- The most commonly mentioned tactics traffickers used to maintain control over victims were force or coercion (61.5%), followed by emotional manipulation (30.4%), alcohol and drugs (25.5%), and dependency on the trafficker (19.9%);
- Almost half of professionals (44.7%) mentioned a trafficker used the internet, mostly to make arrangements with buyers and to recruit victims, to facilitate commercial sex activity;
- The majority of respondents mentioned mental health care was the greatest need of victims (71.4%) and the majority mentioned mental health treatment or assessment as being the greatest mental health need of victims (58.4%);

- The majority of respondents stated that at least one victim had encountered behavioral health providers (90.5%), the Cabinet for Health and Family Services (88.0%), schools (84.4%), juvenile court (80.6%), either during or after they were trafficked;
- The vast majority of professionals (95.5%, n = 150) stated that law enforcement was involved with at least one of the cases of STM with which they had worked. Of those 150 respondents, half (50.0%) stated victims were charged with a criminal offense, 58.0% mentioned a trafficker was charged with a criminal offense, while the majority of respondents (58.0%) stated buyers were not charged with a criminal offense;
- Interagency coordination was common among respondents who had worked with victims; 71.6% of respondents stated they worked all of the time or some of the time with other agencies when working with a victim of STM.
  - Barriers to greater coordination with other agencies were conflicting ideas or responses, lack of funding or resources for coordination efforts, lack of knowledge of other agencies, and lack of communication or follow-up.

Of all the survey respondents (n = 323):

- The vast majority stated they were interested in receiving more training on sex trafficking of minors: 65.0% were very interested and 26.0% stated they were somewhat interested.
  - The topics professionals were most interested in were:
    - how to identify youth victims (44.9%),
    - effective responses to youth victims (35.0%), and
    - general information (21.4%), and
- The majority believed there needed to be changes to:
  - the laws pertaining to human trafficking (63.3% of respondents who had worked with victims and 55.3% of respondents who had not worked with victims).
    - The most commonly mentioned recommendation for changing laws related to STM were to pass a Safe Harbor law, including increasing penalties for traffickers and buyers of commercial sex with minors, requiring training for law enforcement and other first responders related to sex trafficking of minors, adding seizure of assets to fund services to victims, and exempting children from prosecution for prostitution.
    - Many of these recommendations are components of the Human Trafficking Victims' Rights Act, which was made law in March 2013—at the end of data collection for this project.
  - the court process (62.3% of those who had worked with victims and 46.0% of those who had not),
    - The most commonly mentioned recommendations for changes to court processes were increases in charges and penalties to traffickers, training court personnel, making the courtroom more child-friendly, changing attitudes about youth exploited in commercial sex, making the court process quicker, and including screening for sex trafficking in the court process.
  - within their own agencies

- The most commonly recommended changes needed within respondents' agencies were more training, establishing a protocol for responding to victims and screening for STM among clients.

## Recommendations

1. We need to provide more prevention programs to at-risk youth through schools.
2. Agencies that serve at-risk youth should consider incorporating a screening tool in their intake or assessment process.
3. Agencies that work with at-risk youth need to improve data collection of STM cases to begin to gather epidemiological data on STM in Kentucky.
4. Successful intervention with victims requires substantial knowledge, non-judgmental empathy, and persistence.
5. Because of the multiple and complex needs of youth victims of sex trafficking, no one agency can adequately respond to the needs of victims of STM. Agencies must have the commitment, resources, and time to develop relationships with service providers in other agencies to successfully coordinate and collaborate.
6. Even though a variety of trauma-focused therapies have had success with treating youth who have been exposed to multiple and complex traumatic events, more research is needed to better understand if changes to trauma therapies are needed for this special population of sexually exploited individuals.
7. Training in trauma-informed care is needed for professionals who are most likely to encounter at-risk youth and crime victims, including court personnel and juvenile justice personnel.
8. Kentucky needs to have at least one specialized, long-term shelter for youth exploited in commercial sex.
9. A greater understanding of the needs of boys is needed to modify and develop services for male youth exploited in commercial sex.
10. The need for continued education and training to raise awareness and to improve professionals' knowledge and capabilities to respond effectively to minors trafficked in commercial sex was a common theme throughout the surveys.
  - a. With the implementation of the HTVRA, training of personnel in the Department of Juvenile Justice and the Administrative Office of the Courts' Court Designated Workers, and DCBS workers is greatly needed.
11. With the major shift in policy introduced by HTVRA wherein the Cabinet for Health and Family Services will have statutory authority to assess, treat, house and provide services to victims of STM, careful consideration is needed of how best the Cabinet can collaborate with other agencies to implement and evaluate this major change.

## WHAT IS SEX TRAFFICKING OF MINORS?

Sex trafficking of minors (STM) is not a new social problem, but our understanding of it has changed in the last decade<sup>3</sup> (Reid, 2010). Sex trafficking of minors has been known by other names: teen or juvenile prostitution, prostitution of children, and commercial sexual exploitation of children (CSEC; Mitchell, Finkelhor, & Wolak, 2010).

Sex trafficking overall is defined by the Trafficking Victims Protection Act (TVPA) as, “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” and “... in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age” (22 USC § 7102; 8 CFR § 214.11(a)). STM is the exploitation of minors in commercial sex acts in the United States (Smith et al., 2009). A key element of defining sex trafficking is understanding what constitutes commercial sex. The definition of commercial sex act given in the TVPA (2000) is “any sexual act for which something of value is given or received.” In other words, commercial sex is sexual acts or sexual performances that are exchanged for money, drugs, food, clothing, or shelter. Common types of commercial sex include prostitution, strip clubs, massage parlors, internet sex sites, and pornography. Commercial sexual exploitation of children “includes forms of transactional sex where the sexual abuse of children is not stopped or reported by household members, due to benefits derived by the household from the perpetrator” (American Bar Association, 2013, p. 1). Unlike other forms of human trafficking (i.e., labor trafficking or sex trafficking of adults), no proof of force, fraud, or coercion is needed when the trafficked person is under age 18 because minors cannot legally give consent to be involved in commercial sex (Boxill & Richardson, 2005).

Because of the covert nature of sex trafficking, reliable estimates of the number of youth affected are lacking. The estimates that have been cited are all highly speculative and not based on sound research methods (Stransky & Finkelhor, 2008). Despite mandates in the TVPA, uniform data collection for trafficking crimes or number of victims by federal, state, and local law enforcement agencies is not occurring (U.S. Department of State, 2010). What we can say is that about a 2 in 5 human trafficking offenses reported to federally funded human trafficking task forces in the U.S. between 2008-2010 involved sex trafficking of minors (Banks & Kyckelhahn, 2011).

In addition to the lack of reliable prevalence estimates, there are even greater gaps in the literature about how traffickers operate in smaller communities and law enforcement’s and public agencies’ awareness and capacity to properly identify minors who are trafficked into commercial sex activities (Irazola et al., 2008). It remains uncertain as to whether the justice system and child protection system, two systems most likely to intersect with victims of sex trafficking of minors (Faugier & Sargent, 1997; Raphael & Ashley, 2010; Smith et al., 2009), have the mechanisms to identify, report, and intervene effectively with youth victims (Irazola et al., 2008). Further, many law enforcement and service providers lack knowledge about STM (Smith et al., 2009) and are more likely to identify youth as juvenile delinquents or offenders of other crimes than as victims of DMST (Finkelhor & Ormrod, 2004; Halter, 2010). Misidentification is a critical barrier to providing appropriate and effective intervention to minors who are trafficked in the commercial sex industry (Clawson & Grace, 2007; Smith et al., 2009). Another barrier to providing appropriate intervention to victims is gaps in the service system. Lack of communication and collaboration

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<sup>3</sup> Domestic sex trafficking of minors (DMST) is used to specifically refer to minors who are U.S. citizens or permanent residents. In this study we examined sex trafficking of any minor, U.S. citizen/resident or foreign born.

between agencies may prevent victims from receiving all the services they need (Bortel et al., 2008; OJJDP, 2002). Finally, there is a lack of consensus about which agencies are primarily responsible for providing long-term care for victims (Clawson, Salomon, & Grace, 2008; Sethi, 2007).

## The Need to Examine Sex Trafficking of Minors in Kentucky

### In the News

Two Madison county parents, Kathy and Anthony Wayne Hart, were indicted for human trafficking. The parents are accused of selling the sexual favors of their 13- and 14-year-old daughters to men from Oct. 2009 until Feb. 2011. Law enforcement began investigating the Harts in Dec. 2011 after a middle school teacher reported that two students from her school were dressed inappropriately as they stood in front of a cinema in Richmond. She reported she heard a man ask the girls' father "how much he wanted for both of them."

Once the girls were tracked down at a different school in Jan. 2011 they revealed that her mother would approach men outside grocery stores and ask if they wanted to spend time with her girls. One of the girls said that one of the men sexually assaulted her in front of her mother at their home. Authorities confiscated the Harts' digital camera and identified a man in one of the photos who was later arrested and charged with first-degree sexual abuse, and attempted second degree rape.

The criminal case against the parents is still pending.

Shannon, R. (2011, May 20). Parents indicted for human trafficking. *The Richmond Register*.  
[Http://richmondregister.com](http://richmondregister.com).

The majority of research conducted on STM has focused on large urban communities, such as New York City, New Orleans, Dallas-Fort Worth, Las Vegas, and Portland, OR (Curtis et al., 2008; Raphael & Ashley, 2010; Smith et al., 2009). Larger metropolitan communities generally have more commercial sex venues than smaller communities and thus a greater likelihood for sex trafficking. Nonetheless, the exploitation of minors in commercial sex does occur in smaller metropolitan communities and rural communities (Bletzer, 2005; Bortel et al., 2008; Brewster, 2003; Owen et al., 2006; Short, 2004). There has been no systematic evaluation of the number of victims of STM in Kentucky although in 2007 a needs assessment about human trafficking, which focused on foreign-born victims, was conducted in Kentucky (Logan, 2007). Yet we know that a total of 44 victims who were trafficked as children have been identified in Kentucky, and of the 16 state and 2 federal indictments/charges of human trafficking that have been filed in Kentucky, nearly all have involved child victims of sex trafficking (Kentucky Rescue & Restore, 2013).

## HOW WAS THE STUDY CARRIED OUT?

The key informant method used in this study closely followed the method of the needs assessment on human trafficking in Kentucky conducted in 2006 and 2007 (Logan, 2007). This project gathered information from professionals who work with at-risk youth and with crime victims in Kentucky to examine awareness, knowledge, protocols, and experiences working with individuals who were trafficked in commercial sex as minors. Telephone surveys were conducted with 323 key informants who worked in a variety of agencies including the Department of Juvenile Justice (DJJ), Administrative Office of the Courts (AOC), the Department of Public Advocacy (DPA), behavioral health providers, victim service agencies, at-risk youth agencies, law enforcement, prosecutors' offices, and child protective services. The sample

includes professionals from across the state: all 120 counties, including metropolitan, micropolitan, and rural counties in all five geographic regions of Kentucky. Individuals were recruited into the study with two methods. First, lists of key informants were generated by contacting key personnel from targeted agencies (e.g., DJJ, AOC, DPA, victim service agencies). Second, each person who completed a survey was asked to provide the names of other individuals in their community that the respondent thought would have information about the topic.

A total of 587 potential respondents were identified with these two recruiting strategies. Out of these 587 individuals, 80 individuals were ineligible for the survey because the person did not work at the agency, had no working phone number, or the contact person referred the interviewer to someone else within his or her agency who was more appropriate for completing the survey; for example, a coworker who provided direct services to youth. Twenty-six individuals (4.4%) refused to complete the survey when they were contacted. About one quarter (26.7%, n = 158) of the individuals did not complete the survey; 63 of these individuals had a coworker at their agency who completed the survey and 95 of these individuals did not have a coworker who completed the survey. Out of the eligible persons and the persons who did not have a coworker who completed the survey (n = 449), 323 individuals completed the survey, resulting in a response rate of 71.9%.

The survey was developed with input from two experts on human trafficking in Kentucky. Survey items were a combination of closed-ended and open-ended questions. Responses to open-ended questions were analyzed for themes by the research team, with the project interviewer and Principal Investigator independently coding responses to a randomly selected subsample of surveys before finalizing the theme-coding. Telephone surveys took on average 29 minutes and the interviewer made an average of 3.6 phone calls to respondents to complete a survey.

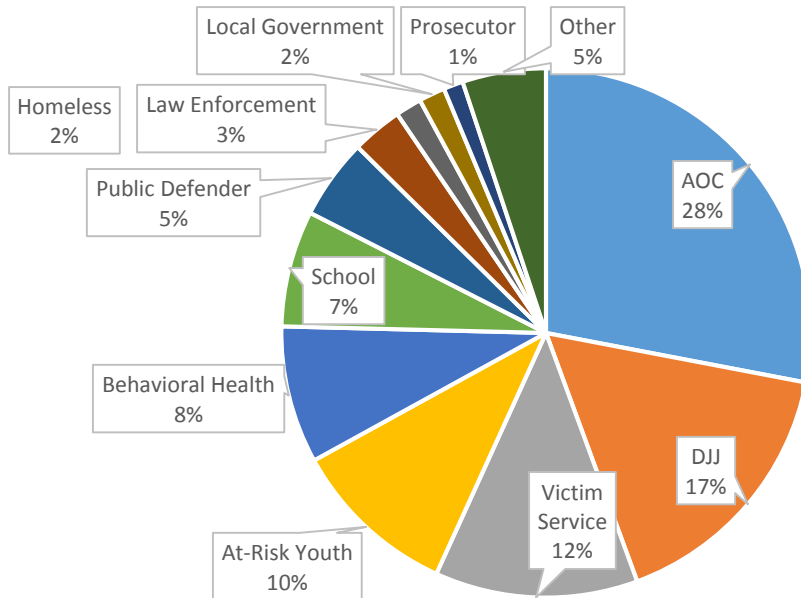
## SURVEY FINDINGS

### Who Completed Surveys?

Agencies that provide services to at-risk youth or crime victims were targeted for the telephone survey. A little more than 1 in 4 respondents worked with the Administrative Office of the Courts (AOC) as a Court Designated Worker (see Figure 1). About 1 in 6 respondents worked with the Department of Juvenile Justice (DJJ), about 1 in 8 respondents worked with victim service agencies, and 1 in 10 worked at agencies that serve at-risk youth such as emergency shelters for youth.



Figure 1. Percentage of Respondents Who Worked in Different Types of Agencies (n = 323)



Professionals worked in all 120 counties of Kentucky. Out of concern that analyzing results at the county level could potentially identify cases of sex trafficking of minors, counties in which respondents worked were classified into community type based on geographic and demographic features. First, typically five geographic regions are delineated in Kentucky – Jackson Purchase, Western Coal Fields, Pennyroyal, Bluegrass, and Eastern Coal Fields<sup>4</sup>. Thus, each of the 120 counties in Kentucky is in one of the five regions (Appendix A). Second, consulting the Census Bureau website, each county was assigned to one of three demographic areas– metropolitan, micropolitan, and rural<sup>5</sup>. Thus, each of the 120 counties in Kentucky was assigned to a geographic-demographic area, resulting in 14 community types (Appendix A)<sup>6</sup>. The community types are as follows: Jackson Purchase Micropolitan, Jackson Purchase Rural, Western Coal Field Metropolitan, Western Coal Field Micropolitan, Western Coal Field Rural, Pennyroyal Metropolitan, Pennyroyal Micropolitan, Pennyroyal Rural, Bluegrass Metropolitan, Bluegrass Micropolitan, Bluegrass Rural, Eastern Coal Field Metropolitan, Eastern Coal Field Micropolitan, and Eastern Coal Field Rural.

<sup>4</sup> Occasionally, there is a sixth region referred to by some sources, but since the region is geographically small and sources are inconsistent as to which counties make up the region, the researchers dissolved this region into the other five. Bullitt, Nelson, Marion, Lincoln, Garrard, and Madison counties were included in the Bluegrass region; Rockcastle county was included in the Pennyroyal region; and Estill county was included in the Eastern Coal Field region (National Digital Newspaper, Kentucky Atlas and Gazetteer).

<sup>5</sup> A metropolitan area consists of at least one urban area in which the population is at least 50,000, a micropolitan area consists of at least one urban cluster in which the population is at least 10,000 but less than 50,000, and a rural area has a population of less than 10,000 (United States Census Bureau). Other determinants include commuting to and from urban areas and also employment. Therefore, a metropolitan or micropolitan area could include a county containing a large urban city and several smaller surrounding counties.

<sup>6</sup> Note that there are only 14 community types because there are no metropolitan counties in the Jackson Purchase region.

Half of respondents (50.2%) worked in Bluegrass, Metropolitan communities which includes the four most populous counties in Kentucky: Jefferson, Fayette, Kenton, and Boone (see Table 1). A little less than 1 in 5 (18.1%) respondents worked in Eastern Coal Field, Rural communities. The distribution of communities in which respondents worked was fairly even in the other types of communities, from Jackson Purchase, Micropolitan to Eastern Coal Field, Micropolitan. Considering only the categorization of counties based on population size, 65.6% of professionals worked in metropolitan counties, 35.0% worked in rural counties, and 27.2% worked in micropolitan communities.

*Table 1. Percentage of Respondents Who Worked in Different Community Types (n = 323)<sup>7</sup>*

Community Type	Percentage
Jackson Purchase, Micropolitan	8.7%
Jackson Purchase, Rural	6.5%
Western Coal Field, Metropolitan	11.2%
Western Coal Field, Micropolitan	5.9%
Western Coal Field, Rural	7.5%
Pennyroyal, Metropolitan	11.5%
Pennyroyal, Micropolitan	9.6%
Pennyroyal, Rural	12.7%
Bluegrass, Metropolitan	50.2%
Bluegrass, Micropolitan	13.7%
Bluegrass, Rural	11.8%
Eastern Coal Field, Metropolitan	8.1%
Eastern Coal Field, Micropolitan	10.2%
Eastern Coal Field, Rural	18.1%

## Scope of the Problem in Kentucky

About 1 in 5 professionals (19.8%) reported their agency had a protocol for screening for human trafficking among clients compared to 76.5% who reported their agency did not have a protocol for screening for human trafficking and 3.7% who did not know. Of the individuals who stated their agency did not have a protocol (n = 247), 3.6% stated they did not have a protocol because their agency did not provide direct services to clients. The most common reasons professionals gave for their agency not having a protocol was identifying victims was not their responsibility (32.0%), the agency screens for abuse in general and so sex trafficking would be detected with those questions (20.2%), lack of awareness or training (20.2%), and human trafficking rarely happens (15.8%).

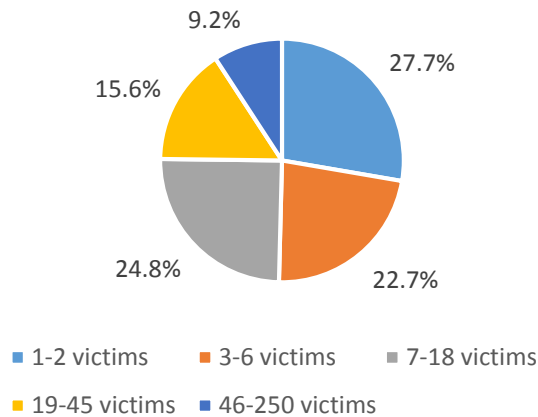
Professionals were asked to give separate estimates of the number of definite and suspected victims of STM which they had worked. About half of professionals (49.8%, n = 161) stated they had experience working with minors who were trafficked in commercial sex—including minors they suspected were involved in commercial sex (36.5%, n = 118) and they knew for certain to be involved in commercial sex (41.8%, n = 135). Only 26 professionals reported working with suspected victims but no definite victims.

<sup>7</sup> Because many professionals work in more than one county and in cases more than one type of community, the sum of the percentages is greater than 100%.

Additionally, about 1 in 10 professionals had experience working with defendants in cases where sex trafficking of minors was alleged (9.6%, n = 31). In these cases,, professionals were asked to provide any information they had on the victims in those cases; however, in most cases respondents could not answer many questions about the victims, thus their responses are not included in the following tables and figures.

There is no way to estimate the total number of victims of sex trafficking of minors that survey respondents worked with because we cannot take into account duplication of clients among the respondents. The estimate of the number of victims (definite and suspected) ranged from 1 to 250, with a mean of 17.7<sup>8</sup>. Half of the 141 professionals estimated they had worked with 1 to 6 victims (see Figure 2).

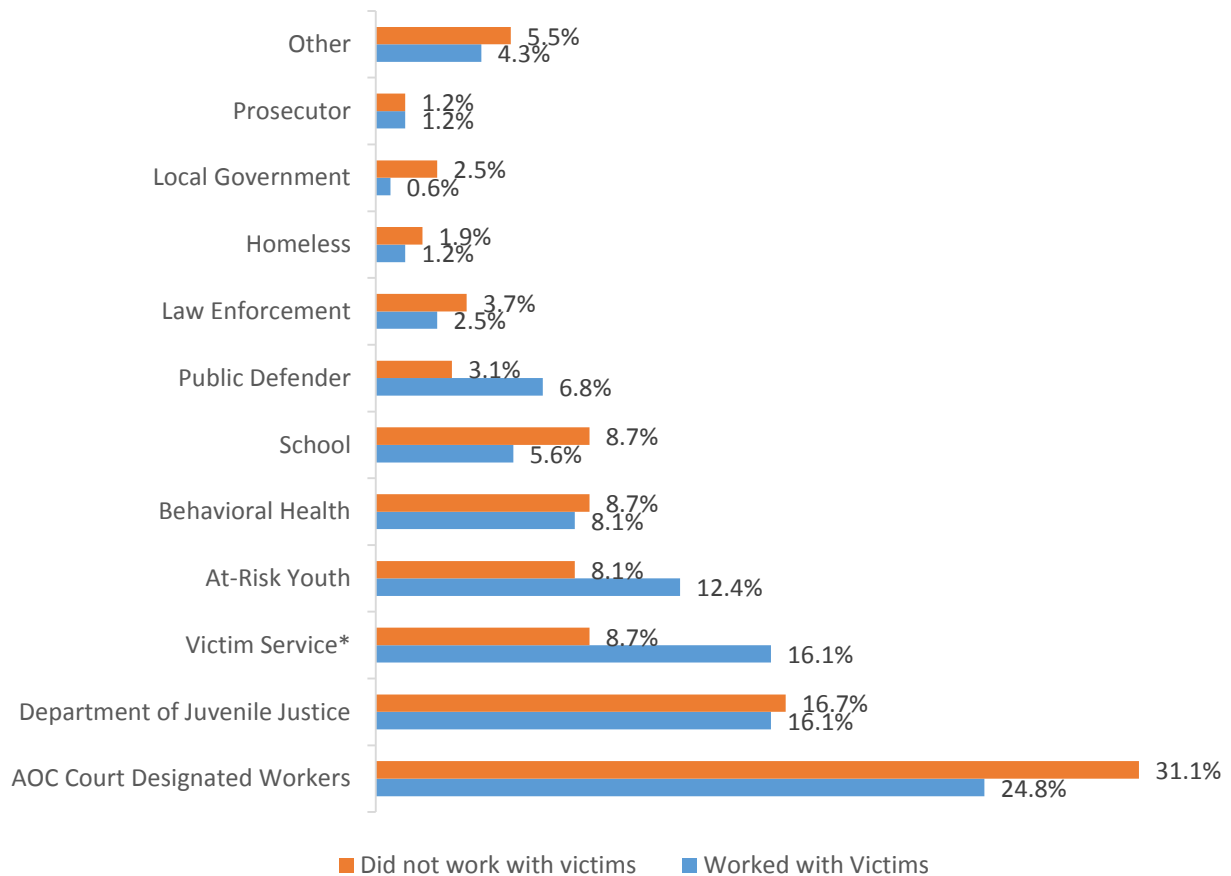
*Figure 2. Professionals’ Estimate of the Number of Known or Suspected Victims With Whom They Had Worked (n = 141)*



With the exception of victim service providers, similar percentages of respondents in each type of agency stated they had experience working with minors who had been trafficked in commercial sex and they did not have experience working with minors trafficked in commercial sex (see Figure 3). Nearly twice as many victim service providers had worked with minors who were trafficked in commercial sex than had not worked with minors trafficked in commercial sex.

<sup>8</sup> Data on the number of victims is missing for 20 respondents: 17 respondents did not give an estimate, stating they did not feel comfortable giving a number, and an additional three individuals gave an estimate that was very large and may have resulted from over inclusion of victims based on the professionals’ interpretation of the definition of commercial sex

Figure 3. Percentages of Respondents Who Had Experience Working with Minors Trafficked in Commercial Sex By Agency (n = 323)



There were no significant differences in the percentage of professionals who had worked with definite or suspected victims of STM by community type with the exception of Bluegrass Metropolitan; significantly more professionals who worked in Bluegrass Metropolitan regions had worked with victims than had not worked with victims (see Appendix B).

### Who Are the Youth Exploited in Commercial Sex?

Professionals who had experience working with minors who were trafficked in commercial sex were asked if they had worked with any victims who were female, male, U.S. citizens or permanent residents, foreign born victims, or victims who spoke English as a second language. Figure 4 shows the percentage of respondents who reported working any of the different types of minors trafficked in commercial sex. Nearly all professionals who had worked with any minors who had been trafficked in commercial sex had worked with victims who were female (91.3%). Perhaps somewhat unexpected is that over half of professionals (55.9%) had worked with male minors trafficked in commercial sex. Spontaneously provided descriptions of boys’ exploitation in commercial sex included the following:

“One boy was lured by a couple, locked in their home and made porn”

“One boy – no drugs involved, just father with a sex addiction who forced him to have sex with others”

“Mothers on drugs, allowing males to sleep with [their] boys for drugs”

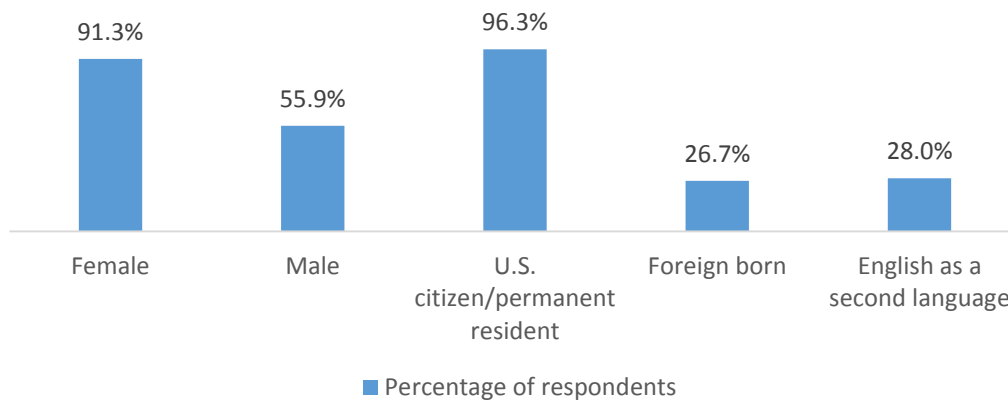
“Boy was doing it on his own for drugs”

“One boy was bisexual, confused, learned he could make money prostituting himself”

“Boy – recruited on the streets, prostituted for food and shelter”

Almost all professionals (96.3%) had worked with victims who were U.S. citizens or permanent residents, with a little over one fourth working with foreign born victims and 28.0% working with victims for whom English was their second language.

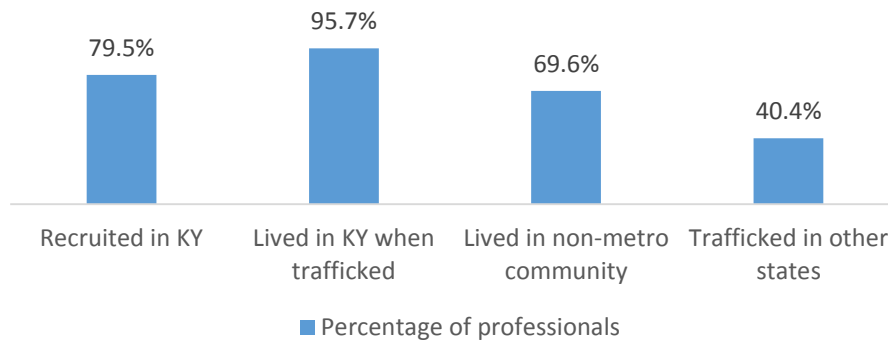
Figure 4. Percentage of Professionals Who Worked with Different Types of Victims of Sex Trafficking as a Minor (n = 161)<sup>9</sup>



The majority of professionals stated that at least one of the victims with whom they had worked was first recruited in Kentucky (79.5%), lived in Kentucky when they were trafficked (95.7%), and lived in a non-metropolitan community when trafficked (69.6%; see Figure 5). Two in five (40.4%) stated that at least one of the victims with whom they had worked had been trafficked in states other than Kentucky.

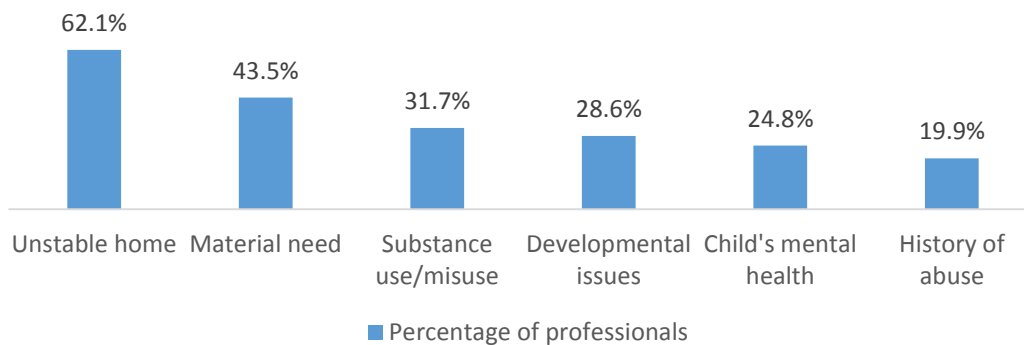
<sup>9</sup> The percentages of respondents who answered don't know to the following questions are: female (2.5%), male (2.5%), U.S. citizen/permanent resident (3.7%), foreign born (3.1%), and spoke ESL (3.1%).

Figure 5. Percentage of Professionals Who Worked with Victims of Sex Trafficking as a Minor From Different Types of Communities and Trafficked in Different Types of Communities (n = 161)<sup>10</sup>



Professionals were asked what factors they believed made victims more vulnerable to being trafficked in commercial sex. The most commonly mentioned were compromised parenting or unstable home (62.1%), material need (43.5%), substance use or misuse (31.7%; including the child’s, parents’, or traffickers’ substance abuse), developmental issues (28.6%), the child’s mental health or feelings about self (24.8%), the child’s history of abuse or neglect (19.9%)<sup>11</sup>. It is likely that some professionals who gave examples of compromised parenting were also describing families in which neglect or abuse occurred, but out of concern of not wanting to conflate compromised parenting or unstable home life with abuse or neglect, responses had to specifically mention abuse or foster care to be coded under the theme of history of abuse. Developmental issues include age, level of maturity, age-inappropriate sexualized behavior, and developmental disorders. Other less frequently mentioned themes were isolation of the child, societal messages about sexuality, force, and the child encountering a trafficker, or the professional did not know what factors increased a child’s vulnerability to sex trafficking.

Figure 6. Percentage of Professionals Who Mentioned Vulnerability Factors of Youth (n = 161)<sup>12</sup>



<sup>10</sup> The percentages of respondents who answered don’t know to the following questions are: recruited in KY (15.5%), living in KY while trafficked (3.7%), lived in non-metropolitan area when trafficked (14.3%), trafficked in other states (16.8%).

<sup>11</sup> Included in the category of compromised parenting or unstable home were responses such as “lack of parental supervision,” “chaos in family life,” and “lack of support from family.” To be included in the history of abuse or neglect category, responses had to specifically name abuse, neglect, or being in foster care.

<sup>12</sup> The percentages of respondents who answered don’t know to the following questions are: recruited in KY (15.5%), living in KY while trafficked (3.7%), lived in non-metropolitan area when trafficked (14.3%), trafficked in other states (16.8%).

Figure 7 presents examples of respondents' quotations about youth's vulnerability factors.

Figure 7. Respondents' Quotations about the Vulnerability Factors of Youth (n = 161)



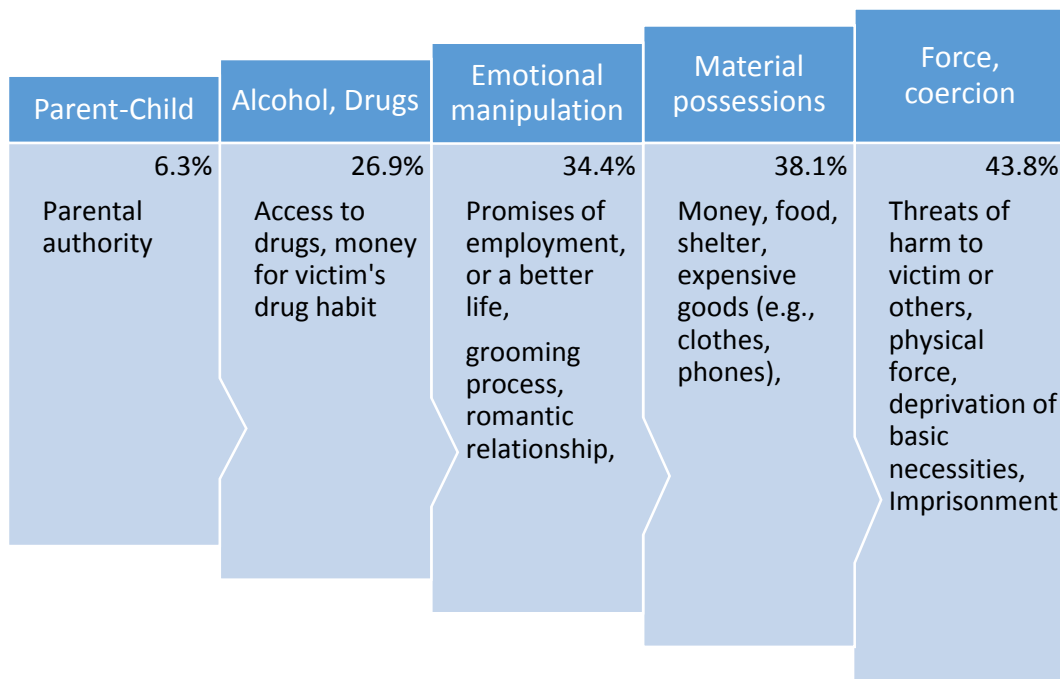
## What Do We Know About How Youth Were Exploited?

The survey included several open-ended questions about how the trafficker recruited, exploited, and operated the commercial sex activities with minors.

### How Traffickers First Recruited Youth into Commercial Sex

When asked about their knowledge of how minors were first recruited into commercial sex, 43.8% described the trafficker’s use of force or coercion (see Figure 8). Other commonly mentioned tactics used by traffickers to coerce or persuade children into commercial sex were the allure of material possessions or money (38.1%), the trafficker manipulating the minors emotions (34.4%) including promising the minor love, family, or a sense of belonging, and drugs and alcohol (26.9%). A minority of professionals (6.3%) mentioned that the parent-child relationship was all that was needed to have the child comply with the traffickers’ (parents’) wishes.

Figure 8. Percentage of Professionals Who Mentioned Tactics Used by Traffickers to Recruit Minors into Commercial Sex (n = 161)



### How Traffickers Maintained Control Over Youth

Professionals were also asked to describe what they knew of how traffickers maintained control over victims (see Figures 9 and 10). Similar themes were found for this question compared to the question of how traffickers first recruited youth into commercial sex. The only exception was that social isolation was mentioned as a tactic that traffickers use to maintain control over youth (6.9%), while this was not mentioned as a tactic for how traffickers first recruited youth. More professionals mentioned force or coercion as tactics that traffickers used to maintain control over youth than as a recruiting method. Intimidating and frightening children was frequently mentioned as a control tactic. For example, some professionals mentioned that traffickers who were caretakers maintained control over the children by telling them they would be removed from the home if the children told anyone about the commercial sex.



Figure 9. Percentage of Professionals Who Mentioned Tactics Used by Traffickers to Maintain Control Over Youth Victims (n = 161)

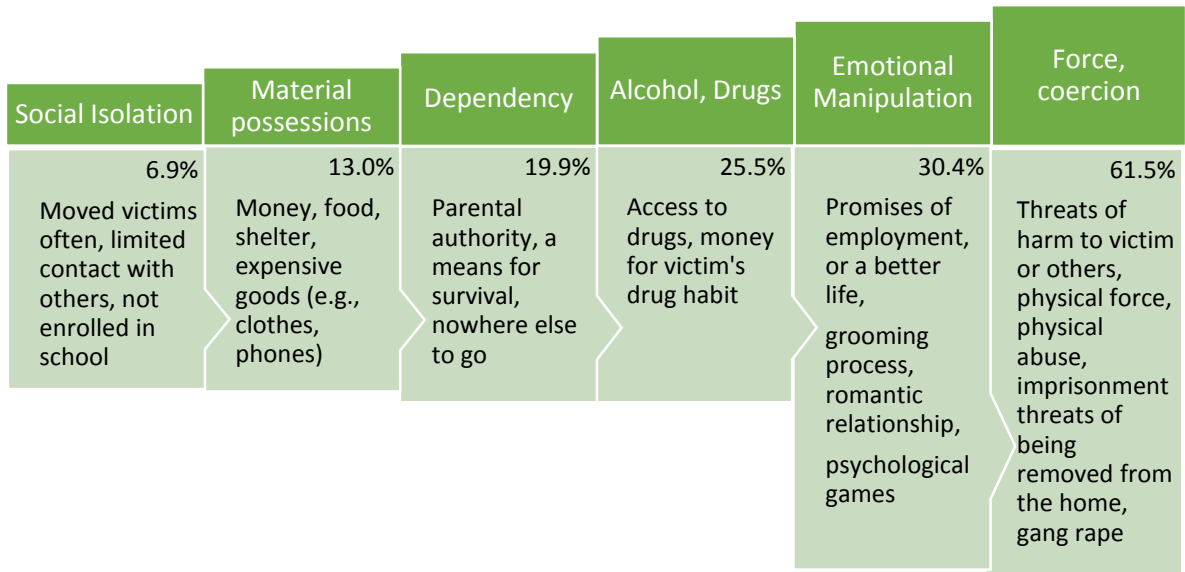
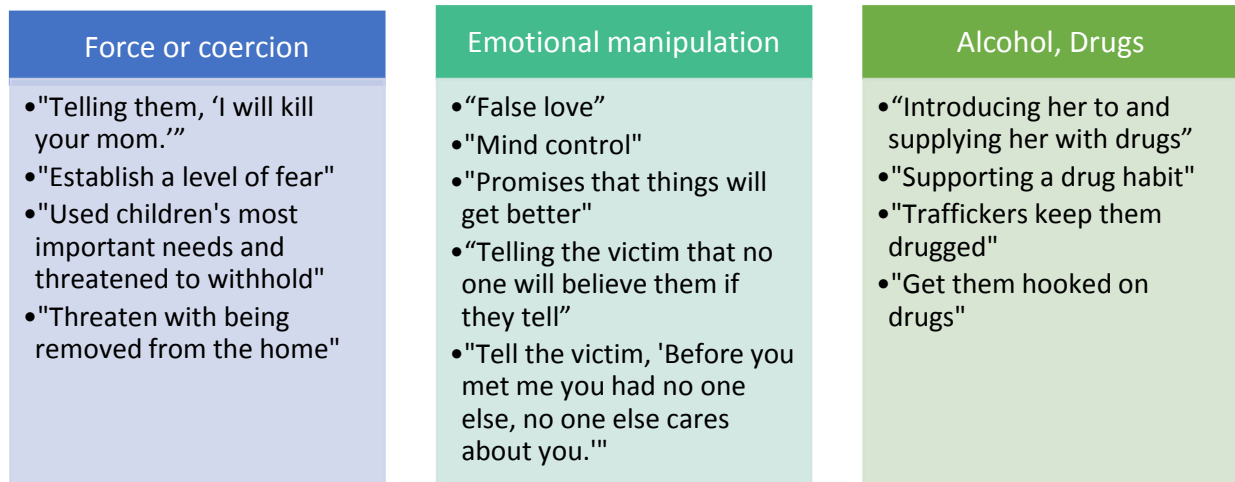


Figure 10. Examples of Respondents' Quotations About How Traffickers Maintained Control Over Victims (n = 161)

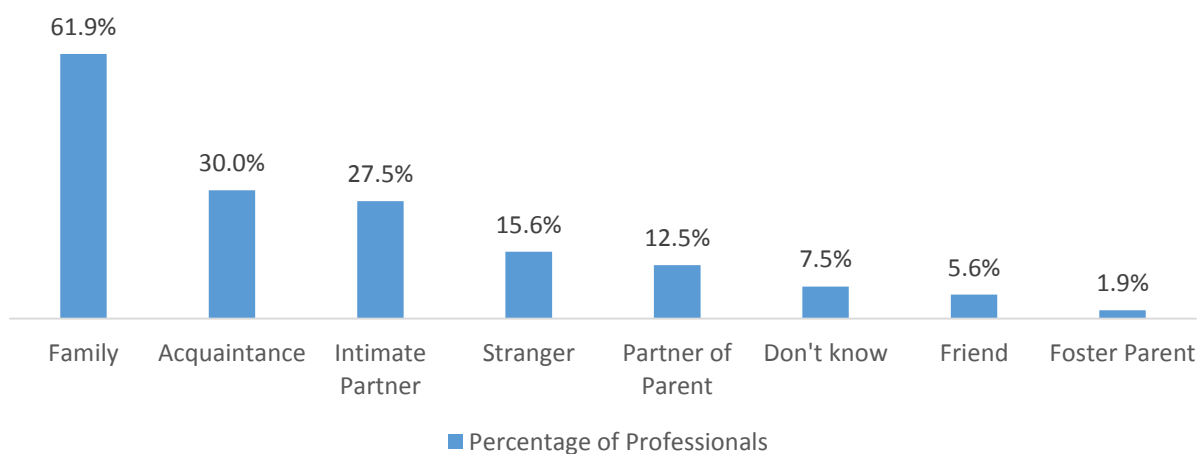


Dependency	Material possessions	Social isolation
<ul style="list-style-type: none"> <li>• "Trafficker is their lifeline"</li> <li>• "Creating a dependent relationship"</li> <li>• "Parental authority"</li> <li>• "Victim had no where else to go. [Trafficker] was their guardian; it was their home"</li> <li>• Trafficker provided for their needs and offered protection"</li> </ul>	<ul style="list-style-type: none"> <li>• "Gifts"</li> <li>• "Money"</li> <li>• "Bribed them with things they wanted"</li> <li>• "Trafficker kept giving them nice things"</li> <li>• "Monetary reward"</li> </ul>	<ul style="list-style-type: none"> <li>• "Isolated them"</li> <li>• "Moved victims often. Kept them confused; victims didn't know where they were."</li> <li>• "Hid victims"</li> <li>• "Isolation"</li> </ul>

### Victim-Trafficker Relationship and Bond

Professionals were asked to state the relationship between victim and trafficker in the three most recent cases (or fewer if they had worked with fewer victims) they had encountered at their agency (see Figure 11). The majority of professionals (61.9%) reported a familial relationship between the victim and trafficker for at least one of the recent cases including 46.3% who mentioned a parent or guardian relationship and 19.4% mentioned other relatives (e.g., grandparent, aunt, uncle, sibling, cousin). A little more than one fourth (27.5%) mentioned an intimate partner relationship. Other victim-trafficker relationships were stranger (15.6%), intimate partner of parent (12.5%; i.e., stepparent, parent's boy/girlfriend), friend (5.6%), and foster parent (1.9%). One in three (30.0%) mentioned a relationship that did not fit into any of the other categories, which for lack of a better term we refer to as acquaintance (e.g., pimp, coach, family friend, drug dealer). A minority of professionals (7.5%) did not know the relationship between the victim-trafficker.

Figure 11. Percentage of Professionals Who Mentioned Different Types of Victim-Trafficker Relationships for the Most Recent Victims of STM with Which They Had Worked (n = 161)



When asked about the bond between the victim and trafficker, the majority of professionals (71.3%) stated that victims had a strong bond with their trafficker(s), with nearly one in four (23.1%) stating they did not have information to talk about the bond between victim and trafficker. Nearly 1 in 10 stated there was no bond between victim and trafficker.

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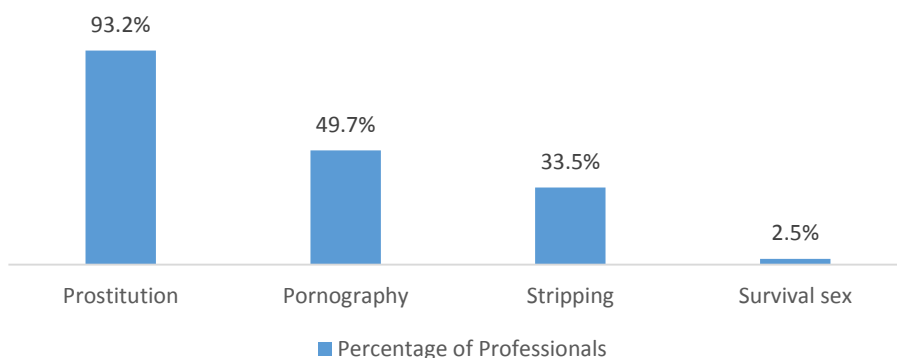
*“Initially there was a bond of trust. As the relationship changes, the victim could be too afraid to leave the situation, or they may fear that they have nowhere to go, they feel dependent on their trafficker. It is a relationship of fear and feeling like you have no options. It is a very controlling relationship.”--Respondent*

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## Types of Commercial Sex and Location

The most commonly reported commercial sex activities professionals stated minors were involved in was prostitution (93.2%) which includes sex acts for money or drugs, followed by pornography (49.7%), and stripping (33.5%; see Figure 12). Originally mentioned when asked about other types of commercial sex, a small number of professionals mentioned survival sex, which is defined as typically runaway or homeless adolescents exchanging sex for a place to stay, food, or other basic necessities (2.5%). In addition, 1.2% mentioned other commercial sex activities.

*Figure 12. Percentage of Professionals Who Reported Minors’ Involvement in Different Types of Commercial Sex (n = 161)*



Professionals who had worked with victims of sex trafficking were asked to share information they had about how the traffickers’ operated the commercial sex activities. Professionals were able to provide valuable information, but in many cases, they did not know specific details about the day-to-day operations of the traffickers. For example, the majority of professionals did not mention where commercial sex activities took place. It is important to note that the interviewer did not specifically ask about location of commercial sex; instead the question was to describe the day-to-day operations of the traffickers. Out of the 161 professionals who had worked with definite or suspected victims, 59 (36.6%) did not mention a location. The most frequently mentioned location for commercial sex was the victim’s

home or place where staying (14.3%), in hotels (8.7%), in other people’s homes (2.5%), and in vehicles (1.9%).

Additionally, when asked to describe how traffickers avoided detection (at least for a period), the majority of professionals (51.9%) said they did not know. Nonetheless, some professionals did describe ways in which traffickers were able to exploit children in commercial sex without detection (see Figure 13). For example, 35.0% of professionals cited traffickers’ maintaining control over victims, including instilling fear in victims and controlling their movements, interactions, and communications with people not involved in the trafficking situation. One in 10 professionals (10.6%) stated that traffickers had a cover story to hide their trafficking activities. One in 10 professionals (10.3%) stated that traffickers presented themselves as trustworthy or decent citizens of the community. A small number of professionals (1.9%) mentioned traffickers used technology to maintain anonymity, such as using commercial file traders with elaborate websites and firewalls, using aliases online, and creating dummy corporations.

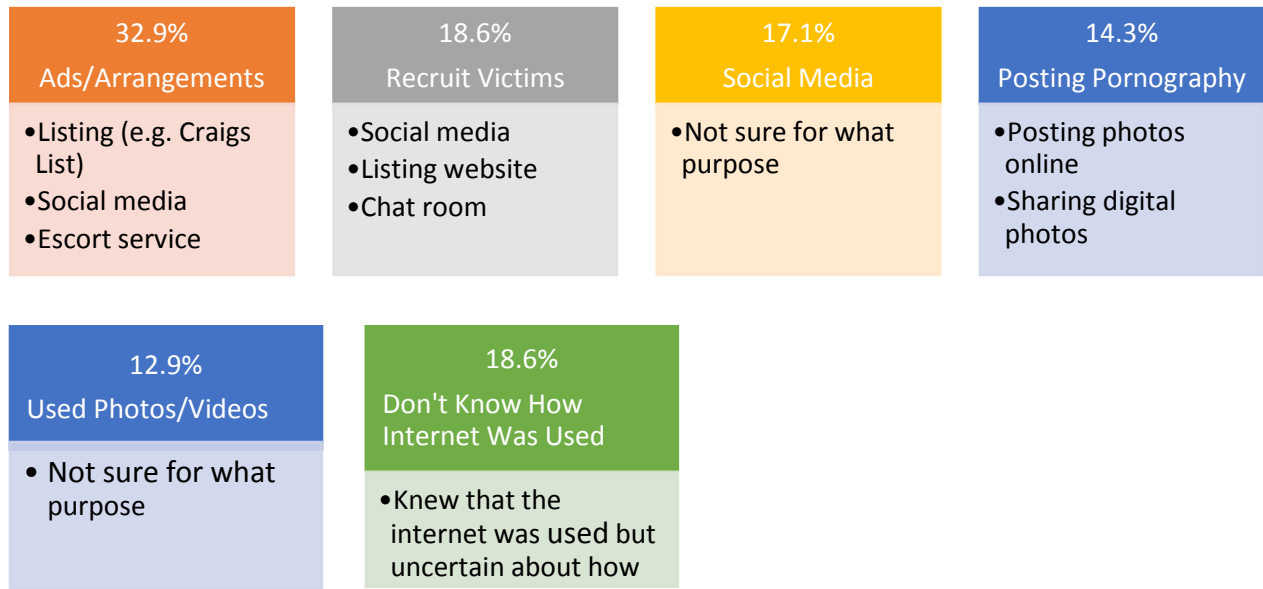
*Figure 13. Respondents’ Quotations about the Most Frequently Reported Ways Traffickers Avoided Detection (n = 161)*



### Use of the Internet in Trafficking

A little less than one half of professionals who had worked with youth victims (44.7%) reported that traffickers used the internet, 29.6% said traffickers did not use the internet, and 25.8% said they did not know (see Figure 14). Among the 71 professionals who stated that at least some of the traffickers had used the internet, 32.9% explained that traffickers used the internet to advertise or make arrangements with customers, 18.6% mentioned traffickers used the internet to make contact with or recruit victims, 17.1% stated that traffickers used a social media website but they were not sure for what specific purposes, 14.3% stated traffickers posted pornography online, and 12.9% of professionals stated that traffickers used photos or videos but they were not certain if the digital photos were for advertising or the product (i.e., pornographic images).

Figure 14. Percentage of Professionals Reporting Traffickers' Uses of the Internet in Commercial Sex Activities (n = 71)



### Transportation of Victims

About 1 in 3 professionals (32.7%) stated that at least one of the victims with whom they had worked was transported between different communities for commercial sex, about one half of professionals (52.2%) stated victims were not moved between communities, and 15.1% of professionals did not know. Considering transportation within communities, the majority of professionals (59.7%) stated that at least some of the victims with whom they worked were transported from their home or place where they were staying to the locations where commercial sex activities took place, whereas 1 in 5 (19.5%) said victims were not transported and 1 in 5 (20.8%) said they did not know if victims were transported to sites where commercial sex activities took place within communities. Figure 15 presents quotations from professionals describing how victims were transported.

Figure 15. Examples of Respondents' Quotations About How Traffickers Transported Victims

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<p>"Traffickers drove the victims to buyers"</p>	<p>"[Victims] go on their own"</p>
<p>"Moved victims at night"</p>	<p>"A friend of trafficker transported them"</p>
<p>"In a few cases, the trafficker used public transportation"</p>	<p>"Stepfather took him"</p>
<p>"Sometimes send the victim by themselves by bus. It lets them blend in and be less obvious"</p>	<p>"A trucker carried girls from stops on the highway."</p>

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## Gang-Affiliated Trafficking

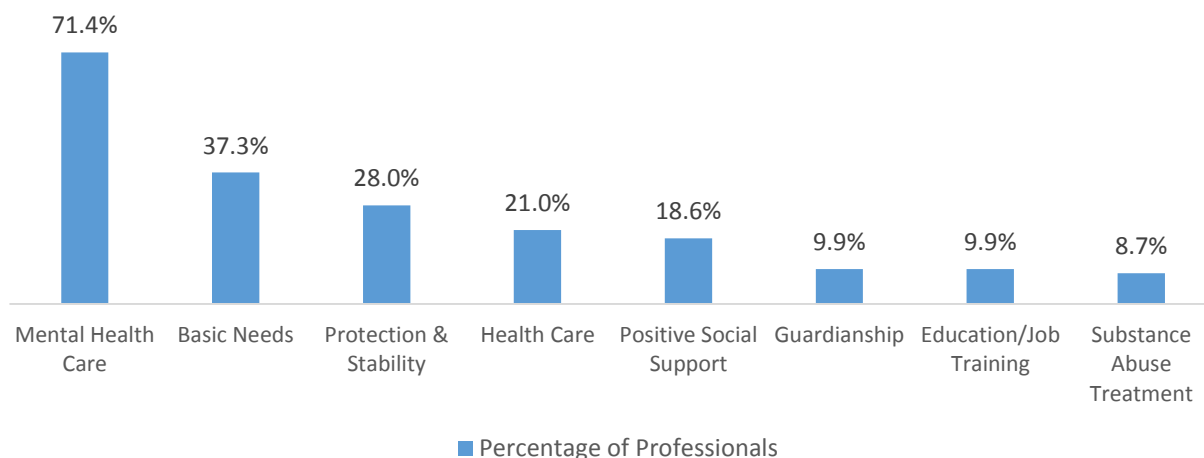
About 1 in 5 professionals (21.4%) stated that at least one of the victims was trafficked by a gang. In some cases the victim was a gang member and in other cases the victim’s intimate partner or relative was a gang member. As expected, the community types that had the highest percentage of professionals reporting gang involvement in trafficking of minors were Bluegrass metropolitan (27.8%) and Bluegrass micropolitan (30.4%).

## What Are The Needs of Youth?

### Greatest Needs of Youth

Several questions were included in the telephone surveys to gather professionals’ opinions about the needs of youth who are trafficked in commercial sex. First, professionals were asked, “What are the greatest needs of youth who were trafficked in commercial sex with whom you have worked?”<sup>13</sup> The most commonly reported needs are presented in Figure 16. Seven in ten professionals (71.4%) who had worked with individuals trafficked in commercial sex as minors stated mental health care was one of their greatest needs. About one third of professionals (37.3%) stated that youth’s basic necessities (e.g., housing and financial assistance) were their greatest needs. Protection and stability was mentioned by 28.0% of professionals, health care by 21.0%, positive social support by 18.6%, guardianship by 9.9%, education/job training by 9.9%, and substance abuse treatment by 8.7%. Other categories were mentioned by fewer than 5% of respondents.

Figure 16. Percentage of Professionals Who Mentioned the Greatest Needs of Trafficked Youth with Whom They Worked (n = 161)

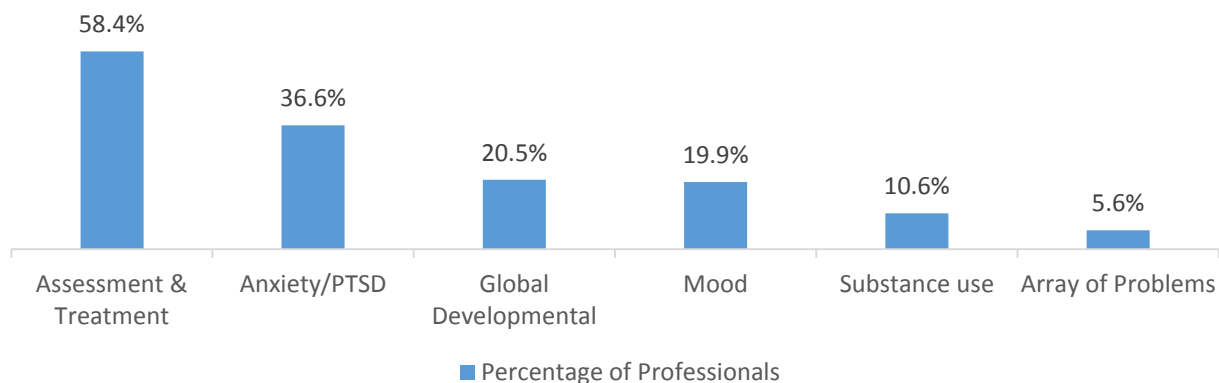


<sup>13</sup> The interviewer did not give respondents categories from which to choose, instead responses were spontaneously mentioned by respondents and coded into categories.

## Mental Health Needs

Professionals were asked, “What are the mental health needs of youth who are trafficked in commercial sex?”<sup>14</sup> Figure 17 presents the percentage of professionals that mentioned particular mental health care needs. The majority of respondents (58.4%) stated that youth trafficked in commercial sex need assessment or treatment, including 42.2% mentioned counseling, 8.1% mentioned support groups, 5.0% mentioned substance abuse treatment, and 3.1% specifically mentioned medication. Other mental health problems mentioned by professionals were the following: anxiety (36.6%) including Posttraumatic Stress Disorder (PTSD; 34.8%), global developmental issues (20.5%; e.g., self-worth, attachment issues, lack of trust, relationship issues, sexual acting out behavior, sleep disorders, and poor coping skills), mood disorder (19.9%) including depression (14.3%), and 10.6% mentioned substance use or abuse. A small minority of professionals (5.6%) did not mention any particular type of mental health problem but stated that youth have an array of mental health problems or that their mental health needs are substantial. Fewer than 5% of professionals mentioned other problems such as eating disorders, personality disorders, self-harming behavior, and externalizing behavior problems such as conduct disorder and acting out in anger.

*Figure 17. Percentage of Professionals Who Mentioned Mental Health Needs of Youth Trafficked in Commercial Sex (n = 161)*



## Unique Issues for Youth

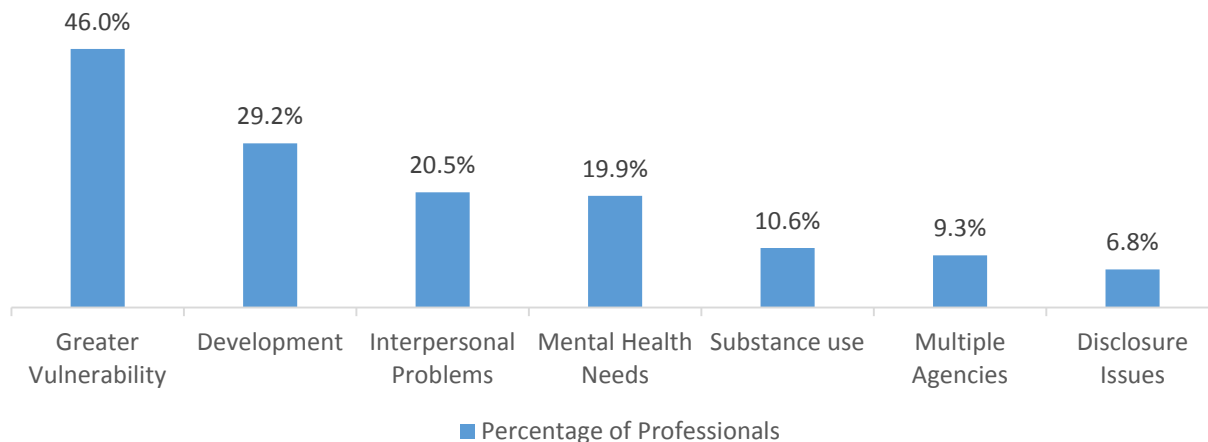
Professionals were also asked, “What are unique issues that arise for youth trafficked in commercial sex compared to adults trafficked in commercial sex?”<sup>15</sup> Figure 18 presents themes coded for the unique needs of youth. Nearly half of professionals (46.0%) stated that youth have greater vulnerability by nature of being children and dependent on adults. Other unique needs/problems included interference with the developmental process (29.2%), interpersonal problems (e.g., poor boundaries, trust, Stockholm Syndrome; 20.5%), greater mental health needs (19.9%), inadequate laws or resources for youth (10.6%), need to involve multiple agencies (9.3%), and disclosure issues (6.8%). In addition, small percentages of professionals stated that there are no differences between youth and adult victims, they did not know

<sup>14</sup> The interviewer did not give respondents categories from which to choose, instead responses were spontaneously mentioned by respondents and coded into categories.

<sup>15</sup> The interviewer did not give respondents categories from which to choose, instead responses were spontaneously mentioned by respondents and coded into categories.

which unique issues arise for youth victims, and intervention with youth can have a greater impact than interventions with adults.

Figure 18. Percentage of Professionals Who Mentioned Unique Needs of Youth Trafficked in Commercial Sex Compared to Adults Trafficked in Commercial Sex (n = 161)



The following are examples of respondents' quotations about the greater vulnerability of youth:

"Youth by virtue of not being old enough are reliant on adults to make decisions. Youth cannot get a car, job, or find shelter. Usually/often the people doing the victimization are who the minor relies on for these needs."

"Kids are removed from their homes; adults are not. Kids endure separation of living in a treatment facility while the perpetrators stay home."

"Kids are taught to be obedient to authority. They feel like they don't have a choice."

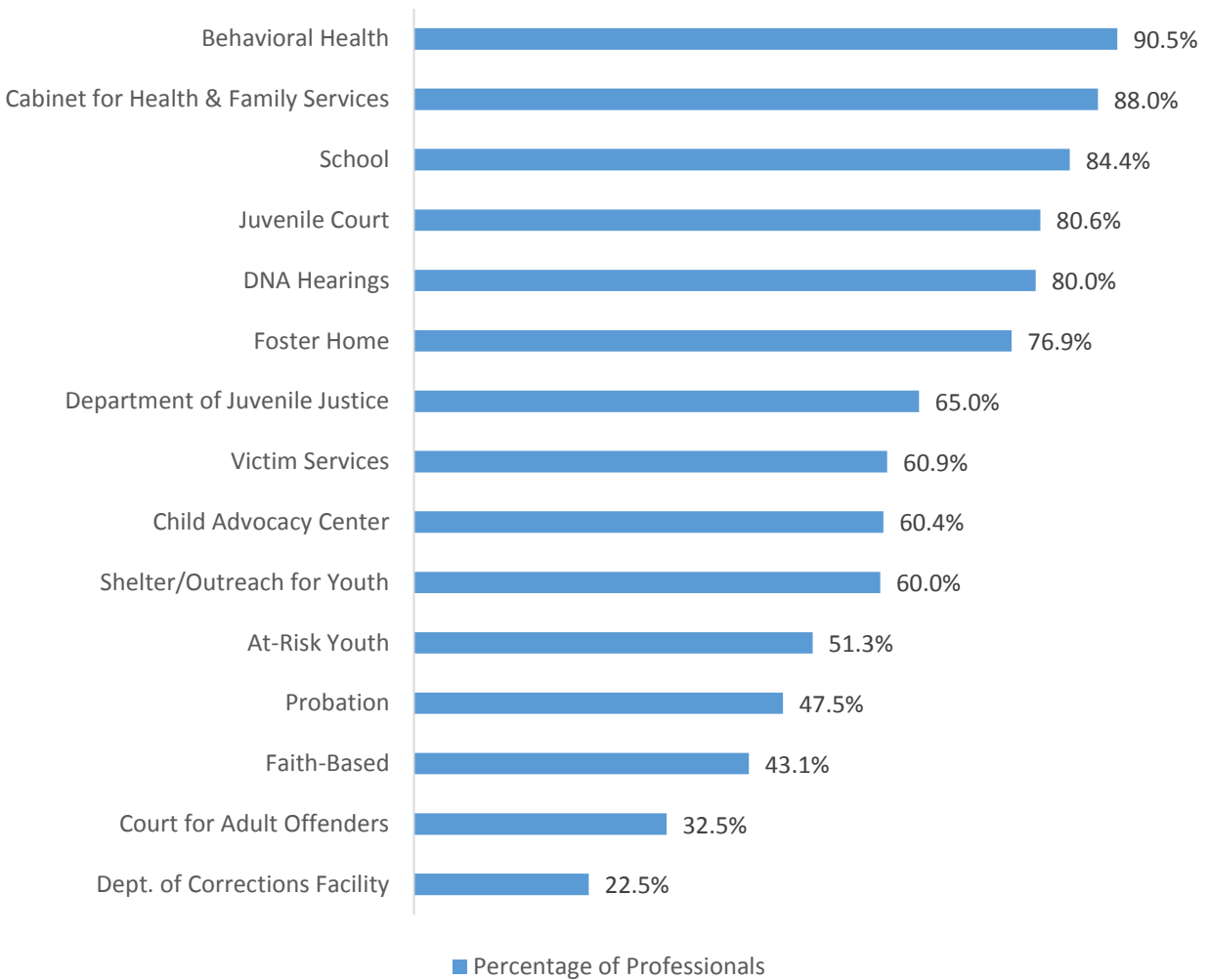
## Which Systems Did Youth Encounter?

### Systems

One of the major purposes of this study is to identify community agencies and systems with which youth who are trafficked in commercial sex are most likely to encounter to better inform screening and training for agencies. Professionals were asked if the victims they had worked with had encountered various government or community organizations. Figure 19 presents the most commonly encountered organizations.



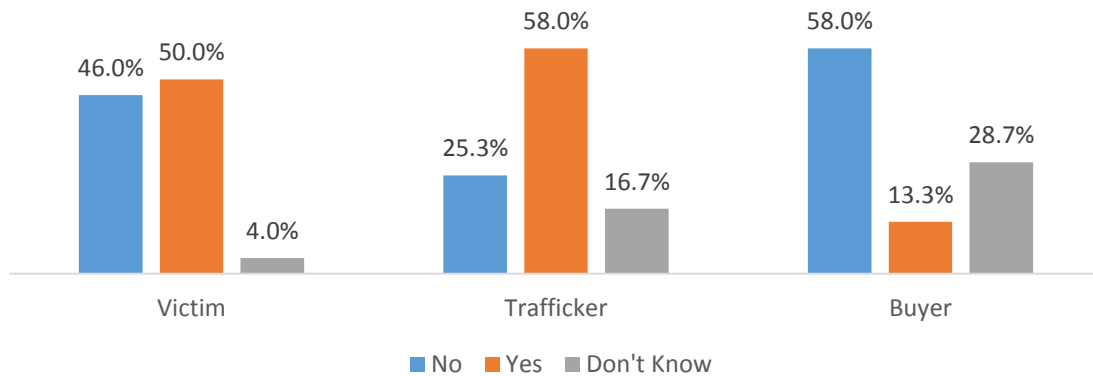
Figure 19. Percentage of Professionals Who Stated that At Least One Victim Encountered Different Systems (n = 161)



### Law Enforcement and Criminal Offenses

The vast majority of professionals (95.5%, n = 150) stated that law enforcement was involved with at least one of the cases of trafficking of minors in commercial sex with which they had worked. Among these 150 professionals, half (50.0%) stated that the youth victims were charged with a criminal offense (which may or may not have been directly or indirectly related to their involvement in commercial sex), 46.0% the youth were not charged with a criminal offense, and the remaining 4.0% did not know or refused to answer this question (see Figure 20). The majority of professionals (58.0%) who stated law enforcement was involved in at least one of the cases with which they worked said that criminal charges were filed against the trafficker(s), 1 in 4 (25.3%) said no criminal charges were filed against the traffickers, and 16.7% did not know if criminal charges were filed against the traffickers or the investigation was still ongoing. The majority of professionals (58.0%) stated that buyers of commercial sex were not charged with criminal offenses, 13.3% said buyers were charged with criminal offenses, and 28.7% did not know if buyers were charged with a criminal offense.

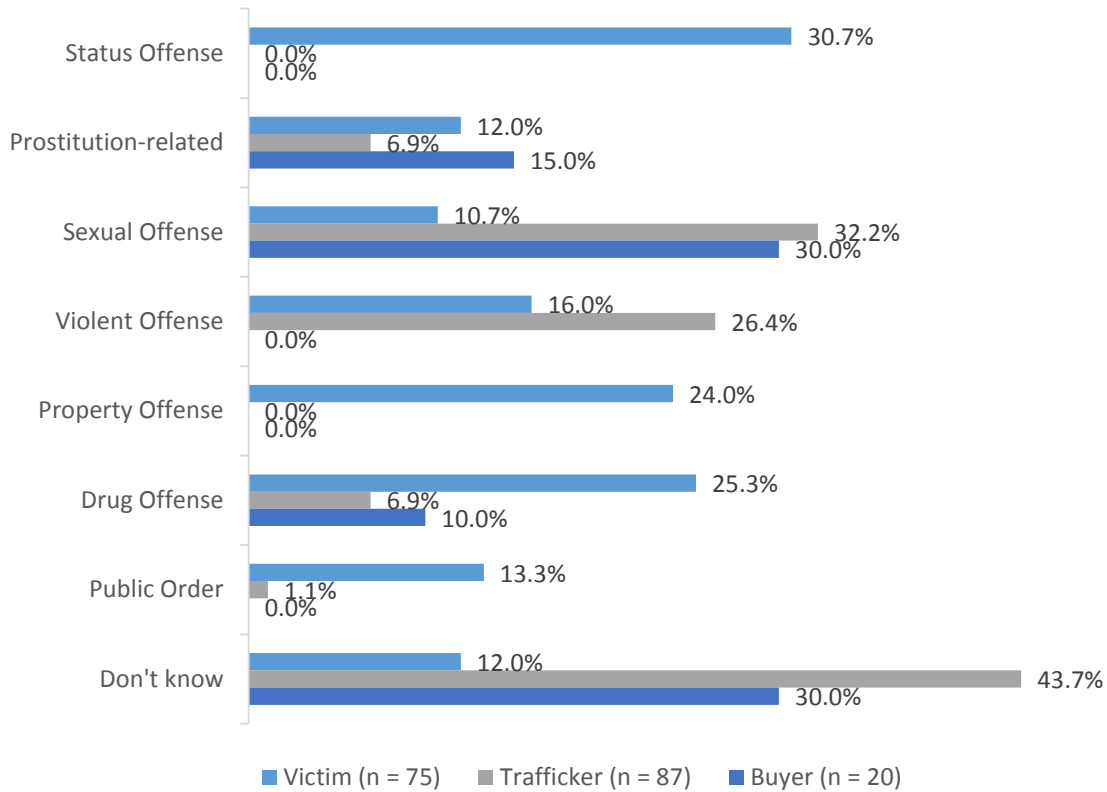
Figure 20. Percentage of Professionals Who Stated Law Enforcement Was Involved in At Least One of the Cases of Trafficking of Youth in Commercial Sex Reporting Criminal Charges Were Filed (n = 150)



Of the professionals who reported that victims (n = 75), traffickers (n = 87), and buyers (n = 20) were charged with a criminal offense, Figure 21 presents the percentages of professionals who reported different types of criminal offenses<sup>16</sup>. A large minority of respondents did not know the charges filed against traffickers (43.7%) or buyers (30.0%). Sexual offenses were reported by about 3 in 10 of respondents who stated buyers (30.0%) or traffickers (32.2%) were charged with criminal offenses. The most common types of offenses charged against victims were status offenses (30.7%), drug offenses (25.3%), and property offenses (24.0%).

<sup>16</sup> The interviewer did not give respondents categories from which to choose, instead responses were spontaneously mentioned by respondents and coded into categories.

Figure 21. Percentage of Professionals Who Mentioned Different Types of Criminal Charges Filed Against Victims, Traffickers, and Buyers

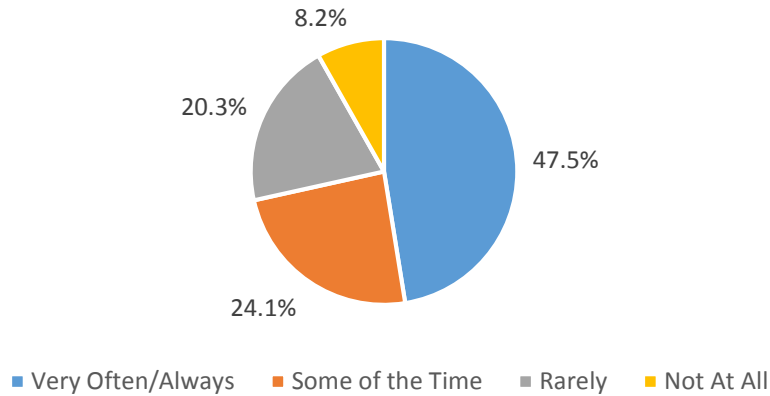


### Interagency Coordination

Interagency coordination or collaboration was the norm for professionals who worked with youth who were trafficked in commercial sex.

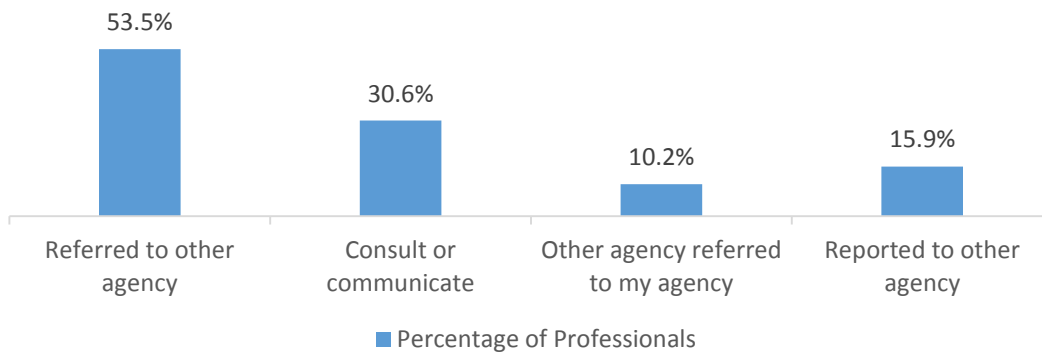
Nearly half of surveyed professionals (47.5%) said they worked very often or always with other agencies when working with youth victims of trafficking in commercial sex, and 24.1% stated they worked some of the time with other agencies; thus, 71.6% reported they worked some of the time, very often, or always with other agencies. One in five (20.3%) stated they worked rarely with other agencies and only 8.2% stated they did not work at all with other agencies (see Figure 22).

Figure 22. How Often Professionals Worked with Other Agencies When Working with Youth Victims of Trafficking in Commercial Sex (n = 161)



Respondents who stated they worked some of the time or very often/always with other agencies when working with victims were asked to describe how they worked with other agencies<sup>17</sup>. Figure 23 presents the different ways in which respondents worked with other agencies.

Figure 23. Different Ways Respondents Worked with Other Agencies When Working with Victims of STM (n = 157)<sup>18</sup>



Respondents who said they worked at least rarely with other agencies were also asked if they believed there were agencies with which they should work more closely but had been unable to do so (n = 145). The majority of respondents (66.9%) said there were no other agencies with whom they should work more closely. Of the 45 respondents who said there were other agencies with which they should work more closely, 57.8% said they should work more closely with the Cabinet for Health and Family Services (CHFS), 24.4% said law enforcement or juvenile justice, 15.5% said the court system, 8.9% mentioned behavioral health providers, 6.7% mentioned at-risk youth services, and 6.7% mentioned non-profit organizations.

Figure 24 presents the reasons respondents gave for why they had not been able to work more closely with other agencies. The most frequently mentioned reason for not working more closely with other

<sup>17</sup> The interviewer did not give respondents categories from which to choose, instead responses were spontaneously mentioned by respondents and coded into categories.

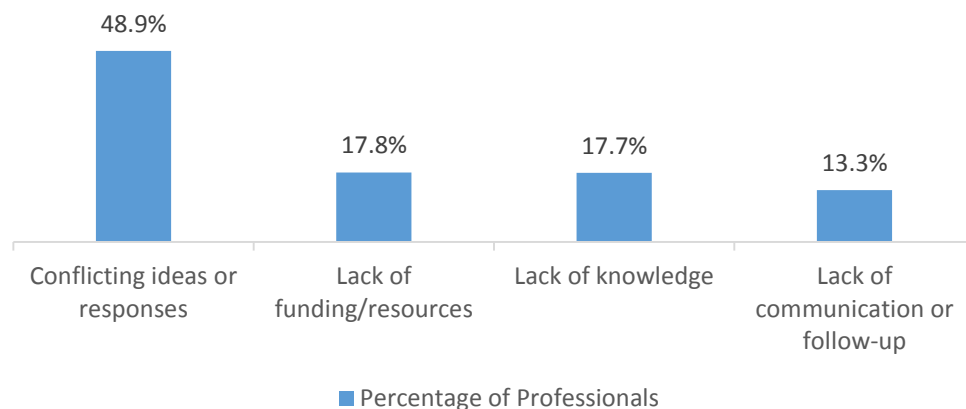
<sup>18</sup> Four respondents did not answer this question.

agencies was that agencies had conflicting ideas or responses (48.9%). For example, a juvenile justice staff member said of the Cabinet for Health and Family Services:

“It is difficult, if we are working with a youth it is difficult to get them to step in; they think if we are involved they don’t need to be. If a child is in custody they won’t investigate because the child is not in the home.”

Other reasons mentioned by professionals were lack of funding or resources (17.8%), lack of knowledge (17.7%), and lack of communication or follow-up (13.3%).

Figure 24. Reasons Professionals Did Not Work as Closely With Other Agencies as They Would Have Liked to Work (n = 45)



Professionals who said they worked not at all or rarely with other agencies were asked to explain why (n = 45). The most commonly mentioned reasons were that the problem of sex trafficking of minors occurs so rarely or is so new that agencies have not developed relationships yet to coordinate (28.9%) and the perception that there is no need work together (24.4%). Other reasons mentioned were difficulty working with other agencies (6.7%), the professional typically works with victims after they have been removed from the trafficking situation (4.4%), and 33.3% did not answer the question.

## Where Do We Go From Here?

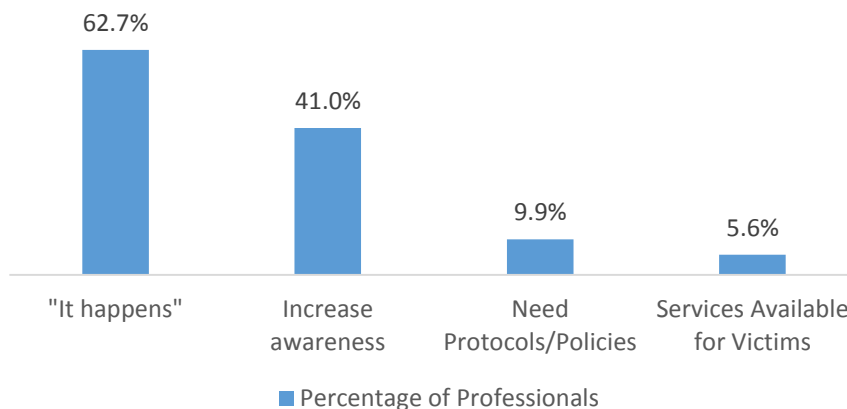
### Professionals’ Recommendations for Changes in Community Responses

The survey included information about professionals’ recommendations for changes in laws, community responses to youth victims, and training for community professionals.

Professionals who had worked with victims of trafficking in commercial sex as minors were asked, “What would you most want other professionals and community members to know about sex trafficking of youth in Kentucky?” The majority of the 161 professionals stated that other professionals need to understand that trafficking of minors in commercial sex happens in all types of communities (62.7%; see Figure 25). About 2 in 5 (41.0%) stated that professionals and community members need to increase their awareness about the issue in general (41.0%) including learning the red flags to help identify youth victims (21.7%), learning how to work effectively with victims (8.7%; e.g., not criminalizing them and building trust and

rapport), and learning more about existing laws (5.0%). Additionally, about 1 in 10 professionals stated that professionals need to have protocols or policies for how to respond to youth victims (9.9%), and 5.6% stated that professionals need to know about services available to victims (5.6%). Thus, increasing awareness of the issue is widely recommended.

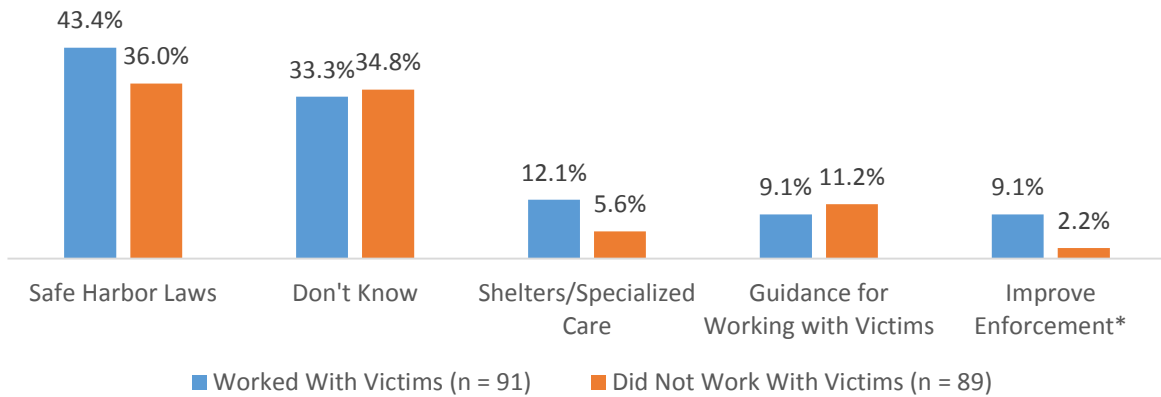
*Figure 25. Percentage of Professionals Who Mentioned Different Facets They Would Like Other Professionals and Community Members to Know About Trafficking of Youth in Commercial Sex (n = 161)*



All respondents were asked if they believed there need to be changes to laws pertaining to trafficking of minors in commercial sex. During the latter half of this study's data collection process Kentucky's House Bill 3, Human Trafficking Victims Rights Act, a safe harbor law, (co-sponsored by Representatives Sannie Overly and Addia Wuchner) was under consideration and eventually passed in the Kentucky state legislature. Appendix C provides a synopsis of the elements of House Bill 3.

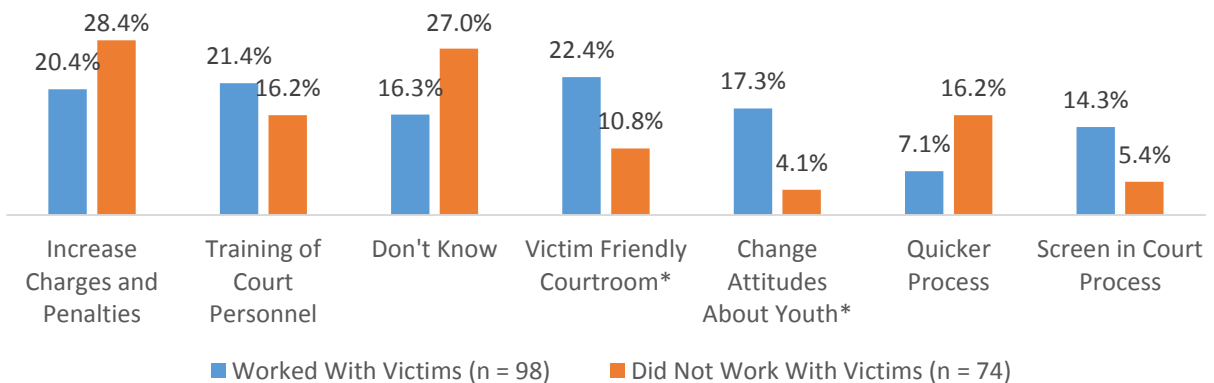
Recommendations for changes to laws are compared between professionals who had worked with individuals who had been trafficked in commercial sex as minors (n = 161) and professionals who had not worked with youth victims (n = 162). The majority of professionals stated that there needed to be changes to laws to improve responses to youth victims trafficked in commercial sex: 63.3% of professionals who had worked with definite or suspected victims of sex trafficking as minors and 55.3% of professionals who had not worked with victims (see Figure 26). Among the professionals who believed that there needed to be changes to laws, the highest percentage of both groups of professionals stated Safe Harbor Law provisions needed to be added to the state laws. Included within the Safe Harbor Law provisions are (a) increases in penalties for traffickers and buyers of commercial sex with minors, (b) requiring training for law enforcement and other first responders related to sex trafficking of minors, (c) adding seizure of assets to fund services for victims, and (d) exempting children from prosecution for prostitution—all of which are elements of the Human Trafficking Victims Rights Act. About 1 in 3 of professionals in both groups stated they did not know specific changes to make to laws. A minority of professionals stated that legislation for shelters or specialized care for youth victims was needed, legislation should establish guidance or specific protocols for working with youth victims, and enforcement of existing legislation was needed. Significantly more professionals who had worked with victims compared to professionals who had not worked with victims stated that improving enforcement of laws was needed (9.1% vs. 2.2%).

Figure 26. Among Professionals Who Believed Changes in Laws Were Needed to Improve Responses to Youth Victims, Comparison of Recommendations for Changes in Laws by Professionals' Experience Working with Victims



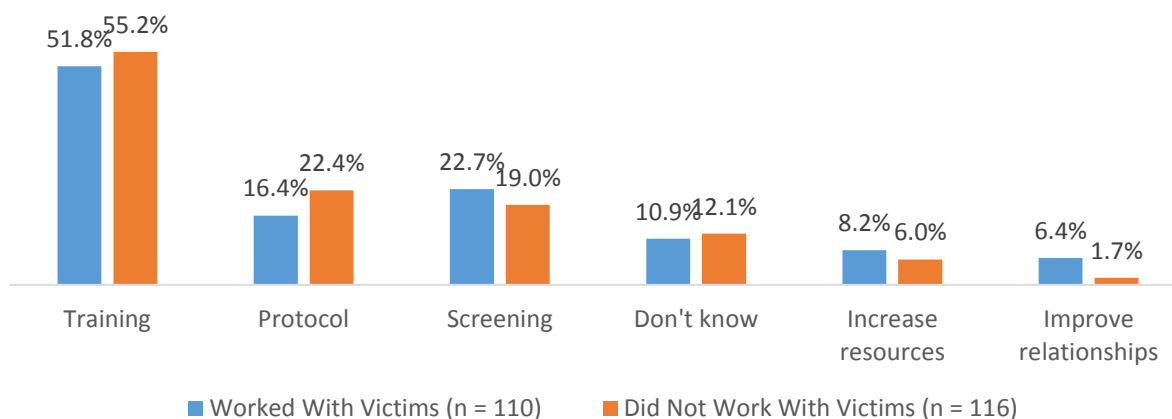
Professionals were also asked if they believed changes to the court process were needed to improve responses to youth victims of sex trafficking. Significantly more professionals who had worked with youth victims believed that changes in the court process were needed compared to professionals who had not worked with youth victims (62.3% vs. 46.0%,  $p < .01$ ). A comparison of responses by professionals' experience working with youth victims is presented in Figure 27. The more frequently given recommendations for changes to the court process were increases in charges and penalties to traffickers, training court personnel, making the courtroom more child-friendly, changing attitudes about youth exploited in commercial sex, making the court process quicker, and including screening for sex trafficking in the court process. Also, about 1 in 4 professionals (27.0%) who had not worked with youth victims and 16.3% of professionals who had worked with youth victims believed there should be changes in the court process but were not sure which specific changes should be made. Compared to professionals who had not worked with youth victims, significantly more professionals who had worked with victims stated that the courtroom should be made more child friendly and that court personnel's attitudes about youth victims should be changed.

Figure 27. Among Professionals Who Believed Changes in the Court Process Were Needed to Improve Responses to Youth Victims, Comparison of Recommendations for Changes in the Court Process by Professionals' Experience Working with Victims



The majority of professionals who had worked with youth victims and the majority of professionals who had not worked with youth victims believed that changes within their agency were needed to improve the response to STM. A comparison of responses by professionals' experience working with youth victims is presented in Figure 28. A little more than one half of each group stated that more training was needed within their agency. Other commonly recommended changes within their agency were to put a protocol into place for responding to victims of STM and to screen for STM. About 1 in 10 stated that changes within their agency were necessary but they could not provide specific recommendations. Smaller percentages of professionals stated that increases in resources and improving relationships with other community partners were needed.

*Figure 28. Among Professionals Who Believed Changes Within Their Agency Were Needed to Improve Responses to Youth Victims, Comparison of Recommendations for Changes Within Agencies by Professionals' Experience Working with Victims*

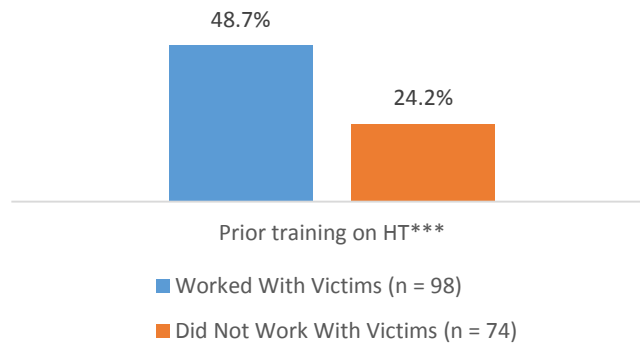


### Training on Human Trafficking and Sex Trafficking of Minors

Nearly half of professionals (48.7%) who had worked with youth victims of sex trafficking had received formal training on human trafficking compared to 24.2% of professionals who had not worked with youth victims (see Figure 29). Of the total sample (n = 323), 35.9% reported receiving training on human trafficking. Among the professionals who had received training on human trafficking (n = 116), the vast majority (94.8%) stated that trafficking of minors in commercial sex was addressed in the most recent training they had attended.



Figure 29. Comparison of Prior Training on Human Trafficking for Professionals Who Had Worked with Victims and Professionals Who Had Not Worked with Victims (n = 323)



\*\*\*p < .001

All professionals were asked how interested they were in receiving additional training on sex trafficking of minors. The majority of professionals said they were very interested (65.0%) or somewhat interested (26.0%) in training on STM. Only 2.5% said they were not at all interested in additional training (see Figure 30).

Figure 30. Professionals' Level of Interest in Future Training on Sex Trafficking of Minors (n = 323)

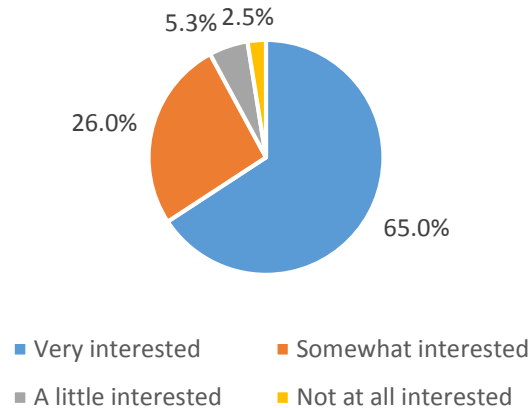
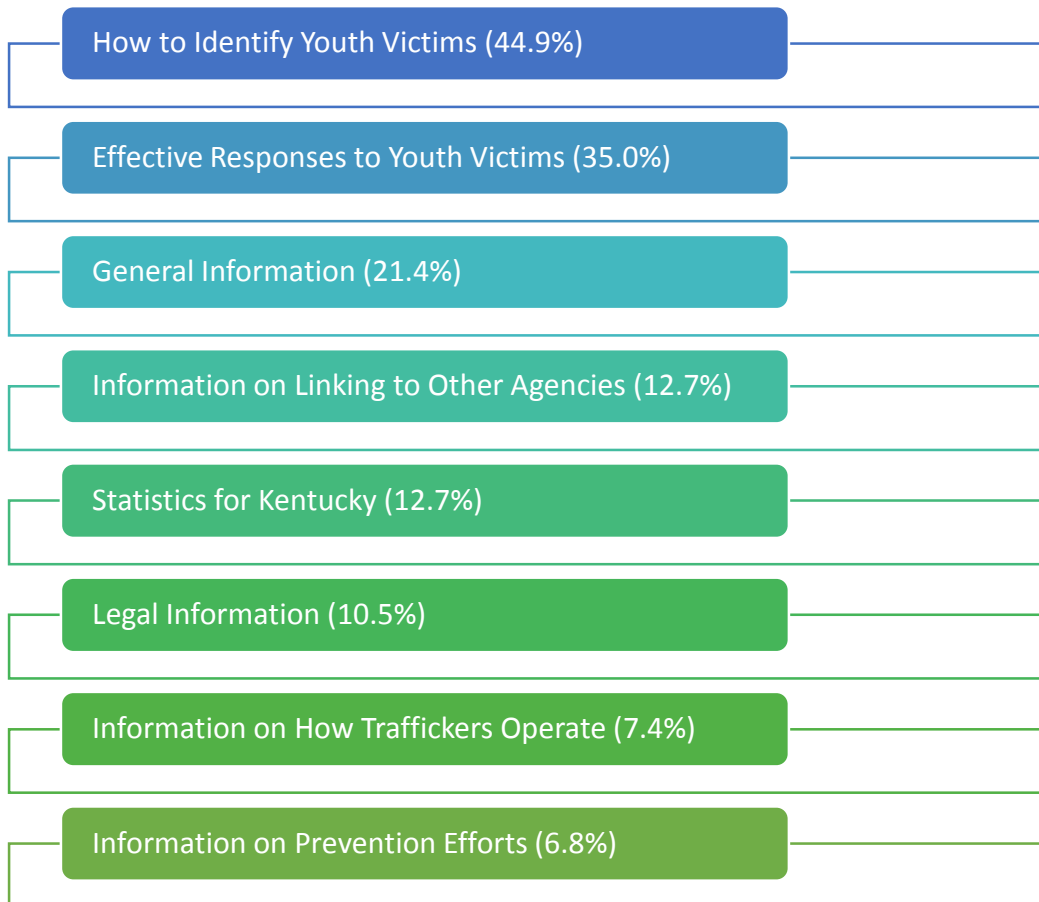


Figure 31 presents the percentage of professionals who were interested in receiving additional training on various topics related to sex trafficking of minors.

Figure 31. Percentage of Professionals Interested in Receiving Additional Training on Various Topics Related to Sex Trafficking of Minors (n = 323)



## Conclusion

Trafficking of youth in commercial sex occurs across all geographic regions of Kentucky in a variety of communities, including metropolitan, micropolitan, and rural communities. Even though this study cannot provide epidemiological data on the number of youth trafficked in commercial sex in Kentucky, survey data from professionals who work with at-risk youth and crime victims or offenders shows that about half of the professionals had direct experience working with definite or suspected youth victims of sex trafficking.

Prostitution and child pornography were the most commonly reported commercial sex activities in which youth were exploited—a finding that is consistent with other research on STM in the U.S. (Kotrla & Wommack, 2011). A variety of activities fit under the category of prostitution, including internet-facilitated, street-level, pimp-controlled, gang-controlled, youth trading sex for money, drugs, shelter, and parents allowing men to have sex with their children in exchange for money, drugs, or shelter.

Contrary to what may be expected for human trafficking victims overall, the majority of professionals who had worked with victims of STM in Kentucky had worked with individuals who were U.S. citizens or

permanent residents and first recruited into commercial sex in Kentucky. Also contrary to what may be expected, the type of victim-trafficker relationship reported by the greatest number of professionals was familial, with 43.3% reporting the trafficker was a parent or guardian. Because we did not collect information on the victim-offender relationship for all cases of STM with which the professionals had worked, as it would have been onerous or impossible for professionals who worked with more than a few victims to accurately answer, we must be careful to not misinterpret this finding. The tendency may be for individuals to read this statistic as stating that the majority of minors who were trafficked in commercial sex were trafficked by a family member, but this would be incorrect. What we can say is, that of the three most recent cases of STM with which professionals had worked (or fewer if they had worked with fewer than 3), the majority of professionals (61.9%) stated a trafficker was a family member of the victim. In a national study of 10 sites across the U.S., Shared Hope International found that service providers from all 10 communities mentioned cases in which parents or guardians were the traffickers of children (Smith et al., 2009). In the field assessment in Las Vegas, about 30% of STM victims were trafficked by a family member (Smith et al., 2009). The report noted that many service providers do not perceive of parents facilitating sex exchanges with their children/dependents as sex trafficking; yet it fits the legal definition of sex trafficking of minors. Much is written in the literature on STM about the grooming and recruitment process traffickers use, referring largely to traffickers who adopt the role of “boyfriend/friend” to manipulate the child. When one considers parents or guardians as traffickers, the nature of the relationship between the trafficker and child has laid the foundation for the trafficker to manipulate and exploiting the dependent child.

Additionally, although the vast majority of professionals who had worked with victims had worked with female victims, a little more than half (55.9%) had worked with at least one male victim. Less is known about male victims of STM. Male victims may be even less likely than female victims to disclose their exploitation in commercial sex and individuals may be less likely to perceive of males as victims of sex trafficking than females in the same situation (Friedman, 2013). Thus, barriers for identifying male victims of STM, in particular older adolescents, are likely greater than they are for female victims.

## The Vulnerability of Youth to Being Trafficked in Commercial Sex

Professionals were able to provide valuable information on how traffickers recruited victims into commercial sex and carry out the trafficking activities. Some of the same push factors that have been found in global studies of human trafficking were mentioned by professionals who had worked with youth victims of sex trafficking in this study: poverty, prior victimization, and disintegration of families due to poverty, substance abuse, homelessness, and parental illness, death, or abandonment (Stanojoska & Blagojce, 2012). Having an unstable home or compromised parenting was mentioned by the majority of professionals in this study as a vulnerability factor (i.e., push factor) for the youth with whom professionals had worked. Specific examples of unstable home included changes in guardianship, many changes in persons in the household, moving around a lot, and homelessness. Specific examples of compromised parenting mentioned by professionals were lack of parental supervision or involvement, parental substance use and mental health disorders, and highly permissive parenting. Other examples of parental factors that professionals believed left some of the youth victims vulnerable to trafficking was parents working long hours, being single parents, or immigrants with limited knowledge of risks in their communities to youth. Professionals believed that in some cases parents’ limited time and energy in supervising children rendered some youth vulnerable to trafficking. Additionally, prior abuse or involvement in the foster care system was cited by 1 in 5 professionals as a vulnerability factor. Even so,

this percentage is a conservative statistic, as professionals had to explicitly mention abuse or foster care to be included in this category. Material need in the form of needing a place to stay, food, drugs for one's own drug problem or a parent's drug problem, or the allure of expensive items that provide status was cited as a vulnerability factor for the youth with whom professionals had worked. A factor that was mentioned by a little more than one fourth of professionals was developmental processes or developmental or intellectual disabilities. Most of the responses in this category focused on the age of victims as contributing to their vulnerability. Thus, the specific examples of vulnerability factors mentioned by professionals in this study reflect many of the push factors identified in global studies of human trafficking. However, because only about 1 in 4 professionals who had worked with victims had worked with foreign born youth victims, push factors related to immigration were not frequently mentioned by professionals in this study.

Professionals' explanations of factors that make youth vulnerable to trafficking and descriptions of how traffickers exploit youth highlight the importance of traffickers' exerting control over youth through intimidation, threats, violence, and exploiting children's emotional and physical dependence on adults. Children are vulnerable to exploitation simply by being children; they are still developing cognitively, emotionally, socially, and physically. Even in the absence of explicit threats and violence, children are less likely than adults, who are more mature and have more experience to understand that the positive social interactions, promises, and material security traffickers provide them are, in actuality, part and parcel of the coercion and manipulation tactics traffickers use to control them.

About half of the professionals who had worked with victims stated that at least one of the traffickers had used the internet in their trafficking. The most commonly reported way in which the internet was used was in advertising and in making arrangements with buyers. Smaller percentages of professionals talked about traffickers using social media, online classifieds, and chat rooms on the internet to recruit victims, and to post pornography. Even though identifying incidences of STM using the internet is challenging, the internet has clearly changed methods used to recruit victims and operate commercial sex. Because of the anonymity and reach afforded by the internet and the speed with which information can be updated for example, as traffickers move victims through different communities, the internet has become an important component of many traffickers' operations (Latonero, 2011). Law enforcement, prosecutors, and service providers need to increase their capabilities to detect and uncover the use of the internet in their investigations of sex trafficking of minors. It is clear that the amount of information on commercial sex services posted daily online is too vast for an investigator to manually click through classified ads; however, basic data mining techniques to narrow the pool of online ads combined with human expertise is a current trend in investigation of internet-facilitated human trafficking (Latonero, 2011).



## Systems' Responses to Youth Victims of Sex Trafficking

The need for continued education and training to raise awareness and to improve professionals' knowledge and capabilities to respond effectively to minors trafficked in commercial sex was a common theme throughout the surveys. For example, when asked what they would like other community members and professionals to know about STM, the majority of professionals who had worked with victims of STM

(62.7%) said that everyone should understand that sex trafficking of minors occurs in all types of communities in Kentucky and 41.0% said that increasing awareness of STM is needed across Kentucky. With only about 1 in 5 respondents stating that their agency had a screening protocol for human trafficking there may be a need for more agencies to consider more formalized procedures to identify victims. Furthermore, significantly more professionals who had received training on human trafficking had also worked with victims of STM. This may be due to the fact that individuals who were most likely to encounter victims were more likely to have already received training. It could also be that professionals who received training had more knowledge and skills to identify victims of STM. Moreover, the vast majority of respondents said they were interested in receiving training on sex trafficking of minors. Information on how to identify victims and how to most effectively respond to victims were the most requested topics for future training. Additionally, training on changes in policies, procedures, and responsibilities of key agencies (e.g., child welfare and juvenile justice) is essential to effective implementation of Kentucky's Human Trafficking Victims' Rights Act (HTVRA) this year. Moreover, HTVRA amends existing statutes pertaining to training for law enforcement, prosecutors, and victims' advocates to include human trafficking training.

Continual staff turnover in agencies means that training must be repeated and ideally integrated into training curricula (Piening & Cross, 2012). Even in agencies where workers are trained to recognize, identify, and respond to STM there are still serious deficiencies in identifying and appropriately intervening with victims (Hines & Hochman, 2012). Training is just the beginning of improving our response to STM.

This study's findings highlight that key systems to be involved in identifying and responding to STM victims in Kentucky are the juvenile justice system, child welfare (DCBS), Administrative Office of the Courts court designated workers, behavioral health providers, victim services, services for at-risk youth, and school systems.

### Juvenile Justice System

Research in larger metropolitan areas has found that most youth trafficked in commercial sex encounter the justice system, including the juvenile justice system (Smith et al., 2009). In this study the majority of professionals reported youth victims encountered the juvenile justice system (i.e., juvenile court or the Department of Juvenile Justice) and of the 150 professionals who had worked with victims whose cases were brought to the attention of law enforcement, half reported that victims were charged with criminal offenses (e.g., status offenses, property, drug, violent, sexual offenses, or prostitution-related). Thus, juvenile court and DJJ workers are key to identifying youth who are exploited in commercial sex. The passage of HTVRA formalizes procedures to decriminalize victims of STM and to provide services to victims. Further, training in trauma-informed care for all juvenile justice professionals is beneficial, not only to improve responses to victims of STM, but also to provide more effective responses to trauma exposed youth, which make up the majority of youth in the juvenile justice system (Wiig, Widom, & Tuell, 2003).

### Child Protective Services

Kentucky's Human Trafficking Victims' Rights Act in June, 2013 has introduced a major policy shift for the Cabinet for Health and Family Services by making CHFS the agency with primary responsibility for providing assessment, treatment, housing, and services to youth who are trafficked, even when the trafficker is not a caregiver of the child. Other states have noted serious deficiencies in child welfare's

capacity to effectively respond to sex trafficking of minors (Hines & Hochman, 2012; Smith et al., 2009). Thus, careful consideration of how to increase the Cabinet’s capabilities to assess, treat, and refer trafficked youth for needed services is needed.

### Administrative Office of the Courts, Court Designated Workers

Court designated workers (CDW) within the Department of Family and Juvenile Services in the Administrative Office of the Courts work with youth who have complaints charged against them and who are eligible for a diversion program. Thus, Kentucky’s CDWs are in a critical position to identify youth who may be exploited in commercial sex. Kentucky’s Human Trafficking Victims’ Rights Act permits court designated workers to perform an initial screening for human trafficking, and if a minor screens positive, the AOC must make a referral to CHFS.

### Behavioral Health

When professionals were asked what the greatest needs of victims of STM are, 7 in 10 mentioned mental health care. Professionals identified great and varied mental health needs of youth, with many professionals specifically mentioning Posttraumatic Stress disorder and trauma exposure along with the negative developmental effects of youth being exploited. Best practices for victims of STM are intensive therapeutic treatments that use multiple types of therapies, include individual and group therapies (with other victims of STM), require substantial time commitments from victims and providers, and address all aspects of an individual’s life, including education, interpersonal relationships, and job training (Schapiro Group, 2009). Research evaluations of specific types of therapeutic approaches (such as Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavioral Therapy) that have been used with victims of STM are not found in the literature. Even though a variety of trauma-focused therapies have had success with treating youth who have been exposed to multiple and complex traumatic events, more research is needed to better understand if changes to trauma therapies are needed for this special population of sexually exploited individuals.

Moreover, it is increasingly clear that professionals—and not just behavioral health providers—who come into contact with youth and adults who are at-risk for victimization and trauma exposure should have training in delivering trauma-informed care. Youth who have been exploited in commercial sex typically have extensive histories of trauma, including trauma exposure during their trafficking, but also trauma exposure prior to their trafficking. Furthermore, traffickers typically use psychological coercion and manipulation to control victims—victims who are often without positive influences in their lives, are developing and are particularly vulnerable to the damaging effects of these control tactics. Often, victims believe that they chose to be “in the life” (e.g., in commercial sex) and will defend the traffickers as being the only person who loves them. Professionals who try to intervene with victims often meet hostility and resistance, which can be very confusing and frustrating, especially when professionals lack an understanding of the effect of complex trauma on children. Youth who are exposed to complex trauma often receive a diagnosis of Attention Deficit Disorder, Oppositional Defiant Disorder, Conduct Disorder, or other behavioral disorders (Buffington, Dierkhising, & Marsh, 2010). When assessment does not address the traumatic experiences that are contributing to symptoms, youth receive diagnoses that focus on observable behaviors. Armed with more knowledge of trauma-informed care, professionals can better understand the seemingly self-defeating actions of youth victims and be better prepared to intervene effectively.

## School Systems

School systems must be involved in trainings and developing protocols for preventing, identifying early, and responding to suspected trafficking of minors in commercial sex. Schools must be involved in educating students and students' families about the warning signs and dangers of a children's sexual exploitation in commercial sex.

## The Need for Specialized Care for Youth Victims of Sex Trafficking

In Illinois, the International Organization for Adolescents worked with the Center for the Human Rights for Children at Loyola University Chicago to publish a guide for child welfare workers to identify and appropriately respond to child victims of sex trafficking. A key element of the guide is the recommendation to conduct specialized assessment and coordination of services (Hardy, Compton, & McPhatter, 2013). Experts in service provision to STM victims recommend that assessments be conducted over multiple sessions, use open-ended questions, and avoid language that decriminalizes youth but at the same time does not characterize them as victims (Hardy et al., 2013; Smith et al., 2009). Residential treatment facilities that specialize in providing services for minor victims of sex trafficking is the gold standard intervention consistently recommended in the literature. However, the number of residential treatment facilities for STM victims is estimated to be 5-12 in the U.S.—none of which are in Kentucky (Finklea, Fernandes-Alcantara, & Siskin, 2011).

The needs identified by professionals in this study of victims of sex trafficking were great, ranging from basic needs such as food, shelter, and guardianship to more complex needs such as behavioral health care, including substance abuse treatment. Because of children's exploitation and traumatization prior to and because of trafficking in commercial sex, intervention with youth should assess for developmental needs the child may have, such as learning basic living skills and self-protective decision making, physical health care, educational and career planning, and interpersonal skills that promote healthy boundaries and care for the self. Successful reintegration into society and a successful break from commercial sex necessitates that youth believe, hope, and are capable of being a part of mainstream society by supporting themselves. Because the needs of child sex trafficking victims are complex and intersect with many social problems (i.e., family dysfunction, substance use, poverty, juvenile justice involvement), service providers from a variety of agencies must work together to assess and respond to the needs of trafficked youth. Effective coordination and collaboration requires that agencies have the commitment, resources, and time to develop relationships with service providers in other agencies. Many victims fall through the gaps in social systems because service providers do not know how to efficiently and effectively coordinate their efforts with other key agencies (e.g., child welfare, juvenile justice, law enforcement, emergency shelters, behavioral health, and substance abuse treatment).

## Study Limitations

The study method does not allow us to make an estimate of the number of victims of STM in Kentucky. An epidemiological understanding of the scope of the problem is needed, but for many reasons is very difficult to obtain. Sex trafficking of minors is hidden and highly mobile. Yet, the study findings show that STM may be a larger problem in Kentucky communities than the public and many service providers assume.

We did not systematically collect data on the ages and race of victims. Asking professionals who had worked with STM victims to give the ages and race of each victim would have been onerous and time-consuming. To reduce participant burden we did not ask for this level of detail. However, more



information on the age ranges and races of victims would be helpful in informing screening and intervention protocols.

With the passage of Kentucky's HTVRA, the Cabinet for Health and Family Services will have primary responsibility for responding to victims of STM. Because we were able to complete the survey with only a small number of Cabinet workers, additional research with Cabinet workers is needed to better understand the challenges and outcomes of this major policy change.

## Recommendations

1. We need to provide more prevention programs to at-risk youth through schools.
2. Agencies that serve at-risk youth should consider incorporating a screening tool in their intake or assessment process.
3. Agencies that work with at-risk youth need to improve data collection of STM cases to begin to gather epidemiological data on STM in Kentucky.
4. Successful intervention with victims requires substantial knowledge, non-judgmental empathy, and persistence.
5. Because of the multiple and complex needs of youth victims of sex trafficking, no one agency can adequately respond to the needs of victims of STM. Agencies must have the commitment, resources, and time to develop relationships with service providers in other agencies to successfully coordinate and collaborate.
6. Even though a variety of trauma-focused therapies have had success with treating youth who have been exposed to multiple and complex traumatic events, more research is needed to better understand if changes to trauma therapies are needed for this special population of sexually exploited individuals.
7. Training in trauma-informed care is needed for professionals who are most likely to encounter at-risk youth and crime victims, including court personnel and juvenile justice personnel.
8. Kentucky needs to have at least one specialized, long-term shelter for youth exploited in commercial sex.
9. A greater understanding of the needs of boys is needed to modify and develop services for male youth exploited in commercial sex.
10. The need for continued education and training to raise awareness and to improve professionals' knowledge and capabilities to respond effectively to minors trafficked in commercial sex was a common theme throughout the surveys.
  - a. With the implementation of the HTVRA, training of personnel in the Department of Juvenile Justice and the Administrative Office of the Courts' Court Designated Workers, and DCBS workers is greatly needed.
11. With the major shift in policy introduced by HTVRA wherein the Cabinet for Health and Family Services will have statutory authority to assess, treat, house and provide services to victims of STM, careful consideration is needed of how best the Cabinet can collaborate with other agencies to implement and evaluate this major change.

## Future Directions

As one would expect, there were gaps in professionals' knowledge of how victims were trafficked. Including victims' perspectives on sex trafficking is critical to understanding how traffickers recruit and traffic victims in commercial sex as well as evaluating systems' responses to victims. It is hoped that this



study is just one of the first research projects conducted in Kentucky to understand sex trafficking of minors and how best to prevent and intervene with victims. For example, understanding how service delivery changes once HTVRA is implemented would be helpful in informing how well the safe harbor elements of the law are protecting victims of STM.

This study indicates that many service providers in Kentucky encounter at least one victim of sex trafficking as a minor in all types of geographic and demographic communities (e.g., metropolitan, micropolitan, and rural). As awareness of sex trafficking of minors in Kentucky grows, more victims will be identified, which will increase the demand for services that are already underfunded and constrained by human power and financial limits. The passage of Kentucky's HTVRA is a good step in this direction by requiring "asset forfeiture for property used in connection with or acquired as a result of human trafficking or promoting human trafficking" (KRS 529.140), with 50% of proceeds from the forfeited assets going to the human trafficking victims fund (KRS 529.150). Greater training on human trafficking in general, and specifically, sex trafficking of minors, is needed with service providers and the public, particularly with the implementation of the Human Trafficking Victims Rights Act in June, 2013.

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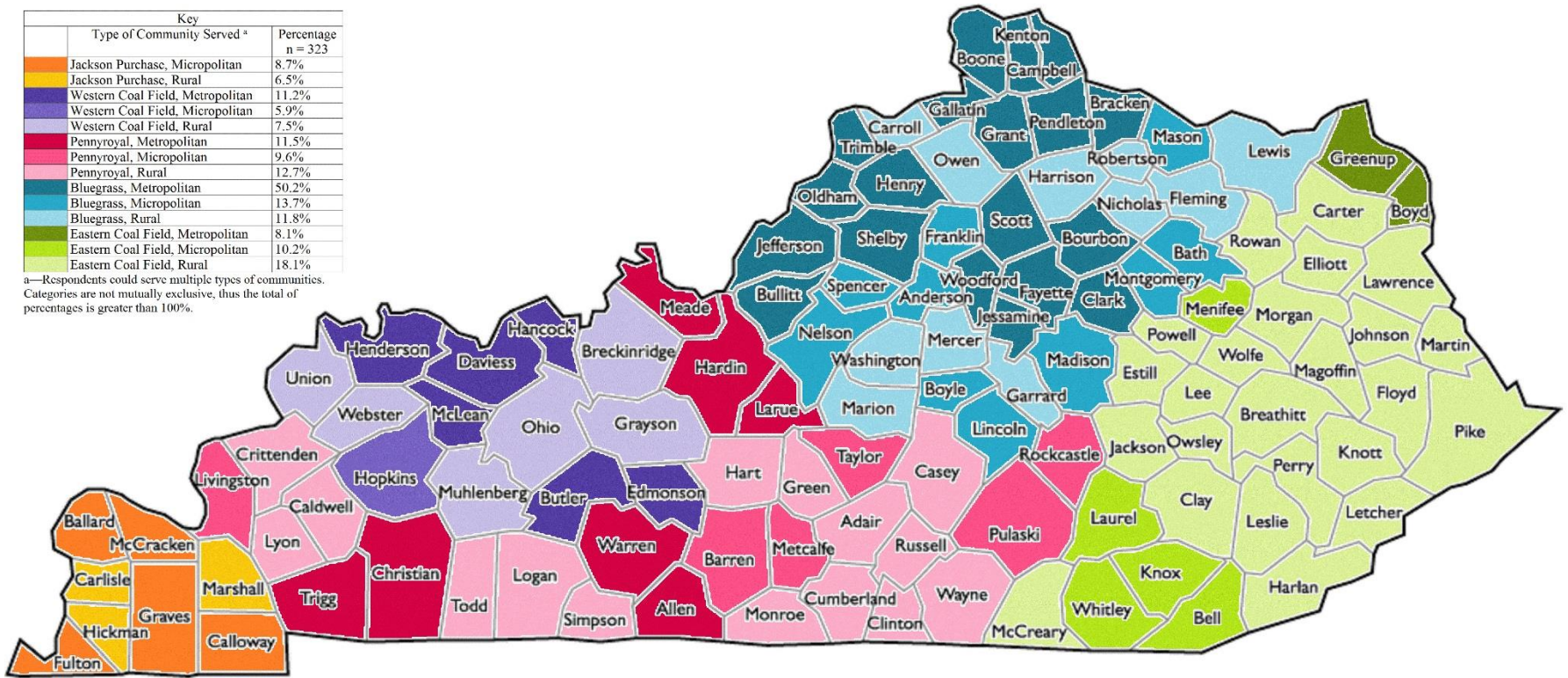
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# APPENDIX A

## Type of Communities in Which Professionals Worked

Key		
Type of Community Served <sup>a</sup>	Percentage	n = 323
Jackson Purchase, Metropolitan	8.7%	
Jackson Purchase, Rural	6.5%	
Western Coal Field, Metropolitan	11.2%	
Western Coal Field, Micropolitan	5.9%	
Western Coal Field, Rural	7.5%	
Pennyroyal, Metropolitan	11.5%	
Pennyroyal, Micropolitan	9.6%	
Pennyroyal, Rural	12.7%	
Bluegrass, Metropolitan	50.2%	
Bluegrass, Micropolitan	13.7%	
Bluegrass, Rural	11.8%	
Eastern Coal Field, Metropolitan	8.1%	
Eastern Coal Field, Micropolitan	10.2%	
Eastern Coal Field, Rural	18.1%	

<sup>a</sup>—Respondents could serve multiple types of communities. Categories are not mutually exclusive, thus the total of percentages is greater than 100%.



## APPENDIX B

A significant difference in the percentage of individuals who had experience with definite or suspected victims of sex trafficking as minors was found for one community type: Bluegrass Metropolitan. Specifically, significantly more professionals who worked in Bluegrass Metropolitan had worked with victims than professionals who had not worked with victims.

*Table B1. Percentage of Respondents Who Worked in Different Community Types (n = 323)<sup>19</sup>*

Community Type	Percentage of Professionals in Each Community Type	
	Did not work with victims	Worked with victims
Jackson Purchase, Micropolitan	46.4%	53.6%
Jackson Purchase, Rural	47.6%	52.4%
Western Coal Field, Metropolitan	50.0%	50.0%
Western Coal Field, Micropolitan	47.4%	52.6%
Western Coal Field, Rural	41.7%	58.3%
Pennyroyal, Metropolitan	37.8%	62.2%
Pennyroyal, Micropolitan	51.6%	48.4%
Pennyroyal, Rural	48.8%	51.2%
Bluegrass, Metropolitan*	44.1%	55.9%
Bluegrass, Micropolitan	45.5%	54.5%
Bluegrass, Rural	36.8%	63.2%
Eastern Coal Field, Metropolitan	42.3%	57.7%
Eastern Coal Field, Micropolitan	51.5%	48.5%
Eastern Coal Field, Rural	46.6%	53.4%

\*p < .05; tested with chi square test

<sup>19</sup> Because many professionals work in more than one county and in cases more than one type of community, the sum of the percentages is greater than 100%.

## APPENDIX C

### Summary of HB 3 Human Trafficking Victims Rights Act

Effective Date: June 26, 2013

- **Creates Safe Harbor to treat child victims of human trafficking as victims, not criminals.**
  - Prohibits charging for or finding guilt for **status offenses** related to conduct arising out of the human trafficking (“HT”) of the child unless it is later determined child was not a victim of HT. KRS 630.125.
  - **Prohibits prosecution of minors for prostitution** or loitering for prostitution and requires report of child to the Cabinet for Health and Family Services (“CHFS”) as possible victims of HT. KRS 529.120.
  - Permits **law enforcement** to take a child victim of HT into protective custody, similar to sexual abuse cases. KRS 529.120.
  - Permits **court-designated workers** to perform an initial screening for HT and refer to the cabinet as a dependent, neglected, or abused (DNA) case. KRS 605.030 (1) (d).
  - If a child victim of HT progresses through the system all the way to **Department of Juvenile Justice** without his or her status as a victim of HT being discovered, once the department discovers this status, it is required to file a report with CHFS, notify the child’s attorney, and petition the court to transfer custody to CHFS if the child does not pose a threat to public safety. The department is given the authority to promulgate regulations to provide treatment for those children who cannot be placed with the cabinet. KRS Chapter 15A .
  - Requires a **report to CHFS if there is reasonable cause to believe a child is a victim of human trafficking**. Adds human trafficking to the mandatory reporting statute for child abuse. The case is required to be treated as a **DNA** case regardless of whether the perpetrator was a parent, guardian or someone exercising custodial control or supervision. KRS 620.030 (3).
  - Requires **CHFS** to:
    - Provide assessment, treatment, housing, and services to the child as a victim of HT and treat the child as a DNA child. KRS 620.040 (1) (b).
    - Proceed with the case in accordance with DNA statutes regardless of whether the perpetrator was a parent, guardian or someone exercising custodial control or supervision. KRS 620.040 (1).



- Promulgate administrative regulations for treatment of these children as DNA cases, KRS 620.029; and
- Report annually to LRC, Interim Joint Committees on Judiciary, and Health and Welfare the number of reports received alleging human trafficking of a child, the number of reports substantiated after investigation, and the number of cases in which services were provided.
- Respond to the report of human trafficking of a child within an hour by treating it as a high-risk case, like a report of sexual abuse.
- The Cabinet shall receive first priority for funding allocation to meet the responsibilities to serve minor victims of trafficking. KRS 529.140.
  - Includes advocates of victims for HT in membership of **multidisciplinary teams (MDTs)** and permits MDTs to investigate child HT cases involving commercial sexual activity. KRS 431.600 (1).
- Requires **asset forfeiture** for property used in connection with or acquired as a result of human trafficking or promoting human trafficking. KRS 529.140. The terms and processes of the asset forfeiture provisions in the bill mirror the controlled substances forfeiture provisions (KRS Chapter 218A).
- **Distribution** of the proceeds from the forfeited assets is as follows:
  - 50% to the human trafficking victims fund.
  - 42.5% to the participating law enforcement agency or agencies.
  - 7.5% to the OAG or the PAC for deposit on behalf of the participating prosecutorial agency. KRS 529.150.
- **Additional penalty – human trafficking victims’ service fee:** \$10,000 human trafficking victims service fee required for persons convicted of human trafficking or promoting human trafficking. KRS 529.130.
- Creates a **human trafficking victims fund** that consists of forfeited assets, the human trafficking victims service fee, grants, contributions, appropriations, and other moneys. Moneys are to be distributed to agencies serving human trafficking victims, law enforcement, and prosecutors pursuant to regulations promulgated by the Justice Cabinet. KRS 529.140.
- Amends the statute that provides the **statute of limitations for civil actions** brought by child victims of sex crimes to include child victims of promotion of human trafficking involving commercial sexual activity (child victims of human trafficking involving commercial sexual activity were already included in the statute). KRS 413.249.

- Adds child victims of human trafficking to the list of those eligible to receive special circumstances in giving **testimony**, like other child victims of illegal sexual activity. KRS 421.350 (1).
- Provides **punitive damages** at least three times the amount of wages and overtime due, as well as costs and attorney's fees, when an employer fails to pay the employee the full amount due, and the court finds the employer has subjected the employee to forced labor or services. KRS 337.385 (3).
- Amends **forgery in the second degree** to include coercing another person to falsely make, complete, or alter a written instrument in the commission of a human trafficking offense. This addresses the problem of traffickers forcing trafficking victims to obtain false identifications. KRS 516.030 (1).
- Requires **KSP to designate a unit** to receive and investigate human trafficking complaints and to cooperate and assist other agencies in these investigations. (This would not require KSP to hire additional staff). KRS 16.173.
- Amends statutes pertaining to training for law enforcement, prosecutors, and victims' advocates to include **human trafficking training**. KRS 15.334.
- Requires the **Prosecutors Advisory Council** to collect data on HT cases involving minors engaged in commercial sexual activity. KRS 15.701 (1).
- Requires the **Labor Cabinet to report** all suspected incidents of human trafficking to law enforcement and provides immunity from liability for anyone in the cabinet reporting in good faith. (Many human trafficking complaints originate when the trafficked victim complains to government agencies that the trafficker refused to pay for the victim's labor). KRS 336.075.
- Requires **CHFS to submit a report** to LRC and the IJC's on Judiciary and Health and Welfare by Nov. 1, 2013 on its plan to implement treatment and services for children suspected to be victims of HT. KRS 620.029. CHFS also to report on recommended statutory changes.

For more information, contact Gretchen Hunt ([ghunt@kasap.org](mailto:ghunt@kasap.org)) with the Kentucky Association of Sexual Assault Programs, [www.kasap.org](http://www.kasap.org).



## APPENDIX D

### RESOURCES

#### Services for Victims of Human Trafficking

National Human Trafficking Hotline, 1-888-3737-888

National Center for Missing & Exploited Children's Cyber Tipline (1-800-843-5678) and website:  
[www.cybertipline.com](http://www.cybertipline.com)

Kentucky Rescue and Restore Victims of Human Trafficking (Umbrella Coalition),  
<http://www.rescueandrestoreky.org>.

Catholic Charities Human Trafficking Program, <http://cclou.org/human-trafficking>

Kentucky Association of Sexual Assault Programs (KASAP) for training and technical assistance,  
[www.kasap.org](http://www.kasap.org)

Bluegrass Rape Crisis Center, [www.bluegrassrapecrisiscenter.org](http://www.bluegrassrapecrisiscenter.org)

Women's Crisis Center, [www.wccky.org](http://www.wccky.org)

Adanta Sexual Assault Resource Center, [www.adanta.org](http://www.adanta.org)

Center for Women & Families, [www.centerforwomenandfamilies.org](http://www.centerforwomenandfamilies.org)

#### Local Human Trafficking Task Forces

Lexington Human Trafficking Task Force

Co-chair: Brittney Thomas, [britt\\_ney07@icloud.com](mailto:britt_ney07@icloud.com)

Co-chair: Dani Rodgers, [Dani.Rodgers@bluegrassrapecrisis.org](mailto:Dani.Rodgers@bluegrassrapecrisis.org)

Louisville Human Trafficking Task Force

Chair: Amy Nace Degonda, [anace@sevencounties.org](mailto:anace@sevencounties.org)

PATH Human Trafficking Task Force (Northern KY)

Chair: Mary Richie, [nkypath@gmail.com](mailto:nkypath@gmail.com)

Bardstown Human Trafficking Task Force

Chair: Mary Boyce, [mboyce@scnazarethky.org](mailto:mboyce@scnazarethky.org)

Shelby County Human Trafficking Task Force

Chair: Penny Adelsberger, [penelopelynn@att.net](mailto:penelopelynn@att.net)

## **National Resources on Human Trafficking**

Polaris Project, <http://www.polarisproject.org/about-us/overview> (including PowerPoint training on Safe Harbor and trafficking of children)

Shared Hope International, <http://sharedhope.org> (videos and resources on sex trafficking of children)