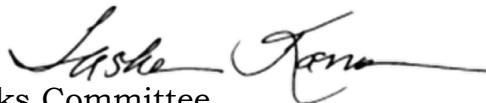


December 16, 2021

MEMO TO: HCP-15 File

F R O M: Tasha Kama, Chair
Human Concerns and Parks Committee

A handwritten signature in black ink, appearing to read "Tasha Kama", written in a cursive style.

SUBJECT: **TRANSMITTAL OF INFORMATIONAL DOCUMENTS RELATING
TO SEX TRAFFICKING** (HCP-15)

The attached informational documents pertain to Item 15 on the Committee's agenda.

hcp:ltr:015afile02:wal

Attachments



SEX TRAFFICKING IN HAWAI'I PART III

*SEX TRAFFICKING
EXPERIENCES
ACROSS HAWAI'I*

JANUARY 2020

MAUI

AUTHORS

**Dominique Roe-Sepowitz
Arizona State University**

**Khara Jabola-Carolus
Hawai'i State Commission on the
Status of Women**



Sex Trafficking on Maui

This is the third study in a series of research studies exploring sex trafficking in Hawai‘i. The first study conducted in 2018 explored the scope of the online sex buyer market. The online buyer market was found to be robust with many thousands of sex buyers looking for sex online every day in Hawai‘i. The second study was completed in 2019 and explored the stories of 22 female sex trafficking survivors who were sex trafficked in Hawai‘i. The victims were from Oahu and Hawai‘i Island and were 77.3 percent Native Hawaiian. The survivors’ stories included their recruitment experiences, their violent victimizations by their families, traffickers, and customers, and the involvement of systems including law enforcement, medical services, and schools that did not identify or respond to their victimization.

This study aims to build on the first two studies with a large scale survey (the Youth Experiences Survey (YES) Hawai‘i) of sex trafficking experiences among clients at a large social service agency in Hawai‘i. During three months in 2019, 363 individuals on five Hawaiian Islands completed an eight page paper and pencil survey about their childhood and adult experiences including their sex trafficking victimization.

Maui

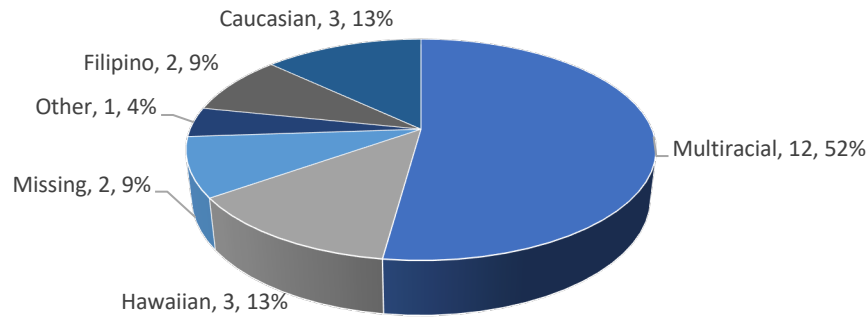
Of the full sample from five Hawaiian Islands (N =363), 57 (15.7%) participants from Maui completed the eight page YES Hawai‘i Survey. Of the 57 participants, 23 (40.4%) reported that they were a victim of sex trafficking.



Demographics:

- The sex trafficking victims on Maui identified as 73.9% (n =17) female and 26.1% (n =6) male.
- Forty-eight percent (n =11) of the 23 sex trafficking victims on Maui identified as some Native Hawaiian.

Ethnicity of Sex Trafficking Victims in Maui



- Seventy four percent (n =17) of the sex trafficking victims on Maui identified as heterosexual and seventeen percent (n =4) as LGBTQ.

Sex Trafficking Specific Information

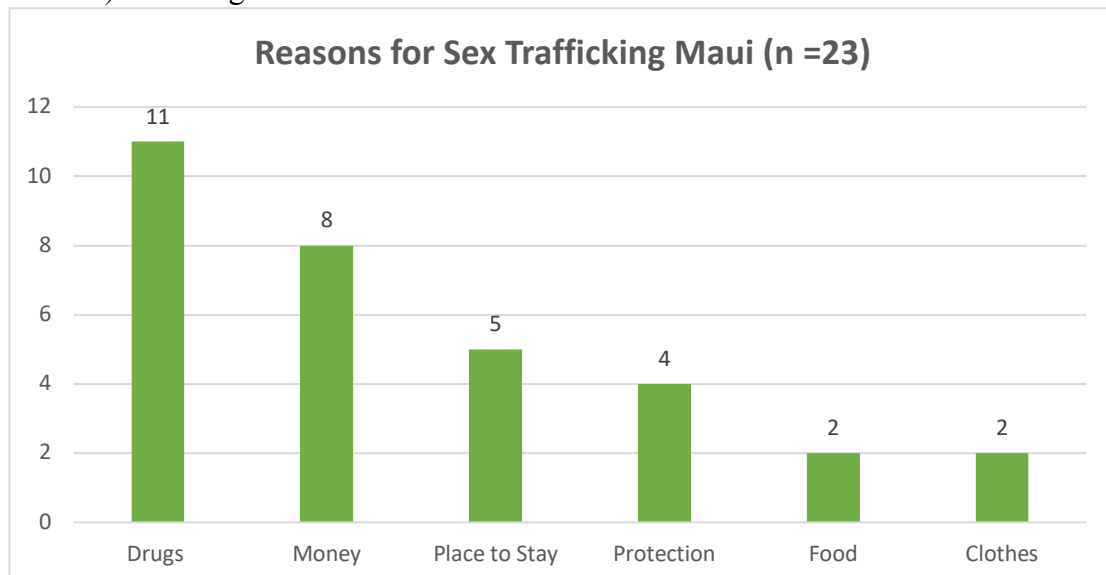
- Age of Victimization*

The age of first sex trafficking of victims in Maui ranged from age 6 to 50 years old with an average of 22.1 years old.

Seven (30.4%) of the sex trafficking victims in Maui were children (under age 18) when they were first sex trafficked. Of those sex trafficked as children, the average age was 11.7 years old (ranging from age 6 to 17 years old). One of the child sex trafficking victims was male and six were female.

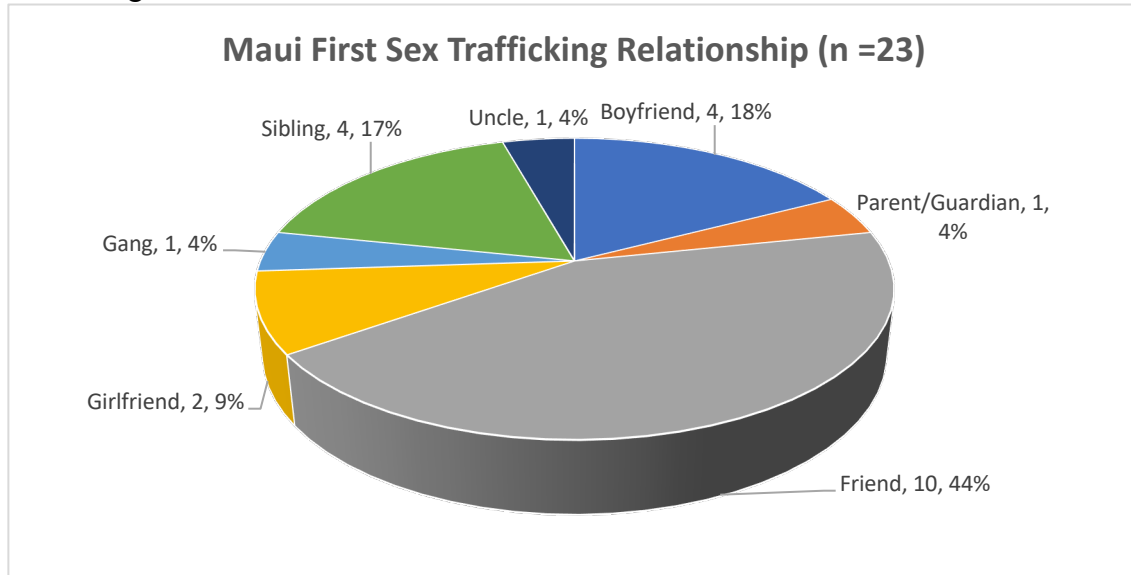
- Reasons for Sex Trafficking*

The sex trafficking victims identified as being forced to exchange sex for a reason (or reasons) including:



- **Sex Traffickers**

In 100% of the sex trafficking cases in Maui, a sex trafficker was reported. The sex trafficking victims identified their first sex trafficker as:



Twenty-six percent (n =6) of the sex trafficking victims identified a family member as a sex trafficker. These included four siblings (including a step brother), a parent, and an uncle.

- **Sex Trafficking Experiences**

- Five (21.7%) of the sex trafficking victims in Maui reported that they were forced to use drugs by their sex trafficker.
- Three (13%) of the sex trafficking victims in Maui were afraid to leave the sex trafficking situation because of a fear of violence or other threats of harm to them or their family.
- Eight (34.8%) of the sex trafficking victims in Maui reported that they had a family member who had also experienced sex trafficking.
- Thirty-five percent (n =8) reported that technology was used in their sex trafficking situation.

- **Current Situation**

- For forty-eight percent (n =11) of the sex trafficking victims in Maui, their current housing situation was precarious (shelter, couch surfing, transitional housing, hotel, foster/group home, and streets).
- Seventy-four percent (n =17) have children.
- Six (26.1%) of the sex trafficking victims are currently involved with the Hawai'i Child Welfare System.
- Three (13%) of the sex trafficking victims reported that their children did not live with them- their children are in foster care. Nine (39.1%) reported their children live with their family.

- As adults, 56.5 percent (n =13) of the sex trafficking victims reported being victims of domestic violence.
- Eight (34.8%) of the sex trafficking victims in Maui reported that they had experienced negative contact with law enforcement.

Lifetime Experiences of the Sex Trafficking Victims

- *Housing and Homelessness*

- Sixty-five percent (n =15) of the sex trafficking victims on Maui reported that they had also experienced homelessness.
 - ⇒ Their average age of first homelessness was between ages 5 and 51 (average of 25.6 years old).
 - ⇒ They reported an average of 2.4 homelessness experiences.

- *Childhood Experiences*

- Thirty-nine percent (n =9) of the sex trafficking victims in Maui reported having a parent in prison.
- The sex trafficking victims reported an average of 4.1 adverse childhood experiences on the ACE survey.
- Forty-four percent (n =10) reported having observed domestic violence in their homes as children. Thirty-five percent (n =8) saw their father hit their mother, thirteen percent (n = 3) saw their mother hit their father.
- Forty-four percent (n =10) of the sex trafficking victims reported experiencing childhood emotional abuse.
- Twenty-six percent (n =6) of the sex trafficking victims reported experiencing physical abuse as a child.
- Nine (39.1%) of the sex trafficking victims reported that they had been placed in residential treatment as a youth.
- Sexual Abuse
 - ⇒ Sexual abuse before the age of 12 was reported by 34.8 percent (n =8) of the sex trafficking victims.
 - ⇒ Sexual abuse between the age of 12 to 17 years was reported by 26.1 percent (n = 6) of the sex trafficking victims.
 - ⇒ Combining the two reported experiences of sexual abuse, 10 (43.5%) of the sex trafficking victims reported experiencing some sort of sexual abuse.
- Teen dating violence experiences was reported by 48% (n =11) of the sex trafficking victims.
- Child Welfare Involvement
 - ⇒ Twenty-two percent (n =5) of the sex trafficking victims reported having been in foster care.
- Juvenile Delinquency
 - ⇒ Twenty-six percent (n =6) of the sex trafficking victims reported that they had been involved in the juvenile justice system (detention/probation).
 - ⇒ Gang affiliation was identified by 13 percent (n =3) of the sex trafficking victims.

- *School issues*

- The sex trafficking victims in Maui identified important issues and experiences when they were in school.

School Issue	N = 23 Sex Trafficking Victims	%
Academic difficulties	9	39.1%
Bullied in school	9	39.1%
Special education classes	5	21.7%
Expelled from school	3	18.2%

- *Family Issues*

- Family issues reported by the sex trafficking victims included being kicked out of the house and living in an unsafe environment.

Family Issue	N = 23 Sex Trafficking Victims	%
Kicked out of the home	5	21.7%
Home was unsafe environment	3	13%
Kicked out due to using drugs	2	8.7%
Family conflict/fighting with parents	0	0%
Family too poor to provide for their needs	0	0%

- Ten (43.5 percent) of the sex trafficking victims reported having run away as a child. Four (57%) of the seven child sex trafficking victims had runaway as a child.

- *Drug Use*

- Eighty-seven percent (n =20) of the sex trafficking victims reported have used drugs.
- First drug use was on average, 16.4 years old for the sex trafficking victims.
- Drug addiction was reported by fourteen (60.9%) of the sex trafficking victims and four (17.4%) sex trafficking victim reported addiction to alcohol.
- Drug use types by the sex trafficking victims included:
 - Marijuana (n =19, 82.6%)
 - Methamphetamines (n =15, 65.3%)
 - Vaping (n =16, 69.6%)
 - Heroin (n =8, 34.8%)

Eight (34.8%) of the sex trafficking victims reported attending drug treatment.

- *Mental Health Issues*

- Fifteen (65.2%) of the sex trafficking victims reported having a mental health diagnosis, 11 (n =47.8%) reported having more than one mental health diagnosis.
- Mental health diagnoses included:
 - Anxiety (n =11, 47.8%)
 - Depression (n =9, 39.1%)
 - Posttraumatic Stress Disorder (n =7, 30.4%)
 - ADD/ADHD (n =5, 21.7%)
 - Bipolar Disorder (n =2, 8.7%)
 - Schizophrenia (n =2, 8.7%)

Mental Health Challenge	N = 23 Sex Trafficking Victims	%
Self-harm	14	60.9%
Risk taking behaviors	6	26.1%
Excessive alcohol use	5	21.7%
Attempted suicide	10	43.5%
Burning self	4	17.4%

- Twelve (52.2%) of the sex trafficking victims on Maui reported receiving treatment for their mental health diagnoses.

Contact information for the Authors:

Dominique Roe-Sepowitz dominique.roe@asu.edu

Khara Jabola-Carolus kjabola-carolus@dhs.hawaii.gov



Research Report

Sex Trafficking in Hawai‘i: Part III.

Sex Trafficking Experiences Across Hawai‘i

Dominique Roe-Sepowitz
Arizona State University

Khara Jabola-Carolus
*Hawai‘i State Commission
on the Status of Women*

November 2019



About the Partners

Arizona State University, Office of Sex Trafficking Intervention Research (ASU STIR)

Founded in 2013, ASU STIR is a center for human trafficking research innovation. ASU STIR staff and partners includes social science researchers, law enforcement partners, survivor-leaders, and graduate and undergraduate students. The goal of ASU STIR's research is to develop human trafficking specific research and evaluation activities for data driven decision making regarding victim detection, intervention, and treatment. ASU STIR supports the development of clinical interventions, awareness programs, screenings, policy creation, and treatment/program evaluation.

Dr. Roe-Sepowitz, the Director of the ASU STIR Office, has conducted evaluation, intervention, and incidence research on human trafficking for the past 15 years. Dr. Roe-Sepowitz has presented for the U.S. State Department as an expert on human trafficking and has been invited to the White House twice for expert work groups on human trafficking. Dr. Roe-Sepowitz has been selected to participate in workgroups on human trafficking by the United Nations University, SAMHSA, The U.S. Office of Victims of Crime, the U.S. Department of Health and Human Services, and the U.S. Department of Justice. Dr. Roe-Sepowitz is the clinical director of Phoenix Starfish Place, is the coordinator of the Phoenix 1st Step pop-up Drop-in Center for sex trafficked and prostituted persons. Dr. Roe-Sepowitz has published 35 peer reviewed journal articles and over a dozen technical reports on human trafficking.

Hawai'i Commission on the Status of Women (HSCSW)

HSCSW is a statewide feminist government agency that works toward equality for women and girls in the State by acting as a catalyst for positive change through advocacy, education, collaboration and program development. The goal of research at HSCSW is to counteract existing oppressive gender systems that are strengthened by the commercial sex industry and that harm all women and girls.

Child and Family Service

CFS is a family-centered, full-service community-based organization and has been at work in the community since 1899. Our mission is "Strengthening families and fostering the healthy development of children". Through nearly 50 programs statewide, CFS offers services on O'ahu, Kaua'i, Maui County, and Hawai'i Island, and welcome everyone from keiki to kūpuna (children to seniors) across the Islands. CFS helps Hawai'i families address some of life's most serious situations including poverty, abuse, and neglect.

Table of Contents

- Acknowledgements
- Executive Summary
- Terminology
- Background Literature
- Review of Previous Research on Sex Trafficking in Hawai‘i
- Current Study Goals and Methods
 - Data Collection Site
 - Instruments
 - Methods
- Participants
 - Demographics
 - Housing and Homelessness
 - Childhood Maltreatment Experiences
 - Juvenile Justice and Law Enforcement Experiences
 - Family Experiences
 - School Experiences
 - Adult Experiences of Violence and Child Welfare Involvement
 - Drug Use
 - Mental Health Experiences
 - Treatment Experiences
 - Medical Issues
 - Labor Trafficking
 - Sex Trafficking
- Characteristics of Victims of Sex Trafficking
 - Demographics
 - Sex Trafficking Experience
 - Relationship to the Sex Trafficker
 - Use of Technology in Sex Trafficking
 - Housing and Homelessness
 - Childhood Maltreatment Experiences
 - Juvenile Justice and Law Enforcement Experiences
 - Family Experiences
 - School Experiences
 - Adult Experiences of Violence and Child Welfare Involvement
 - Drug Use
 - Mental Health Experiences
 - Treatment Experiences
 - Medical Issues
 - Labor Trafficking Experiences
- Age Comparison: Minor/Adult Victims
- Gender Comparison: Male/Female Victims
- Discussion
- Recommendations
- Policy Implications
- References

Acknowledgements

The authors would like to thank the outstanding staff at Child and Family Service for their commitment to their clients and their willingness to support this project through the administration of the survey. We would also like to give our thanks to the participants who took the time to share their life experiences and carefully complete the surveys included in this report.

Contact information for the Authors:

Dominique Roe-Sepowitz dominique.roe@asu.edu

Khara Jabola-Carolus kjabola-carolus@dhs.hawaii.gov

Executive Summary

Key Findings from Sex Trafficking Experiences Across Hawai‘i

Human trafficking has been found in all fifty U.S. states and is an issue that impacts both domestic and international victims. Human trafficking is defined as a crime that involves forcing, coercing, or enticing a person to provide labor or engage in exchanging sex for something of value. Victims of human trafficking are often hidden from public view because exploitation occurs in private homes, hotels, vacation rentals, massage parlors, or online. Little is known about sex trafficking victims, traffickers and sex buyers in Hawai‘i. This study is only the third research report published to date to explore sex trafficking in Hawai‘i. The lack of a general understanding of the scope and complexity of sex trafficking in Hawai‘i has allowed the victimization of Hawai‘i residents to continue. Services for juvenile and adult sex trafficking victims continue to be very limited. In both this study and our previous research in Hawai‘i, sex trafficking victims have been identified in urban and rural areas, in hospitals and drug rehabilitation centers, youth attending school, and in juvenile and adult correctional settings.

This study found nearly 100 sex trafficking victims living in Hawai‘i between April and June 2019. One out of every five sex trafficking victims identified in this study had been sex trafficked as a child. Sixty-four percent of the sex trafficking victims identified as being all or some Native Hawaiian. Over 20 percent of the sex trafficking victims were male. Nearly a quarter of the sex trafficking victims were sex trafficked by a family member (parent, guardian, sibling, uncle, grandfather). The sex trafficking victims reported high rates of Adverse Childhood Experiences (ACEs) including family violence and neglect, childhood sexual abuse, domestic and dating violence, having a mental health diagnosis, struggling with drug and alcohol addiction, and being homeless. The needs of the sex trafficking victims included medical support, mental health and drug counseling, housing, and trauma-informed care in all systems. The sex trafficking victims described being in contact with many of Hawai‘i's institutions of care- in some cases while they were being sex trafficked- including schools, hospitals, mental health providers, criminal justice, and child welfare services.

Study

Working in partnership with Child and Family Service, a large statewide non-profit social service organization, this study focuses on the sex trafficking experiences of a large group of individuals receiving social services on five islands in Hawai‘i. The participants were given a six-page survey to complete which included questions about abuse, substance use, family connections and dysfunction, homelessness, health and mental health issues. The survey also focused on sex and labor exploitation experiences. For three months in 2019, the survey was administered to participants by trained social workers or support staff at Child and Family Service, which serves many populations and in many locations in Hawai‘i . The information shared by the participants through this survey illustrates that sex trafficking currently exists in Hawai‘i in disturbing numbers.

Key Points:

- ❖ Sex trafficking was reported by more than a quarter (97, 26.7%) of the 363 participants in this study. They were 83 percent female, 23 percent male, 1 percent Transgender, and 1 percent non-conforming.
- ❖ Sixty-four percent of the sex trafficking victims identified as being all or some Native Hawaiian. Eleven (11.3%) of the sex trafficking victims identified as Native Hawaiian and another 51 (52.6%) reported being part Native Hawaiian.
- ❖ The sex trafficking victims lived on five islands in Hawai'i with the highest percentages being on Oahu (45.4%) followed by Maui (23.7%).
- ❖ The victims age at first sex trafficking experience ranged from four to 55 years-old, with an overall average age of first sex trafficking experience being 21.4 years. Twenty-three percent of the sex trafficking victims were first sex trafficked before they turned 18 years old.
- ❖ Twenty-three percent of the sex trafficked participants identified as male.
- ❖ If they were first sex trafficked as a child, their average age was 11.3 years old.
- ❖ The most common sex trafficker identified by the sex trafficking victims who were under age 18 when they were first sex trafficked was a family member.
- ❖ The most common reason identified by the sex trafficking victims for their being forced or coerced to exchanging sex was for drugs (26.8%), followed by money (24.7%), and a place to stay (24.7%).
- ❖ A family member was identified as the sex trafficker by a quarter (25.8%) of the participants followed by friend (24, 24.7%) and boyfriend (24, 24.7%).
- ❖ Nearly one third of the sex trafficked participants reported that technology had been used as part of their sex trafficking experience.
- ❖ 17.5% reported technology such as websites and social media was used to recruit them.
- ❖ 16.5% reported a smart phone used in their sex trafficking victimization.
- ❖ More than two thirds (69.1%) of the sex trafficked participants reported having been homeless. The sex trafficking victims were 2.6 times more likely to report experiencing homelessness than the non-sex trafficked participants.
- ❖ The sex trafficking victims had a significantly higher rate of reported Adverse Childhood Experiences (4.65 compared to 2.43) than the non-sex trafficked participants.
- ❖ More than half (55.7%) of the sex trafficking victims also identified as labor trafficking victims.
- ❖ The following experiences were reported significantly more by the sex trafficking victims when compared to the non-sex trafficked participants.
- ❖ Regarding childhood maltreatment, the sex trafficking victims were:
 - ❖ 2.5 times more likely to report having witnessed domestic violence between their parents.
 - ❖ Three times more likely to report having experienced physical abuse.
 - ❖ Three times more likely to report having experienced emotional abuse.
 - ❖ 2.5 times more likely to report having run away before the age of 18 years old.
- ❖ The sex trafficking victims were more likely to report:

- ❖ Negative law enforcement experiences.
- ❖ A history of involvement in the juvenile justice system.
- ❖ Gang affiliation.
- ❖ The sex trafficking victims were 3.2 times more likely to report having experienced teen dating violence.
- ❖ The sex trafficking victims were 2.6 times more likely to have been in special education classes.
- ❖ The sex trafficking victims were five times more likely to report using heroin and four times more likely to report a drug addiction.
- ❖ The sex trafficking victims were twice as likely to have attempted suicide.
- ❖ Thirty-nine percent of the child sex trafficking victims had experienced homelessness.
- ❖ Approximately 44 percent of the child sex trafficking victims reported addiction to drugs.
- ❖ Seventy percent of the child sex trafficking victims reported having a mental health diagnosis.
- ❖ The child sex trafficking victims were significantly more likely to have child welfare involved with their children than the non-sex trafficked participants.

Highlights

Native Hawaiians made up 64 percent of the sex trafficking victims identified in this study. This is the second body of peer-reviewed empirical research to show disproportionate representation of Native Hawaiians among sex trafficking victims in Hawai‘i. The commercial sex industry in Hawai‘i is dependent on a convenient, low cost supply of nubile human beings for high volumes of sexual activity with strangers. The overutilization of Native Hawaiians to meet sex buyer demand may be directly linked to structural economic coercion and vulnerabilities connected to land dispossession, exposure to sexual violence, hypersexualization, incarceration, cultural dislocation, intergenerational trauma, mental and emotional distress, racism, poverty, and ongoing inequities. The reasons identified by the sex trafficking victims for being sex trafficked varied but the top reason was for drugs, followed by a place to stay and money.

Sex trafficking victims involved in the juvenile justice system were more likely to report being sex trafficked for drugs. Male victims were more likely to report being sex trafficked for drugs than female victims. Sex trafficking victims who had experienced residential treatment as a child were more likely to report being sex trafficked for money and drugs. Sex trafficking victims who had runaway as a child were likely to report they were sex trafficked for money, drugs, protection, and a place to stay. Sex trafficking victims who reported that they were in special education classes were more likely to report that they were sex trafficked for food, clothing, and drugs. Sex trafficking victims who reported being harassed by peers as a youth were more likely to report that they had been sex trafficked for money, food, and protection. Sex trafficking victims who reported childhood sexual abuse were more likely to report they were sex trafficked for protection and a place to stay.

Homelessness and sex trafficking were found to be connected, with more than two thirds of the sex trafficking victims reporting that they had experienced homelessness in

their lifetimes. Sex trafficking victims who reported being homeless were more likely to report also having been in foster care or a group home as a child. Sex trafficking victims who also reported having experienced homelessness were also more likely to report having witnessed domestic violence in their childhood homes.

The overall rate of sexual abuse reported in this study was that one out of every four participants reported having experienced sexual abuse. While the participants from this study come from a social service agency, the high rate of sexual abuse should cause community concern. Among the sex trafficking victims, sexual abuse was reported by nearly one out of every two (43.3%) participants. Childhood sexual abuse has long been linked as a risk factor to sex trafficking (McClanahan, McClelland, Abram, & Teplin, 1999; Varma, Gillespie, McCracken, & Greenbaum, 2015).

Sex trafficking victims in this study reported experiencing significantly more challenging life experiences than the non-sex trafficked participants. These challenging life experiences included higher scores on the Adverse Childhood Experiences survey with the sex trafficking victims reporting an average score of 4.46 (out of 10 items) compared to an average score of 2.43 of the non-sex trafficked participants. In the research literature, a score of four or above has been found to be associated with the increased odds for binge and heavy drinking, risky HIV behaviors, diabetes, heart attacks and heart disease, stroke, depression, health-related disabilities, and risky behaviors (Cambell, Walker, & Egede, 2015). In this study, a score of four or above for the sex trafficking victims resulted in being more likely reporting of negative contact with law enforcement, having been in foster care or a group home, having run away from home, and being a victim of bullying. The long-term impact of the childhood abuse and maltreatment on the sex trafficking victims in this study is of grave concern and providing targeted trauma-informed treatment including addressing the sex trafficking victimization is indicated by these findings.

Sex trafficking victims were more likely to report that they were also victims of dating violence. The victims of sex trafficking and dating violence were more likely to report having a parent in prison, negative contact with law enforcement, involvement in the juvenile justice system, experiencing academic difficulties, running away from home, being bullied by school peers, being gang members, and report physical, emotional, and sexual abuse during childhood. The sex trafficking and dating violence victims were also more likely to report being addicted to drugs and having participated in self-harm behaviors.

Involvement in juvenile justice and law enforcement was more likely for the victims of sex trafficking including being on juvenile probation and having negative contact with law enforcement. School issues were prevalent among the sex trafficking victims when compared to the non-sex trafficked participants in this study including having academic difficulties, being expelled, and experiencing bullying and harassment from peers. Being in special education services was reported by twenty-four percent of the sex trafficking victims.

Drug use has been previously linked to sex trafficking experiences in the literature and often has numerous roles in the sex trafficking situations. These include being used as a recruitment tool, a way to establish dependency on the sex trafficker, to ease the victim's inhibitions, and to help the victim numb their distress during their victimization (Brawn & Roe-Sepowitz, 2008; Edwards, Iritani, & Hallfors, 2006; Reid, 2011; Wilson, Butler, & Gold, 2014). Among the sex trafficked participants in this study, 81.4 percent (n =79) reported that they had used drugs. Specific drugs were significantly more likely to be used by the sex trafficking victims including marijuana, methamphetamines, heroin, and vaping. Twenty-two of the sex trafficking victims reported that they were forced to use drugs by their sex traffickers during their sex trafficking experience.

The sex trafficking victims were more likely to report having a mental health diagnosis than the non-sex trafficked participants. The sex trafficking victims were more likely to report experiencing Anxiety, Depression, Bipolar Disorder, and ADD/ADHD. The sex trafficking victims were also more likely to report participating in self-harm behaviors including cutting, risk taking, having sex with strangers, and not eating for long periods of time.

More than twenty percent of the traffickers of the sex trafficking victims in this study were family members. This disputes the traditional anecdote that most sex traffickers are strangers that kidnap the victim or are boyfriends who then trick their victims into prostitution. Intrafamilial sex trafficking victims were significantly more likely to report being first victimized before the age of 18. They were also more likely to report that someone else in their family had also been a sex trafficking victim. Sex trafficking victims of family member sex traffickers were also more likely to report that they were afraid to leave or quit the sex trafficking situation due to fear of violence or threats to harm them or their family. How the sex trafficking victims were sex trafficked included being recruited through websites and social media and one out of every six sex trafficking victims (n = 17) were sold online through social media, dating websites, and sites like Backpage.com and Craigslist.com.

Discussion

The discovery of so many sex trafficking victims in Hawai'i is extraordinary. This study identified ninety-seven victims of sex trafficking and was able to collect data about their life experiences. Using the information from this study, we aim to provide support and evidence for the development of innovative programs to revolutionize prevention and healing for Hawai'i's sex trafficking victims. Sex trafficking is not purely an issue of poverty. Hawai'i residents with a history of childhood abuse, disconnections and violence within their families, pervasive lifetime abuse and Native Hawaiian ancestry are most vulnerable to sex traffickers. This information should be used to gain awareness of who is sex trafficked in Hawai'i, who they are sex trafficked by, and what systems should be on alert to screen, prevent, and detect sex trafficking victimization.

All of the sex trafficking victims found in this study participated in acts of prostitution—the exchange of sex for something of value, but their minor age status or being forced, coerced, or enticed to prostitute themselves determined their identification as a sex trafficking victim. To clarify, sex trafficking was the means, prostitution was the end. Acts of prostitution without a trafficker are not reviewed in this study.

Recommendations

This information should be used to encourage the development of the following in Hawai‘i:

- Creating a statewide coordinator to develop an infrastructure of detection, intervention, and treatment for victims.
- Sex trafficking awareness trainings that are victim-centered and trauma-informed
- Sex trafficking specific screening protocols for children and adults
- Sex trafficking specific clinical treatment interventions
- Sex trafficking specific programs for adults
- Sex trafficking prevention programs in schools (7-12th grades)
- Social policies that provide funding support and services for adult and child victims of sex trafficking.

Terminology and Definitions

Human Trafficking

Human trafficking is defined as the recruitment, transportation, transfer, harboring or receipt of persons, using force or threat of coercion, abduction, fraud, deception or payments, or benefits to achieve control over another person for exploitation (The United Nations Office on Drugs and Crime, 2018).

In the Trafficking Victims Protection Act (2000), Congress defines “severe forms of trafficking in persons” as:

Sex trafficking is defined by the TVPA (2000) as when a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

Labor trafficking is defined by the TVPA (2000) as the recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (8 U.S.C. § 1101).

Minor

A minor is a person under the age of 18 years old.

Trafficker

A trafficker is a person or persons who use force, fraud, or coercion to lure their victims and force them into labor or commercial sexual exploitation (Department of Homeland Security, 2019).

Sex buyer

A sex buyer is a person who is soliciting a person for sex or a person who is trying to buy sex from another person.

Domestic Servitude

Domestic servitude is a form of trafficking in which the victim is a domestic worker in a private home and is not free to leave their employment, are not paid fair wages or not paid at all.

Background Literature

Sex trafficking victimization is a global problem which has powerful and long-term implications for the victims. Sex trafficking is defined by the Trafficking Victims Protection Act (2000) as the act of “*recruitment, harboring, transporting, provision, obtaining, patronizing, or soliciting a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age (22 USC § 7102)*”. Sex trafficking cases have been documented in all 50 U.S. states and territories.

Extensive research on sex trafficking in the U.S. has been conducted including research on the risk factors and antecedents for sex trafficking victimization (Clark, Clark, Roe-Sepowitz, & Fey, 2012; Fedina, Williamson, & Perdue, 2016; Kotrla, 2010; Nadon, Koverola, & Schludermann, 1998; Roe-Sepowitz, Hickie, & Cimino, 2012; Williamson & Folaron, 2003), influences of homelessness (Able-Peterson & Meuleners, 2009; Bigelson & Vuotto, 2013; Dank et al, 2015; Murphy, 2017), the recruiting behavior of sex traffickers (Hargreaves-Cormany, Patterson, & Muirhead, 2016; Hickie & Roe-Sepowitz, 2016; Kennedy et al. 2007; Raphael, Reichert & Powers, 2010; Reid, 2012; Reid, 2014), sex buyer behaviors (Martin, 2017; Milrod & Monto, 2014; Yen 2008), and the complexity of treatment for sex trafficking victims (Dalla, 2006; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Kramer & Berg, 2003; Oselin, 2009; Williamson, Dutch, & Clawson, 2008).

Risk factors and antecedents to sex trafficking include a history of childhood sexual abuse and childhood maltreatment and the resulting involvement in the child welfare system (Clark, Clark, Roe-Sepowitz, & Fey, 2012; McClanahan, McClelland, Abram, & Teplin, 1999; Varma, Gillespie, McCracken, & Greenbaum, 2015), running away (Fedina, Williamson, & Perdue, 2016), substance abuse (Brawn & Roe-Sepowitz, 2008), and developmental delays or intellectual disabilities (Reid, 2016). The research has not identified one clear pathway into sex trafficking situations but has found a combination of risk factors which lead to situations that then result in involvement in the sex trafficking activity (Fedina, Williamson, & Perdue, 2016; Roe-Sepowitz, 2012).

The consequences of sex trafficking victimization have begun to receive research attention as programs are being designed and implemented to serve sex trafficking victims. The consequences include health implications (Varma, Gillespie, McCracken, and Greenbaum, 2015), physical and sexual violence victimization (Fedina, Williamson, & Perdue, 2016; Nixon et al. 2002; Oselin & Blasyak, 2013; Raphael & Shapiro, 2004), substance abuse (Brawn & Roe-Sepowitz, 2008; Varma, Gillespie, McCracken, & Greenbaum, 2015) and complex mental health issues including depression and suicidal ideations (Fedina, Williamson, & Perdue, 2016).

Review of Previous Research on Sex Trafficking in Hawai‘i

Research on sex trafficking specific to Hawai‘i is limited to two studies previously completed by the authors of this study. In September 2018, we conducted a study regarding the robust online sex buyer community was released. This study identified that there were many thousands of sex buyers in Hawai‘i. In contrast to previously believed anecdotal information, the

the majority (72%) of the respondents to a series of decoy online sex ads were from the 808 area code (Hawai'i) phone number and not tourists. This study did not and was not meant to prove sex trafficking occurs in Hawai'i but rather than an incentive to traffic women and children exists due to outsized demand for paid sex online, combined with low supply.

A second study was released in January 2019 and explored the stories of 22 female sex trafficking survivors who were sex trafficked in Hawai'i, as well as family members. The survivors were all sex trafficked in Hawai'i and 77.3 percent were Native Hawaiian. The risk factors and antecedents to the survivors' sex trafficking experiences varied but the majority reported having experienced childhood physical and sexual abuse, school problems, attending school as they were being groomed into sex trafficking situations, having a close family member in jail or prison, having had the child welfare system involved with their family, living in foster care, witnessed a family member use drugs in their childhood home, and 45.5 percent reported that a family member was also involved in a sex trafficking situation. The average age of the sex trafficking victims' first sex trafficking victimization was 14.7 years old and 81.8 percent were children (under age 18) when they were first sex trafficked. They identified their first sex traffickers as boyfriends, drug dealers, cousins, and a stranger. The people who bought sex from them included local residents, visitors/tourists, military, law enforcement, doctors, politicians, and persons working in the criminal justice system. In four of the 22 cases, their sex traffickers took them to the continent for the purpose of continuing their sexual exploitation.

Exiting the sex trafficking situations in the 22 cases proved to be complex, non-linear, and enduring. Attempts to exit or leave the sex trafficking situations ranged from one to 20 times with an average of 5.8 attempts to exit before being successful. Some of the reasons for unsuccessful exits included a lack of targeted treatment and appropriate housing, limited awareness and screening from service providers, and stigma attached to sex trafficking which prevented disclosure or help-seeking.

Sex trafficking in Hawai'i has been kept hidden by a number of factors including secrecy of sexual abuse and family issues and culturally assigned shame to victims of violence including sex trafficking victims. Other reasons include a tacit acceptance of youth running away from home, easy access to drugs and alcohol, and an environment of non-responsive support systems including law enforcement, child welfare, medical services, and school systems (Roe-Sepowitz & Jabola-Carolus, 2019). Recommendations from the participants of the second study included:

- Changing the cultural perspective on childhood abuse from acceptance and secrecy to protecting children from harm.
- Increase training of helping professionals including law enforcement, teachers, and healthcare providers.
- Provide resources to sex trafficking survivors that are timely and targeted.
- Encourage accountability for sex traffickers and sex buyers in Hawai'i.
- Prosecute those in positions of power including law enforcement and judicial professionals who participate in sex trafficking situations either as traffickers or sex buyers.

The current study intends to build on the previous two research studies and broaden the scope of awareness of sex trafficking in Hawai‘i . This study was designed to capture a cross sectional group of participants from a large social service agency serving a wide variety of populations in Hawai‘i .

Current Study Goals and Methods

With knowledge developed from previous research on sex trafficking in Hawai‘i , the research team endeavored to answer the following research questions:

1. Determine the scope of sex trafficking victimization within a population of help seeking clients from a large agency serving five islands in Hawai‘i.
2. Describe the characteristics of sex trafficking victims in Hawai‘i.
3. Explore the unique risk factors and experiences of the sex trafficking victims.
4. Describe the participants’ sex trafficking experiences.
5. Describe the sex trafficking participants’ service and support needs.

Data Collection Site

The research team partners with Child and Family Service to survey their clients ages 12 and above during a three-month period, April, May and June 2019. The agency staff received sex trafficking awareness training and the staff was trained on the study goals and guidelines and protocols for data collection. The social service agency administered the survey at nearly 40 programs. All participation in the study by the participants was voluntary. Staff of all types offered the survey to clients on their caseloads and offered the participants a confidential location and space for privacy while completing the survey. The blank survey was given to the participant in an envelope and once completed it was sealed back in the envelope, stored in a locked drawer in a locked supervisors’ office. Twice a month a batch was sent in the mail to Arizona State University for data entry and analysis. Agency clients who were participants in crisis response or care or were experiencing high levels of stress or crisis were not invited to participate. Children who were surveyed (ages 12-17) required a parent consent and all adults were provided a consent form. Signed consent forms were stored separately from the surveys and were not given to ASU. The social service agency kept an internal record in their electronic case management system of who had completed the survey to avoid duplication. Data was not collected on which social service program the participant was from to avoid accidental identification. All participants received a \$5 gift card.

Instruments

Youth Experiences Survey (YES) Hawai‘i

The YES Hawai‘i a 66-question life history survey with 56 yes/no questions regarding the following topics: mental health, medical issues, children and their custody, childhood abuse (physical, emotional, and sexual), childhood involvement in child welfare, school experiences, drug use, family dynamics, experiences of violence, and experiences of sex and labor trafficking.

Sex Trafficking

To identify a participant as having experienced sex trafficking they must have responded yes to at least one of the following questions:

- Have you ever been compelled, forced or coerced to perform a sexual act, including sexual intercourse, oral or anal contact, for the following (please check all that apply): money, food, clothing, drugs, protection, place to stay, or other.
- Do you currently have a person who encourages/pressures/forces you to exchange sexual acts for money, drugs, food, place to stay, clothing or protection?
- In the past, has anyone encouraged/pressured/forced you to exchange sexual acts for money, drugs, food, place to stay, clothing or protection?

Labor Exploitation

For questions regarding labor exploitation in this survey, the term “work” was first defined as,

“Anything you have done where you or someone else received something of value, such as money, food, clothing, a place to stay, protection, drugs or gifts in exchange for your work or efforts. “Work” could mean working in a store or restaurant, but it could also mean shoplifting, running drugs, or anything where your efforts were exchanged for something of value. Aside from a typical employer, someone you worked for could include a family member, a friend, boyfriend or girlfriend, or anyone you lived with or were in a relationship with” (Covenant House, 2013).

To identify participants as having experienced labor exploited they must have responded yes to one or more of the following questions:

- Have you ever been tricked or forced into doing any kind of work that you did not want to do?
- Have you ever been promised work where the work or payment ended up being different than what you expected?
- Has someone you worked for ever controlled the money you earned, or kept the money you earned in exchange for money, drugs, food, place to stay, clothing or protection?

Adverse Childhood Experiences Questionnaire

Adverse Childhood Experiences (ACE) Questionnaire (Felitti et al., 1998). This is a 10-item standardized and validated instrument about childhood abuse and neglect and family dysfunction. A Cronbach’s alpha reliability score assessing the internal consistency of the scale and was calculated using the responses from this study for the ten-item ACE questionnaire with a score of .816 (from a range of 0 to 1 with a higher score indicating strong internal consistency).

Methods

For this study, the research team used Qualtrics sample size calculator (Qualtrics.com) to determine a generalizable sample size. Qualtrics.com recommended a sample of 372 from the 11,094 clients served by the social service agency during the three-month study period (April to June 2019) to have results representative of the group. A total of 368 surveys were sent to ASU for data entry, five surveys were excluded due to more than 50% of the questions being left blank with a final sample size of 363 participants.

Participants (N =363)

Demographics

There were 363 participants that completed the survey. Nearly 90 percent (323, 89%) were adults and 25 (6.9%) were under age 18 years old. Fifteen participants did not give their age. The 363 participants ranged in age from 12 to 77 years old with an average of 35.3 years old. Gender identify was reported as female (261, 71.9%), male (98, 27%), non-conforming (3, 0.8%), and transgender (1, 0.3%). As shown in Figure 1, the participants were from five Hawaiian Islands and half of the participants were from Oahu (50.7%).

Figure 1. Location of Participants

Island	#	%
Oahu	184	50.7
Hawai'i Island	89	24.5
Maui	57	15.7
Kauai	18	5
Molokai	10	2.8
Missing	5	1.4

Figure 2 shows that nearly one out of every two participants reported being bi-racial or multi-racial. The participants identified as nineteen different races with the largest group (160, 44.1%) identifying as bi-racial or multiracial. The second largest group identified as Native Hawaiian (55, 15.2%). Forty-six percent (167) of the participants identified as at least part Native Hawaiian.

Figure 2. Race of Participants

Race	#	%
Biracial/multiracial	160	44.1
Native Hawaiian	55	15.2
Caucasian	38	10.5
Refused	36	9.9
Filipino	15	4.1
Pacific Islander	10	2.8

Hispanic/Latin	7	1.9
African American	6	1.7
Marshallese	7	1.9
Samoan	5	1.4
Micronesia	4	1.1
Other	4	1.1
Chuukese	3	0.8
Japanese	3	0.8
Asian	3	0.8
Native American/American Eskimo	2	0.6
Portuguese	2	0.6
Cambodian	1	0.3
Pohnpeian	1	0.3
Guamanian	1	0.3

Housing and Homelessness

Having experienced homelessness during their lifetime was reported by one out of every two participants in this study. Just over half (189, 52.1%) of the participants in this study reported having ever been homeless and the number of times they reported having been homeless ranged from one time to 30 times with the average of 3.17 homeless experiences. Their age of first being homeless ranged from age 1 to 56 years old with an average age of 23.1. Twenty-eight percent (53) of the participants that reported having ever experienced homelessness, reported they were under age 18 when they were first homeless.

Nearly a third of the participants lived in their own place (114, 31.4%) or with their family (129, 35.5%). Others lived in a shelter (43, 11.8%), in transitional housing (30, 8.3%), reported couch-surfing (living on different people's couches, no permanent residence) (12, 3.3%), lived on the beach (7, 2.2%), and others reported they lived on the streets (7, 2.2%). Three participants lived in group homes (0.8%) and 11 (3%) identified as living in other locations including a correctional center, a tent on rented land, and squatting.

Childhood Maltreatment Experiences

Physical abuse was reported by one in four participants (87, 24%) and emotional abuse was reported by 31.4 percent (114) of the participants. Sexual abuse was reported by 26.7 percent (97) of the participants. One in five participants (73, 20.1%) reported sexual abuse as a child 12 and under. One in six participants reported sexual abuse as child between the ages of 13 and 17 years old (57, 15.7%). Thirteen percent (47) of the participants had been in foster care and lived in a foster home or group home as a child. Two-thirds (32.2%, 117) of the participants reported that they had run away from home as a child.

On the Adverse Childhood Experiences Questionnaire, participants reported adverse childhood experiences ranging from one to ten experiences with an average score of three

experiences. Figure 3 shows the scores of the participants on the Adverse Childhood Experiences Questionnaire.

Figure 3. Adverse Childhood Experiences Questionnaire

Adverse Childhood Experiences	#	%
Did a parent or other adult in the household often or very often: Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	146	40.2
Did a parent or other adult in the household often or very often: Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	118	32.5
Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	95	26.2
Did you often or very often feel that: No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	119	32.8
Did you often or very often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	43	11.8
Were your parents ever separated or divorced?	179	49.3
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	70	19.3
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	140	38.6
Was a household member depressed or mentally ill, or did a household member attempt suicide?	77	21.2
Did a household member go to prison?	88	24.2

Family Experiences

Nearly a third (117, 32.2%) of the participants reported that they had run away from home as a child. More than one in ten participants, (47, 12.9%) reported that they had been placed in foster care or a group home and 13.5 percent (49) of the participants had attended some form of residential treatment program as a youth. Forty-three (11.8%) of the participants reported having been kicked out of their family home. Some of the reasons for being kicked out included: there was family conflict and they were fighting with their parents (24, 6.6%), they were using drugs or alcohol (18, 5%), and the family was experiencing poverty and could not provide for their needs (5, 1.4%). Nearly one out of every five participants (66, 18.2%) had a family member in prison.

School Experiences

Experiencing academic difficulties in school was reported by 22.9 percent (83) of the participants. Fourteen percent (51) of the participants reported having attended special education classes. Being bullied at school by school peers was reported by 23.4 percent (85) of the participants. Being expelled from school was reported by 10.7 percent (39) of the participants.

Delinquency and Law Enforcement Involvement

Involvement in the juvenile justice system was reported by 44 (12.1%) of the participants and negative experiences and contact with law enforcement was reported by 23.7% (86) of the participants. Thirty (8.3%) of the participants reported that they had experienced being gang affiliated. Fifty-five (15.2%) participants reported that they had been placed on juvenile probation as a youth.

Adult Experiences of Violence and Child Welfare Involvement

Thirty two percent (129) of the participants reported having seen one of their parents hit or beat the other parent. Participants reported that their father hit their mother (116, 32%) and their mother hit their father (66, 18.2%). Nearly 60 percent (215, 59.2%) of the participants reported that in a romantic relationship that they had been hit, kicked, or physically assaulted by a partner and 37.7 percent (137) reported that they had hit, kicked, or physically assaulted a partner in a romantic relationship.

Of the 85.1 percent (309) of the participants with children, 35 percent (108) of the participants reported that Hawai'i Child Welfare services are involved in the custody of their children. The children of 13.2 percent (48) of the participants are in foster care while 32.1 percent (84) of the participants reported their children were living with their families (not with them).

Drug Use

Sixty-three percent (230) of the participants reported that they had taken any type of drug. The age of first drugs use ranged from age 2 to 51 years old with an average of 16.3. Having an addiction to drugs was reported by 22 percent (80) of the participants. Specific type of drugs used was reported as 68.3 percent (248) used marijuana, 66.1 percent (240) used tobacco,

44.9 percent (163) vaped, 35.8 percent (13) used methamphetamines, and 6.6 percent (24) used heroin. Not currently using drugs was reported by 63.9 percent (232) of the participants while 10.7 percent (39) reported using daily, 4.4 percent (16) reported using weekly, and 1.9 percent (7) reported using monthly. Alcohol addiction was reported by 10.2 percent (37) of the participants with 60.9 percent (221) reporting they are not currently using alcohol.

Mental Health Experiences

A history of attempting suicide was reported by 23.7 percent (86) of the participants and 38.6 percent (140) reported having a mental health diagnosis. Thirty percent (107) of the participants reported having more than one mental health diagnosis. Specific mental health diagnosis was reported by the participants including: 27 percent (98) reported depression, 26.2 percent (95) reported anxiety, 17.1 percent (62) reported Posttraumatic Stress Disorder, 9.6 percent (35) reported bipolar disorder, 8.8 percent (32) Attention Deficit Hyperactivity Disorder (ADHD), 1.9 percent (7) reported Oppositional Defiant Disorder, 1.7 percent (6) reported Schizophrenia, 1.4 percent (5) reported Antisocial Personality Disorder, and 1.1 percent (4) reported Borderline Personality Disorder.

Self-harming behaviors were reported by 36.1 percent (131) of the participants including 19 percent (69) reported cutting, 9.9 percent (36) reported having sex with strangers, 12.9 percent (47) reported risk taking behavior, 19.8 percent (72) reported not eating for long periods of time, 5 percent (18) reported burning themselves, and 2.2 percent (8) reported body modification.

Treatment Experiences

Having received mental health treatment services was reported by 33.6 percent (122) of the participants and 13.5 percent (49) attended residential treatment at some point in their lifetime. Twenty two percent (80) of the participants had attended drug treatment.

Medical Issues

Medical issues were reported by 57.3 percent (208) of the participants and medical insurance coverage was reported by 84.3 percent (306) of the participants. Reported medical issues included: asthma (83, 22.9%), dental problems (75, 20.7%), poor vision (61, 16.8%), chronic pain (55, 15.2%), diabetes (36, 9.9%), skin problems (25, 6.9%), broken bones (15, 4.1%), open wounds (9, 2.5%), and sexually transmitted infections (3, 0.8%).

Labor Exploitation Experiences (n =92)

Labor trafficking was reported by 25.3 percent (92) of the participants. Being tricked or forced into doing any type of work that you didn't want to do was reported by 85 (23.4%) participants. Reasons or being compelled, forced, or coerced to perform a non-sexual act included for money (36, 9.9%), for a place to stay (24, 6.6%), for drugs (23, 6.3%), for food (17, 4.7%), for clothing (13, 3.6%), and for protection (11, 3%). Thirty-four (9.4%) participants reported that they had been promised work where the work or payment ended up different than what they expected. Seventy-nine (85.9%) of the 92 labor exploited participants reported having

a labor exploiter, who was a person who encouraged/pressured/forced her to exchange a form of labor for money, drugs, a place to stay, clothes, or protection. Five (5.4%) of the 92 labor exploited participants identified as currently having a labor exploiter. The relationships between the participant and their labor exploiter varied. Seventeen (4.7%) participants reported that they had been afraid to leave or quit the labor exploitation situation due to fear of violence or other threats to harm them or their family.

Figure 4

Relationship to their Labor Exploiter

Relationship to their Labor Exploiter	# (n =92)	%
Family member (parent, guardian, or sibling)	11	12
Boyfriend	11	12
Friend	8	8.7
Gang	8	8.7
Girlfriend	6	6.5

Only 56 (60.9%) of the labor exploitation victims identified the sector within which they were labor exploited. As shown in Figure 5, the distribution of labor exploitation sectors are varied.

Figure 5

Labor Exploitation Sector

Labor Exploitation Sector	# (n =56)	%
Construction sector	17	30.4
Drug related	17	30.4
Domestic servitude	11	19.6
Selling goods (pencils, etc)	11	19.6
Hotels	8	14.3
Sexualized entertainment (strip club)	7	12.5
Petty theft	7	12.5
Agriculture	6	10.7
Healthcare	5	8.9
Restaurant sector	5	8.9
Factory/manufacturing	5	8.9
Childcare	3	5.4
Traveling sales crew	2	3.6

Sex Trafficking Experiences (n =97)

Sex trafficking experiences were reported by 97 (26.7%) participants.

Characteristics of Victims of Sex Trafficking

This section will include a description of the demographic characteristics and life experiences of the sex trafficking victims who completed the surveys. The life experiences included sexual exploitation, drug use, family connectedness, mental health, medical concerns, self-harm histories, and childhood and adult experiences of violence and abuse. Throughout the report we highlight any significant ($p < .05$) differences by sex trafficked participants ($n = 97$) compared to the non-sex trafficked participants ($n = 266$) using chi square analysis and t -tests. Odds ratios will be calculated to determine the odds of the difference occurring.

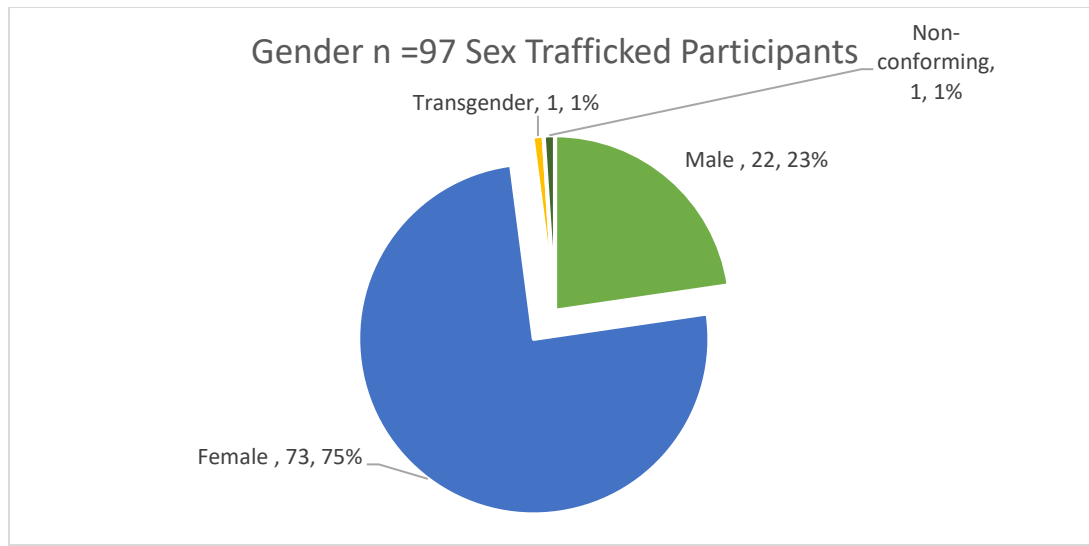
Of the 363 surveys completed, 97 (26.7%) participants reported having experienced **sex trafficking**. As shown in Figure 6, victims of sex trafficking were identified on all five Hawaiian Islands where the agency provides services. The largest percentage of the sex trafficking victims were identified in Oahu (44, 45.4%) followed by Maui (23, 23.7%), and Hawai'i Island (20, 20.6%).

Figure 6. Sex Trafficking Victims Locations of Survey Administration

Island	#	% of participants from that location	% of total
Oahu	44	23.9	45.4
Maui	23	25.8	23.7
Hawai'i Island	20	35.1	20.6
Kauai	6	33	6.2
Molokai	3	33	3.1
Missing	1	20	1

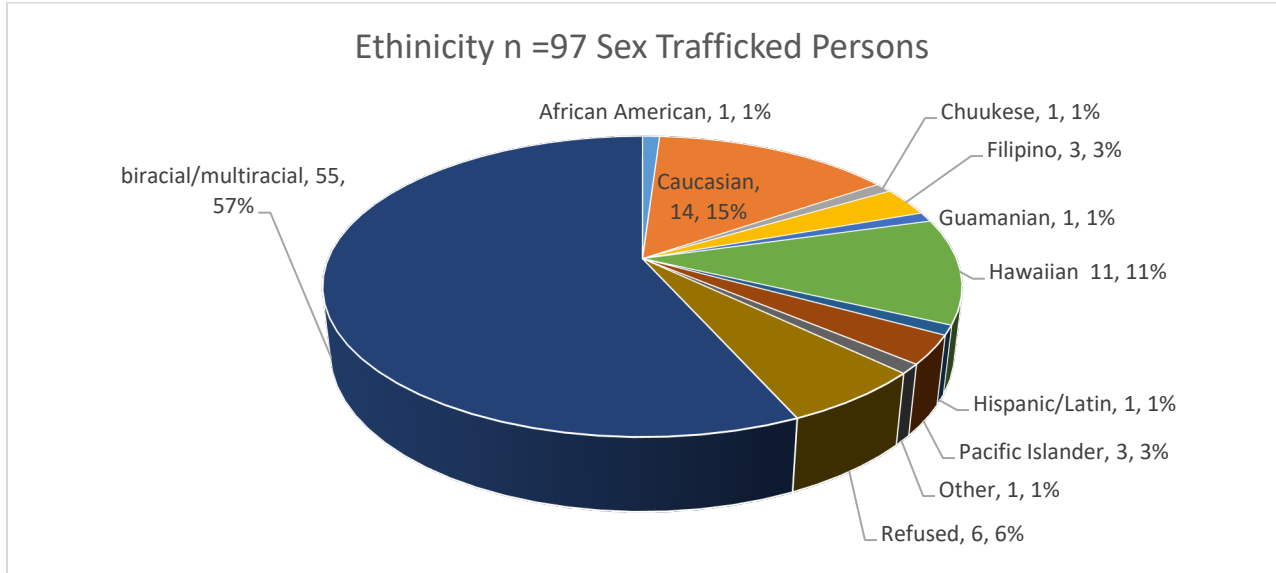
The sex trafficked participants ranged in age from 12 to 69 years old and were on average 33.6 years old. Of the 97 sex trafficked participants, only 51 (53%) reported their age when they were sex trafficked. The age they were first sex trafficked range in age from four to 55, and were on average 21.4 years at first sex trafficking experience. Of the 97 participants that reported having a sex trafficking experience, one out of five of the participants (23, 23.7%) identified as being under age 18 when they were sex trafficked. The reported age of first sex trafficking experience ranged from age four to 17 years old and were on average 11.3. Participants who reported that they were adults when they were first sex trafficked from ages 18 to 55 years old with an average of 27.4 years old. Seventy-five percent of the sex trafficked participants in the study were female. See Figure 7 for the gender make-up of the participants.

Figure 7. Gender of Sex Trafficked Participants



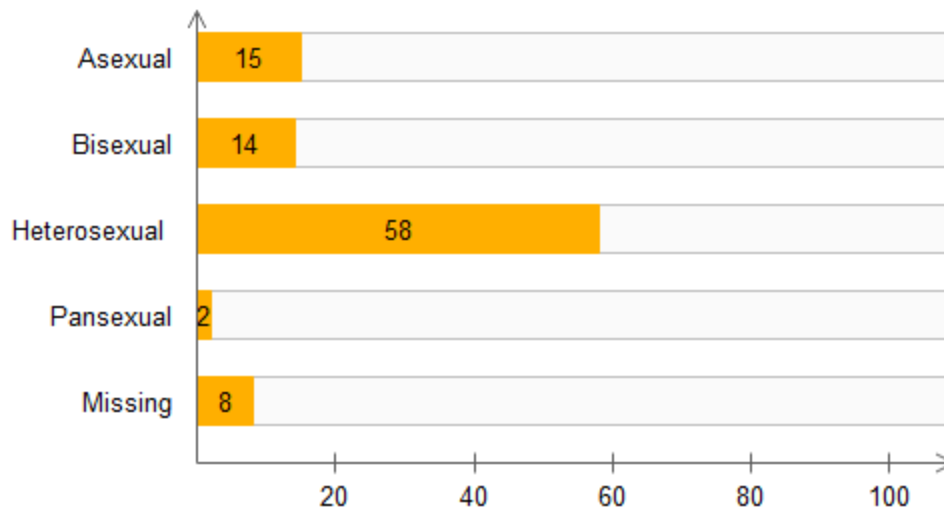
Prior research in Hawai‘i (Roe-Sepowitz & Jabola-Carolus, 2019) found that 77.3 percent of the sex trafficking victims were Native Hawaiian. As shown in Figure 8, in this study 11.3 percent (11) of the participants reported being Native Hawaiian and 52.6 percent (51) reported being part Native Hawaiian.

Figure 8. Ethnicity of Sex Trafficked Participants



Sex trafficking victimization and sexual orientation has been studied among homeless youth (Dank et al. 2015; Roberts & Willis, 2013) but little is known about other populations. In this study of help-seeking persons, the majority (59.8%) of the sex trafficked persons identified as heterosexual. As shown in Figure 9, none of the sex trafficked participants identified as gay or lesbian.

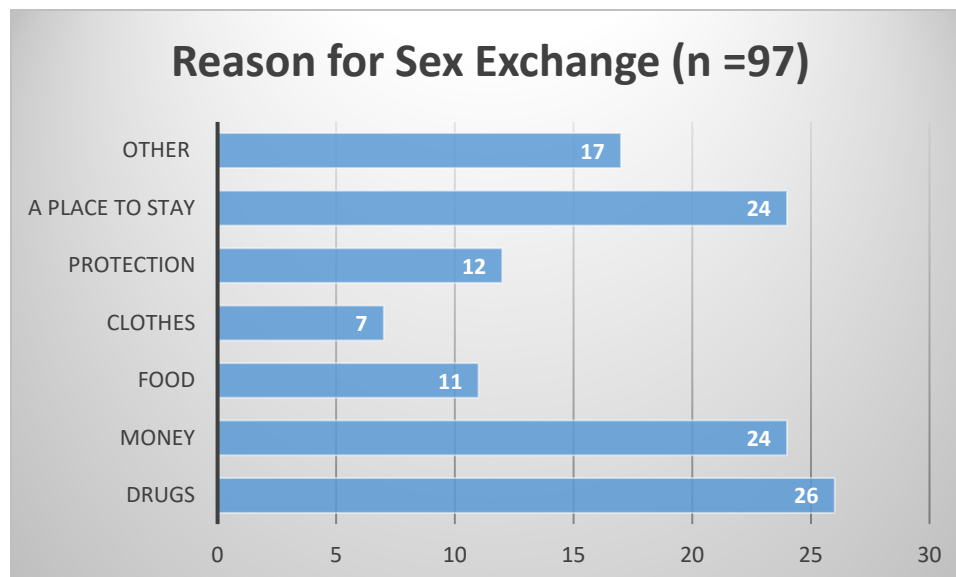
Figure 9. Sexual Orientation of the Sex Trafficked Participants



Sex Trafficking Experience

The sex trafficked participants often identified more than one reasons they had been compelled, forced, or coerced to perform a sexual act, including sexual intercourse, oral or anal contact (see Figure 10). The most common responses for the reason that they were sex trafficked was for drugs (26, 26.8%), money (24, 24.7%), and for a place to stay (24, 24.7%). Reasons identified as ‘other’ included being sex trafficked for a ride, for a modeling contract, to not get beaten as severely, for transportation, bus ticket, shoes, cigarettes, and to see their children.

Figure 10. Reasons Identified for Sex Exchanges



Relationship to the Sex Trafficker

A sex trafficker involved in the sex trafficking situation was identified by 95 (97.9%) of the sex trafficked participants. As shown in Figure 11, the relationship to the sex trafficker was varied

with the most common response was a family member (25, 25.8%) including parents, step-parents, grandparents, uncle, sibling (and step-siblings), and cousin, a friend (24, 24.7%); and boyfriend (22, 22.7%).

Figure 11. Relationship to the Sex Trafficker

Relationship to their Sex Trafficker	#	%
Family member (parent, guardian, sibling, uncle, step-brother, grandfather)	25	25.8
Friend	24	24.7
Boyfriend	22	22.7
Other (acquaintance, co-worker, landlord)	14	14.4
Girlfriend	9	9.3
Gang	6	6.2

Use of Technology in Sex Trafficking

Technology was used in the sex trafficking of nearly a third (32%) of the sex trafficked participants. As shown in Figure 12, technology including websites and social media was used to recruit victims 17 (17.5%), to keep the victims in the sex trafficking situation (4, 4.1%), and help to get out (4, 4.1%) of the sex trafficking situations. One out of every six participants reported that a smart phone was part of their sex trafficking experience either to recruit them, retain them in the sex trafficking situation, or help them get out.

Figure 12. Technology Type Used in Sex Trafficking Situations

Technology Type	#	%
Smart phone	16	16.5
Paypal	6	6.2
Pornographic photos	5	5.2
Bitcoin	2	2.1

As seen in Figure 13, specific websites and social media were identified as tools for recruitment to sell the victims for sex with the most commonly reported social media site reported by the sex trafficked participants being Facebook (17, 17.5%).

Figure 13. Websites and Social Media used in Sex Trafficking

Websites and Social Media sites	#	%
Facebook	17	17.5
Dating websites	8	8.2
Craigslist	7	7.2
Backpage.com	6	6.2
Instagram	6	6.2
Tinder	5	5.2
Twitter	4	4.1
Tumblr	2	2.1

Housing and Homelessness

More than two thirds (67, 69.1%) of the sex trafficked participants reported having experienced homelessness. Homelessness was significantly more likely to be reported by the sex trafficked participants than by the non-sex trafficked participants (122, 45.9%) $\chi^2(1, N = 363) = 15.34, p < .001$. The sex trafficked participants were 2.6 times more likely to report having ever experienced homelessness.

Age at first homelessness experience ranged from one to 51 years old and they were on average homeless for the first time at age 22.5 years old compared to an average age of the non-sex trafficked participants of 23.4 years old. The sex trafficked participants reported the number of times they had experienced homelessness in their lifetimes ranging from one to 30 times averaging 3.4 times and the non-sex trafficked participants averaged a lifetime times of being homeless as 3.1 times. As shown in Figure 14, housing situations varied between the two groups (sex trafficked and non-sex trafficked) but were not found to be significantly different.

Figure 14. Comparing Living Situations

Living situation	Sex Trafficked (n =97)	%	Non-Sex Trafficked (n =266)	%
Family home	31	32	98	36.8
My own place (paid by self)	24	24.7	90	33.8
My own place (transitional)	12	12.4	18	6.8
Shelter	13	13.4	30	11.3
Couch surfing	5	5.2	7	2.6
Beach	2	2.1	5	1.9
Streets	4	4.1	3	1.1
Other	2	2.1	9	3.4
Foster home	2	2.1	1	0.3
Hotel	1	1	1	0.3
Park	0	0	1	0.3

Childhood Maltreatment Experiences

This section will describe the child maltreatment experiences of the sex trafficked participants compared to the non-sex trafficked participants. Childhood maltreatment included witnessing domestic violence in their homes and direct victimization during childhood included physical, emotional, and sexual abuse. These victimization experiences led to the involvement of child welfare services and out of home care including foster care for some participants. The findings from the Adverse Childhood Experiences scale, a strong picture of the types of abuse, neglect, and other traumatic experiences that have happened before the participants were 18 years old are also explored.

As shown in figure 15, child maltreatment experiences varied between the sex trafficked and non-sex trafficked participants. Using an odds ratio, witnessing domestic violence was 2.5 times more likely to be reported by the sex trafficked participants. Witnessing domestic

violence was reported significantly more often by the sex trafficked participants (53, 54.6%) when compared to the non-sex trafficked participants (86, 32.3%) $\chi^2(1, N=363) = 14.97, p <.001$. Also, significantly different, the sex trafficked participants were more likely to report watching their father hit their mother (39, 40.2%) compared to the non-sex trafficked participants (51, 19.2%) $\chi^2(1, N=348) = 5.46, p <.02$ and were more likely to report watching their mother hit their father (26, 26.8%) compared to the non-sex trafficked participants (62, 23.3%) $\chi^2(1, N=335) = 7.31, p <.01$.

Physical abuse was reported significantly more often by of the sex trafficked participants (39, 40.2%) compared to the non-sex trafficked participants (86, 32.3%) $\chi^2(1, N=357) = 18.8, p <.001$. Using an odds ratio, sex trafficked participants were three times more likely to report physical abuse than non-sex trafficked participants.

Emotional abuse was also reported significantly more often by of the sex trafficked participants (48, 49.5%) compared to the non-sex trafficked participants (66, 24.8%) $\chi^2(1, N=357) = 18.82, p <.001$. Using an odds ratio, sex trafficked participants were three times more likely to report emotional abuse than non-sex trafficked participants.

The sex trafficked participants were 2.9 times more likely to report having experienced sexual abuse as a child. Sexual abuse was reported significantly more often by of the sex trafficked participants (42, 43.3%) compared to the non-sex trafficked participants (54, 20.3%) $\chi^2(1, N=357) = 18.24, p <.001$. Sexual abuse as a child 12 and under was significantly more likely to be reported by the sex trafficked participants (29, 28.9%) compared to the non-sex trafficked participants (44, 16.5%) $\chi^2(1, N=357) = 7.69, p <.006$. Child sexual abuse between the ages of 13 and 17 years old was significantly more likely to be reported by the sex trafficked participants (28, 28.8%) compared to the non-sex trafficked participants (29, 10.9%) $\chi^2(1, N=357) = 17.05, p <.001$.

Figure 15. Comparing Child Maltreatment Experiences

Variable	Sex Trafficked (97)	%	Not-Sex Trafficked (266)	%
Child witness of domestic violence**	53	54.6	86	32.3
Childhood emotional abuse**	48	49.5	66	24.8
Childhood physical abuse**	39	40.2	48	18
Sexual abuse age 12 and under**	29	28.9	44	16.5
Sexual abuse 13-17**	28	28.8	29	10.9
Sexual abuse total**	42	43.3	54	20.3

* $p < .05$ ** $p < .01$

As shown in figure 16, while not significantly different, seventeen percent of the sex trafficked participants (17) had been in foster care and lived in a foster home or group home as a child compared to the non-sex trafficked participants (30, 11.3%). Similar to the nascent research on domestic sex trafficking, significantly more of the sex trafficked participants reported having runaway as a child (46, 47.4%) compared to the non-sex trafficked participants (71, 27.1%) $\chi^2(1, N=357) = 13.67, p < .001$. The sex trafficked participants were 2.5 times more likely to report having runaway before age 18 than the non-sex trafficked participants.

Figure 16. Comparing Running Away and Foster Care Experiences

Variable	Sex Trafficked (97)	%	Not-Sex Trafficked (266)	%
Runaway**	46	47.4	71	27.1
Foster care	17	17.5	30	11.3

* $p < .05$ ** $p < .01$

The Adverse Childhood Experiences Scale (ACEs) score for the sex trafficked participants ranged from zero to ten with an average of 4.65 with 66 percent reporting more than four ACEs. The sex trafficked participants ($M = 4.65, SD = 2.8$) reported a significantly higher ACEs scores compared to the non-sex trafficked participants ($M = 2.43, SD = 2.44$) $t(353) = 7.28, p < .001$ (see figure 17 for specific question responses).

Figure 17. Comparing Adverse Childhood Experiences

Adverse Childhood Experiences	Sex Trafficked (97)	%	Not-Sex Trafficked (266)	%
Did a parent or other adult in the household often or very often: Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? **	60	61.9	86	32.3
Did a parent or other adult in the household often or very often: Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? **	51	52.6	67	25.2
Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? **	49	50.5	46	17.3
Did you often or very often feel that: No one in your family loved you or thought you were important or special? or	53	54.6	66	24.8

Your family didn't look out for each other, feel close to each other, or support each other? **				
Did you often or very often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? **	22	22.7	21	7.9
Were your parents ever separated or divorced? *	58	59.8	121	45.5
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? *	27	27.8	43	16.2
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? **	52	53.6	88	33.1
Was a household member depressed or mentally ill, or did a household member attempt suicide? **	38	39.2	39	14.7
Did a household member go to prison? *	32	33	56	21.1

* $p < .05$ ** $p < .01$

Juvenile Justice and Law Enforcement Experiences

As shown in figure 18, the participants that reported being sex trafficked were significantly more likely to report having negative contact with law enforcement (39, 40.2% vs. 47, 17.7%) $\chi^2(1, N=357) = 19.63, p < .001$ as well as having been placed on juvenile probation (23, 23.7% vs. 32, 12%) $\chi^2(1, N=357) = 7.51, p < .006$ when compared to the non-sex trafficked participants. The sex trafficked participants were significantly more likely to report having been affiliated with a gang than participants who had not been sex trafficked (16, 16.5% vs. 14, 5.3%) $\chi^2(1, N=357) = 11.65, p < .001$.

Figure 18. Comparing Juvenile Justice Involvement Experiences

Variable	Sex Trafficked (97)	%	Not-Sex Trafficked (266)	%
Negative law enforcement experiences **	39	40.2	47	17.6
Involvement in the JJ system **	20	20.6	24	9
Gang affiliation **	16	16.5	14	5.3

* $p < .05$ ** $p < .01$

Family Experiences

Forty-seven percent (n = 46) of the sex trafficked participants reported that as a child they had run away from home. Nearly a third (30, 30.9%) of the sex trafficked participants reported having a family member that had also been sexually exploited. More than a quarter (27, 27.8%) of the sex trafficked participants reported that they had a parent in prison which was significantly more than the non-sex trafficked participants (69, 25.9%) $\chi^2(1, N=357) = 8.09, p < .004$. The sex trafficked participants were 3.2 times more likely to report teen dating violence than the non-sex trafficked participants.

Figure 19. Comparing Family Experiences

Variable	Sex Trafficked (97)	%	Non-Sex Trafficked (266)	%
Parent in prison**	27	27.8	39	14.7
Residential treatment**	24	24.7	25	9.3
Teen dating violence**	51	52.6	67	25.2

* $p < .05$ ** $p < .01$

Twenty-one (12.3%) of the sex trafficked participants and nine (3.4%) non-sex trafficked participants reported they had been kicked out of their family homes as children. Ten (10.3%) of the sex trafficked participants and eight (3%) of the non-sex trafficked participants reported that they were kicked out because they were using drugs or alcohol. Only one participant who was a sex trafficking victim identified that they were kicked out of their home due to their sexual orientation. More than three quarters (78, 80.4%) of the sex trafficked participants reporting having children. Nearly a third (31, 32%) had a child in child welfare custody with 14 (14.4%) in foster care. Having a child raised by a family member was reported by 30 (30.9%) of the sex trafficked participants.

School Experiences

School problems including being expelled, having academic difficulties, being bullied by peers, being harassed by peers, or being in special education classes were all significantly more likely to be identified by the sex trafficked participants when compared to the non-sex trafficked participants. Academic difficulties were significantly more likely to be reported by the sex trafficked participants (41, 42.3%) than the non-sex trafficked participants (41, 15.4%) $\chi^2(1, N=357) = 27.86, p < .05$. Being expelled from school was significantly more likely to have been reported by the sex trafficked participants (16, 16.5%) compared to the non-sex trafficked participants (23, 8.6%) $\chi^2(1, N=357) = 13.67, p < .001$. The sex trafficked participants were 2.6 times more likely to report being in special education classes than the non-sex trafficked participants. Attending special education classes was reported by nearly a quarter (23, 23.7%) of the sex trafficked participants and 10.5 percent (28) of the non-sex trafficked participants $\chi^2(1, N=357) = 10.03, p < .002$. Experiencing bullying by school peers was significantly more likely to be reported by the sex trafficked participants (34, 35.1%) compared to the non-sex

trafficked participants (25, 25.8%). $\chi^2(1, N = 357) = 9.75, p < .002$. Harassment by peers was also significantly more likely to be reported by the sex trafficked participants (25, 25.8%) compared to the non-sex trafficked participants (27, 10.2%) $\chi^2(1, N = 357) = 13.9, p < .001$.

Figure 20. Comparing School Related Challenges

Variable	Sex Trafficked (97)	%	Non-Sex Trafficked (266)	%
Academic difficulties**	42	43.3	41	15.4
Expelled from school*	16	16.5	23	8.6
Special education**	23	23.7	28	10.5
Bullied by school peers**	34	35	51	19.2
Harassment by peers**	25	25.8	27	10.2

* $p < .05$ ** $p < .01$

Adult Experiences of Violence and Child Welfare Involvement

Dating violence as a youth was reported by the sex trafficked participants (51, 52.6%) when compared to the non-sex trafficked participants (67, 25.2%) $\chi^2(1, N = 357) = 23.9, p < .001$. The sex trafficked (71, 74%) participants were also more likely to report experiencing domestic violence (having been hit, kicked, or physically assaulted in a romantic relationship) than the non-sex trafficked (144, 54.1%). The sex trafficked participants were also significantly more likely to report being a perpetrator of domestic violence (48, 49.5%) compared to the non-sex trafficked participants (89, 33.5%).

Nearly one out of every five sex trafficked participants (17, 17.5%) reported having been placed in foster care during their childhoods and a quarter (24, 24.7%) reported that they had been in a residential program, which was significantly more than the non-sex trafficked participants $\chi^2(1, N = 357) = 14.1, p < .001$.

Drug Use

Drug use has been linked to sex trafficking experiences in the literature and often has numerous rolls in the experiences. These include being used as a recruitment tool, a way to establish dependency on the sex trafficker, to ease the victim's inhibitions, and to help the victim numb their distress during their victimization (Brawn & Roe-Sepowitz, 2008; Edwards, Iritani, & Hallfors, 2006; Reid, 2011; Wilson, Butler, & Gold, 2014). Among the sex trafficked participants, 81.4 percent (n =79) reported that they had used drugs.

Drug use was significantly more likely to be reported by the sex trafficked participants. Seventy-nine (81.4%) of the sex trafficked participants reported drug use compared to 151 (56.8%) of the non-sex trafficked participants $\chi^2(1, N = 362) = 19.8, p < .001$. The sex trafficked participants

were also more likely to reporting they have used marijuana $X^2(1, N=3623) = 7.48, p < .01$, heroin $X^2(1, N=363) = 16.7, p < .001$, and methamphetamines $X^2(1, N=363) = 22.71, p < .001$. See Figure 21 for drug use type details for the two groups. Heroin use was found to be five times more likely among sex trafficked participants than the non-sex trafficked participants. More than 55 percent of the sex trafficked participants reported using methamphetamines and nearly 80 percent reported using marijuana.

Average age a first drugs use did not differ significantly with the sex trafficked participants being an average of 15.5 years old and the non-sex trafficked participants being an average of 16.7 years old.

Figure 21. Comparing Drug Use Types

Drug Type	Sex Trafficked (n = 97)	%	Non-Sex Trafficked (n = 266)	%
Marijuana**	77	79.3	171	64.3
Methamphetamines**	54	55.7	76	28.6
Vaping*	52	53.6	111	41.7
Heroin**	15	15.5	9	3.4

* $p < .05$ ** $p < .01$

Drug addiction was significantly more likely to have been reported by the sex trafficked participants (41, 42.3%) when compared to the non-sex trafficked participants (39, 14.7%) $X^2(1, N=363) = 31.5, p < .001$. In fact, the sex trafficked participants were four times more likely to report having a drug addiction and were twice as likely to report having attended drug treatment. Addiction to alcohol was not significant between the two groups. Having been in treatment for substance abuse was significantly more likely to be reported by the sex trafficked participants (32, 33%) compared to the non-sex trafficked participants (48, 18%) $x^2(1, N=362) = 9.57, p < .001$.

Treatment for substance abuse was also significantly different with a third (n = 32) of the sex trafficked participants and 18 percent (n = 48) of the non-sex trafficked participants reported that they had received treatment for substance abuse $X^2(1, N=362) = 9.58, p < .001$.

Twenty-two (22.7%) sex trafficked participants reported that they were forced to use drugs during their sex trafficking experiences.

Mental Health Experiences

Mental health diagnosis were also significantly more likely to be reported by the sex trafficked participants (55, 56.7% vs. 85, 32%) $x^2(1, N=363) = 18.37, p < .001$. Significantly more of the sex trafficked participants reported having more than one mental health diagnosis (43, 44.3%) when compared to the non-sex trafficked participants (64, 24.1%) $x^2(1, N=363) = 14.05, p < .001$. Mental health diagnoses including Anxiety, Depression, Bipolar Disorder, and Add/ADHD were significantly more reported by the sex trafficked participants than the non-sex trafficked participants.

A history of attempted suicide was significantly more likely to be reported by the sex trafficked participants (33, 34%) than the non-sex trafficked participants (53, 19.9%) $\chi^2(1, N=363) = 7.8, p < .005$.

Figure 22. Comparing Mental Health Diagnosis Sex Trafficked/Not-Sex Trafficked

Diagnosis	Sex Trafficked (n = 97)	%	Not-Sex Trafficked (n = 266)	%
Anxiety**	37	38.1	58	21.8
Depression*	34	35.1	64	24.1
Post Traumatic Stress Disorder	23	23.7	39	14.7
Bipolar Disorder**	18	18.6	17	6.4
ADD/ADHD**	15	15.5	17	6.4
Schizophrenia	4	4.1	2	0.7
Borderline Personality Disorder	2	2.1	2	0.7

* $p < .05$ ** $p < .01$

The sex trafficked participants were also significantly more likely to report having participated in self-harming behaviors including cutting, risk taking, having sex with strangers, and not eating for long periods of time, and drinking excessively when compared to the non-sex trafficked participants. Self-harm behaviors were reported by 59.8 percent (58) sex trafficked participants including not eating for long periods of time (38, 39.2%), cutting (32, 33%), risk taking (29, 29.9%), and self-burning (7, 7.2%). A third (33, 34%) of the sex trafficked participants had attempted suicide.

Figure 23. Comparing Self-Harming Behaviors Sex Trafficked/Not-Sex Trafficked

Self Harm	Sex Trafficked (n = 97)	%	Non-Sex Trafficked (n = 266)	%
Overall self-harm**	58	59.8	73	27.4
Suicide attempt	33	34	53	19.9
Cutting**	32	33	37	13.9
Risk taking **	29	29.9	18	6.8
Sex with stranger**	21	21.6	15	5.6
Not eating for long periods of time**	38	39.2	34	12.8
Drinking alcohol excessively	30	30.9	38	14.3

* $p < .05$ ** $p < .01$

Treatment Experiences

Having received mental health treatment services was reported by 51.5 percent (n = 50) of the sex trafficked participants and 27.1 percent (n = 72) of the non-sex trafficked participants. $\chi^2(1, N=319) = 16.8, p < .001$.

Medical Issues

Medical issues were identified by 68 (70.1%) of the sex trafficked participants including dental problems (33, 34%), asthma (27, 27.8%), chronic pain (19, 19.8%), poor vision (19, 19.8%), diabetes (12, 12.4%), skin problems (10, 10.3%), broken bones (9, 9.3%), concussions (4, 4.1%), and sexually transmitted infections (2, 2.1%). The sex trafficked participants were significantly more likely to report overall medical issues, dental problems and broken bones.

Figure 24. Comparing Medical Issues Sex Trafficked/Not-Sex Trafficked

Medical Issue	Sex Trafficked (97)	%	Non-Sex Trafficked (266)	%
Overall medical issues**	68	70.1	140	52.6
Dental problems**	33	34	42	15.8
Asthma	27	27.8	56	21.1
Chronic pain	19	19.8	36	13.5
Poor vision	19	19.8	42	15.8
Diabetes	12	12.4	24	9
Skin problems	10	10.3	15	5.6
Broken bones**	9	9.3	6	2.3
Concussions	4	4.1	2	0.7
Sexually transmitted illnesses	2	2.1	1	0.4

* $p < .05$ ** $p < .01$

Labor Trafficking Experiences

Experiences of labor trafficking was significantly more likely to be reported by the sex trafficked participants (54, 55.7%) compared to the non-sex trafficked participants (43, 44.3%) $\chi^2(1, N = 363) = 64.34, p < .001$.

Age Comparison: Minor/Adult Sex Trafficking Victims

Among the sex trafficked participants, we conducted a comparison to explore the differences between the participants who reported their first experience being sex trafficked as a child (23) compared to those who reported that they were sex trafficked as an adult (34). Forty of the sex trafficked participants did not identify the age they were first sex trafficked.

The sex trafficked participants that reported they were children when they were first sex trafficked were also significantly younger when they completed the survey (28.2 years old) compared to those that reported they were first sex trafficked as adults (37.7 years old) $t(54) = 2.89, p < .005$. While not significantly different, the two groups differed on their number of ACEs reported with the participants who were sex trafficked as children reporting an average of 5.5 ACEs and those sex trafficked as adults reported an average of 4.1 ACEs.

Child Sex Trafficking Victims

See Figure 25 for the location of the participants who reported to have been sex trafficked as a child (under age 18).

Figure 25. Location of Child Sex Trafficking Victims.

Island	# (n =23)	%
Oahu	7	30.4
Maui	7	30.4
Hawai'i Island	6	26.1
Molokai	1	4.3
Kauai	1	4.3
Missing	1	4.3

The child sex trafficked participants were 21.7 percent (5) male and 78.3 percent (18) female. The majority identified as multiracial or biracial (16, 69.6%), Caucasian (3, 13%), Hawai'i an (3, 13%). Nearly half, 47.8% reported being some Native Hawai'i an. Half (12, 52.2%) identified as heterosexual, while the rest identified as bisexual (6, 26.1%), Asexual (4, 17.4%), and Pansexual (1, 4.3%).

Family Members as Sex Traffickers

Of the eight participants who reported that they were sex trafficked before age 10, three identified family members as their sex traffickers including mother, uncle and step-brother. The two participants who reported they were sex trafficked at age 12 identified their uncles as their sex traffickers.

Life Experiences

Nearly 40 percent (9, 39.1%) of the participants who had been first sex trafficked as a child reported having ever been homeless which was significantly less than the participants first sex trafficked as adults (27, 75%) $t(57) = 9.57, p < .002$.

Having used drugs was reported by 82.6 percent (19) of the child sex trafficked participants and 28 (82.3%) of the adult sex trafficked participants.

Figure 26. Drug Use Types Used by Child Sex Trafficking Victims

Drug Type	#	%
Marijuana	19	82.6
Methamphetamines	11	47.8
Heroin	3	13

Drug addiction was reported by 43.5 percent (10) and alcohol addiction by 13 percent (3) of the child sex trafficked clients. Six (26.1%) reported having participated in treatment for their substance abuse.

Self-harm behaviors were reported by 65.2 percent (15) including cutting (7, 30.4%), risk taking (9, 39.1%), not eating for long periods (10, 43.5%), and self-burning (3, 13%).

Suicide attempts were reported by 10 (43.5%) participants who were sex trafficked as children. A current mental health diagnosis was reported by 69.6 percent (16) of them with 43.5 percent (10) reporting more than one current mental health disorder. Thirteen (81.3%) of those that reported having a mental health disorder also reported receiving treatment for that diagnosis.

Figure 27. Mental Health Diagnoses of Child Sex Trafficking Victims

Mental Health Diagnosis	#	%
Bipolar Disorder	18	78.3
Depression	8	34.8
Anxiety	8	34.8
Post Traumatic Stress Disorder	5	21.7
ADHD	5	21.7
Schizophrenia	2	8.7
Borderline Personality Disorder	1	4.3
Oppositional Defiant Disorder	1	4.3
Antisocial Personality Disorder	1	4.3

Current medical issues were reported by 17 (73.9%) of the 23 participants who reported being first sex trafficked as a child.

Figure 27. Medical Issues of Child Sex Trafficking Victims

Medical Issues	#	%
Asthma	9	39.1
Dental problems	6	26.1
Poor vision	6	26.1
Skin disorders	3	13
Chronic pain	2	8.7
Diabetes	1	4.3
Open wounds	1	4.3
Pregnant	1	4.3

Sixty-one percent (14) of the child sex trafficked participants reported having children and 71.4 percent (10) reported that Child Protective Services were involved in the custody of their children. Five (35.7%) of the child sex trafficked participants with children reported that their children were currently in foster care and eight (57.1%) were in the care of family. When

compared with the adult sex trafficked participants, the child sex trafficked participants were significantly more likely to report having Child Protective Services involved $X^2(1, N=46) = 4.87, p <.027$.

Nearly a half of the child sex trafficked participants (12, 47.8%) reported witnessing domestic violence as a child with nine (39.1%) reporting they had witnessed their father hit their mother and 8 (34.8%) reported they witnessed their mother hit their father.

Adult Experiences of Child Sex Trafficking Victims

Domestic violence experiences was identified by 15 (65.2%) of the child sex trafficked participants.

Three (13%) of the child sex trafficked participants reported that they currently had a sex trafficker while none of the adult sex trafficked participants reported having a current trafficker. All of the participants who identified their age of first sex trafficking experience reported having a sex trafficker involved in their sex trafficking experiences.

Figure 28. Relationship to their Sex Trafficker-Comparing Child and Adult Victims

Relationship to their Sex Trafficker	Child Victims (23)		Adult Victims (34)	
	#	%	#	%
Boyfriend	4	17.4	11	32.4
Girlfriend	3	13	3	8.8
Friend	7	30.4	11	32.4
Parent Guardian	3	13	1	2.9
Sibling	3	13	0	0

Childhood physical abuse was reported significantly more by the child sex trafficked participants (14, 60.9%) compared to the adult sex trafficked participants (11, 32.4%) $X^2(1, N=57) = 4.53, p <.033$.

Childhood emotional abuse was also reported significantly more by the child sex trafficked participants (17, 73.9%) compared to the adult sex trafficked participants (13, 38.2%) $X^2(1, N=57) = 7.01, p <.008$. Childhood sexual abuse was also reported significantly more by the child sex trafficked participants (16, 69.6%) compared to the adult sex trafficked participants (13, 38.2%) $X^2(1, N=57) = 5.4, p <.02$.

The reasons given by the victim for the sex trafficking was not significantly different between the child and adult victims but the adult sex trafficking victims were more likely to report exchanging sex for a place to stay than the child victims. The child victims were more likely to report having been forced to exchange sex for clothes than the adult victims. See Figure 29.

Figure 29. Reasons for Sex Exchange-Comparing Child and Adult Victims

Reason	Child Victims (n = 23)		Adult Victims (n = 34)	
	#	%	#	%
Drugs	9	39.1	14	41.2
Money	9	39.1	12	35.3
Place to stay	7	30.4	16	47.1
Protection	5	21.7	6	17.6
Food	4	17.4	5	14.7
Clothes	4	17.4	2	5.8

Having a family member that had ever been sexually exploited was reported by nine (39.1%) of the child sex trafficked participants and 10 (29.4%) of the adult sex trafficked participants.

Gender Comparison: Male/Female Victims

Of the 97 sex trafficked participants, 22 (22.7%) participants identified as male, 73 (75.3%) as female, 1 (1%) transgender, and 1(1%) non-conforming. For the purpose of exploring the differences between Comparing the male and female sex trafficked participants (excluding the one transgender and one non-conforming sex trafficked participants for comparison purposes).

Compared to the female victims of sex trafficking, male sex trafficking victims were more likely to report using methamphetamines, that they were sex trafficked for drugs, that they were more likely to experience chronic pain, and that they were more likely to have child welfare currently involved in the custody of their children. Male victims of sex trafficking were also more likely to have their children out of their care and in the care of their children compared to the female victims. Male victims were more likely to report that they had been expelled from school as well as affiliated with a gang than the female victims of sex trafficking. Six (27.3%) of the male sex trafficking victims reported that they were sex trafficked by a girlfriend.

Twenty-one (28.7%) of the female sex trafficking victims reported that they were sex trafficked by a boyfriend which was significantly more than the male victims. Female victims were also more likely to report having been victims of childhood emotional abuse and sexual abuse.

Discussion

Native Hawaiians made up 64 percent of the sex trafficking victims identified in this study. This is the second body of peer-reviewed empirical research to show disproportionate representation of Native Hawaiians among sex trafficking victims in Hawai'i. The commercial sex industry in Hawai'i relies on cheap, easy supply of human beings who do not or cannot refuse high volumes of sexual activity with strangers. The overutilization of Native Hawaiians to meet sex buyer demand may be directly linked to structural economic coercion and vulnerabilities connected to land dispossession, exposure to sexual violence, hyper-sexualization, incarceration, cultural dislocation, intergenerational trauma, mental and emotional distress, racism, poverty, and ongoing inequities. The reasons identified by the sex trafficking victims for being sex trafficked varied but the top reason was for drugs, followed by money and a place to stay.

Sex trafficking victims involved in the juvenile justice system were more likely to report being sex trafficked for drugs. Male victims were more likely to report being sex trafficked for drugs than female victims. Sex trafficking victims who had experienced residential treatment as a child were more likely to report being sex trafficked for money and drugs. Sex trafficking victims who had runaway as a child were likely to report they were sex trafficked for money, drugs, protection, and a place to stay. Sex trafficking victims who reported that they were in special education classes were more likely to report that they were sex trafficked for food, clothing, and drugs. Sex trafficking victims who reported being harassed by peers as a youth were more likely to report that they had been sex trafficked for money, food, and protection. Sex trafficking victims who reported childhood sexual abuse were more likely to report they were sex trafficked for protection and a place to stay.

Homelessness and sex trafficking were found to be connected, with more than two thirds of the sex trafficking victims reporting that they had experienced homelessness in their lifetimes. Sex trafficking victims who reported being homeless were more likely to report also having been in foster care or a group home as a child. Sex trafficking victims who also reported having experienced homelessness were also more likely to report having witnessed domestic violence in their childhood homes.

The overall rate of sexual abuse reported in this study was that one out of every four participants reported having experienced sexual abuse. While the participants from this study come from a social service agency, the high rate of sexual abuse should cause community concern. Among the sex trafficking victims, sexual abuse was reported by nearly one out of every two (43.3%) participants. Childhood sexual abuse has long been linked as a risk factor to sex trafficking (McClanahan, McClelland, Abram, & Teplin, 1999; Varma, Gillespie, McCracken, & Greenbaum, 2015).

Sex trafficking victims in this study reported experiencing significantly more challenging life experiences than the non-sex trafficked participants. These challenging life experiences included higher scores on the Adverse Childhood Experiences survey with the sex trafficking victims reporting an average score of 4.46 (out of 10 items) compared to an

average score of 2.43 of the non-sex trafficked participants. In the research literature, a score of four or above has been found to be associated with the increased odds for binge and heavy drinking, risky HIV behaviors, diabetes, heart attacks and heart disease, stroke, depression, health-related disabilities, and risky behaviors (Cambell, Walker, & Egede, 2015). In this study, a score of four or above for the sex trafficking victims resulted in being more likely reporting of negative contact with law enforcement, having been in foster care or a group home, having run away from home, and being a victim of bullying. The long-term impact of the childhood abuse and maltreatment on the sex trafficking victims in this study is of grave concern and providing targeted trauma-informed treatment including addressing the sex trafficking victimization is indicated by these findings.

Sex trafficking victims were more likely to report that they were also victims of dating violence. The victims of sex trafficking and dating violence were more likely to report having a parent in prison, negative contact with law enforcement, involvement in the juvenile justice system, experiencing academic difficulties, running away from home, being bullied by school peers, being gang members, and report physical, emotional, and sexual abuse during childhood. The sex trafficking and dating violence victims were also more likely to report being addicted to drugs and having participated in self-harm behaviors.

Involvement in juvenile justice and law enforcement was more likely for the victims of sex trafficking including being on juvenile probation and having negative contact with law enforcement. School issues were prevalent among the sex trafficking victims when compared to the non-sex trafficked participants in this study including having academic difficulties, being expelled, and experiencing bullying and harassment from peers. Being in special education services was reported by twenty-four percent of the sex trafficking victims.

Drug use has been previously linked to sex trafficking experiences in the literature and often has numerous roles in the sex trafficking situations. These include being used as a recruitment tool, a way to establish dependency on the sex trafficker, to ease the victim's inhibitions, and to help the victim numb their distress during their victimization (Brawn & Roe-Sepowitz, 2008; Edwards, Iritani, & Hallfors, 2006; Reid, 2011; Wilson, Butler, & Gold, 2014). Among the sex trafficked participants in this study, 81.4 percent (n =79) reported that they had used drugs. Specific drugs were significantly more likely to be used by the sex trafficking victims including marijuana, methamphetamines, heroin, and vaping. Twenty-two of the sex trafficking victims reported that they were forced to use drugs by their sex traffickers during their sex trafficking experience.

The sex trafficking victims were more likely to report having a mental health diagnosis than the non-sex trafficked participants. The sex trafficking victims were more likely to report experiencing Anxiety, Depression, Bipolar Disorder, and ADD/ADHD. The sex trafficking victims were also more likely to report participating in self-harm behaviors including cutting, risk taking, having sex with strangers, and not eating for long periods of time.

More than twenty percent of the traffickers of the sex trafficking victims in this study were family members. This disputes the traditional anecdote that most sex traffickers are strangers that kidnap the victim or are boyfriends who then trick their victims into prostitution. Intrafamilial sex trafficking victims were significantly more likely to report being first victimized before the age of 18. They were also more likely to report that someone else in their family had also been a sex trafficking victim. Sex trafficking victims of family member sex traffickers were also more likely to report that they were afraid to leave or quit the sex trafficking situation due to fear of violence or threats to harm them or their family. How the sex trafficking victims were sex trafficked included being recruited through websites and social media and one out of every six sex trafficking victims (n = 17) were sold online through social media, dating websites, and sites like Backpage.com and Craigslist.com.

The discovery of so many sex trafficking victims in Hawai'i is extraordinary. This study identified ninety-seven victims of sex trafficking and was able to collect data about their life experiences. Using the information from this study, we aim to provide support and evidence for the development of innovative programs to revolutionize prevention and healing for Hawai'i's sex trafficking victims. Sex trafficking is not purely an issue of poverty. Hawai'i residents with a history of childhood abuse, disconnections and violence within their families, pervasive lifetime abuse and Native Hawaiian ancestry are most vulnerable to sex traffickers. This information should be used to gain awareness of who is sex trafficked in Hawai'i, who they are sex trafficked by, and what systems should be on alert to screen, prevent, and detect sex trafficking victimization.

Recommendations for Policy and Practice

This study is one of the first studies to explore sex trafficking victimization in Hawai'i. Despite a recent series of studies, sex trafficking in Hawai'i continues to be dismissed as nonexistent or minimized. This study shows this not to be true. In the absence of extensive research, there are assumptions and arguments that if sex trafficking does indeed exist in Hawai'i, victims are being mischaracterized and are in fact there by choice, or are mostly girls from other places. The findings from this study underscore the need to end this victim blaming perspective, which also relies on racist sexualized stereotypes of Native women and women of color.

This study found that 100 sex trafficking survivors live in Hawai'i. One out of every five sex trafficking victims in this study were sex trafficked as a child. One out of every five sex trafficking victims in this study was male. One out of every four sex trafficking victims was sex trafficked by a family member. The victims reported that during their lifetimes they were involved in schools including special education services, juvenile corrections, and child welfare. The challenges faced by the sex trafficking victims including mental health, relationship violence, sexual violence, drug and alcohol addiction, and homelessness were significantly worse than the those not sex trafficked in this study. This information should be used to encourage the development of new awareness trainings, screening protocols, sex trafficking victim targeted

treatments, and social policies that provide funding support and services for adult and child victims of sex trafficking.

Statewide Coordinator

Hawai'i is one of only ten states in the United States without a statewide sex trafficking coordinator. The first priority of any law and policy reforms to tackle the prevention, detection, and intervention development for sex trafficking victims should be the creation of a statewide coordinator. This coordinator would ensure streamlined strategy and implementation of care teams and training for each county that develop culturally rooted and specifically needed programs for communities on each island.

Statewide training

A structured educational plan should be developed to provide a basic understanding of sex trafficking and how to respond if a victim is identified. The training should be required for all mandatory reporters under Hawai'i Revised Statutes Section 350. The training plan should focus on places and professionals who would most likely encounter victims, such as substance abuse centers, hospital emergency departments, domestic violence organizations, organizations working with incarcerated women, child and family resource organizations, high schools both public and charter, medical residency training programs as well as medical students, and court personnel including probation officers. In addition, members of faith communities should be trained as they often reach into populations that need to be reached.

Training information would include the definition of sex trafficking and prostitution, the unique features of trafficking in Hawai'i, risk factors associated, services available, how to respond and intervene, decreasing stigma, and trauma-informed perspectives of working with sex trafficking victims.

Detecting and Providing Services for Sex Trafficked Children

The system of screening, identification, and intervention for children in Hawai'i has slowly developed with mandatory sex trafficking screenings required by the Department of Health Services for all social service providers. Although there is some information about the screening outcomes, there continue to be no group homes and very limited treatment options specifically designed for the unique needs of sex trafficked children in Hawai'i.

Targeted programs for adults

Adult victims appear to be largely overlooked in the social service system in Hawai'i. There are no crisis beds, halfway houses, or shelter beds designated for sex trafficked adults of any gender. This lack of a safety net-services that assist sex trafficking victims from re-entering the sex trafficking situation- has created a crisis where adult victims who desire to exit do not have anywhere to turn.

Capacity building for clinical treatment of sex trafficking victims (all ages) trauma-informed

The sex trafficking victims identified in this study reported lives filled with complex trauma and abuse starting during childhood. The experiences of the sex trafficking victims were more likely to include violence, childhood abuse, participation in systems that were unable to help (schools, child welfare, juvenile justice), and adult experiences of adult sexual and interpersonal violence. Serving sex trafficking victims clinically requires targeted training to understand the multi-layered issues the victims' experience as well as evidence-based intervention approaches for treatment programming.

Prevention programming

The information from this study can be used to illustrate how victims of sex trafficking in Hawai'i are trafficked and developed into prevention materials. The prevention materials should be shared with students in schools grades (7-12) and high-risk adolescents and young adults in programs including special education, behavioral health treatment, and correctional settings. Highlighting that sex trafficking victimization is a local problem and happens to local victims in Hawai'i is critical to include.

Involvement of schools

Schools have a unique role in preventing and detecting sex trafficking among their students. Training teachers, social workers, school nurses, and administrators about how to identify sex trafficking and how to respond if a potential victim is critical to addressing sex trafficking in Hawai'i. The Board of Education should take proactive steps to incorporate sex trafficking prevention and intervention into sex education curriculums.

Police Accountability and Reduced Involvement

Since 2000, the mainstream strategy in the United States has focused on halting sex trafficking primarily through law enforcement and victim services have been largely limited foreign-nationals. This has led to law enforcement officers often arresting sex trafficking victims and charging them with prostitution, especially U.S. citizens. Sexual exploitation by law enforcement and the threat of criminal sanction along with few services available has prevented many victims of sexual exploitation from getting help. Hawai'i should join a growing number of states in adopting a frame of gender equity and racial justice. This frame emphasizes that sex trafficking training is for all criminal justice personnel and reduces police involvement as the first point of contact with those bought and sold in the commercial sex industry. This frame also includes providing survivor-advocates on the scene when police are involved to provide support and victim-centered service connections.

Policy Implications

Dispelling secrecy and stigma

Current sentiment in Hawai'i has been to silence discussions about sex trafficking victimization and center on those who truly choose to prostitute. The choice to allow access to one's body free of coercion by force or circumstance is rare in the commercial sex industry. Their experience is

real but so are the experiences of those victimized in the commercial sex industry. A social justice approach dictates that the voices of the most victimized are prioritized. If the purchase of sex is deemed legitimate through full deregulation (so-called full decriminalization) or legalization, Hawai'i will normalize the mass dehumanization of women and children and will continue their stigmatization. Due to the power asymmetry of the unwanted sexual transaction, these extreme policy reforms will destigmatize sex buyers and third-party profiteers (traffickers) but will not reduce stigma for those who must give up access to their bodies. The state should however end the penalization of commercially sexually exploited people. The state should also provide resources to raise public awareness about the 2019 Survivors Not Criminals law that allows anyone with a conviction for prostitution (selling) to make a motion to vacate and expunge their record. Survivor support and leadership groups should also be prioritized.

Conclusion

This study identified 97 victims of sex trafficking. All of them participated in prostitution- the exchange of sex for something of value but their lack of consent either by being under age 18 or being forced, coerced, or enticed to prostitute determined their identification as a sex trafficking victim. Prostitution as a consenting adult is not reviewed in this study.

Despite a recent series of studies on sex trafficking in Hawai'i, sex trafficking in Hawai'i continues to be dismissed as nonexistent or minimized as non-systemic. This study shows this not to be true. In the absence of extensive research, there are assumptions and arguments that if sex trafficking does indeed exist in Hawai'i, victims are being mischaracterized and are in fact there by choice, or are mostly girls from other places. The findings from this study underscore the need to end this victim blaming perspective, which also relies on racist sexualized stereotypes of Native women and women of color. This study should support the end of this victim-blaming perspective.

Nearly 100 sex trafficking survivors live in the Hawai'i, one out of every five victims were sex trafficked as a child. One out of every five sex trafficking victims in this study was a male. One out of every four sex trafficking victims was sex trafficked by a family member. The sex trafficking victims in this study reported that they had been touched by many of Hawai'i's systems, in some cases, while they were being sex trafficked, including schools, hospitals, mental health providers, criminal justice, and child welfare. The challenges faced by the sex trafficking victims including mental health, relationship violence, sexual violence, drug and alcohol addiction, and homelessness were significantly worse than the those not sex trafficked in this study.

References

- Able-Peterson, T., & Meuleners, M. (2009). *Homeless Youth and Sexual Exploitation: Research Findings and Practice Implications*. Washington, DC: National Alliance to End Homelessness.
- Bigelsen, J., & Vuotto, S. (2013). *Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York*. New York: Covenant House.
- Brawn, M., & Roe-Sepowitz, D. (2008). Female juvenile prostitutes: Exploring the relationship to substance use. *Children and Youth Services Review*, 30, 1395–1402.
- Cambell, J., Walker, R., & Egede, L. (2015). Associations between adverse childhood experiences, high-risk behaviors, and morbidity in adulthood. *American Journal of Preventative Medicine*, 50, 344-352.
- Edwards, J., Iritani, B., & Hallfors, D. (2006). Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sexually Transmitted Infections*, 82(5), 354–358.
- Reid, J. (2011). An exploratory model of girls' vulnerability to commercial sexual exploitation in prostitution. *Child Maltreatment*, 16(2), 146–157.
- Wilson, B., Butler, L., & Gold, S. N. (2014). Running a gauntlet: A review of victimization and violence in the pre-entry, post-entry, and peri-/post-exit periods of commercial sexual exploitation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 494–504.
- Fedina, L., Williamson, C., & Perdue, T. (2016). Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence*, 1-21.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of preventive medicine*, 14(4), 245-258.
- Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*, 100(12), 2442–2449
- Hargreaves-Cormany, H.A., Patterson, T.D. & Muirhead, Y.E. (2016). A Typology of Offenders Engaging in the Sex Trafficking of Juveniles (STJ): Implications for Risk Assessment, *Aggression and Violent Behavior* (2016), doi:[10.1016/j.avb.2016.06.011](https://doi.org/10.1016/j.avb.2016.06.011)
- Hickle, K., & Roe-Sepowitz, D. (2016): “Curiosity and a Pimp”: Exploring Sex Trafficking Victimization in Experiences of Entering Sex Trade Industry Work Among Participants in a Prostitution Diversion Program, *Women & Criminal Justice*, DOI: 10.1080/08974454.2015.1128376

- Kennedy, M., Klein, C., Bristowe, J., Cooper, B., & Yuille, J. (2007). Routes to recruitment: Pimps' techniques and other circumstances that lead to street prostitution. *Journal of Aggression, Maltreatment, and Trauma*, 15, 1-19.
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55(2), 181-187.
- Kramer, L. A., & Berg, E. C. (2003). A survival analysis of timing of entry into prostitution: the differential impact of race, educational level, and childhood/adolescent risk factors. *Sociological Inquiry*, 73(4), 511-528.
- Martin, L (2017). Sex Buyers: The "Demand Side" of Sex Trafficking, 12 U. *St. Thomas J.L. & Pub. Pol'y*, 6.
- McClanahan, S. F., McClelland, G. M., Abram, K. M., & Teplin, L. A. (1999). Pathways into prostitution among female jail detainees and their implications for mental health services. *Psychiatric Services*, 50, 1606-1613.
- Milrod, C. & Monto, M. (2014). The hobbist and the girlfriend experience: Behaviors and preferences of male customers of internet sexual service providers. *Deviant Behavior*, 33, 792-810.
- Murphy, L.T. Labor and Sex Trafficking Among Homeless Youth. 2017. Available online: <https://www.covenanthouse.org/homeless-issues/human-trafficking-study> (accessed on 27 August 2019).
- Nadon, S. M., Koverola, C., & Schludermann, E. H. (1998). Antecedents to prostitution: childhood victimization. *Journal of Interpersonal Violence*, 13(2), 206-221.
- Nixon, K., Tutty, L., Downe, P., Gorkoff, K., & Ursel, J. (2002). The everyday occurrence: Violence in the lives of girls exploited through prostitution. *Violence Against Women*, 8, 1016-1043.
- Oselin, S., & Blasyak, A. (2013). Contending with violence: Female prostitutes' strategic responses on the streets. *Deviant Behavior*, 34, 274-290.
- Raphael, J., & Shapiro, D. (2004). Violence in indoor and outdoor prostitution venues. *Violence Against Women*, 10, 126-139.
- Reid, J. A. (2012). Exploratory review of route-specific, gendered, and age-graded dynamics of exploitation: applying life course theory to victimization in sex trafficking in North America. *Aggression and Violent Behavior*, 17, 257-271.
- Reid, J. A. (2014). Entrapment and enmeshment schemes used by sex traffickers. *Sexual Abuse: a Journal of Research and Treatment*, 28, 491-511.

Preble, K. (2019). Under their “control”: Perceptions of Traffickers Power and Coercion Among International Female Trafficking Survivors During Exploitation, *Victims & Offenders*, 1-23.

Roe-Sepowitz, D. E. (2012). Juvenile entry into prostitution the role of emotional abuse. *Violence Against Women*, 18, 562-579.

Roe-Sepowitz, D. E., Hickie, K. E., & Cimino, A. (2012). The impact of abuse history and trauma symptoms on successful completion of a prostitution-exiting program. *Journal of Human Behavior in the Social Environment*, 22, 65-77.

Williamson, C., & Folaron, G. (2003). Understanding the experiences of street level prostitutes. *Qualitative Social Work*, 2(3), 271–287.

Williamson, E., Dutch, N., & Clawson, H.C. (2008). Evidence-based mental health treatment for victims of human trafficking. National symposium on the health needs of human trafficking victims: postsymposium brief. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Yen ,I. (2008) Of Vice And Men: A New Approach to eradicating sex trafficking by reducing male demand through education programs and abolitionist legislation, *Journal of Criminal Law & Criminology*, 98, 653-686.