Sex Trafficking Data ($N = 21$)

**Gender**
- Female: 19%
- Male: 66.7%
- Transgender: 4.8%
- Two-Spirit: 4.8%
- Genderqueer: 4.8%

**Ethnicity**
- Caucasian: 38.1%
- Hispanic: 33.3%
- Bi/Mariracial: 14.3%
- African American: 9.5%
- American Indian: 4.8%

**Sexual Orientation**
- Bisexual: 4.8%
- Asexual: 4.8%
- Heterosexual: 9.5%
- Gay: 19%
- Pansexual: 33.3%
- Lesbian: 23.8%
- Did Not Report: 66.7%

66.7% identified as LGBTQIA+
Sex Trafficking Data (N = 21)

**SEX TRAFFICKING EXPERIENCE**

Participants reported being sex trafficked for:

- **57.1%** Place to stay
- **52.4%** Money
- **33.3%** Drugs
- **28.6%** Food
- **23.8%** Protection
- **19%** Clothing
Sex Trafficking Experience

90.5% of participants identified as ever having a sex trafficker.

Participants identified their relationship to their sex trafficker as:

- Friend: 33.3%
- Boyfriend: 23.8%
- Family Member: 19%
- Stranger: 9.5%
- Other: 9.5%
- Girlfriend: 4.8%

9.5% reported feeling afraid to leave the sex trafficking situation due to fear of violence or other threats of harm to self or family.
Technology is often used as a tool to exploit victims of sex trafficking. Participants were asked a series of questions to explore the role of technology in their exploitation experience.

<table>
<thead>
<tr>
<th>Technology, by type</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smart phone</td>
<td>4</td>
<td>19%</td>
</tr>
<tr>
<td>Pornographic photos</td>
<td>2</td>
<td>9.5%</td>
</tr>
<tr>
<td>Grindr</td>
<td>2</td>
<td>9.5%</td>
</tr>
<tr>
<td>Instagram</td>
<td>2</td>
<td>9.5%</td>
</tr>
<tr>
<td>Facebook</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>Tumblr</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>Bitcoin</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>Dating Site</td>
<td>1</td>
<td>4.8%</td>
</tr>
<tr>
<td>Skype</td>
<td>1</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

49.4% (n = 9) reported that technology was used to facilitate their exploitation.

Technology was used:
- as a tool in the sex trafficking situation (n = 5, 23.8%)
- to recruit into a sex trafficking situation (n = 1, 4.8%)
- to control victim (n = 1, 4.8%)
SEX TRAFFICKED VS. NON-SEX TRAFFICKED PARTICIPANTS

Participants who experienced sex trafficking were significantly more likely to report:

- Addiction to drugs  
  \( x^2(1, N = 86) = 5.59, p < .018 \)

- Addiction to alcohol  
  \( x^2(1, N = 88) = 4.24, p < .039 \)

- Having ever used meth  
  \( x^2(1, N = 85) = 8.49, p < .004 \)

- Anxiety  
  \( x^2(1, N = 88) = 4.55, p < .033 \)

- Depression  
  \( x^2(1, N = 88) = 4.06, p < .044 \)

- Post Traumatic Stress Disorder  
  \( x^2(1, N = 88) = 4.26, p < .039 \)

- Self-harm  
  \( x^2(1, N = 88) = 8.24, p < .004 \)

- Cutting  
  \( x^2(1, N = 88) = 8.15, p < .004 \)

- Drinking alcohol excessively  
  \( x^2(1, N = 88) = 11.04, p < .001 \)

- Risk taking behavior  
  \( x^2(1, N = 88) = 5.47, p < .019 \)

- Not eating for long periods of time  
  \( x^2(1, N = 88) = 6.11, p < .013 \)

- Binging/vomiting  
  \( x^2(1, N = 88) = 6.24, p < .012 \)

- Negative contact with LE  
  \( x^2(1, N = 87) = 15.66, p < .000 \)

- Involvement in Juvenile Justice System  
  \( x^2(1, N = 87) = 5.90, p < .015 \)

- Having 4 or more ACEs  
  \( x^2(1, N = 86) = 4.85, p < .028 \)

- Physical neglect (ACE)  
  \( x^2(1, N = 87) = 4.52, p < .033 \)

- Mental Illness in the household (ACE)  
  \( x^2(1, N = 85) = 11.52, p < .001 \)

- Sexual abuse as a child (age 12-under)  
  \( x^2(1, N = 87) = 8.16, p < .004 \)

- Sexual abuse as an adolescent (age 13-17)  
  \( x^2(1, N = 87) = 5.90, p < .015 \)

- Physical abuse by parent/guardian  
  \( x^2(1, N = 87) = 16.56, p < .000 \)

- Dating violence  
  \( x^2(1, N = 87) = 9.21, p < .002 \)
Labor Exploitation Data (N = 21)

LABOR EXPLOITATION (N = 21)

About **one in every four**

(n = 21, 23.6%) participant reported experiencing labor exploitation.

(n = 7) of those that reported experiencing a labor exploitation situation were **first exploited for labor under the age of 18**.

The age of 1st labor exploitation experience ranged from

12 — 16 — 20

average age

(M = 16, SD = 2.58)

UNDER

18
Labor Exploitation Data \((N = 21)\)

**LABOR EXPLOITATION EXPERIENCE**

Participants were attempting to work in exchange for:

- **52.4%** Money
- **38.1%** Food
- **33.3%** Place to stay
- **23.8%** Drugs
- **23.8%** Protection
- **14.3%** Clothing

\((n = 10)\) participants reported being tricked or forced into doing work they did not want to do.
Labor Exploitation Data (N = 21)

LABOR EXPLOITATION EXPERIENCE

Fraud

42.9%
(n = 9) of participants reported being promised work where the work or payment ended up being different than what they expected.

Control Tactics

38.1%
(n = 8) of participants reported having someone they worked for control the money they earned or keep money they earned.

14.3%
(n = 3) of participants reported being afraid to leave or quit the labor exploitation situation due to fear of violence or other threats to harm them or their family.
Participants identified their relationship to their labor exploiter as:

- **Friend**: 19%
- **Employer**: 14.3%
- **Boyfriend**: 14.3%
- **Gang**: 4.8%
- **Siblings**: 4.8%
Labor Exploitation Data (N = 21)

**SECTOR OF LABOR EXPLOITATION**

- Domestic Servitude (n = 6, 28.6%)
- Drug related (n = 5, 23.8%)
- Agriculture (n = 2, 9.5%)
- Child care (n = 1, 4.8%)
- Petty Theft (n = 1, 4.8%)
- Restaurant (n = 1, 4.8%)
- Selling Goods (n = 1, 4.8%)
- Call Center (n = 1, 4.8%)
Labor Exploitation Data ($N = 21$)

LABOR EXPLOITED VS. NON-LABOR EXPLOITED PARTICIPANTS

Participants who experienced labor exploitation were significantly more likely to report:

- Attempting suicide
  \[x \ (1, \ N = 83) = 4.51, \ p < .034\]

- Being kicked out for using substances
  \[x \ (1, \ N = 73) = 5.17, \ p < .023\]

- Having a current medical issue
  \[x \ (1, \ N = 87) = 6.04, \ p < .014\]
COVID-19 IMPACT ON SAMPLE SIZE

- Due to the ongoing COVID-19 pandemic, the total number of participants (N = 89) remained relatively low for the 2021 data collection.
  - 9.8% increase in number of participants from the 2020 YES survey (post-COVID)
  - 46.7% decrease in number of participants from the 2019 YES survey (pre-COVID)

- Utilization of an online survey tool proved effective and enabled agencies to reach an additional 20 (22.5%) participants.
LGBTQIA+

- The homeless young adult population continues to be overrepresented by individuals who identify as LGBTQIA+.
- Almost half (49.4%) of the sample identified as LGBTQIA+.
- Participants who identified as LGBTQIA+ were significantly more likely to report:

  - Engaging in self-harm
    \[ x^2(1, N = 76) = 3.95, \ p < .047 \]
  - Attempted suicide
    \[ x^2(1, N = 72) = 6.14, \ p < .013 \]
  - Current mental health diagnosis
    \[ x^2(1, N = 76) = 3.94, \ p < .047 \]
  - More than one mental health diagnosis
    \[ x^2(1, N = 76) = 5.47, \ p < .019 \]
  - Anxiety diagnosis
    \[ x^2(1, N = 76) = 6.02, \ p < .014 \]
  - Harassment by peers
    \[ x^2(1, N = 75) = 4.05, \ p < .044 \]
**Discussion**

**HOMELESSNESS AS A CHILD**

- **46.1%** first experienced homelessness **under the age of 18.**

- **71.9%** were kicked out of their home.

- **39.3%** were first kicked out **under the age of 18.**

  - Age of 1st homeless ranged from: 4 — 17 — 23
  - Average age: 17

  - Age of 1st being kicked out of the home ranged from: 13 — 17.1 — 23
  - Average age: 17

- These findings indicate that although participants of the YES study are adults at the time of data collection, many participants first began experiencing homelessness as a child.

- This finding demonstrates the need for prevention and early intervention efforts for children who are identified as high-risk for homelessness.
Discussion

**EDUCATIONAL ATTAINMENT**

- 51.7% dropped out of school
- 43.8% did not graduate from high school

The top reasons cited for dropping out of school included:

- (n = 17, 19.1%) moving around a lot
- (n = 15, 16.9%) homelessness
- (n = 12, 13.5%) academic difficulty
- (n = 12, 13.5%) pregnancy/having a baby

These life events demonstrate a significant level of instability in the lives of participants during their school age years. These findings demonstrate that school is a critical touchpoint or point of intervention for children at risk for homelessness. Prevention and early intervention efforts should be dedicated to identifying and providing additional connections, resources and supports to school-age children identified as at-risk for homelessness.
Discussion

**DRUG USE**

59.6%

(n = 53) reported drug use

Age of 1st drug use ranged from:

8 — 15.4 — 23

average age

8

The youngest reported age of first drug use

Although a relatively low number of participants reported an active addiction to drugs or alcohol, a disproportionately high number of those participants reported that their addiction began after experiencing homelessness.

46.2%

(n = 6) reported drug addiction began after homelessness

63.6%

(n = 7) reported alcohol addiction began after homelessness

This finding highlights the need for strong substance use programming in social service providers serving homeless young adult populations.
MENTAL HEALTH

Consistent with the findings from the previous seven years of data collection, the 2021 YES study participants reported significant ramifications to their mental health.

- **48.3% (n = 43)** reported engaging in self-harming behavior.
- **38.2% (n = 34)** reported a history of attempted suicide.
- **61.8% (n = 55)** reported a current mental health diagnosis.
- **52.8% (n = 47)** reported having more than one mental health diagnosis.
- The two most common mental health diagnoses included depression (n = 46, 51.7%) and anxiety (n = 45, 50.6%).
- **49.4% (n = 44)** reported never receiving treatment for their mental health diagnosis.
- **52.8% (n = 47)** reported experiencing four or more ACEs which has been found to lead to significant long-term mental health and medical challenges, including early death.
Discussion

SEX TRAFFICKING + LABOR EXPLOITATION

Although the total sample size for the 2021 YES study was smaller than years past, the number of participants who reported experiencing exploitation remained relatively stable.

At least one form of human exploitation was reported by 40.4% (n = 36) of participants.

23.6% (n = 21) participants reported experiencing sex trafficking.

23.6% (n = 21) participants reported experiencing labor exploitation.

*12.4% (n = 11) reported experiencing both sex trafficking and labor exploitation.
**SEX TRAFFICKING**

The average age of first sex trafficking experience was 16.9 years old.

12 —— 16.9 —— 21

average age  
(M = 16.9, SD = 2.31)

The youngest age of first sex trafficking experience was 12 years old.

Those that identified as having experienced sex trafficking were significantly more likely to report a multitude of other challenges, including:

- Addiction
- Depression
- Anxiety
- Post-traumatic stress disorder
- Various self-harming behaviors
- Significant trauma histories, including sexual abuse, physical abuse and neglect, and dating violence
- Experiencing four or more Adverse Childhood Experiences (ACEs)
LABOR EXPLOITATION

The average age of first labor exploitation experience was 16 years old.

\[ 12 \rightarrow 16 \rightarrow 20 \]

average age
\[ (M = 16, SD = 2.58) \]

The youngest age of first labor exploitation experience was 12 years old.

Of those that reported experiencing labor exploitation, 1 in every 3 (n = 7, 33.3%) reported being under the age of 18.

Those that identified as having experienced labor exploitation were significantly more likely to report:
- Attempted suicide
- Current medical issue
- Being kicked out of the home due to using substances
CONCLUSION

- The findings from the 2021 YES study demonstrate the significant toll that the experience of homelessness takes on this young adult population, with addiction to substances prevalent post-homelessness and the presence of significant mental health challenges indicating that participants’ ability to cope is being overwhelmed.

- The findings consistently demonstrate that this population is at an increased risk of sex trafficking and labor exploitation, due to the multitude of life challenges present as well as the pressing necessity for basic needs to be met, particularly money, shelter and food.
RECOMMENDATIONS

The findings from the 2021 YES study shed light on the ongoing needs for homeless young adults in the state of Arizona:

• Expanded capacity for trauma informed substance abuse programming and mental health support, particularly to address maladaptive coping and the significant effects of trauma for this population.

• With regard to sex trafficking and labor exploitation, social serving agencies must be equipped to screen for the presence of these forms of exploitation and must strengthen their organizational programming to address this occurrence within this population.

• Efforts such as street outreach, mobile resource units, and drop-in centers can serve as touchpoints for prevention and intervention.

• Additional funding opportunities from local and state government should be made available to specifically target service provision for this population.
RECOMMENDATIONS

- **Prevention and early intervention efforts** for school-age children at risk for homelessness. The findings indicate that homeless young adults were experiencing not only homelessness prior to adulthood, but also a significant number of other negative life experiences and traumas that may have contributed to their homelessness.

- Continued research is needed to identify specific points of intervention in childhood in which children experiencing poverty, abuse, or even academic difficulty can be identified and targeted for homelessness and human exploitation prevention/intervention.

- **COVID-19:** The impact of COVID-19 on both the homeless population and the trafficking victim population is yet to be known, but the findings demonstrate that homeless young adults continue to face significant challenges, including sexual and labor exploitation, due to their unique vulnerabilities. Difficulty accessing social services during this time may be exacerbating these vulnerabilities. Further research should be conducted to understand the impact of COVID-19 on this population.
References


Contact Information

Dominique Roe-Sepowitz, MSW, PhD
Director, ASU Office of Sex Trafficking Intervention Research
Associate Professor, ASU School of Social Work
Dominique.Roe@asu.edu

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