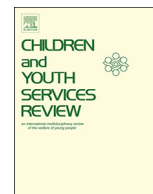




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A supportive adult may be the difference in homeless youth not being trafficked



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ABSTRACT

Purpose: To explore the factors that differentiate trafficked homeless youth from not-trafficked homeless youth.

Methods: From November 2015–February 2017, homeless youth served by Covenant House New Jersey, aged 18–22, received a trafficking assessment. Youth were stratified based upon trafficking experience, and their responses to demographic and social history questions were examined for association with trafficking occurrence.

Results: Of 344 participants, 9.6% had a trafficking experience. Having an Individualized Education Program/504 plan was, for the first time in anti-trafficking literature, associated with a trafficking experience in bivariable analysis. IEP/504 plans are developed for school-aged children whose ability to succeed in traditional educational formats is challenged by learning, social, or functional problems. In the multivariable analysis, a history of arrest was associated with being trafficked while the presence of a supportive adult was associated with *not* being trafficked. Gender was not associated with a trafficking experience.

Conclusions: This study is the largest to specifically assess homeless youth's demographic and social variables for association with trafficking experience. Homeless youth who are and are not trafficked share similar life experiences, but those with a supportive adult in their life had lower odds of being trafficked. Building upon our research, future investigations exploring order of occurrence will elucidate the risk factors for and protective factors against trafficking among homeless youth, contributing to evidence-based prevention efforts.

1. Introduction

Human trafficking — the use of a person through force, fraud, and/or coercion for the purpose of labor and/or sexual exploitation (TVPA, 2000) — is a public health issue (American Public Health Association, 2015; Chon, 2016) which directly affects society's most vulnerable (Chisolm-Straker & Stoklosa, 2017). United States-based prevalence rates are biased and methodologies rely on convenience data at best or are obscure. In the early 2000s, the U.S. Department of State reported estimates of 14,500 to 50,000 people being trafficked into the country annually (U.S. Dept of State, 2002; U.S. Dept of State, 2006). These numbers did not account for those trafficked into the U.S. in previous years, people who came to the U.S. by other means and were then trafficked, or those who are U.S. citizens or residents. In 2006, 46,849 individuals were estimated by a National Institute of Justice-funded study to be trafficked for labor across the Southwest U.S. border (Clawson, Layne, & Small, 2006). In another study, 313,000 people were estimated to be affected by trafficking in the state of Texas alone (Busch-Armendariz et al., 2016). Given the criminal nature of the problem, accurate

estimates of those trafficked within U.S. borders is not possible. Still, more rigorous and transparent methodologies are warranted.

Even without knowing the precise prevalence, it is clear that labor and sex trafficked individuals experience myriad of medical and psychological pathologies because they are trafficked. They may experience chronic pain, repeated sexually transmitted infections, unwanted pregnancies, unsafe abortions, substance use disorders, anxiety, depression, post-traumatic stress disorder, and malnutrition, among other ailments (Kiss et al., 2015; Macias-Konstantopoulos & Ma, 2017; Oram et al., 2012a; Oram, Stöckl, Busza, Howard, & Zimmerman, 2012b; Zimmerman et al., 2008). Many of these problems continue to negatively impact their lives even if they are able to leave their trafficking situation. Trafficked persons also struggle with complications of chronic medical conditions like diabetes, asthma, and hypertension that are inadequately treated (Grant, 2012; Littenberg & Baldwin, 2017). Successful anti-trafficking endeavors demand a public health response because public health recognizes the ways in which diverse factors contribute to wellness, recovery, illness, and injury. A public health framework facilitates relevant prevention strategies to prevent trafficking

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and mitigate downstream harms at societal, community, and individual levels (Centers for Disease Control and Prevention, 2018; Dahlberg & Krug, 2002).

Human trafficking affects people from all demographic and social groups, but society's runaway and homeless youth are thought to be especially vulnerable (Bigelsen & Vuotto, 2013; IOM & NRC, 2013; Middleton, Gattis, Frey, & Roe-Sepowitz, 2018; Murphy, 2017; Murphy, Taylor, & Bolden, 2015). Youth (minors and young adults) are homeless for a variety of reasons, including being kicked out of their home for a sexual orientation or gender minority identity; running away to escape physical, sexual, or emotional abuse, or neglect, or other unsafe living conditions; and/or the death of a parent or caregiver (Dank et al., 2015). Many young adults are homeless due to an inability to support themselves, and a lack of meaningful, long-term support networks. In the Morton, Dworsky, and Samuels (2017) study, 29% of youth surveyed reported having substance use problems and 69% reported having mental health difficulties while being homeless (Morton, Dworsky, & Samuels, 2017). Unmarried, parenting youth; gender minority and sexual orientation minority youth; impoverished youth; undereducated youth (having less than a high school diploma or GED); and youth of color are more likely to experience homelessness (Fernandes, 2007; Grieco & Cassidy, 2001; Morton, Dworsky, & Samuels, 2017). Duration of homelessness varies among youth, with 73% of those in the Morton, et al. study reporting being homeless for more than a month.

Homeless youth, lacking stable and safe social support mechanisms (Morton, Dworsky, & Samuels, 2017) are exploited by traffickers for forced labor and/or commercial sex. However, among this highly vulnerable population, little is understood about why some homeless youth may be more vulnerable to being trafficked than others. In two studies of homeless youth, while a significant minority did experience trafficking, the majority (> 80%) did not (Bigelsen & Vuotto, 2013; Murphy, Taylor, & Bolden, 2015). It is not clear what factors protect some homeless youth from being trafficked and make others vulnerable

to this form of exploitation. Understanding which homeless youth are most at risk for trafficking is integral to a public health response to trafficking, including the design of prevention interventions.

This study explored which demographic and lifetime social factors may differentiate homeless youth with a labor and/or sex trafficking experience from homeless youth without one.

2. Material and methods

2.1. Setting

Covenant House New Jersey (CHNJ), a nongovernmental organization (NGO), is part of Covenant House. Covenant House is an international federation of NGOs that serves homeless youth with wrap-around services, including housing. Specifically, CHNJ serves 18 to 22-year olds who are homeless in New Jersey. Only clients of CHNJ, during the study enrollment period of November 2, 2015 through February 21, 2017, were eligible to participate in this study. While CHNJ's clinical protocol requires all clients to receive an assessment for trafficking, clients could choose to share their de-identified data with the research team, thereby becoming a study participant.

The Icahn School of Medicine at Mount Sinai Institutional Review Board deemed the study "Not Human Subjects Research" as the investigative team only received anonymous data, from the existing CHNJ clinical protocol, for analysis. Study subjects received no remuneration for their participation.

2.2. Study protocol

All CHNJ clients receive a standard set of assessments as part of their individualized plans. These assessments include the Human Trafficking Assessment and CHNJ's Initial Basic/Behavioral Health Assessment (IBBHA), the latter of which captures a variety of the

- age
- race
- ethnicity
- gender
- type of homelessness
- number of times homeless
- duration of homelessness
- homelessness cause
- age when first left home
- reason for first leaving home
- disabling condition
- income and type
- noncash benefits and type
- experiences of domestic violence
- family drug use
- personal drug use
- witnessed violence in home
- identified learning disability (had an IEP or 504)*
- bullied by peers in school
- bullied peers in school
- emotional, physical, or sexual abuse
- foster care
- mental health issues
- suicidal thoughts
- family criminal history
- personal criminal history
- sexual orientation
- caring-adult relationships

Fig. 1. Standard topics addressed in CHNJ's initial basic/behavioral health assessment. * IEP/504 plans are developed for school-aged children whose ability to succeed in traditional educational formats is challenged by learning, social, or functional problems.

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