

Exploring Sex Trafficking Risk Factors for LGBTQ+ Young Adults Experiencing
Homelessness

by

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ABSTRACT

How to best assist LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization is a developing field of knowledge. This study aimed to understand sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness through the 2019 Youth Experiences Survey (2019 YES) and 16 follow-up interviews. The main findings include a) the odds of being LGBTQ+ and experiencing homelessness and reporting sex trafficking victimization were 2.41 times greater (95% CI: 1.22, 4.74) than being a cisgender heterosexual experiencing homelessness and reporting sex trafficking victimization; and b) risk factors that contributed significantly to a binary logistic regression model to predict being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization included having a current medical issue, having a history of dating violence, having a childhood history of sexual abuse (ACEs sexual abuse), having a history of bingeing/vomiting, and having a diagnosis of post-traumatic stress disorder (PTSD). The interviews back up quantitative data for contextualization purposes. The findings of this study confirm the need for more services for LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. Additionally, healthcare providers must consider screening for eating disorders among LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. Finally, future research on LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization is recommended.

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CHAPTER 1

INTRODUCTION

Sex trafficking is legally defined in the Trafficking Victims Protection Act (TVPA) as “in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age” (United States Department of State, Office to Monitor and Combat Trafficking in Persons, 2000). According to TVPA (2000), exchanging sex for something of value and being under 18 years of age automatically qualifies someone as a victim of sex trafficking. Only when a victim is over 18 years of age must the elements of force, fraud, and coercion be present for someone to be considered a victim of sex trafficking. Sex trafficking is a manifestation of modern-day slavery (Androff, 2011; Smith et al., 2009) and is one of the most clandestine forms of child abuse in the United States (Clawson & Goldblatt Grace, 2007; Estes & Weiner, 2001; Kotrla, 2010). Every year, men, women, non-binary individuals, and children fall into the hands of sex traffickers. Individuals who are victims of the advancements of sex traffickers are not random but are part of populations made vulnerable through various injustices and oppressions. Although sex trafficking spans all demographics, some circumstances or vulnerabilities have been found to lead to a higher susceptibility to sex trafficking victimization.

Research suggests that there is no one clear path, but an amalgamation of risk factors that lead to involvement in the commercial sex market (Chesney-Lind & Shelden, 1992; Roe-Sepowitz, 2012). Sex traffickers mainly target runaway and homeless youth (Fedina et al., 2016; McClanahan et al., 1999; Reid, 2011; Roe-Sepowitz, 2012; Simons & Whitbeck, 1991), people who experience substance use problems (Countryman-

Roswurm & Bolin, 2014; Johnston, 2014; Stoklosa et al., 2017; Varma et al., 2015), people with intellectual disabilities (Clawson et al., 2009; Estes & Weiner, 2005; Reid, 2018), and children who are out of home care or involved in the juvenile justice system (Clawson & Goldblatt Grace, 2007; Countryman-Roswurm & Bolin, 2014; Estes & Weiner, 2001; Fong & Cardoso, 2010; Kotrla, 2010; M'jid, 2011; Stransky & Finkelhor, 2008; Varma et al., 2015). Lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) individuals are particularly vulnerable to sex trafficking victimization (Barron & Frost, 2018; Dank et al., 2015; Hogan & Roe-Sepowitz, 2020; Fehrenbacher et al., 2020; Martinez & Kelle, 2013; Murphy, 2016; Schwarz & Britton, 2015; Tomasiewicz, 2018; Xian et al., 2017). However, LGBTQ+ individuals who experience sex trafficking victimization are often overlooked and rarely reported by local and national governments (Martinez & Kelle, 2013). Research studies on LGBTQ+ individuals experiencing sex trafficking victimization are limited. Previous research studies identify this population as LGBT or LGBTQ or separate each group into its own for unique understandings. Each LGBTQ+ research study presented in this paper will utilize the language of each study, whether it is LGBT, LGBTQ, etc.

According to the National Center for Missing & Exploited Children (2019), of the more than 23,500 endangered runaways reported in 2018, one in seven were likely victims of sex trafficking. Once youth are homeless, many are forced or coerced into the commercial sex market or trade sex to meet their basic needs (such as food or shelter (Bigelsen & Vuotto, 2013). LGBTQ+ youth experiencing homelessness are at increased risk of being sex trafficked due to their overrepresentation in the homeless youth population (Gordon & Hunter, 2013; Schwarz & Britton, 2015). Previous research

indicates that LGBTQ+ youth experience higher rates of abandonment and family conflict leading to homelessness (Choi et al., 2015), and the most targeted population for sex trafficking are homeless and runaway youth (Polaris, 2019). When LGBTQ+ individuals face fewer family and social supports, fewer resources, and are in desperate situations, they enter the street economy and may participate in the commercial sex market to meet their needs (Polaris Project, n.d.). Sex traffickers exploit the vulnerabilities of youth experiencing homelessness by meeting their needs, such as a place to stay, food, clothing, shelter, or protection (Dank et al., 2015; Hogan & Roe-Sepowitz, 2020). Research has yet to understand the unique experiences of LGBTQ+ young adults experiencing homelessness engaged in the commercial sex market. The United States federal government defines the commercial sex market as “any sex act on account of which anything of value is given to or received by any person” (22 U.S.C. 7102). This first chapter will provide the statement of the problem, the difference between sex trafficking and sex work, the challenges of creating a prevalence estimate, and why LGBTQ+ individuals do not disclose sex trafficking victimization. Next, this chapter examines the legal definitions of sex trafficking and the definition of terms. Finally, the purpose of this research study and research questions are presented.

Statement of the Problem

Since sex trafficking was first defined and addressed in the United States through the Trafficking Victims Protection Act of 2000, research has begun to build knowledge and indicate the impact, complexities, and needs of sex trafficking victims. However, there is a gap in the literature on the unique life experiences of LGBTQ+ individuals who experience victimization from sex trafficking. According to Polaris (n.d.), LGBTQ+

individuals lack access to anti-trafficking services due to a lack of awareness, community resources (e.g., bed space, financing), or provider concerns. Furthermore, LGBTQ+ cases of human trafficking are underreported due to LGBTQ+ individuals fearing discrimination, prejudice, and violence (Polaris, n.d.). Many LGBTQ+ people hide their sexual orientation to avoid social, mental, and physical harm (Bernstein et al., 2008; Durso & Meyer, 2013; Eliason & Schope, 2001).

In the Arizona commercial sex market, previous research has provided evidence of a disproportionate rate of LGBTQ+ homeless individuals being victims of sex trafficking. In the 2015 Youth Experiences Survey, more than a third of the sample of homeless young adults reported having been sex trafficked and more than half identified as LGBTQ+ (Hogan & Roe-Sepowitz, 2020). Furthermore, the odds of being LGBTQ+ and sex trafficked were two times greater than those of being heterosexual and sex trafficked. LGBTQ+ young adults experiencing homelessness and reporting sex trafficking were significantly more likely to report exchanging sex for money. LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization also reported higher rates of challenging life experiences, including suicide attempts, drug use, risk taking, and being raped between 13 and 17, compared to heterosexual young adults experiencing homelessness and reporting sex trafficking victimization. However, understanding and exploring their life experiences on the routes of sex trafficking victimization has not been thoroughly studied. To address this knowledge gap, this research study explores the risk factors for sex trafficking for LGBTQ+ young adults experiencing homelessness. This study will utilize the 2019 Youth Experiences Survey (YES Survey) and follow-up interviews to understand the unique experiences of people

who identify as LGBTQ+, homeless during young adulthood, and have a history of sex trafficking victimization.

There is little research on understanding the time order of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. According to the Administration for Children and Families Street Outreach Program (2016), the most common reason LGBTQ youth became homeless for the first time was being asked to leave by a parent or caregiver. Research also points to other factors that contribute to LGBTQ+ youth homelessness, such as physical abuse, sexual abuse, neglect, substance use by parents, and mental health disabilities (Dank et al., 2015; Durso & Gates, 2012; Whitbeck et al., 2004). Although the literature indicates that LGBTQ+ youth experience higher rates of homelessness and engage in high-risk behaviors while on the streets, there is little research on how LGBTQ+ individuals engage in the commercial sex market. What is found in the literature is that being on the streets and participating in high-risk behaviors increases the probability of sexual victimization (Tyler et al., 2001). To further complicate matters, the participation in the commercial sex market of LGBTQ+ youth or young adults is defined in the literature as three different terms: survival sex, trading sex, or sex trafficking. Current literature on LGBTQ+ youth and young adults experiencing homelessness generally defines engaging in the commercial sex market as survival sex or trading sex, which refers to the sale of sex to meet subsistence needs (shelter, food, drugs, or money) (Greene et al., 1999; Tyler & Johnson, 2006; Walls & Bell, 2011; Watson, 2011).

Sex Trafficking versus Sex Work

Sex trafficking is a long-standing social issue often entangled with sex work. Although both are involved in the commercial sex industry, a sex trafficking victim participates in exchanging sex for something of value through force, fraud, or coercion (TVPA, 2000). When an individual willingly participates in the commercial sex industry, it is a consensual exchange between two individuals and would not affect their human rights. Regarding sex trafficking and sex work, academics and advocates are usually divided between two opposing sides; one side is viewed as sex positivists and the other as neo-abolitionists (Gerassi, 2015, 2020). Sex positivists claim that a woman has a right to choose prostitution as a form of employment (Gerassi, 2015, 2020). On this side, sexual liberation and general pro-sex beliefs are acclaimed, and sexual exploitation or trafficking is opposed. The neo-abolitionist epistemological perspective frames sex work and participation in the commercial sex market as trafficking and violence against cisgender women (Chuang, 2009; Vanwesenbeeck, 2019).

In the book *Social Work Practice with Survivors of Sex Trafficking and Commercial Sexual Exploitation (CSE)* (Nichols et al., 2018), the authors believe that participation in the commercial sex market occurs on a continuum. Through survivor stories and highlighting the vulnerabilities of specific populations, this book revealed that there is no one-size-fits-all approach to social work practice, as the experiences of sex trafficking and CSE survivors are multifaceted and widely different. Social workers must consider the unique and complex life experiences of survivors and take a non-judgmental approach, paired with a listening ear, as the goals and needs of each survivor will be unique (Hogan, 2019). Furthermore, it is crucial for social workers to understand the

breadth of the CSE continuum and that the “survivors’ individual experiences and resulting knowledge base are specific to the circumstances of their involvement in the commercial sex industry” (Nichols et al., 2018, p. 8). This belief in viewing victim and survivor engagement in the commercial sex market on a continuum allows me to consider social work delivery systems through life course theory, queer theory, and empowerment theory. This conceptual framework aligns with the provision of survivor-centered or individualistic approaches to social service delivery systems by understanding their unique life experiences.

Prevalence of Sex Trafficking

Prevalence is a key measure that is used to determine the complexity and scale of a social problem. It is defined as the proportion of cases in a population at a particular point in time (point prevalence), over a given period (period prevalence), or at some point in one’s lifetime (lifetime prevalence) (Rothman, 2012). Collecting prevalence data can include point-of-crisis contacts, survey data, and the use of multiple systems estimation. However, data collection must be methodologically sound to produce accurate prevalence estimates. Estimation of the prevalence of sex trafficking is essential for leveraging social service resources, coordinating law enforcement efforts, and attracting policymakers’ attention. In addition, it is necessary to establish a prevalence estimate for a social issue such as sex trafficking, as it provides a context of the problem by providing the scope and size of the issue (Nemeth & Rizo, 2019).

Due to its clandestine nature, the extent of sex trafficking in the United States, including the number of victims, has eluded law enforcement, social service agencies, and researchers. Sex trafficking has been reported in all 50 states of the United States

(National Center for Missing and Exploited Children, 2019). However, many Americans are unaware that most human trafficking victims in the United States are women and children from their communities in rural, suburban, and urban areas (Sher, 2011). Although the sex trafficking research community has made substantial advances in methodology over the past several years, it is challenging to determine an accurate estimate of the prevalence of sex trafficking in the United States (Lutnik, 2016; Smith & Vardaman, 2010; Stransky & Finkelhor, 2008). Moreover, the reasons have been well documented (Barrick et al., 2014; Clawson et al., 2006; Dank et al., 2014; Muslim et al., 2008; Fedina, 2015; Newton et al., 2008; Small et al., 2008; Smith, 2010). Depending on which agency is collecting and providing the data, the number of individuals sex trafficked in the United States can vary. Policymakers, advocates, law enforcement officers, and social service providers believe that there are many more victims of sex trafficking in the United States than are currently identified (Caliber, 2007; Clawson & Dutch, 2009; Rafferty, 2013).

Researchers have attempted to provide an accurate estimate of the prevalence of sex trafficking victimization within their States; however, they fall short of providing an accurate estimate due to serious methodological issues. Busch-Armendariz et al. (2016) conducted a study on the prevalence estimate on human trafficking in Texas and found approximately 79,000 minor victims of sex trafficking in Texas. This study also estimated that there are currently 313,000 victims of human trafficking in Texas. However, their findings are overshadowed by their poor methodology for determining a prevalence estimate. Busch-Armendariz et al. (2016) chose groups found in the literature to be at higher-than-average risk of sex trafficking, including the homeless, children in

the foster care system, and those who have experienced abuse. The researchers did not account for the average age of entry into sex trafficking victimization, as all children under 18 years of age in the foster care system were included in their prevalence estimate.

Through a scoping review of articles that sought to understand the scope and magnitude of sex trafficking in the United States, Franchino-Olsen et al. (2020) found that to create an accurate prevalence estimate, there is a need for studies using nationally representative samples, and studies should focus on actual victims versus those “at-risk.” The National Human Trafficking Hotline is a confidential and multilingual 24/7 hotline for victims, survivors, and witnesses of human trafficking (Human Trafficking Hotline, n.d.). In 2018, 10,949 sex trafficking cases in adults and children were reported through the National Human Trafficking Hotline in the United States (Polaris, 2019). However, this number is widely acknowledged as a significant undercount of the problem. The National Human Trafficking Hotline statistics are based on aggregated information learned through signals, such as phone calls, texts, online chats, emails, and online tip reports. The number of “cases” represents distinct situations of trafficking reported to the hotline but does not represent the totality of trafficking within a particular city or state.

The current literature also indicates that service providers rarely identify victims of sex trafficking due to the hidden nature of the crime of sex trafficking (Clawson et al., 2009). Newton et al. (2008) discovered that in metropolitan areas, which are more likely to experience trafficking in persons than are other parts of the United States, there are few reported cases of sex trafficking as respondents are reluctant to provide generalizations on the numbers, for fear of creating misleading statistics. Additionally, sex trafficking

victims are often seen as criminals and arrested for prostitution-related activities and detained in jails, detention centers, runaway shelters, and group homes (Reid, 2010). According to Orme & Ross-Sheriff (2015), arresting sex trafficking victims occurs due to insufficient training of service providers and a lack of services for sex trafficking victims. Considering this knowledge gap, social service providers and researchers need to develop a set of practice protocols and screening questions to help identify victims of sex trafficking, regardless of where and when they appear in the social services system (Macy & Graham, 2012). In a systematic review of the prevalence data on human trafficking, Fedina (2015) found a flaw in the methodology behind the frequently cited statistics on human trafficking in published books. Some researchers misinterpret the estimates as the actual and known numbers of human trafficking cases, while others use the data to make their projections without any scientific measures. This systematic review indicated that much of the existing data could be misleading or inaccurate. Similar findings on prevalence estimates also noted that the current literature indicates weak methodology in collecting data and therefore producing misleading statistics (Farrell et al., 2009; Fedina & DeForge, 2017; McGaha & Evans, 2009; Stransky & Finkelhor, 2008).

To further complicate the lack of a prevalence estimate, there is no uniform data collection system for tracking the numbers of trafficking victims identified or the various efforts of law enforcement agencies targeted toward trafficking (Logan et al., 2009). Unfortunately, data sharing between agencies within a metropolitan area or state is not done well. Using data to compare and looking for overlap between data sets can be challenging due to differences in the ways agencies define, investigate, and prosecute sex trafficking. In recent years, human trafficking prosecutions have increased, and as a

result, stories of trafficking victims have flooded media outlets. As increased media attention is paid to this problem, current research based on sex trafficking of minors continues to grow both in availability and scope (Roe-Sepowitz, 2019).

Estimation of the prevalence of sex trafficking is an essential tool for leveraging social service resources, coordinating law enforcement efforts, and getting attention from policymakers. Research on sex trafficking is limited, with the most available information from literature reviews and government reports. Data for these reports are often sourced from hotlines, arrests, indictments, and prosecutions. However, due to the hidden nature of the crime, most sex trafficking cases are under-reported or unreported (Fedina, 2015). Publications should also be interpreted with caution due to the varying definitions and terminology used during data collection. The definition of child sex trafficking differs depending on the legal definitions observed. Moreover, many of these reports do not distinguish between domestic and international trafficking or trafficking for sexual exploitation or other purposes (i.e., nonsexual labor). Most of the literature on the overarching topic of human trafficking is not empirically based; therefore, the true nature of the crime and the characteristics of those involved in sex trafficking are mainly unknown (Fedina, 2015).

LGBTQ+ Non-Disclosure of Sex Trafficking Victimization

Since the National Human Trafficking Hotline opened in 2007, more than 31,000 cases have been reported and identified; however, less than 1% (n = 418) cases have been associated with LGBTQ + individuals (Polaris, 2017). LGBTQ+ cases of human trafficking are significantly underreported due to LGBTQ+ identified individuals fearing discrimination, prejudice, and violence (Polaris, n.d.). To stay protected from these

social, emotional, and physical harms, many LGBTQ+ people will not disclose their sexual orientation (Bernstein et al., 2008; Durso & Meyer, 2013; Eliason & Schope, 2001). The rates at which LGBTQ+ youth experience stigma and discrimination vary throughout the United States (Hatzenbuehler et al., 2014). Much of the evidence for this social variation in the United States comes from research on “homophobic attitudes” (Adamczyk et al., 2019; Lewis, 2003; Schnabel, 2016), including transphobia (dislike or prejudice against transgender people) and gender non-conformity intolerance. Research suggests that homophobic attitudes differ depending on many factors, including location, class, race, ethnicity, and religion (Adamczyk et al., 2019; Lewis, 2003; Schnabel, 2016), with place and religion appearing to be more relevant than race or ethnicity in deciding homophobic attitudes (Adamczyk et al., 2019), and mixed evidence of rural/urban differences in homophobic attitudes (Eliason & Hughes, 2004; Fredriksen-Goldsen et al., 2010). Given that the population of LGBTQ+ individuals is not a homogeneous category and has complex social identities that vary according to sexual orientation, gender identity, and gender nonconformity, it is also possible that various subgroups (e.g., sexual minority youth vs. gender nonconforming youth) will perceive experiences of stigma and prejudice differently.

Many LGBTQ+ individuals may fear being “outed” or an “outing,” which is defined as disclosing a person’s sexual orientation or gender identity to someone else (American Civil Liberties Union, n.d.). Unfortunately, if “outed,” LGBTQ+ individuals may be afraid that services and bonds may be threatened or withdrawn, and they may suffer abuse from violent or intolerant family members. Based on their sexual orientation, gender identity, physical appearance and adherence to gender norms, LGBTQ+

individuals can face discrimination and prejudice and, therefore, do not disclose sex trafficking victimization (Polaris, n.d.). Fear of being discriminated against by service providers and law enforcement is another aspect preventing LGBTQ+ individuals from accessing the national human trafficking hotline (Polaris, n.d.). LGBTQ+ youth and young adults are often mistreated by those supposed to support them, such as parents, teachers, law enforcement, or social workers. This can lead LGBTQ+ youth and young adults to mistrust the structures to help them, even if they have nowhere else to turn, especially if they are at risk of returning to an abusive household. Furthermore, some LGBTQ+ people may already have attempted to get support but had a negative experience.

Conceptual and Operational Definitions

Much like the understanding and language of domestic violence has shifted from being first called “domestic disturbance” to being legally defined in the Violence Against Women Act (VAWA) in 1994, the understanding of sex trafficking in the United States has also developed in recent years. The first federal definition of sex trafficking is found in the Trafficking Victims Protection Act, passed in 2000. Despite legal changes and definitional clarifications of sex trafficking, public and even professional perceptions of sex trafficking as a problem within the United States have been slow to change (Hartinger-Saunders et al., 2017; Johnston et al., 2014).

How types of abuse are defined have significant impacts on how victims are viewed, such as their access to services (or lack thereof) and how they are included (or not included) in prevalence and incidence rates (Bales, 2012; Fedina, 2015). Before the Trafficking Victims Protection Act of 2000, a United States minor found to be engaging

in the commercial sex market or prostitution-related activity was viewed as a criminal and processed through the legal system (Adelson, 2008; Smith & Vardaman, 2010). Through the 2000 passage of the Trafficking Victims Protection Act, significant language change has occurred from campaigns about there are “no child prostitutes” and from labeling a child on the commercial sex market as a “child prostitute” to a “child sex trafficking victim” and “survival sex” to “sexual exploitation” (Bigelsen & Vuotto, 2013). Sex trafficking is not a new social problem, but it has undergone a conceptualization evolution. When considering the many controversies surrounding the use of terminology used to describe sex trafficking, including commercial sexual exploitation, sexual exploitation, prostitution, sex trading, and sex work (Gerassi, 2015), the term sex trafficking will be used throughout this research proposal to refer to the business of selling or trading sexual services for something of value. Various labels have also been used to describe a child engaged in the commercial sex industry, such as child prostitute, juvenile prostitute, or teen prostitute (Grant, 2005). Regarding children, minors, juveniles, or adolescents engaging in sex trafficking, this group will be referred to as victims of sex trafficking in this research study. Unfortunately, this inconsistent terminology prevents the identification of victims, thwarts efforts to recover victims from sex traffickers, thwarts efforts in criminal investigations and the prosecutions of sex traffickers and hampers the effectiveness of the social service delivery system to victims (Grant, 2005).

As the definitions of the key variables of interest in this study have changed throughout the years, it is crucial to define the key variables of interest in this study

explicitly. Sex trafficking, sexual orientation, LGBTQ+, cisgender/cis, heterosexual, heteronormative, homelessness, and young adults are defined as:

Sex trafficking. Sex trafficking is a crime under federal and state law of Arizona that includes elements of force, fraud, and coercion. The Trafficking Victims Protection Act (TVPA) of 2000 is the first comprehensive federal law to address trafficking in persons. It has been reauthorized through the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003, 2005, 2008, 2013, 2017, and 2019. Sex trafficking is “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for 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 an act has not attained 18 years of age” (22 U.S.C. § 7102). Over the years, the TVPA has been reauthorized as the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003, 2005, 2008, 2013, 2017, and 2019. The enactment and subsequent reauthorizations of the TVPA resulted in viewing sex trafficking victims as victims and not offenders to divert victims into social services instead of the criminal justice system. In the state of Arizona, a bill was passed in 2014 (HB 2454) to strengthen the state law of Arizona by increasing penalties for sex trafficking and improving protective measures for victims. State of Arizona A.R.S. §13-1307 defines sex trafficking as it is unlawful for a person to knowingly traffic another person who is 18 years of age or older with 1) the intent to cause the other person to engage in any prostitution or sexually explicit performance by deception, force, or coercion or 2) the knowledge that the other person will engage in any prostitution or

sexually explicit performance by deception, coercion, or force. The State of Arizona also includes definitions of coercion, force, sexually explicit performance, and traffic (entice, recruit, harbor, provide, transport, or otherwise obtain another person). Sex trafficking is also known as commercial sexual exploitation (CSE), and children or juveniles (under 18 years old) victims of sex trafficking are often referred to as the commercial sexual exploitation of children (CSEC) and domestic minor sex trafficking (DMST). Commercial sexual exploitation includes the exchange of sex or sexual acts for goods, services, drugs, or money (Adelson, 2008). It may also consist of exchanging or accepting sex acts to meet one's basic needs (e.g., food, shelter, or water; Fong & Berger-Cardoso, 2010). Homeless youth (under age 18) will often exchange sex to meet their basic needs, defined in the literature as "survival sex" (Smith et al., 2009). According to Smith et al. (2009), in a situation where youth under the age of 18 is exchanging sex to meet their basic needs, the perpetrator can become the trafficker "in the absence of a trafficker/pimp selling the youth" (p. 5). Moreover, if there is an exchange of sex for basic needs and the individual is under 18 years of age, this situation falls under the federal definition of sex trafficking. Domestic minor sex trafficking is defined as the recruitment, harboring, transportation, provision, or obtaining of United States minors (under age 18) for a commercial sex act (Clawson & Goldblatt Grace, 2007; Kotrla, 2010). For the purposes of this research proposal, I will use the definition of sex trafficking in the Trafficking Victims Protection Act (2000) as "in which a commercial sex act is induced by force, fraud or coercion, or in which the person

induced to perform such an act has not attained 18 years of age.” This research study will define the experiences of LGBTQ+ people involved in the commercial sex market under the age of 18 as victims of sex trafficking. For those who participate in the commercial sex market over the age of 18, there must be elements of force, fraud, and coercion to be a victim of sex trafficking.

Sexual Orientation. An individual’s physical, romantic, emotional, aesthetic, and/or other forms of attraction to others. Gender identity and sexual orientation are not synonymous in Western cultures. Trans individuals can be heterosexual, bisexual, lesbian, gay, asexual, pansexual, queer, etc. (Trans Student Educational Resources, n.d.).

LGBTQ+. LGBTQ+ is an acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual. Queer or questioning are often used as umbrella terms to encompass individuals who do not associate with heteronormativity or have non-binary or gender-expansive identities (Human Rights Campaign, n.d.). The “+” indicates the inclusivity of those who identify as “other,” such as nonbinary, gender fluid, intersex, asexual, demisexual, or pansexual (Human Rights Campaign, n.d.). To understand the non-heteronormative experiences of sex trafficking victims in the commercial sex market, this study will focus on the entire LGBTQ+ population and their experiences of sex trafficking.

Cisgender/Cis. Cisgender/Cis is an adjective derived from the Latin term “on the same side,” meaning “identifies as their sex assigned at birth.” A person who is cisgender/cis is not transgender. The term “cisgender” has nothing to do with

biology, gender expression, sexuality, or sexual orientation. In conversations about trans problems, the terms “trans women” and “cis women” are used to distinguish between trans and non-trans women. Cis is not a slur or a made-up word. Note that there is no ‘ed’ at the end of cisgender (Trans Student Educational Resources, n.d.).

Heterosexual. Heterosexual is derived from the Latin term “to be different.” Heterosexual individuals are attracted to people of the “opposite” sex. Being “straight” is another term (Trans Student Educational Resources, n.d.).

Heteronormative. Heteronormative or heteronormativity is the idea that heterosexuality is the norm, manifesting itself in interpersonal interactions and society and contributing to queer marginalization (Trans Student Educational Resources, n.d.).

Homeless. Homeless are defined by the United States Department of Housing and Urban Development (2012) into four broad categories:

1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter, or a place not meant for human habitation before entering the institution. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days and were homeless immediately prior to entering that institution.
2. People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or

support networks to remain in housing. HUD had previously allowed people who were being displaced within seven days to be considered homeless. The regulation also describes specific documentation requirements for this category.

3. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

4. People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence and lack the resources or support networks to obtain other permanent housing. This category is similar to current practice regarding people fleeing domestic violence (National Alliance to End Homelessness, 2012).

Young Adults. Young adults are defined as individuals between the ages of 18 and 25 years. Researchers have also begun to define young adults in their developmental period, known as “emerging adulthood” (Arnett, 2007).

Purpose and Research Questions

This study explores the sex trafficking risk factors for LGBTQ+ homeless young adults (ages 18 to 25). This study will use the 2019 YES data and qualitative interviews. Previous studies investigating risk factors for LGBTQ+ sex trafficking victimization served as a framework for developing study questions (Hogan & Roe-Sepowitz, 2020;

Middleton et al., 2018). The following research questions will help to understand this unique population:

- 1) Do LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization differ from their cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization in terms of demographics, substance use issues, mental and physical health issues, family connectedness, reasons for homelessness, experiences of trauma (ACE scores), and risk and protective factors?
- 2) Are there predictors for sex trafficking victimization of LGBTQ+ homeless young adults?
- 3) How do LGBTQ+ homeless young adults first encounter sex traffickers, and what sort of methods are used by a sex trafficker to keep them participating in the commercial sex market?

Summary

This chapter's discussion shows that sex trafficking is one of the most concealed forms of child abuse in the United States. Initial research on sex trafficking has indicated that LGBTQ+ homeless youth and young adults are at a heightened risk for sex trafficking victimization. According to Hogan & Roe-Sepowitz (2020), 2015 YES indicated that LGBTQ+ homeless young adults were twice as likely to be victims of sex trafficking than heterosexual homeless young adults. To build on this knowledge, this study seeks to analyze the 2019 YES findings and contextualize these quantitative findings by conducting interviews with LGBTQ+ individuals who have a history of homelessness and reported victimization by sex trafficking during their young adult

years. To better understand LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization, a summary of the current literature on risk factors and the physical, mental, and social impacts of sex trafficking victimization is presented in the following chapter. In addition, a review of the conceptual framework and implications is discussed.

CHAPTER 2

LITERATURE REVIEW

The relevant literature will be reviewed to provide context for this study. This section will present the difference between sex trafficking and other forms of victimization, risk factors, and physical, mental, and social impacts on victims of sex trafficking. Finally, the conceptual framework will be presented.

Sex Trafficking versus Other Forms of Victimization

Sex trafficking is part of a continuum of violence. It is a type of abuse (regular or repeated physical, emotional, or sexual cruelty) and exploitation (benefitting from another person's vulnerability for profit or other selfish purposes) (Countryman-Roswurm & Shaffer, 2015). The demand for sex in the United States is created by those who desire to buy sex (mostly referred to as buyers or johns), exploiters who meet the demand (sex traffickers or pimps), and a culture that tolerates it (Hughes, 2005). Most sex trafficking victims experience multiple forms of abuse, such as interpersonal violence, sexual violence, and childhood sexual abuse, before or after their sex trafficking experience (Farley, 2013). Sex trafficking often involves similar dynamics of power and control present in domestic violence and sexual assault (Roe-Sepowitz et al., 2014).

Risk Factors

While sex trafficking spans all demographics, some life circumstances and vulnerabilities lead to a higher susceptibility to sex trafficking victimization. Known risk factors for sex trafficking victimization include runaway and homeless youth (Fedina et al., 2016; McClenahan et al., 1999; National Center for Missing & Exploited Children, 2019; Reid, 2011), intellectual disabilities (Clawson et al., 2009; Estes & Weiner, 2005; Nichols &

Heil, 2022; Reid, 2018), substance use issues (Countryman-Roswurm & Bolin, 2014), involvement with the child welfare system or the juvenile justice system (Clawson & Goldblatt Grace, 2007; Countryman-Roswurm & Bolin, 2014; Estes & Weiner, 2001; Fong & Cardoso, 2010; Kotrla, 2010; M'jid, 2011; Stransky & Finkelhor, 2008; Varma et al., 2015), childhood abuse and neglect (Estes & Weiner, 2001; Fedina et al., 2016; Gragg et al., 2007; Kotrla, 2010; Reid, 2010; Roe-Sepowitz et al., 2012; Tyler et al., 2000), marginalized populations (Countryman-Roswurm, 2015; Havlicek et al., 2016), and LGBTQ+ sexual orientation identification (Burwick et al., 2014; Hogan & Roe-Sepowitz, 2020; Murphy, 2016; Polaris, 2015; Ray, 2006; VanLeeuwen et al., 2006). Research suggests that there is no clear pathway to sex trafficking, but instead an amalgamation of risk factors that lead to involvement in the commercial sex market (Chesney-Lind & Shelden, 1992; Roe-Sepowitz, 2012).

Runaway and Homeless Youth

According to the National Center for Missing & Exploited Children (2019), of the more than 23,500 endangered runaways reported in 2018, one in seven were likely victims of child sex trafficking. Many victims in the United States run away from their homes to escape physical or mental abuse or neglect by their family members, guardians, or caregivers (McClanahan et al., 1999; Tyler & Johnson, 2006; Williamson & Folaron, 2003). Running away behavior, especially as a minor, is strongly correlated with entry into domestic sex trafficking (Fedina et al., 2016; McClanahan et al., 1999; Reid, 2011). Once youth are homeless, many children are forced or coerced into the commercial sex market or trade sex for their basic needs (Bigelsen & Vuotto, 2013; Greene et al., 1999; Williamson & Folaron, 2003), such as food or shelter. Research indicates that many

youths who have been sex trafficked were runaways or truants before or after a sex trafficking situation began (Greene et al., 1999; Nadon et al., 1998; Smith et al., 2009). Studies on the relationship between homeless youth and sex trafficking suggest that 19-41% of youth and young adults who experience homelessness are victims of sex trafficking (Middleton et al., 2018; Murphy, 2016; Roe-Sepowitz et al., 2018). Furthermore, the risk of sexual exploitation is not just a coastal or large metropolitan area issue but includes Middle America and rural regions (Halcon & Lifson, 2004; Middleton et al., 2018). However, these homeless youth studies do not provide much information on domestic minor sex trafficking beyond its occurrence (Busch-Armendariz et al., 2016).

Intellectual Disabilities

Individuals with developmental delays, low cognitive abilities, or intellectual disabilities can face an increased risk of sex trafficking (Clawson et al., 2009; Estes & Weiner, 2005; Nichols & Heil, 2022; Reid, 2018). Estimates indicate that between 1-3% of United States citizens with intellectual disabilities (Larson et al., 2001; Schalock et al., 2010) and having an intellectual disability impairs the conceptual domain, social domain, and practical domain (American Psychiatric Association, 2013). These domains can affect academic skills, communication skills, making friends, hygiene and personal care, job skills, and money management. Sex traffickers use these deficits to manipulate people with intellectual disabilities to get their victims to participate in the commercial sex market. A review of 15 case files of sex trafficking female victims with intellectual disabilities found that traffickers were described as taking care of the girls, giving the girls small amounts of cash, and practically facilitating ongoing sexual exploitation (“the pimp would provide her with material items and money to look after herself while she

was on elopement . . . she was not able to keep all of the money she made . . . the feeling of ‘making money’ held her in the life.”; “reported her pimp and one of the other girls working with her would help her take care of herself”; “her pimp and johns got her around whenever she was solicited for sexual encounters”) (Reid, 2016).

Those with low cognitive ability are more likely to be victims of sex trafficking, according to Franchino-Olsen et al. (2020), and they discovered that 9.7% of those with low cognitive ability were victims of sex trafficking, compared to 2.16% of those who did not have low cognitive ability. Having an individualized education plan (IEP) was significantly associated with having a trafficking experience among homeless youth, according to Chisolm-Straker et al. (2018). The authors speculated that this might be related to an intellectual disability because IEPs are more common among youth with intellectual disabilities or learning difficulties. Martin et al. (2021) discovered that the prevalence of sex trading among those who had an individual education plan was 2.8%, instead of the overall prevalence rate of 1.4%. This indicates that minors with an IEP are more likely to be involved in sex trafficking.

Substance Use Issues

Children with significant substance use issues or who live with someone who has a significant substance use issue are a risk factor for sex trafficking (Countryman-Roswurm & Bolin, 2014). The criminal justice system has recognized the power and control of drug addiction in sex trafficking situations to control victims and force them into the commercial sex market (Stoklosa et al., 2017). In a study on the characteristics of child commercial sexual exploitation and sex trafficking victims ($N = 84$) presented for medical care in the United States, 84% of participants reported substance use issues

(Varma et al., 2015). In the State of Florida in 2014, a male sex trafficker was convicted of sex trafficking because he used drug addiction to coerce his victims. One survivor he commercially sexually exploited said, “He made me believe that he cared and that he loved me, and he was going help get me off the streets...Instead, he got me addicted... [the drugs] were all bought illegally for the purpose of addicting me and controlling me” (Johnston, 2014).

The relationship between drug use and human trafficking has attracted attention from the United States Senate. In 2019, Senator Brown from Ohio introduced a bill to prevent the use of drugs for human trafficking purposes called the Protecting Rights of Those Exploited by Coercive Trafficking Act (PROTECT), which would seek to prevent the use of drugs to facilitate human trafficking. The PROTECT Act would amend the existing human trafficking law by specifying that using drugs to cause a person to engage in a commercial sex act or forced labor would be considered coercion. The PROTECT Act also includes a provision to protect trafficking victims from prosecution (End Sexual Exploitation, 2019). To date, Senator Brown still needs co-sponsors to build momentum to fight drug use as a means of coercive control in sex trafficking situations.

Involvement with Child Welfare System or the Juvenile Justice System

Children who are in out-of-home care or involved in the juvenile justice system are at an exceptionally high risk of being sex trafficked (Clawson & Goldblatt Grace, 2007; Countryman-Roswurm & Bolin, 2014; Estes & Weiner, 2001; Fong & Cardoso, 2010; Kotrla, 2010; M’jid, 2011; Stransky & Finkelhor, 2008; Varma et al., 2015). According to M’jid (2011), in a report by the United Nations High Commissioner for Refugees, the vast majority (86%) of DMST victims in the United States have fled foster

care placements. The known risk factors for domestic minor sex trafficking, particularly drug use, running away, and truancy, are criminogenic and often result in juvenile justice involvement (Watson & Edelman, 2012). In 2014, the United States federal government enacted the Preventing Sex Trafficking and Strengthening Families Act (P. L. No: 113-183), which mandates that child welfare agencies in every state and are mandated to both identify and provide services for children in the child welfare system who are victims or survivors of domestic minor sex trafficking. Consequently, 34 states have enacted “Safe Harbor” laws that require state-level systems of care to identify sex trafficking victims and provide them with non-criminalizing, victim-centered care (Polaris, 2013).

Childhood Abuse and Neglect

A considerable amount of research has explored the relationship between childhood sexual abuse and sex trafficking victimization (Estes & Weiner, 2001; Fedina et al., 2016; Gragg et al., 2007; Kotrla, 2010; Reid, 2010; Roe-Sepowitz et al., 2012; Tyler et al., 2000). Children who have experienced childhood sexual abuse or sexual assault, physical abuse, neglect, mainly if the abuse was unreported or unaddressed, or witnessing violence within the home, or resulted in the child being removed from the house are risk factors for sex trafficking (Countryman-Roswurm & Bolin, 2014; Dalla, 2001; Dalla et al., 2003; Nadon et al., 1998). Most current studies of childhood abuse have focused on sexual and physical abuse rather than emotional abuse and neglect in childhood. However, Roe-Sepowitz (2012) found that in a sample of adult women involved in a prostitution exiting program, childhood emotional abuse was significantly associated with entering the commercial sex market as a minor. Evidence found in these studies bears witness to the fact that children who have experienced sex trafficking

victimization often have been exposed to both the trauma inherent in the crime of sex trafficking, as well as trauma they may have experienced prior (or in addition to) to their sexual exploitation (Estes & Weiner, 2001; Willis & Levy, 2002).

Marginalized Populations

Sex traffickers exploit race, ethnicity, sex, gender identity, and sexual orientation status to reinforce oppression, prejudice, and inequality that affect marginalized populations (Countryman-Roswurm, 2015). According to the Federal Bureau of Investigation (2013), the majority (59%) of all prostitution-related arrests for those under 18 years of age were African American. According to Havlicek et al. (2016), African American female youth are at increased risk for domestic minor sex trafficking, living in an urban area, and experiencing abuse before trafficking experiences. Researchers (Chong, 2014) and feminist legal scholars (Wolken, 2004) have described the devaluing of women of color, specifically as victims of sexual exploitation, since they are more likely to be considered as representing perversions of desire and to be treated systemically as a lower class of individuals than Caucasians.

A national representative sample study of CSEC, including more than 13,000 youth ages 7th to 12th grade, found that 67.9% were male and 32.1% were female (Edwards et al., 2006). This study is considered rare, as most victims reported in the published literature and seen within society are women (Fedina et al., 2016; Varma et al., 2015). When law enforcement, social services, and other helping professions focus on young girls or the “perfect victim,” they likely overlook other victims (Uy, 2011), including males and non-binary individuals. As noted by Holger-Ambrose et al. (2013), “while male youth are also vulnerable, they may be less likely to disclose their

exploitation due to the stigma that surrounds male sexual violence victimization” (p. 331).

LGBTQ+ Sexual Orientation Identification

LGBTQ+ youth are victims of 7.4 times more acts of sexual violence during their lifetime than their heterosexual homeless peers (Cochran et al., 2002) and disproportionately experience homelessness (that is, 20–40% of homeless youth self-identify as LGBTQ+) (Estes & Weiner, 2001; Friedman et al., 2011; Ray, 2006; Rosario et al., 2012). LGBTQ+ homeless youth are at a heightened risk for sex trafficking victimization due to their overrepresentation in the homeless youth population (Gordon & Hunter, 2013; Schwarz & Britton, 2015). According to the Administration for Children and Families Street Outreach Program (Family and Youth Services Bureau, 2016), the most common reason youth became homeless for the first time was being asked to leave by a parent or caregiver. Other factors contributing to LGBTQ+ youth homelessness include physical abuse, sexual abuse, neglect, substance use by parents, and mental health issues (Dank et al., 2015; Durso & Gates, 2012; Roe-Sepowitz, 2014; Whitbeck et al., 2004). When LGBTQ+ individuals are faced with fewer familial and social supports, fewer resources, and in desperate situations, they may enter the street economy – including the commercial sex economy – to meet their needs (Polaris, 2015). Furthermore, LGBTQ+ young adults are also exceptionally vulnerable, with a 120% higher chance of homelessness than heterosexual and cisgender young adults (Morton et al., 2017). LGBTQ+ homeless youth are also more likely to engage in high-risk sexual behaviors, such as participating in the commercial sex market, than their heterosexual peers (Burwick et al., 2014; Hogan & Roe-Sepowitz, 2020; Murphy, 2016; Ray, 2006;

VanLeeuwen et al., 2006). LGBTQ+ homeless youth are also more likely to be physically or sexually victimized (Ferguson & Maccio, 2015; Schwarz & Britton, 2015) and forced to exchange sex to meet basic needs (Dank et al., 2015). Transgender youth of color are at exceptionally high risk for sex trafficking (Morton et al., 2018; Tomasiewicz, 2018). Compared to their heterosexual peers, LGBTQ+ youth are more likely to attempt suicide (Craig et al., 2013) and have substance use problems (Heck et al., 2014).

Physical, Mental, and Social Impacts

Children who engage in the commercial sex market are at increased risk of continuing participation in adulthood (Ventura et al., 2007), leading to long-term physical, mental, and social consequences. Victimization experiences often escalate for sex trafficking victims. Over time, as victims face violence and other hazards posed by being subject to demands of both sex traffickers and buyers, many traumatic situations leave lasting effects on them (Davis, 2000; Kurtz et al., 2005). Once individuals leave the commercial sex market (also known as being in “the life” or “the game”) as victims of sex trafficking, there is a multitude of short- and long-term effects on the physical, mental, and social well-being of a victim. A primary issue that must be addressed first is meeting the immediate needs of the victim, such as conducting medical and mental health assessments. During this assessment, some short-term impacts on victims may be malnutrition, lack of sleep, or unsafe feelings (Wilson & Butler, 2014). Initially, the immediate needs of the victim for safety, shelter, and medical care must be addressed (Clawson et al., 2009). Various studies have documented the physical, mental, and social consequences of sex trafficking victimization.

Physical Health Impacts

Victims in the commercial sex industry are at increased risk for immediate harm and long-term physical injuries (Burnette et al., 2008; Farley et al., 2003). Victims of trafficking often experience harsh physical impacts due to extreme work conditions, such as being available 24 hours a day and 7 days a week to service sex buyers. Furthermore, many victims report being tortured and physically abused by their sex traffickers, leading to victims with broken bones and teeth, burns, bruises, and scars (Deshpande & Nour, 2013). Physical health symptoms of being in the commercial sex market as a victim of sex trafficking include reports of back pain, stomach pain, sexually transmitted infections, and malnutrition (Hossain et al., 2010; Landers et al., 2017; Muftic & Finn, 2013; Zimmerman et al., 2006; Zimmerman et al., 2008) and physical and sexual violence victimization (Fedina et al., 2016; Raphael & Shapiro, 2004). Sex trafficking victims also suffer regular beatings (Deshpande & Nour, 2013), resulting in concussions and traumatic brain injuries, and subsequently victims experience headaches, migraines, dizziness, and memory problems. Victims may be exposed to HIV/AIDS, hepatitis, menstrual issues, cervical cancer, vaginal pain, unwanted pregnancies, forced abortions, and fertility complications (Burnette et al., 2008; Cohan et al., 2005; Farley et al., 2003). Salfati et al. (2008) found an increase in mortality rates for prostituted women relative to non-prostituted women of comparable age and health. Furthermore, the literature on childhood trauma indicates that experiencing a multifaceted stressor, such as sex trafficking, increases the likelihood of developing diabetes, heart disease, pulmonary lung disease, and cancer and can reduce life expectancy by up to 20 years (Anda et al., 2006; Felitti et al., 1998).

Mental Health Impacts

Research has documented the mental health impacts associated with victims of sex trafficking include post-traumatic stress disorder (PTSD) (Farley et al., 1998; Tsutsumi et al., 2008); complex trauma (Graham & Wish, 1994), anxiety and depression (Levine, 2017; Tsutsumi et al., 2008), suicidal ideations or attempts or exhibit self-harm behaviors (Greene et al., 1999; Middleton et al., 2018; Gibbs Van Brunschot & Brannigan, 2002). Unfortunately, many victims exhibit developmentally inappropriate sexualized behavior or dysfunctional sexual behavior (Cole et al., 2016; Roe-Sepowitz et al., 2012), distrust others, and compromised interpersonal boundaries (Curtis et al., 2008; Smith et al., 2009). Victims may also fear reprisals against themselves, their children, or family members (Hodge & Lietz, 2007). Domestic minor sex trafficking victims are even more vulnerable due to their age. Sex trafficking can significantly affect a child's emotional, physical, and general psychological development. The psychological trauma of domestic minor sex trafficking negatively impacts future attachments (Goździak & Bump, 2008) and is associated with complex trauma (Graham & Wish, 1994). Domestic minor sex trafficking victims have shown significantly higher dissociation scores (including depersonalization, out-of-body experiences, derealization, and psychic numbing) than individuals who first became involved in prostitution as adults (Roe-Sepowitz, 2012).

The potential presence of a “trauma bond” between the sex trafficker and the victim can further complicate mental health issues (Carnes, 1997; Clawson & Dutch, 2008; Kalergis, 2009; Reid, 2014). Often referred to as Stockholm syndrome (Carnes, 1997), this bond is formed when minor victims are lured into a romantic relationship with

a sex trafficker. After a sex trafficker has taken advantage of a minor victim's desire for love and affection, frequently, sex traffickers will turn from a "Romeo pimp" to a "Gorilla pimp" and will use abuse, exploitation, and betrayal to keep their victim under their control (Smith et al., 2009). Multiple studies have found that most victims of sex trafficking meet the criteria for a lifetime diagnosis of PTSD, anxiety, or depression, and a significant proportion continues to experience these symptoms even after obtaining psychological help (Farley et al., 2003; Roxburgh et al., 2006; Zimmerman et al., 2008). Due to the emotional pain of working in the commercial sex market and having mental health issues, victims often use or are coerced into using drugs and alcohol to cope, which can lead to substance-related disorders (Brawn & Roe-Sepowitz, 2008; Cole et al., 2016; Heilemann & Santhiveeran, 2011; Martin et al., 2010; Middleton et al., 2018; Nadon et al., 1998; Varma et al., 2015; Zimmerman et al., 2011).

Social Impacts

The known social impacts of sex trafficking victimization include social withdrawal, stigmatization (Curtis et al., 2008), social isolation (Reid & Jones, 2011), and mistrust of others (Smith et al., 2009). Unfortunately, many victims are trafficked by individuals they consider to be in the most trusting relationships. Youth are often first exploited by their family members to pay a debt, buy drugs, or for money (Hodge & Lietz, 2007; Richards, 2014; Zimmerman et al., 2006). Victims may also consider their sex traffickers their boyfriends or girlfriends (Countryman-Roswurm & Bolin, 2014; Tyler & Johnson, 2004).

Adults who were victimized in the commercial sex market as children, and have not addressed their trauma and victimization, report a profound sense of distrust of adults

and rules, which increases their risk of delinquency and behavior problems (Buffington et al., 2010). Sex traffickers often indoctrinate them to believe that they are criminals (Wilson & Dalton, 2008). Unfortunately, victims are often arrested for their participation in the commercial sex market, such as soliciting sex or loitering for prostitution. As a result, victims can exit the life of sex trafficking with multiple arrests on their criminal record (Fehrenbacher et al., 2020; Schwarz et al., 2017).

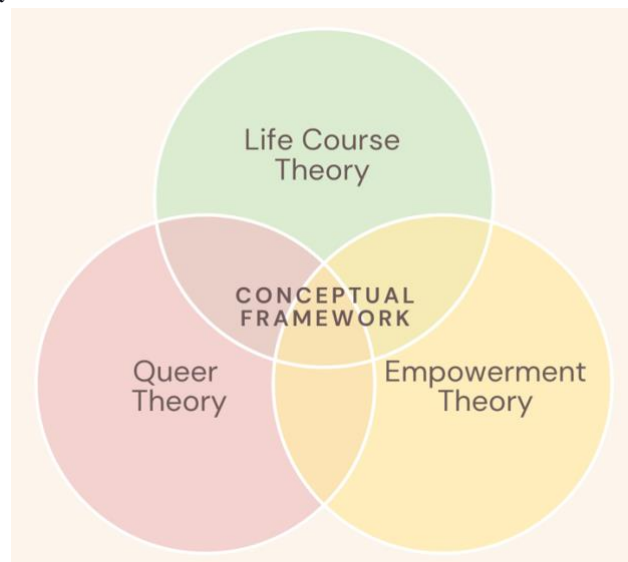
Another negative social impact of being a victim of sex trafficking is the lack of financial resources and social support. A study by Miller et al. (2007) found that female sex trafficking victims tend to have fewer resources, limited options, and increased vulnerability to violence and abuse than women who are not sex trafficked. It is also well documented that female sex trafficking victims report having experienced poverty (Farley & Kelly, 2000; Williamson & Folaron, 2003). Williamson and Folaron (2003) found that many prostituted women would distance themselves from conventional supports and socialize instead with individuals involved in the commercial sex market to create a sense of belonging. Once individuals leave the commercial sex market, many possess limited financial resources, have limited educational attainment or vocational skills, and have few social supports (family and friends) (Belcher & Herr, 2005; Karandikar & Prospero, 2010; Thukral, 2005).

Conceptual Framework

Theoretical foundations of this study include life course theory (LCT), queer theory, and empowerment theory. Combining these theories provides a conceptual framework for this study (see Figure 1). It is essential to combine these three theories as this study seeks to understand the life events that lead LGBTQ+ young adults

experiencing homelessness into sex trafficking victimization, provide quantitative and qualitative data outside of the cisgender heteronormative perspective on sex trafficking victims, empower LGBTQ+ victims of sex trafficking, and increase resources for this population. To date, much of the research has focused on the experiences of young cisgender women. Research questions, specific variables of interest, and techniques were all influenced by this conceptual framework. Moreover, this conceptual framework aligns with providing survivor-centered or individualistic approaches to social service delivery systems by understanding their unique life experiences.

Figure 1
Conceptual Framework



Life Course Theory (LCT)

Life course theory (LCT) is a developing interdisciplinary theoretical approach that seeks to understand the multiple factors that shape an individual’s life, from birth to death. The five fundamental concepts of LCT are cohorts, transitions, trajectories, life events, and turning points (Hutchison, 2011). For this study, LCT helped to investigate the cultural and historical contexts of young adults experiencing homelessness and their

family situations through the Youth Experiences Survey (quantitative data). LCT helps to explore particularly harmful conditions in their lives. Previously, LCT has been applied to sex trafficking victimization, where victimization is influenced by the stage of life of an individual (Reid, 2012). For a juvenile victim of sex trafficking, Reid (2012) discovered that harmful situations during childhood and adolescence were common among victims. Juveniles become vulnerable due to unstable and chaotic life experiences, thus wanting a deep desire to feel accepted and loved. Sex traffickers exploit this vulnerability, and subsequently, juveniles become entrapped and are forced to engage in the commercial sex market (Reid 2012).

This study seeks to understand the risk factors for LGBTQ+ homeless young adults in sex trafficking victimization. It is essential to consider the various life stages of LGBTQ+ individuals who have experienced sex trafficking victimization. LCT assists in this exploration by considering harmful situations in their lives and delving into specific risk variables of childhood abuse (yes/no) and Adverse Childhood Experiences (ACEs) scores.

Queer Theory

Queer theory finds its origins in multiple cultural and critical contexts in the early 1990s, including poststructural theory, feminism, AIDS activism, gay and lesbian social movements, and people of color. The term “queer theory” was first coined by the academic and critical theorist de Lauretis (1991) in her article on lesbian and gay sexualities. In defining the use of the term queer theory, de Lauretis (1991) states that there are three interrelated concepts to understand this theory:

1. Refusing heterosexuality as the benchmark for all sexual formations.

2. An attentiveness to gender capable of interrogating the frequent assumption that gay and lesbian studies are a single homogeneous object.
3. There is an insistence on the multiple ways race crucially shapes sexual subjectivities.

According to de Lauretis (1991), combining and understanding these three critical concepts makes it possible “to recast or reinvent the terms of our sexualities, to construct another discursive horizon, another way of thinking the sexual” (p. iv). Queer theory opposes the normative views of sexuality and can invent and reinvent itself endlessly by exploring the diverse forms of nonheterosexual or nonnormative sexual relations. This theory challenges the widely held perspective that the commercial sex market is dominated by male buyers and female sex workers, although the current literature indicates that there are men who sell sex to men (Bimbi, 2007; Dank et al., 2015; Estcourt et al., 2000; Logan, 2010; Mai, 2012; Minichiello & Scott, 2014; Morrison & Whitehead, 2007; Whowell, 2010). This theoretical perspective can broaden the empirical focus to include all victims of the commercial sex market, not just women. Queering the commercial sex market helps researchers expose and disrupt the heteronormative gender logic underpinning the academic debate about the commercial sex market.

Furthermore, it is essential to frame this study under the lens of queer theory to capture and include all victim experiences in the commercial sex market. Queer theory was chosen as one of the theoretical foundations, as this study aims to expand the services being provided to all types of victims, not just cisgender heterosexual females. Queer theory will assist in the exploration of the diverse forms of nonheterosexual or

nonnormative sexual relations. This theory will also challenge the widely held perspective that male buyers and female sex workers dominate the commercial sex market. Furthermore, this theory supports the idea that once LGBTQ+ victims leave the life, they can opt-in and out of services to best support their healing.

Empowerment Theory

Empowerment theory is a well-known social work practice theory that enables clients to increase their resources, improve their self-esteem, and build the ability to act on their own in psychological, sociocultural, political, and economic situations (Gutierrez et al., 1998; Langer & Leitz, 2015). Key concepts of empowerment theory include self-efficacy, group consciousness, self-blame reduction, personal responsibility for change, and embracing a multifocal vision that can unite marginalized individuals with similar concerns (Langer & Leitz, 2015). The roots of the empowerment theory lie in a particular political and economic perspective, which states that problems occur in all tiers of multilevel systems and exist in groups with varying degrees of power and conflicting interest (Gutierrez et al., 1998). Gutierrez et al. (1998) state that the empowerment theory moves beyond negative views that present power only as an exploitative and scarce resource; it recognizes that social interaction can generate personal and interpersonal power. With a complimentary view of power, people will have the ability to influence the course of their life, have a feeling of self-worth, the capacity to control aspects of public life, and access to the mechanisms of public decision-making. This power occurs on three levels, 1) personal feelings and perceptions regarding the ability to influence and resolve one's issues, 2) interpersonal experiences with others that facilitate problem resolution,

and 3) environmental and social institutions that can reduce or thwart self-help efforts (Gutierrez et al., 1998).

Empowerment is theorized as an “individual achievement, a community experience, and a professional aim that orients social interventions, strategies, and tactics” (Rappaport et al., 1984, p. 5). The empowerment theory can help social service providers to inspire, empower, and provide the knowledge and skills necessary to build up the self-esteem of LGBTQ+ individuals. Furthermore, empowerment theory can benefit LGBTQ+ people in organizing and advocating for justice and equity. The empowerment theory can help address the needs of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization by assisting an individual to move away from stigmatization, feelings of shame, and deficit reduction. The empowerment theory can help LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization gain new knowledge and resilience strategies.

In addition, employing the empowerment perspective is an effective way to combat sex trafficking by ensuring that LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization are provided with the necessary support to recover from trauma and be empowered to make informed decisions. Empowerment theory assumes that LGBTQ+ young adults experiencing homelessness and reporting sex trafficking are resilient, resourceful, and robust and will fully participate in the change process. This theory also assumes that people are experts in their own lives and that individuals and environments can change and be transformed (Simon, 1994). Although an empowerment perspective is at the core of being a social worker, it is often used as a buzzword. Hardina (2005) describes the empowerment theory as a

“superficial window dressing.” To put into action the use of empowerment theory, it takes resources and education to empower others to act in their own lives. There are currently many barriers to social work practice that limit social service agencies from obtaining training and understanding of sex trafficking and empowerment theory and its relevant application to their programs. Social workers should feel their sense of empowerment and have the necessary resources to empower their clients.

One Conceptual Framework

Through the utilization of LCT, queer theory, and the empowerment theory, this study will allow respondents to voice their life stories that will provide insight into the non-heteronormative experiences in the commercial sex trade. To date, much of the literature has only highlighted cisgender heterosexual female experiences. Capturing the voices of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization experiences will amplify the voices of this population and make a significant contribution to sex trafficking literature. In conclusion, the conceptual framework informs the research questions, the specific variables of interest, and the methods.

Summary

To better understand LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization, a summary of the current literature regarding risk factors and the physical, mental, and social impacts of sex trafficking victimization are presented in this chapter. In addition, a review of the conceptual framework was discussed. The next chapter will present the study methodology and how this research study was approved by the Institutional Review Board of Arizona State University.

CHAPTER 3

STUDY METHODOLOGY

Research Design

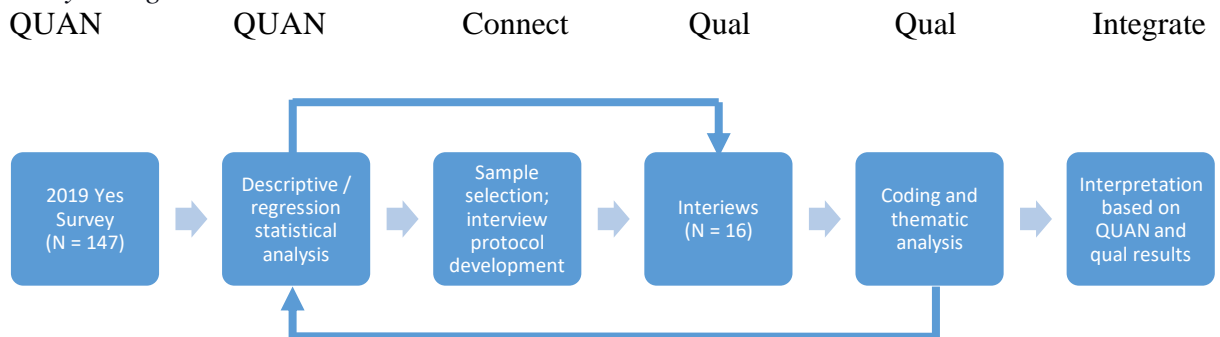
This study explores risk factors for LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. This study seeks to build on the findings of the 2015 Youth Experiences Survey (YES). The odds of being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization were two times greater than their heterosexual counterpart (Hogan & Roe-Sepowitz, 2020). The 2019 YES, a secondary data set, will be utilized for this research study, followed by 16 interviews that will provide greater insight into the specific life circumstances that led to sex trafficking victimization. Time constraints, study costs, and other resource limitations were considered when determining the study methodology. Although several research designs may be appropriate for studying LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization, I employed an explanatory design, including a two-phase mixed-methods research design.

A handful of studies on sex trafficking victimization in the United States have used a mixed-methods approach (Hickle & Roe-Sepowitz, 2017; Mostajabian et al., 2019; Richie-Zavaleta et al., 2020; Trudeau et al., 2021). In this explanatory design (or follow-up explanations model) (Creswell et al., 2003), I used qualitative data to expand or explain the quantitative 2019 YES results, particularly for LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization (see Figure 2). The weighting relies on the findings of the quantitative data that shape the qualitative research questions in this type of design. The timing is sequential, where quantitative data is

collected first, followed by qualitative (QUAN → qual) (Ivankova et al., 2006). One advantage of this research design is that researchers can write their final report in two distinct phases, and this design lends itself to multiphase investigations (Creswell & Plano Clark, 2010). I interpreted the qualitative results to help to explain the initial quantitative results (Creswell et al., 2003). The 2019 YES data analyses focused on the risk factors of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. These findings then guided the follow-up qualitative interview questions to contextualize and provide insight into the statistically significant YES 2019 findings. Due to the explanatory sequential design, the design of the future qualitative study depended on the results of the 2019 YES. Unfortunately, practical examples of implementing quality criteria in designing and conducting a sequential QUAN → qual mixed methods design remain scarce (Hauserman et al., 2013). One challenge to this mixed-methods design is that a researcher must resolve which quantitative findings must be further clarified. Therefore, I analyzed 2019 YES data, produced a report highlighting statistically significant results, and then used these quantitative findings to guide the follow-up qualitative interviews with LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization.

Figure 2

Study Design and Procedures Visual Model



This study utilized the 2019 YES, a cross-sectional survey research design that includes a non-probability purposive sample. A cross-sectional research design is used most frequently to measure the occurrence or prevalence of a particular phenomenon at one point in time (Fedina & DeForge, 2017). The benefit of survey research is that it is a relatively low cost, both monetarily and in time spent on behalf of a researcher. Survey research is a type of field study that involves collecting data from a sample (in this case, homeless youth ages 18-25) drawn from a well-defined population (all homeless youth living in the United States) using a questionnaire (Babbie, 1990; Fowler, 2008). Through community-based research methods, Arizona State University's Sex Trafficking Intervention Research Office (ASU STIR) used the 2019 YES to collect data in partnership with community agencies in Arizona. Community-based research methods are often used to analyze social issues within hidden, stigmatized, transient, and marginalized populations (Israel, 2005). Homeless youth social service agencies in the state of Arizona administered the Youth Experiences Survey over two weeks in 2019. This type of cross-sectional community-based research approach to measuring the prevalence of sex trafficking within the homeless youth population is only found in two peer-reviewed studies (Hogan & Roe-Sepowitz, 2020; Middleton et al., 2018). This study will mainly focus on the 2019 YES subsample of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization to understand sex trafficking risk factors for this specific population.

2019 Youth Experiences Survey (YES) Instrument

The Arizona State University Office of Sex Trafficking Intervention Research (ASU STIR) designed the Arizona Youth Experiences Survey (YES). The YES survey

was built on research done by Covenant House in New York City, which used the Human Trafficking Interview and Assessment Measure (HTIAM-14). HTIAM-14 is a validated screening tool to evaluate human trafficking victimization among the homeless young adult population (Bigelsen & Vuotto, 2013). The Youth Experiences Survey (YES) is a study of the experiences of homeless young adults in Arizona conducted over the past six years, from 2014 to 2019 (see Appendix A). The study was conducted in partnership with four Phoenix and Tucson agencies that provide direct services to homeless people. Native American Connections, UMOM, One-n-Ten of Phoenix, and Our Family Services of Tucson. Findings from YES have consistently provided insight into the challenges and needs of Arizona's homeless young adults (Roe-Sepowitz, 2014; Roe-Sepowitz et al., 2015, 2016, 2017, 2018, and 2019). The YES survey has also been used in Kentuckyiana (Kentucky and Southern Indiana) to explore sex trafficking victimization in Kentucky and Southern Illinois (Middleton et al., 2018).

The YES survey was distributed to homeless young adults over two weeks in July 2019 by staff from homeless young adult serving partner agencies. YES is a 79-item, seven-page paper-and-pencil survey with demographics and personal history (place of origin, living situation, drug and alcohol use, a health history, self-harm, suicide attempts, mental health diagnoses/treatment, medical issues/treatment, and pregnancy). A family history section includes questions about how participants define their family, how they feel about their connection and support from their families, why they were kicked out and whether participants witnessed domestic violence in the home. A life experiences section includes questions about how participants make money and have experienced sex trafficking or labor exploitation. Many of these questions are dichotomous (yes/no). If

participants reported a sex or labor trafficking experience, the survey directed them to questions about the presence of a trafficker and what technology was used in the trafficking situation. For purposes of this study on LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization, only the sex trafficking data will be used. Sex trafficking is defined in the survey instrument if the participants answered “yes” to any of the following questions:

1. Have you ever been compelled, forced, or coerced to perform a sexual act, including sexual intercourse, oral or anal contact for money, food, clothing, drugs, protection, or a place to stay?
2. Do you currently have a person who encourages/pressures/forces you to exchange sexual acts for money, drugs, food, a place to stay, clothing, or protection?
3. In the past, has anyone encouraged/pressured/forced you to exchange sexual acts for money, drugs, food, a place to stay, clothing, or protection?

Life experience questions included a range of possible experiences, such as out-of-home placements, history of running away, interactions with the juvenile justice system, negative school/peer experiences, history of abuse, dating violence, work adult entertainment industry, and gang involvement. Participants were also asked about protective factors such as steady employment, being a part of a club or organization, enrollment in a school or technical program, volunteering in the community, having a supportive, loving family or group of friends, having a healthy, safe, and permanent place to live, practicing safe sex, having a trusting/good relationship with law enforcement,

feeling secure or safe standing up for/protecting self, and awareness of community resources.

YES also includes questions from the Adverse Childhood Experiences (ACEs) study (Felitti et al., 1998). The ACEs study examined exposure to various categories of abuse (psychological, physical, and sexual) and household dysfunction (substance use, mental illness, divorce/separation, domestic violence, and criminal behavior) categories and the relationship to disease and early death in adulthood (Felitti et al., 1998).

Additional findings determined that people who experienced four or more ACEs were 12 times more likely to attempt suicide, and as the number of childhood exposures increased, so did the prevalence and risk of alcoholism, illicit drug use, having 50 or more sexual partners, and history of sexually transmitted infections (Felitti et al., 1998). Subsequent studies determined that a high ACE score can predict early initiation of alcohol use (Rothman et al., 2008), increased use of prescription drugs in adolescents (Forster et al., 2017), increased likelihood of early initiation into illicit drugs (Dube et al., 2003), increased risk of attempted suicide (Dube et al., 2001; Merrick et al., 2017), increased high-risk sexual behaviors (Hillis et al., 2001), increased risk for long-term physical health problems (Monnat & Chandler, 2015), increased likelihood of poor dental health (Bright et al., 2015), and a strong probability of future homelessness (Roos et al., 2013).

2019 YES Sampling and Recruitment

This secondary data study used a purposive sampling technique targeting homeless young adults (ages 18 to 25) in multiple settings, including transitional housing, drop-in centers, and Tucson and Phoenix's streets. The staff of partner organizations

recruited participants to take the survey. Participants were self-selected for the study, making the sample a non-probabilistic purposive sample, familiar with research in its early stages, as is the case with this study (Singleton & Straits, 2005). Participants received a \$5 QuikTrip gift card.

2019 YES Data Collection

During two weeks in July 2019, 167 homeless young adults from the Greater Phoenix, Arizona area and Tucson, Arizona, completed YES. The survey was conducted by only English-speaking young adults (ages 18-25 years old) who have experienced homelessness and receive services from agencies through resource centers, housing facilities, or during street outreach. Participants completed surveys from four agencies, including UMOM (Phoenix, Arizona), Our Family Services (Tucson, Arizona), One-n-Ten (Phoenix, Arizona), and Native American Connections (Phoenix, Arizona). Staff from these agencies received instructions on administering the YES in paper and pencil format, including providing a private/quiet space for the participant to read over the introductory letter (informed consent), the survey, and a list of resources. Participants received a \$5 QuikTrip gift card for completing the survey. One major limitation of this study is that the data was only collected through agencies in urban areas; therefore, the findings cannot be generalized to the entire state of young adults experiencing homelessness in Arizona.

2019 YES Data Analysis

To understand how LGBTQ+ homeless young adults may differ from their cisgender heterosexual counterparts on demographics, substance use issues, mental and physical health issues, family connectedness, reasons for homelessness, experiences of

trauma (ACE scores), risk and protective factors, trafficker relationship, and technological involvement in the sex trade; bivariate analyses were conducted to compare each of the outcome variables for the LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization versus cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization in SPSS v. 27. Chi-Square analyses and Fisher's Exact Tests (for 2x2 tables less than 5) were used to examine differences for categorical variables, and independent-samples t-tests were used to compare means between groups. Regarding missing data on sexual orientation and sex trafficking experience, listwise deletion was used. The analyses were only performed on cases with a complete of data. This resulted in a sample size of 147 respondents.

After conducting 2019 YES bivariate analyses, statistically significant variables, and previously known sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness were considered and inputted into a binary logic regression to answer the second research question, "Are there predictors for sex trafficking victimization of LGBTQ+ homeless young adults?" A binary logistic regression was used to understand the risk factor independent variables for LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. This study used a direct logistic regression, where all the risk factor independent variables were entered into the equation simultaneously. This type of logistic regression was chosen because research has not indicated the order of the predictor variables, or their importance related to the constant. A new outcome variable was made for the logistic regression by combining sex trafficking experience (yes/no) and sexual orientation (heterosexual/LGBTQ+). The model included risk factor independent variables of interest

and the dichotomous (yes/no) outcome variable (LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization). Data were analyzed using SPSS v. 27, and the results were written up to inform the confirmatory interview questions.

Interviews

After completing the 2019 YES data analyses, I used the quantitative findings to develop a semi-structured interview protocol (Patton, 2002). Interview questions focused on sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness (see Appendix C). Sixteen participants received a \$25 Walmart gift card, and funding for these incentives was obtained through the Arizona State University Graduate and Professional Student Association (GPSA).

Interview Sampling and Recruitment

Interviews were based on a purposive sample of study participants that met the following eligibility criteria (Palinkas et al., 2015):

1. At least 18 years of age
2. Self-identified as a sex trafficking survivor
3. Self-identified as LGBTQ+
4. Were homeless between the ages of 18 to 25 years old
5. Can read, write, and speak proficiently in English

Data collection is critical in research because the information gathered is intended to aid in the development of a better understanding of a theoretical or conceptual framework (Bernard, 2002). It becomes imperative that the method of obtaining data and the individuals from whom it will be obtained be chosen with sound judgment, mainly

because no analysis can make up for inadequately collected data (Tongco, 2007). In this purposive sampling technique, also known as judgment sampling, a participant was chosen based on the characteristics that the participant possesses instead of on the participant's characteristics. I determined what information was required and then set out to locate individuals capable of and willing to provide the information because of their knowledge or experience (Bernard, 2002). It is typically used in qualitative research to identify and select the cases that contain the most information to make the most efficient use of available resources (Patton, 2002). Identifying and selecting individuals or groups of proficient and well-informed individuals about a phenomenon of interest (Creswell et al., 2011) is the first step. In addition to knowledge and experience, Bernard (2002) emphasizes the importance of participants being available and willing to participate and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner. Therefore, I sought LGBTQ+ individuals who self-identified as victims of sex trafficking, were able to meet at an acceptable time, and could communicate their life experiences effectively. I judged their ability to communicate through initial conversations in setting up the interview.

From April to September 2021, I attempted to recruit participants ages 18 to 25 from over 170 social service agencies within Arizona. Due to the ongoing coronavirus pandemic and subsequent changes in social service delivery systems, changes were made in October 2021 to remove the age limit from 18 to 25 for anyone over 18 years of age. Starting in October, I used national networks of human trafficking social service providers to seek participants for the study. Participants were self-selected into the study, like how participants were selected to take the YES. This self-selection makes the sample

a non-probabilistic purposive sampling, common for research in its early stages, as is the case with this study (Singleton & Straits, 2005). I continued to interview LGBTQ+ individuals who met the inclusion criteria until saturation had been completed, which means adequate data from the study to develop an accurate and robust understanding of the study phenomenon (Saunders et al., 2018).

Interview Data Collection

Interviews were conducted face-to-face or via Zoom with LGBTQ+ individuals. If interviews were face-to-face, the participant and researcher wore face masks to ensure proper social distancing due to coronavirus concerns. Structured interviews were conducted in a private room in each facility and every effort was made to allow privacy. I followed an interview schedule (see Appendix C), and the interview times were flexible to promote participation in the study. Each participant participated in a semi-structured 60-minute interview that addressed family background and sex trafficking history, emphasizing risk factors leading to sex trafficking victimization. Each participant was encouraged to tell the story of their sex trafficking experience in as much detail as they were willing to divulge. Data collection and data analysis co-occurred so that the analyzed data could guide later data collection efforts (Cho & Lee, 2014). Consistent with informed consent procedures, the nature of the study was described to the participants prior to the interview. If an interview took place in person, permission was sought to record the interview. If an interview took place over Zoom, the video session was tape-recorded. No participants declined to record face-to-face interviews or those conducted over Zoom.

It is possible that the respondents may have become distressed during or after the interview. Each participant was reminded orally that their participation is voluntary to minimize risk. They may refuse to answer any or all questions or stop participating at any time without penalty. Participants were also encouraged to speak with a social worker or their program coordinator if they became distraught during or after their interview. Participants were given a resource list (see Appendix D), including the National Human Trafficking Hotline Number, a crisis hotline number, and social service resources available in their area.

Interview Data Analysis

Individual open-ended in-person or Zoom interviews were conducted with 16 purposefully selected LGBTQ+ individuals who experienced homelessness and reported sex trafficking victimization as young adults (18 to 25 years of age). The interview protocol was grounded in the content of the YES 2019 survey items, which included questions about life experiences (see Appendix C). The interviews ranged from 35-60 minutes and were recorded and transcribed verbatim and then uploaded to Atlas.ti, which is software used to assist with data management and examining connections between emerging themes (Strauss & Corbin, 1990).

Confirmatory interviews were driven by sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness, drawn from the literature and statistically significant variables from the 2019 YES bivariate analyses. This type of confirmatory study is driven by specific ideas (Guest et al. 2011) that I would like to assess to contextualize the 2019 YES findings. With this confirmatory approach to qualitative data, the data analysis categories were already determined (Guest et al., 2011). The following

seven variables of interest guided risk factor categories: a history of bingeing/vomiting, having a current medical issue, currently receiving medical services, experiencing chronic pain, having a Post-Traumatic Stress Disorder (PTSD) diagnosis, having a history of childhood sexual abuse (ACE sexual abuse), and a history of dating violence. I began the coding procedure using open and line-by-line coding methodologies (Charmaz, 2014; Creswell, 1998; Esterberg, 2002; Feldman, 1995). Next, during this deductive process, I used the predetermined categories and then placed exemplar quotes that matched the themes. Qualitative data was explicitly analyzed to determine gaps in knowledge about LGBTQ+ young adults experiencing homelessness and their risk factors for sex trafficking victimization. Finally, I kept reflective notes for triangulation purposes during the initial reading of the transcripts and data analysis. Reflective notes helped in better understanding what I did, thought, and felt while analyzing the data (Mortari, 2015).

Human Subjects and Confidentiality

The 2019 YES research study #00001196 was approved by the Arizona State University Institutional Review Board (IRB) on June 17, 2014 (See Appendix E). The ASU IRB approved the LGBTQ+ interviews research study #00013802 on April 20, 2021 (see Appendix F). On October 7, 2021, the ASU IRB approved the requested modification to include any LGBTQ+ adult over the age of 18 years old to be included in the study (see Appendix G). There were no identified risks to the study participants. The only direct benefit for participants who participated in the study survey was the ability to help advance scientific knowledge.

Positionality Statement

The term “positionality” refers to an individual’s worldview and the position they espouse about a research project and its social and political environment (Foote & Bartell, 2011; Holmes, 2020). I am transparent about the factors that informed my position as a researcher on sex trafficking. I am a white cisgender queer social work Ph.D. candidate, and I am guided by the social work core value of social justice. I have been involved in the anti-human trafficking field for the past 10 years as an advocate, outreach community organizer, social work practitioner, and researcher. I have worked at one of the largest homes for minor victims of sex trafficking in the United States and one of the first homes in the United States that house adult female victims of sex trafficking and their children. I have had the opportunity to listen to the life stories of hundreds of minor and adult sex trafficking victims. Many of these stories are fraught with violence, pain, shame, and the stigma of being a prostituted person. Through these stories and my work as a social work practitioner and researcher, I have found that many sex trafficking services in the United States are tailored to young cisgender female victims. Thus, LGBTQ+ individuals who have experienced sex trafficking victimization have been marginalized by our social service systems due to the dominant heteronormative perspective. While this damaging perspective is being challenged, it still functions in discussions within the anti-human trafficking social service field. This study is a natural progression of my authorship and advocacy, aiming to create more inclusive and safer spaces for victims of minor and adult sex trafficking. Despite my positive intentions, I recognize the potential impact of privileged status as a white cisgender female academic.

A reflexive journal was maintained throughout the study to ensure that the results were grounded and emerged directly from the data.

2019 YES Data Storage

YES 2019 data were anonymously collected and sealed in an envelope after participant completion and collected by ASU STIR Office research staff from each agency after the two-week data collection period. The data was then brought to the ASU STIR Office for data entry and analysis. The paper documents were retained for two years for data cleaning purposes. The electronic data will be kept for ten years as a baseline/foundation for future research in this topic area. All research findings will be presented in aggregate to reduce the chance of identifying a study participant based on demographic factors. Participants in the 2019 YES and LGBTQ+ interviews were informed of their rights as prospective research participants before data was collected with informed consent (see Appendix B). For the 2019 YES, the consent form was the first survey form. For LGBTQ+ interviews, potential participants received informed consent in an email before the scheduled face-to-face or zoom meeting. On the day of the interview, I also reviewed informed consent with each participant before starting the interview. Participants for 2019 YES and LGBTQ+ interviews were able to exit the survey or leave the interview at any time.

LGBTQ+ Interview Data Storage

LGBTQ+ interview participants designated a pseudonym for themselves at the beginning of their participation, the name used during their interview. No list with names or identifiers was developed. When connected with the participants, names and phone numbers were not recorded/retained by me. I only had access to the LGBTQ+ Interview

data, and the audio files and transcriptions were stored in the ASU Cloud, which is password protected. Hard copy paper data was locked in a filing cabinet in my office. The electronic and hard copy paper data will be retained for ten years as a baseline/foundation for future research in this topic area.

Summary

This chapter presents the study methodology and how this research study was approved by the ASU IRB. The next chapter will show the results of the study sequentially. First, 2019 YES quantitative data will be presented, followed by qualitative interview data.

CHAPTER 4

RESULTS

The current research study explores sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness. The following research questions guided the study:

- 1) Do LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization differ from their cisgender heterosexual counterparts in demographics, substance use issues, mental and physical health issues, family connectedness, reasons for homelessness, experiences of trauma (ACE scores), and risk and protective factors?
- 2) Are there predictors for sex trafficking victimization of LGBTQ+ homeless young adults?
- 3) How do LGBTQ+ young adults experiencing homelessness first encounter sex traffickers, and what sort of methods are used by a sex trafficker to keep them participating in the commercial sex market?

The study consisted of an explanatory sequential design, including the 2019 YES, and then followed by 16 interviews of LGBTQ+ individuals who experienced homelessness and reported sex trafficking victimization as young adults. Interviews were used to validate and contextualize quantitative findings from the 2019 YES. The analysis of the 2019 YES data was used to identify unique variance among individual risk factors using bivariate analyses and a binary logistic regression analysis that provided data to illuminate the unique contributions of each quantitative variable. I employed qualitative methods to collect and analyze interview data to uncover the antecedents of risk factors

leading to the sex trafficking victimization of a LGBTQ+ young adult experiencing homelessness. Furthermore, to understand how LGBTQ+ young adults experiencing homelessness first encounter sex traffickers and if technology was involved in their victimization.

2019 YES Demographics

The total sample of 147 respondents identified as male (45.6%, n = 67), female (42.2%, n = 62), transgender (6.8%, n = 10), non-conforming (4.1%, n = 6), and two-spirit (1.4%, n = 2). Twelve percent (n = 18) of the respondents identified as non-binary (including transgender, non-conforming, and two-spirit). The most prevalent race/ethnicities reported Caucasian/White (27.2%, n = 40), Hispanic/Latino/a (25.2%, n = 37), and Biracial/Multiracial (21.8%, n = 32). Almost half (49.7%, n = 73) of the respondents identified as heterosexual, almost a quarter as bisexual (23.8%, n = 35), followed by asexual (11.6%, n = 17), gay (6.1%, n = 9), pansexual (6.1%, n = 9), queer (1.4%, n = 2), demisexual (0.7%, n = 1), and lesbian (0.7%, n = 1) (see Table 1). The average age was 21.04 years (SD = 2.35, range 18-25). More than three quarters (76.2%, n = 112) of the respondents reported that they were from Arizona, 15 other states, and one from Ghana. Seventy percent (n = 103) of the respondents were born and raised in Arizona, and 7.5% (n = 11) lived in Arizona for less than a year.

Table 1
2019 YES Total Sample Demographics (N = 14)

Variable	n (%)	
Gender		
Male	67 (45.6)	
Female	62 (42.2)	
Transgender	10 (6.8)	
Non-conforming	6 (4.1)	
Two-Spirit	2 (1.4)	
Race/Ethnicity		
Caucasian/White	40 (27.2)	
Hispanic/Latino/a	37 (25.2)	
Biracial/Multiracial	32 (21.8)	
Black/African American	21 (14.3)	
Native American	10 (6.8)	
African/Caribbean	3 (2)	
Asian/Pacific Islander	1 (0.7)	
Indian/Southern Asian	1 (0.7)	
Missing	2 (1.4)	
Sexual Orientation		
Heterosexual	73 (49.7)	
Bisexual	35 (23.8)	
Asexual	17 (11.6)	
Gay	9 (6.1)	
Pansexual	9 (6.1)	
Queer	2 (1.4)	
Demisexual	1 (0.7)	
Lesbian	1 (0.7)	
Age in Years	Mean (Std Dev.)	Range
	21.04 (2.35)	18-25

A chi-square analysis analyzed the relationship between LGBTQ+ and sex trafficking experiences. Of the 61 young adults that reported a sex trafficking experience, approximately out of every three respondents (65.6%, n = 40) identified as LGBTQ+, and 34.4% (n = 21) identified as cisgender heterosexual. There was a statistically significant

relationship between being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization ($\chi^2(1, n = 147) = 6.55, p = .01$). The phi score of 0.211 indicates a small effect. The odds of being LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization was 2.41 times greater (95% CI: 1.22, 4.74) than a cisgender heterosexual (see Table 2).

Table 2

2019 YES Sexual Orientation and Sex Trafficking Experience (N = 147)

	Sex Trafficking Experience		X ²
	Yes (n/%)	No (n/%)	
Sexual Orientation			6.55**
LGBTQ+	40 (65.6)	38 (44.2)	
Cisgender Heterosexual	21 (34.4)	48 (55.8)	

Note: **p < .01.

Analyses were carried out to understand if LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization differ from cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization in demographics, family connectedness, reasons for homelessness, substance use issues, mental and physical health issues, experiences of trauma (ACE scores), and risk and protective factors to answer the first research question.

2019 YES Demographics of LGBTQ+ Sex Trafficked Group vs. Cisgender Heterosexual Sex Trafficked Group

Of 147 respondents, 61 (41.5%) identified themselves as victims of sex trafficking. The average age of all (n = 61) first-time sex trafficking experiences was 14.06 years (SD = 5.18), ranging from 3 to 24 years. Of the 61 participants who indicated sex trafficking experiences, most were heterosexual (41%, n = 25), followed by bisexual

(32.8%, n = 20), gay (9.8%, n = 6), pansexual (8.2%, n = 5), asexual (4.9%, n = 3), demisexual (1.6%, n = 1), and queer (1.6%, n = 1) (see Table 3). Four transgender individuals reported their sexual orientation as heterosexual. For this research study, all transgender individuals were placed into the LGBTQ+ group for comparison to cisgender heterosexuals.

The 40 LGBTQ+ respondents who identified as having sex trafficking experiences identified their gender as female (52.5%, n = 21), male (20%, n = 8), transgender (17.5%, n = 7), nonconforming (5%, n = 2), and two-spirit (5%, n = 2). The 21 cisgender heterosexual respondents identified their gender as male (52.4%, n = 11) and female (47.6%, n = 10). The predominant race/ethnicities reported by the LGBTQ+ group respondents indicated their race/ethnicity as Biracial or Multiracial (37.5%, n = 15), followed by White or Caucasian (30%, n = 12). The cisgender heterosexual group reported their predominant race/ethnicity as White or Caucasian (28.6%, n = 6) or Black or African American (23.8%, n = 5).

The LGBTQ+ participants were from nine different states. Approximately 73% (n = 29) reported their hometown in the state of Arizona, followed by Ohio (5%, n = 2), California (2.5%, n = 1), Georgia (2.5%, n = 1), Idaho (2.5%, n = 1), Illinois (2.5%, n = 1), North Carolina (2.5%, n = 1), New Mexico (2.5%, n = 1), and Washington. The cisgender heterosexual participants were from five different states. Approximately 71% (n = 15) reported their hometown in the state of Arizona, followed by California (14.3%, n = 3), Hawaii (4.8%, n = 1), Oklahoma (4.8%, n = 1), Texas (4.8%, n = 1), and Washington (4.8%, n = 1). Approximately 13% (n = 5) of LGBTQ+ young adults

experiencing homelessness and 14.3% (n = 3) cisgender heterosexual young adults experiencing homelessness reported living in Arizona for less than a year.

An independent t-test was used to analyze the difference in age between LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization and sex cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization. There was no statistically significant relationship between LGBTQ+ and age. The average age of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization was 21.24 years old (SD = 2.45) compared to 21.75 years old (SD = 2.36) for their cisgender heterosexual counterparts. An independent t-test was used to analyze the difference in first sex trafficking experience age between LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization and cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization. There was no statistically significant relationship between LGBTQ+ and first sex trafficking experience age. The average age of first sex trafficking experience for sex LGBTQ+ participants was 13.94 years old (SD = 5.51) compared to 14.29 years old (SD = 4.66) for their cisgender heterosexual counterparts.

Table 3
2019 YES Demographics by Group

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
Gender		
Female	21 (52.5)	10 (47.6)
Male	8 (20)	11 (52.4)
Transgender	7 (17.5)	
Nonconforming	2 (5)	
Two-Spirit	2 (5)	
Race/Ethnicity		
Biracial/Multiracial	15 (37.5)	3 (14.3)
Caucasian/White	12 (30)	6 (28.6)
Black/African American	5 (12.5)	5 (23.8)
Hispanic/Latino/a	3 (7.5)	4 (19)
Native American/American Indian	3 (7.5)	2 (9.5)
African/Caribbean	1 (2.5)	
Asian/Pacific Islander		1 (4.8)
Missing	1 (2.5)	
Sexual Orientation		
Bisexual	20 (50)	
Gay	6 (15)	
Pansexual	5 (12.5)	
Heterosexual	4 (10)	21 (100)
Asexual	3 (7.5)	
Queer	1 (2.5)	
Demisexual	1 (2.5)	
	Mean (Std Dev.)	
Current Age	21.24 (2.45)	21.75 (2.36)
Age First Trafficked	13.94 (5.51)	14.29 (4.66)

Family Connectedness

Young adults experiencing homelessness and reporting sex trafficking victimization reported varied levels of contact and connectedness with family members. As evident in Table 4, there were no statistically significant differences between the LGBTQ+ sex trafficked group and the cisgender heterosexual sex trafficked group regarding family connectedness.

Table 4
2019 YES Family Connectedness

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
No connection	6 (15)	7 (33.3)
Some contact, but negative	15 (37.5)	7 (33.3)
Some contact, but positive	11 (27.5)	2 (9.5)
Lots of contact, not supportive	5 (12.5)	2 (9.5)
Lots of contact, supportive	7 (17.5)	2 (9.5)
Live too far away	13 (32.5)	3 (14.3)
Not a safe environment	15 (37.5)	5 (23.8)
They kicked me out	17 (42.5)	8 (38.1)

Current Housing and Reasons for Homelessness

As evident in Table 5, there were no statistically significant differences between the LGBTQ+ sex trafficked group and cisgender heterosexual sex trafficked group's current housing and reasons for homelessness. The majority of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization reported living in my own place (transitional) (30%, n = 12) and in a shelter (27.5%, n = 11). Most cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization reported living in a shelter (42.9%, n = 9), the street (23.8%, n =

5), and my own place (transitional) (19%, $n = 4$). Seventy percent ($n = 28$) of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization reported “yes” to “have you ever been kicked out of your home?” and 52.4% ($n = 11$) cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization. An independent t-test was used to analyze the difference in age of first homelessness and the total number of times homeless between LGBTQ+ young adults experiencing sex trafficking victimization and cisgender heterosexual young adults experiencing sex trafficking victimization. There were no statistically significant differences between the LGBTQ+ sex trafficked group and cisgender heterosexual sex trafficked group when it came to the age of first homelessness experience or the total number of times homeless. The average age of first-time homelessness for LGBTQ+ sex trafficked participants was 14.76 years old ($SD = 5.01$) compared to 16.67 years old ($SD = 2.97$) for their cisgender heterosexual sex trafficked counterparts. The total number of times homeless for LGBTQ+ sex trafficked participants was 4.58 times ($SD = 2.58$) compared to 3.40 ($SD = 1.89$) for their cisgender heterosexual sex trafficked counterparts.

Table 5
2019 YES Current Housing

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
My own place (transitional)	12 (30)	4 (19)
Shelter	11 (27.5)	9 (42.9)
Street	5 (12.5)	5 (23.8)
Couch Surfing	5 (12.5)	2 (9.5)
My own place (paid by self)	4 (10)	0 (0)
Hotel	2 (5)	0 (0)
Other	0 (0)	1 (4.8)
Ever Kicked Out	28 (70)	11 (52.4)
	Mean (Std. Dev.)	
Age First Homeless	14.76 (5.01)	16.67 (2.97)
Total Number Homeless	4.58 (2.58)	3.40 (1.89)

Drug and Alcohol Use and High-Risk Behaviors

Participants were asked about their drug use, alcohol use, and high-risk behaviors (see Table 6). The LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization were more likely to report bingeing or vomiting than their cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking counterparts ($p = .021$, Fisher's exact test). Almost one in every three (30%, $n = 12$) LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization reported a history of bingeing or vomiting, compared to only one (4.8%) cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization.

Table 6
2019 YES Drug and Alcohol Use and High-Risk Behaviors

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
Drug and Alcohol Use		
Excessive Alcohol Use	13 (32.5)	5 (23.8)
Alcohol addiction	5 (12.5)	2 (9.5)
Drug use	28 (70)	14 (58.3)
Drug addiction	7 (17.5)	4 (19.05)
Drug Type		
Cocaine	2 (5)	0 (0)
Gamma Hydroxybutyrate Rohypnol	1 (2.5)	0 (0)
Heroin	1 (2.5)	1 (4.8)
Marijuana	22 (55)	8 (38.1)
Methamphetamine	5 (12.5)	3 (14.3)
Opiates	2 (5)	0 (0)
Pills	1 (2.5)	1 (4.8)
High-Risk Behaviors		
Self-Harm behavior	33 (82.5)	16 (76.2)
Cutting	24 (60)	9 (42.3)
Sex with strangers	10 (25)	4 (19.05)
Risk-taking	17 (42.5)	8 (38.1)
Not eating for long periods of time	23 (57.5)	8 (38.1)
Body modification	8 (20)	1 (4.8)
Scarification	5 (12.5)	2 (9.5)
Binging/Vomiting*	12 (30)	1 (4.8)

Note: *p < .05.

Medical and Mental Health Issues

Thirty (75%) LGBTQ+ sex trafficked group respondents reported having a current medical issue compared to 10 (47.6%) of cisgender heterosexual sex trafficked. As evident in Table 7, there was a statistically significant relationship between being LGBTQ+ young adult experiencing homelessness and reporting sex trafficking

victimization and reporting a current medical issue ($\chi^2(1, n = 60) = 5.28, p = .022$). The phi score of 0.296 indicates a small effect. The odds of being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization and reporting a current medical issue are 3.30 times greater (95% CI: 1.08, 10.07) than being a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization were more likely to report chronic pain than cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization ($p = .022$, Fisher's exact test) and currently receiving medical services ($p = .003$, Fisher's exact test), and post-traumatic stress disorder (PTSD) ($p = .026$, Fisher's exact test).

Table 7
2019 YES Medical and Mental Health Issues

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
Medical Issues		
Current medical issue*	30 (75)	10 (47.6)
Asthma	12 (30)	5 (23.8)
Chronic pain*	13 (32.5)	1 (4.8)
Open wounds	4 (10)	0 (0)
Poor vision	15 (37.5)	4 (19)
Skin issues	7 (17.5)	1 (4.8)
Currently receiving medical services**	20 (50)	2 (9.5)
Mental Health Issues		
Mental health issue/diagnosis	32 (80)	15 (71.4)
More than one diagnosis	27 (67.5)	12 (57.1)
Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder	16 (40)	6 (28.6)
Antisocial Personality Disorder	1 (2.5)	0 (0)
Anxiety	21 (52.5)	11(52.3)
Asperger's	3 (7.5)	0 (0)
Autism	2 (5)	0 (0)
Borderline Personality Disorder	8 (20)	1 (4.8)
Bipolar disorder	11 (27.5)	6 (28.6)
Depression	25 (62.5)	12 (57.1)
Dissociative Identity Disorder	4 (10)	0 (0)
Oppositional Defiant Disorder	1 (2.5)	0 (0)
Post-Traumatic Stress Disorder*	20 (50)	4 (19.05)
Schizophrenia	5 (12.5)	5 (23.8)
Ever received mental health treatment	30 (75)	12 (57.1)
Suicide attempt	27 (67.5)	10 (47.6)

Note: *p< .05.

** p < .01.

Adverse Childhood Experiences (ACEs)

According to a previous study conducted by the Centers for Disease Control and Prevention on childhood trauma, individuals with an Adverse Childhood Experiences (ACEs) score of four or more are more likely to develop chronic physical and mental health problems in adulthood (Felitti et al., 1998). Of the 59 participants who answered the ACE questions, approximately 80% (n = 47) reported an ACE score of four or higher. Although not statistically significant, of the 47 sex trafficked participants who reported an ACEs score of four or higher, 63.8% (n = 30) were LGBTQ+ and 36.2% (n = 17) were cisgender heterosexual (see Table 8).

Table 8
2019 YES Adverse Childhood Experiences (ACEs)

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
Abuse		
Emotional	28 (70)	15 (71)
Physical	15 (37.5)	6 (28.6)
Sexual	24 (60)	9 (42.9)
Neglect		
Emotional	31 (77.5)	15 (71.4)
Physical	20 (50)	8 (38.1)
Household Dysfunction		
Divorce	27 (67.5)	16 (76.2)
Mother Treated Violently	20 (50)	10 (47.6)
Substance Use	27 (67.5)	14 (66.7)
Mental Illness	26 (65)	10 (47.6)
Incarcerated Relative	24 (60)	9 (42.9)
ACEs score four or higher	30 (63.8)	17 (36.2)

Risk Factors

Homeless young adults were asked about risk factors, such as running away from home, negative contact with law enforcement, being expelled from school, involvement in the juvenile justice system, and being bullied by school peers, as well as their involvement in the adult entertainment industry (pornography, stripping, or escort). As noted in Table 9, there was a statistically significant relationship between being LGBTQ+ sex trafficked and reporting a history of dating violence ($\chi^2(1, n = 59) = 4.97, p = .026$). The phi score of 0.290 indicates a small effect. The odds of being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization and reporting a history of dating violence are 2.90 times greater (95% CI 0.96, 8.73) than a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization.

Table 9
2019 YES Negative Life Experiences

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
History of dating violence*	29 (72.5)	10 (47.6)
Negative contact with law enforcement	18 (45)	10 (47.6)
Juvenile justice involvement	11 (27.5)	5 (23.8)
Academic difficulties	22 (55)	7 (33.3)
History of running away	20 (50)	14 (66.7)
Being bullied by peers	23 (57.5)	8 (38.1)
Gang affiliation	10 (25)	1 (4.8)
Worked in adult entertainment industry	10 (25)	1 (4.8)
Childhood physical abuse	17 (42.5)	9 (42.9)
Harassed by peers	22 (55)	7 (33.3)
Raped/molested age 12 or under	19 (47.5)	7 (33.3)
Raped between ages 13-17	25 (62.5)	9 (42.9)
History of residential treatment	11 (27.5)	4 (19.04)
Foster care/group home	18 (45)	7 (33.3)
Expelled from school	12 (30)	3 (14.3)
Special education	9 (22.5)	2 (9.5)
Childhood emotional abuse	28 (70)	11 (52.4)

Note: *p<.05.

Model Estimation

The second research question of this study is to identify predictors that increase the likelihood of being sex trafficked as a LGBTQ+ young adult experiencing homelessness. This study used a direct logistic regression, where all predictor variables were entered into the equation simultaneously. This type of logistic regression was chosen because research has not indicated the order of the predictor variables, or their importance related to the constant. Risk factors for LGBTQ+ young adults experiencing homelessness were drawn from the literature and statistically significant variables from

the 2019 YES bivariate analyses. The outcome variable is LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization (yes/no), and the determinants or predictors are drug use (yes/no), current mental health issue/diagnosis (yes/no), current medical issue (yes/no), bingeing/vomiting (yes/no), history of dating violence (yes/no), ACEs emotional abuse (yes/no), and ACEs sexual abuse (yes/no) on the likelihood that respondents would be a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization.

Test of the Model Assumption

When predicting the probability of the outcome occurring in a logistic regression model, it is crucial to test for assumptions of linearity, independence of errors, and multicollinearity (Ho, 2013). A logistic regression model avoids the problem of fitted values and must deal with heteroscedasticity. Linearity, which only applies when predictors are continuous, assumes a linear relationship between continuous predictors and the logit of the outcome variable (Ho, 2013). This assumption is tested by examining whether the interaction term between the predictor and its log transformation is significant. However, if researchers used all categorical predictors, they do not need to test for this assumption (Ho, 2013). All predictors are categorical in this logistic regression model; thus, the assumption of linearity is met. The assumption of independence of errors was met; thus, the cases are not related. To test for multicollinearity in SPSS, I ran a linear regression asking for collinearity diagnostics. Variance inflation factors (VIFs) were calculated to detect the presence of multicollinearity between predictors. High VIFs indicate increased effects of multicollinearity in the model. VIFs greater than five are cause for concern, whereas

VIFs of 10 should be considered the maximum upper limit (Menard, 2009). All predictors in the regression model have VIFs of less than two. Table 10 presents the VIF for each predictor in the model.

Table 10

Variance Inflation Factors for Binging/Vomiting, Drug Use, ACEs Sexual Abuse, ACEs Emotional Abuse, Dating Violence, Current Mental Health Diagnosis, Current Medical Issue, and PTSD

Variable	VIF
Binging/Vomiting	1.12
Drug Use	1.18
ACEs Sexual Abuse	1.27
ACEs Emotional Abuse	1.39
Dating Violence	1.13
Current Mental Health Diagnosis	1.42
Current Medical Issue	1.14
PTSD	1.38

Binary Logistic Regression Results

A binary logistic regression was performed to determine the effects of drug use, having a current mental health diagnosis, having a Post-Traumatic Stress Disorder (PTSD diagnosis), having a current medical issue, a history of binging/vomiting, a history of dating violence, history of childhood verbal abuse, and a history of childhood sexual on the likelihood that participants are a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization (yes/no). The model was evaluated based on an alpha of .05. The likelihood ratio test of the model yielded a significant result, $\chi^2(8) = 49.24, p < .001$, which indicated that the model used (involving predictors) was more successful than the intercept-only model (indicating no predictors contribute differentially to prediction). Two measures to test the goodness of fit of the model were

utilized: Nagelkerke's R-square and the Hosmer and Lemeshow test. The R-squared indices indicate the proportional error reduction using the model relative to the intercept-only model. According to Nagelkerke's R-squared statistic, the model explained 46% of the variance in LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization identification and correctly classified 82.4% of cases. The Hosmer and Lemeshow test was nonsignificant, $\chi^2(8) = 4.47, p > .05$, which indicates the model fit the data well.

Of the eight predictor variables only five were statistically significant: having a current medical issue, a history of dating violence, a history of childhood sexual abuse (ACEs Sexual Abuse), a history of bingeing/vomiting, and reporting a Post-Traumatic Stress Disorder (PTSD) Diagnosis (as shown in Table 11). The results of the binary logistic regression indicate that the odds are 4.61 times greater (95% CI: 1.38, 15.41) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a current medical issue than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. The odds are 4.44 times greater (95% CI: 1.48, 13.34) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a history of dating violence than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. The odds are 3.18 times greater (95% CI: 1.05, 9.66) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a history of childhood sexual abuse (ACEs Sexual Abuse) than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. The odds are 4.19 times greater (95% CI: 1.12, 15.61) for an LGBTQ+

young adult experiencing homelessness and reporting sex trafficking victimization to report a history of bingeing/vomiting than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. The odds are 3.72 times greater (95% CI: 1.13, 12.22) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a Post-Traumatic Stress Disorder (PTSD) diagnosis than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. Drug use, having a current mental health diagnosis, and a history of childhood emotional abuse (ACEs Emotional Abuse) are not significantly associated with LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization.

Table 11

Logistic Regression Analysis of Risk Factors Predicting the Likelihood of Being a LGBTQ+ Young Adult Experiencing Homelessness and reporting sex trafficking Victimization

	<i>B</i>	<i>SE</i>	Wald	<i>df</i>	<i>p</i>	OR	95% CI OR	
							<i>LL</i>	<i>UL</i>
(Intercept)	-3.68	0.84	19.08	1	<.001	-	-	-
Drug Use	0.1	0.56	0.03	1	0.853	1.11	0.37	3.31
Current Mental Health Diagnosis	-0.45	0.76	0.35	1	0.556	0.64	0.14	2.85
Current Medical Issue	1.53	0.62	6.15	1	.013*	4.61	1.38	15.41
History of Dating Violence	1.49	0.56	7.07	1	.008**	4.44	1.48	13.34
ACEs Emotional Abuse	-0.25	0.62	0.16	1	0.687	0.78	0.23	2.61
ACEs Sexual Abuse	1.16	0.57	4.19	1	.041*	3.18	1.05	9.66
Binging/Vomiting	1.43	0.67	4.55	1	.033*	4.19	1.12	15.61
PTSD Diagnosis	1.31	0.61	4.7	1	.030*	3.72	1.13	12.22

Note: Model $X^2(8, N = 147) = 49.24, p < .001$, Nagelkerke's $R^2 = .46$, Hosmer & Lemeshow $X^2(8) = 4.47, p > .05$.

OR = odds ratio; CI = confidence interval.

* $p < .05$.

** $p < .01$.

Types of Sex Trafficking Experiences

Descriptive data analyses were used to understand how LGBTQ+ young adults experiencing homelessness first encounter sex traffickers and what sort of methods are used by a sex trafficker to keep them participating in the commercial sex market. As seen in Table 12, there were no significant results in LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization reporting a statistically significant relationship with their trafficker. Approximately one in every three LGBTQ+ group respondents reported that their trafficker relationship was their boyfriend (32.5%, n = 13) or their friend (32.5%, n = 13) (see Table 12).

Table 12
2019 YES Relationship to Trafficker

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
Boyfriend	13 (32.5)	4 (19)
Friend	13 (32.5)	10 (47.6)
Parent/Guardian	7 (17.5)	0 (0)
Gang	5 (12.5)	0 (0)
Girlfriend	3 (7.5)	3 (14.3)
Sibling	3 (7.5)	1 (4.8)
Other family member	1 (2.5)	2 (9.5)

The 61 sex trafficking respondents to who had at least one sex trafficking experience were asked if they were compelled, forced, or coerced to perform a sexual act in exchange for something of value (money, food, clothing, drugs, protection, or a place to stay) and asked if technology was involved in their sex trafficking experiences. As evident in Table 13, there was a statistically significant relationship between being LGBTQ+ young adult experiencing homelessness and reporting sex trafficking

victimization and report having technology involved in their sex trafficking experiences ($\chi^2(1, n = 36) = 6.545, p = .011$). The phi score of 0.426 indicates a medium effect. The odds of a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization reporting to have technology involved in their sex trafficking victimization was 3.20 times greater (95% CI: 0.98, 10.41) than a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. There was a statistically significant relationship between being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization and reporting having in the past a sex trafficker ($\chi^2(1, n = 59) = 4.086, p = .043$). The phi score of 0.263 indicates a small effect. The odds of being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization and having a sex trafficker in the past were 2.58 times greater (95% CI: 0.83, 8.07) than a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization.

Table 13*2019 YES Sex Trafficking Exchange and Technology Involvement*

Variable	LGBTQ+ Sex Trafficked Group (n = 40) n (%)	Cisgender Heterosexual Sex Trafficked Group (n = 21) n (%)
Exchanging Sex for Something of Value		
Place to stay	19 (47.5)	10 (47.6)
Money	17 (42.5)	10 (47.6)
Food	14 (35)	6 (28.6)
Clothing	14 (35)	5 (23.8)
Protection	11 (27.5)	3 (14.3)
Drugs	10 (25)	6 (28.6)
Technology involved*	20 (50)	5 (23.8)
Technology used to recruit	13 (32.5)	2 (9.5)
Technology used as a tool	11 (27.5)	3 (14.3)
Technology used to keep individual in sex trading situation	9 (22.5)	3 (14.3)
Technology used to help get individual out of sex trading situation	7 (17.5)	1 (4.8)
Smart phone	15 (37.5)	2 (9.5)
Craigslist	9 (22.5)	0 (0)
Facebook	8 (20)	2 (9.5)
PayPal	8 (20)	0 (0)
Pornographic Photos	7 (17.5)	0 (0)
Backpage	6 (15)	1 (4.8)
Dating Site	5 (12.5)	1 (4.8)
Instagram	5 (12.5)	3 (14.3)
Bitcoin	4 (10)	0 (0)
Tinder	4 (10)	2 (9.5)
Twitter	4 (10)	2 (9.5)
Tumblr	3 (7.5)	0 (0)
Sex trafficked before age 18	23 (57.5)	14 (66.7)
Currently has a sex trafficker	1 (2.5)	1 (4.8)
In the past had a sex trafficker*	31 (77.5)	12 (57.14)
Afraid to leave or quit, due to fear of violence or threats	18 (45)	4 (19.04)

Note: *p<.05.

LGBTQ+ Interviews

To contextualize the findings from the 2019 YES, I conducted follow-up qualitative interviews. These 16 interviews provided a more detailed understanding of the life experiences and trajectories of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. These findings do not apply to all LGBTQ+ sex trafficking victims across the United States. However, this sample is quite diverse, with hometowns located across the United States and varying gender expressions and sexual orientations. This information is critical to build empirical knowledge about LGBTQ+ survivors of sex trafficking. One participant summed up why interviewing sex trafficked LGBTQ+ survivors “for a while after being out of the life” is very beneficial, especially when understanding the life circumstances that brought them into being victimized in the sex trade. The participant stated

I’ve got years of looking back and analyzing the causes and conditions and the influences that were active in my life at that time. And now I have a greater perspective, a greater understanding, and I have greater education. And therefore, I can look at those situations and realize the things that I believed at that time were influenced by my traffickers. And I also have a greater understanding of my life circumstances that brought me into trafficking.

The 2019 YES findings indicate a statistically significant relationship between being a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization ($\chi^2(1, n = 147) = 6.55, p = .01$). The odds of being LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization was 2.41 times greater (95% CI: 1.22, 4.74) than a cisgender heterosexual young adult

experiencing homelessness and reporting sex trafficking victimization. Moreover, LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization were more likely to report a history of bingeing/vomiting, having a current medical issue, chronic pain, currently receiving medical services, a PTSD diagnosis, and a history of dating violence. Moreover, in the sex trafficking experiences of LGBTQ+ young adults experiencing homelessness, they were more likely to report technology being involved in their victimization and reporting in the past they had a sex trafficker. These 2019 YES findings were used to develop the interview schedule (see Appendix C).

LGBTQ+ Interview Demographics

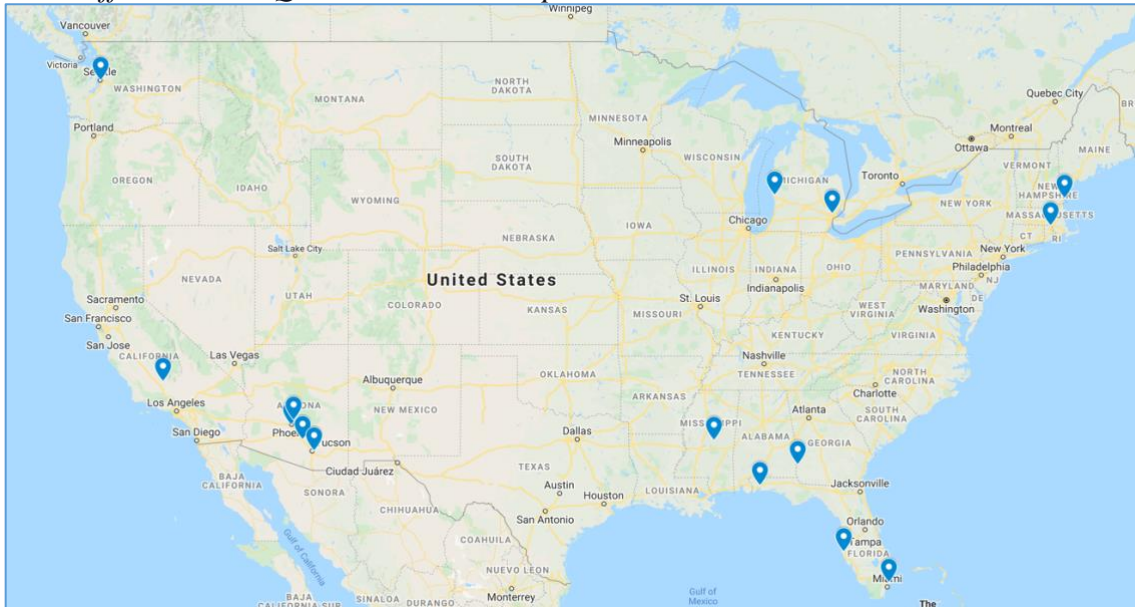
From May to October 2021, I conducted 16 interviews with LGBTQ+ individuals who report a history of homelessness and sex trafficking victimization between ages 18 and 25. These interviews were used to contextualize the results of the 2019 YES. Participants were asked questions about their life history and particular attention was given to statistically significant sex trafficking risk factors from 2019 YES. The 16 participants ranged in age from 23 to 60 years of age ($M = 37.31$, $SD = 11.02$). Most of the participants identified as female (68.8%, $n = 11$), two-thirds ($n = 10$) identified their race/ethnicity as Caucasian / White, and a half ($n = 8$) identified their sexual orientation as bisexual. The average reported age of first sex trafficking experience was 15.9 years old ($SD = 4.64$), ranging from 8 to 25 years old. The sample was quite diverse and representative of the LGBTQ+ community, including varying types of gender (female, male, non-conforming and transgender), five types of races/ethnicities, and six types of sexual orientation found within the LGBTQ+ group (see Table 14).

Table 14
LGBTQ+ Interview Demographics

Variable	LGBTQ+ (n = 16) n (%)
Gender	
Female	11 (68.8)
Nonconforming	3 (18.8)
Male	1 (6.3)
Transgender	1 (6.3)
Race/Ethnicity	
Caucasian/White	10 (62.5)
Biracial/Multiracial	3 (18.8)
Black/African American	1 (6.3)
Hispanic/Latino/a	1 (6.3)
Asian/Pacific Islander	1 (6.3)
Sexual Orientation	
Bisexual	8 (50)
Pansexual	3 (18.8)
Queer	2 (12.5)
Asexual	1 (6.3)
Lesbian	1 (6.3)
Gay	1 (6.3)
	Mean (Std Dev.)
Current Age	37.31 (11.02)
Age First Trafficked	15.94 (4.64)

The reported hometowns varied across the United States. The participants were from nine different states. Approximately a third (n = 5) participants reported their hometown in the state of Arizona, followed by Florida (18.8%, n = 3), Michigan (12.5%, n = 2), California (6.3%, n = 1), Georgia (6.3%, n = 1), Maine (6.3%, n = 1), Mississippi (6.3%, n = 1), Rhode Island (6.3%, n = 1), and Washington (6.3%, n = 1) (see Figure 3). It should be noted that a third of the participants were from Arizona, due to the original recruitment methods that only recruited participants from Arizona.

Figure 3
Sex Trafficked LGBTQ+ Interview Participant Hometowns



Variables of Interest

According to the 2019 YES Survey, six variables of interest were more likely to be reported by LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization than their cisgender heterosexual counterparts. In a binary logistic regression, five risk factors significantly contributed to the model of predicting LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. Particular attention was paid to the following seven variables to see if participants experienced any of these risk factors while they were between the ages of 18 to 25 years old, to provide qualitative data to back up the quantitative findings: a history of binge/vomiting, having a current medical issue, currently receiving medical services, experiencing chronic pain, having a Post-Traumatic Stress Disorder (PTSD) diagnosis, having a history of childhood sexual abuse (ACE sexual abuse), and a history of dating violence.

Binging/Vomiting

Out of the 16 participants, four (25%) reported a history of vomiting or eating disorders. Every one of the four participants stated, that although these disorders developed at different ages and for different reasons, they continued to experience binging/vomiting issues during sex trafficking victimization (see Table 15).

Table 15.

Binging/Vomiting

One participant reported they had been struggling with eating from age 16 and while in the life.	“So, I really, really struggled with my eating for a long time, I think I started. I was like 16, I started restricting my food really bad. Up until about 23 I was still and then when I would eat, then I would like throw up and things like that.”
One reported that they had already developed an eating disorder before meeting their trafficker.	“I probably started having suicidal ideation when I was like nine or 10 years old before I even met my trafficker. And by the time I met him, I already had an eating disorder. And I was already like, cutting, you know, and that continued for most of my teen years, up until early 20s.”
Another participant was hospitalized on and off a couple of times for an eating disorder before and during their sex trafficking victimization. The participant stated	“Every time I looked at my mom it made me feel like puking and would. Her behavior and the way she treated me. I had to escape that.”

Current Medical Issues and Receiving Medical Services

Approximately 81% (n = 13) of participants reported current medical issues while in the life, and the same participants (81%, n = 13) reported receiving medical services while experiencing sex trafficking victimization. The vast majority of LGBTQ+ sex trafficked group participants reported both in the 2019 YES Survey and in interviews that they had current medical issues while in the life and were also receiving medical services for these issues (see Table 16).

Table 16.

Current Medical Issues and Receiving Medical Services

One participant reported they often saw a doctor because they were in much pain.	“I had a lot of medical issues when I was younger. I was always going to doctor with pain that was like phantom pain, so the doctor could ever figure out what was going on. I think it was some kind of manifestation of trauma that I was experiencing during that time.”
Another participant reported they were always going to see a doctor, due to scoliosis.	“I had scoliosis when I was growing up, I had to wear a back brace at night. They took me out of the brace when I was about 16. And then I ended up having back surgery around the time I was 22. I was in the life all during this time.”

Chronic Pain

Seven participants (43.8%) reported chronic pain. Three (18.8%) participants reported their chronic pain during their trafficking and from the aftermath of their trafficking experience. A participant reported seeing a doctor regularly and reporting phantom pain (see above in current medical issues and receiving medical services) (see Table 17).

Table 17.

Chronic Pain

<p>One participant stated how they have vaginal issues and uterine cancer.</p>	<p>“I had issues often in my vagina when I was young and now. I had uterine cancer five years ago. And then I just, um, now it came back in my vagina. So, I have vaginal cancer. I feel like these are connected to my trafficking experience because God knows what’s been up in my vagina.”</p>
<p>Another participant stated how their chronic pain has manifested as crippling.</p>	<p>“I have chronic pain. I have chronic migraines. I have always been in pain. Then [while in the life] and now. I was diagnosed at age 30 with rheumatoid arthritis. To my doctor was like, there’s no way like, there’s no way you could ever have rheumatoid arthritis. I’m like, telling you there’s something wrong with me. I can’t get out of bed. Like I was working at a nursing home. And I would work a couple days on and then when, after my day off, like I would go to get up and I couldn’t move. Like, so I was like, There’s something wrong with me.”</p>
<p>Another participant reported that they are always in pain, and it is from during and the aftermath of their trafficking experience.</p>	<p>“I am always in pain. I have always been in pain. I have neuropathy. So just like the aftermath and you know, nerve damage and you know, back issues, muscle spasms.”</p>

Post-Traumatic Stress Disorder (PTSD) Diagnosis

Seven (43.8%) out of 16 identified with having a Post-Traumatic Stress Disorder diagnosis. Several noted not only a PTSD diagnosis, but multiple diagnoses over the years (see Table 18).

Table 18.

Post-Traumatic Stress Disorder (PTSD) Diagnosis

One participant reported PTSD diagnosis as...	“...but in later years I was diagnosed as clinically depressed. That was before we had the term PTSD. And I got my diagnosis now is complex PTSD, my trauma lasted from three until, you know, 25, any medical issues, injuries. Plenty injuries during that time.”
Another participant reported being diagnosed with many different mental illnesses over the years.	“Yeah, um, I am now like I have now I’m diagnosed with major depression, disorder, PTSD, ADHD, you know, and anxiety. But I had been to many trials since I was, you know, 12 to 13 years old. And I’ve had so many diagnoses, I couldn’t tell you, everyone. And I’ve been through so many different classes of medication and it’s crazy.”

History of Dating Violence

Two (12.5%) participants reported a history of dating violence. One participant first learned that she had to exchange sex to get what she needed at age 19 by her husband. Unfortunately, this engrained belief led her into a life of sex trafficking by another man at age 21 (see Table 19).

Table 19.

History of Dating Violence

One participant reported a history of dating violence as...	“When I married my husband at 19, because my husband wouldn’t let me do anything or go anywhere, unless I had sex with him. Like, he wouldn’t let me like, like, go with stuff for my hair. Like, I couldn’t go buy products for my hair. Unless I had sex with him. He did this while we dated too. He wouldn’t give me like, the card or anything. So, I mean, I guess technically, that’s where it all started. Where it started, like, ingrained in my brain like, okay, if I’m going to get, like, the things I need, I’m going to have to have sex for it.”
Another participant reported being date raped, after experiencing sexual abuse in younger years.	“I was date raped when I was 15 years old. And that was after being molested in elementary school by a neighbor and when I was a teenager by my uncle.”

Childhood Abuse

When participants were asked about possible instances of childhood sexual abuse, the stories of LGBTQ+ individuals who became involved in sex trafficking described high rates of violence perpetrated against them during their childhood and while they were involved in the life. These narratives were not just sexual abuse, but also included

verbal and physical abuse. During their involvement in prostitution-related activity, they were frequently the targets of traffickers, johns, other prostituted individuals, intimate partners, and family members. LGBTQ+ participants repeatedly referred to adverse life experiences growing up. One hundred percent (N = 16) reported a history of childhood trauma and abuse. All participants reported verbal abuse within their household, with 10 (62.5%) reporting verbal abuse from their mothers/stepmothers, eight (50%) from their fathers/stepfathers, and one (6.3%) from their brother.

The vast majority (87.5%, n = 14) reported physical abuse during childhood by their mothers/stepmothers (50%, n = 8), fathers/stepfathers (43.8%, n = 7), and brothers (6.3%, n = 1). Half (50%, n = 8) had been sexually abused by brothers (n = 2), girl scout leader (n = 1), father (n = 1), physical education teacher (n = 1), neighbor (n = 1), uncle (n = 1), and other family member (n = 1) (see Table 20).

Table 20.
Childhood Abuse

Mother: Verbal Abuse	“My mom was verbally abusive all the time. I lived with her, I moved in with her for fifth and sixth grade. And then in the seventh grade. We had a huge fight. I wanted to date a boy and she wasn’t having it. Um, and we got into an altercation, and she threw me out, she threw all of my stuff, she dragged all of my stuff out of my bedroom and threw it into the front yard. Then I began going back and forth out of state to my grandmother’s house.”
Adopted Mother: Verbal Abuse	“By my adopted mom, she would just start a good verbal argument to get rid of us. She would kick us out. And then she would call the cops for saying we’re runaways. Because we’re the

	government’s kids... It’s really hard to explain because no one would understand no mom being so evil.”
Brother: Sexual Abuse	“I was raped brutally by my brother for four years when I was young. He was eight years older than me. I was brutally raped from ages 4 to 8 and it was all over the news.”
Girl Scout Leader: Sexual Abuse Physical Education Teacher: Sexual Abuse	“My mom was addicted to drugs and a lot of domestic violence in the home, and we moved around a lot. My mom was not there a lot because she was an addict. In 10th grade I was sexually abused by a girl scout leader and my PE teacher.”
One participant reported that verbal, physical, and sexual abuse existed in their household.	“So, biological parents household dysfunction. My dad married my mom but had seven kids, so I had seven half brothers and sisters, there was physical, emotional, sexual abuse in the household, domestic violence with my mom and dad, incest with within me and an older brother. My dad was a recovering alcoholic. We, at the time and through all of that both of them we were independent fundamental Baptist, my parents were missionaries. I endured ritualistic abuse. I was made to go to conversion therapy at age 13. At age 18, I came out gay.”

First Encounter with Sex Trafficker(s)

Much research has indicated that LGBTQ+ young adults experiencing homelessness are at a heightened risk for sex trafficking victimization, but little knowledge exists on how LGBTQ+ individuals first encounter sex traffickers. As seen in Table 15, there were varied pathways to first encountering sex traffickers. Most reported

their sex trafficker relationship as their boyfriend (62.5%, n = 10), followed by a workplace relationship (12.5%, n = 2), a father/stepfather (12.5%, n = 2), uncle (6.3%, n = 1), and a police officer (6.3%, n = 1). Two participants reported having multiple trafficker relationships. As far as a place of where they met their trafficker(s), four (25%) met through mutual friends, three (18.8%) through family, two (12.5%) through Facebook, one (6.3%) after a party, one (6.3%) at a drug house, one (6.3%) in the neighborhood, one (6.3%) in a park, one (6.3%) at a strip club, one (6.3%) by responding to an employment advertisement in the newspaper, and one (6.3%) at an after school program.

One participant stated that their trafficker was their father, in which the trafficking situation has caused issues in their relationship with God.

My trafficker was my father. Like he used religion, because we were in like, we functioned in the church. So, they use religion a lot to justify what he had done. And so, and I feel like that's just like a deeper level, like, when you use God, like, that's the core of someone. And so like, when the youth the core of you is being told, like that is your purpose in life. So, when I left like there was this such a battle within of like, I'm not doing what God has called me to do, and just this guilt.

One participant reported meeting their trafficker through a friend.

A female friend introduced me to an escort agency. At the time I was homeless, and she said I should give it a try. And I was like, okay, because you know, at that time, I didn't have anywhere to live. It was there I met the madam [trafficker].

Another participant reported meeting their trafficker through Facebook. “He [trafficker] was a friend I met in middle school. I wrote on my Facebook ‘who is down to hang out?’ and he responded and that’s how I got involved.”

One reported that their trafficker was a policeman who ran an afterschool program at their middle school, stating

My trafficker was a cop who ran the afterschool program in middle school. So., I met my trafficker when I was 11. And he had been groomed me and abused me for a couple years before it turned me out. So I was, I think 13 The first time I actually had sex with someone else, or, I mean, I guess you I guess he started like taking pictures and stuff like that before then. So probably there was like some pornography happening. I was the only victim that he had at this time, not of his own choosing, because he definitely tried to get me to recruit people. But um, yeah, but he was an upper middle class white cop. He was not like the typical image of a trafficker that a lot of people think of.

Table 21
LGBTQ+ Interview Trafficker Relationship(s)

Trafficker Relationship(s)	Place
#1 Neighbor, #2 Boyfriend, #3 Gang Member	Neighborhood
#1 Roommate, #2 Boyfriend	Through Mutual Friends
Boyfriend	Middle School / Facebook
Boyfriend	Through Mutual Friends
Boyfriend	Through Mutual Friends
Boyfriend	Through Mutual Friends
Boyfriend	Facebook
Boyfriend	After a Party

Boyfriend	Drug House
Boyfriend	Island Lake Park
Workplace	Strip Club
Workplace	Employment Advertisement in Newspaper
Father	Family
Stepfather	Family
Uncle	Family
Policeman	Afterschool Program

Technology Involved

Approximately 38% (n = 6) reported that technology was involved in their sex trafficking victimization. Two (12.5%) reported being recruited through Facebook, four (25%) were advertised online, and one participant particularly responded how technology (a pager) kept her in the life (see Table 22).

Table 22.

Technology Involved

<p>One participant reported being sold online for years, stating</p>	<p>“I was sold on Indies and Eros.com for years. And you would just post your ad. And you know, that would be that like, you just post your ad, and you show up in a city and it was mainly for the Midwest. Like it was really big and much out of Pittsburgh. So, Pittsburgh, Cleveland, Columbus, Cincinnati, King of Prussia, other areas in Pennsylvania, and even up to Buffalo and stuff like you could advertise all over with this. But I mean, it covered like a lot of the Midwest.”</p>
<p>One participant was advertised online, and their gender expression was advertised as a fetish, stating</p>	<p>“When I actually came out as transgender when younger, it was used against me. Really early on in my life, around age six, I would try to stand up and pee like a boy. When I cut my hair, for like play and stuff like that when I was younger, and it was actually used against me. Because when I</p>

	started cutting my hair really short and started wearing boy's clothes, I would start getting advertised [in the commercial sex market] as 'a boy with a pussy' or 'a girl who thinks she is a boy' as a fetish."
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Summary

This chapter presented the findings of 2019 YES and Sex Trafficked LGBTQ+ interviews. By nature of the sequential research design, QUAN → qual, this chapter presented first the 2019 YES results, followed up by the interview data. In the next chapter, the summary, implications of the study, and conclusion will be presented.

CHAPTER 5

DISCUSSION

Study Rationale

This study seeks to understand the sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness through 2019 YES and follow-up interviews with 16 LGBTQ+ individuals who had been homeless and reported sex trafficking victimization before age 25. This study used descriptive analyses and a binary logistic regression to understand the sex trafficking risk factors predicting the likelihood of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. This chapter includes a comprehensive summary of the results of chapter four and applies the conceptual framework of the study. Each risk factor is presented with its findings from the 2019 YES and LGBTQ+ interviews, and the findings are related to previous literature. This chapter considers overall implications, limitations, and suggestions for future research.

Application of Conceptual Framework

A conceptual framework was utilized to approach the data analysis of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. The main components of life course theory (LCT), queer theory, and empowerment theory were used to build the conceptual framework of the study. To understand the risk factors that lead LGBTQ+ young adults experiencing homelessness to become victims of sex trafficking, it is necessary to explore the various life stages of LGBTQ+ people who have been victims of sex trafficking. LCT helps in this investigation by focusing on potentially detrimental situations in their lives. For example, the variables of childhood abuse

(yes/no) and Adverse Childhood Experience scores were utilized in 2019 YES and the LGBTQ+ interviews. The respondent's insight into non-heteronormative experiences in the commercial sex trade by utilizing queer and empowerment theories. To date, much of the research has focused on the experiences of young cisgender women. The research questions, the specific variables of interest, and the techniques were all influenced by this conceptual framework.

Critical Findings

The findings of the 2019 YES confirm that LGBTQ+ homeless young adults continue to be disproportionately engaged in sex trafficking situations within the state of Arizona. In 2019, out of the 61 young adults who reported a sex trafficking experience, 65.6% (n = 40) identified as LGBTQ+ and 34.4% (n = 21) identified as cisgender heterosexual. The odds of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization were 2.41 times greater (95% CI: 1.22, 4.74) than a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. Risk factors that significantly contributed to a binary logistic regression model in predicting LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization included having a current medical issue, having a history of bingeing/vomiting, having a post-traumatic stress disorder (PTSD) diagnosis, having a history of dating violence, and having a childhood history of sexual abuse (ACEs sexual abuse). Regarding types of sex trafficking experiences, the LGBTQ+ group was more likely to report technology being involved in their victimization and reporting that they had a sex trafficker in the past. Follow-up interviews with LGBTQ+ individuals who have a history of being homeless young adults and victims of sex trafficking provide

a contextual understanding of these quantitative results. These critical findings will be presented by each significant risk factor.

LGBTQ+ Sex Trafficking Victimization

The results of the 2019 YES indicate that the odds of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization were 2.41 times more likely than being a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. These results are consistent with the findings of the 2015 YES study (Hogan & Roe-Sepowitz, 2020), where the odds of being LGBTQ+ and sex trafficked were two times greater compared to being heterosexual. Compared to previous years of the YES, LGBTQ+ young adults experiencing homelessness consistently are more likely to report sex trafficking experiences than their heterosexual counterparts, with LGBTQ+ young adults experiencing homelessness accounting for 52-66% of the sex trafficked group (Roe-Sepowitz 2014; Roe-Sepowitz et al., 2015, 2016, 2017, 2018). These findings align with previous research that indicates LGBTQ+ youth experiencing homelessness are more likely to be physically or sexually victimized (Ferguson & Maccio, 2015; Schwarz & Britton, 2015) and forced to engage in sexual activity to meet basic necessities (Dank et al., 2015; Ferguson & Maccio, 2015; Schwarz & Britton, 2015). Furthermore, these findings confirm that LGBTQ+ youth face more sexual violence than their heterosexual homeless peers (Cochran et al., 2002) and are disproportionately homeless (i.e., 20%-40% of homeless youth self-identify as LGBTQ+) (Estes & Weiner, 2001; Friedman et al., 2011; Ray, 2006; Rosario et al., 2012).

Current Medical Issues, Binging/Vomiting, and Chronic Pain

The vast majority of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization reported both in the 2019 YES and in interviews that they had current medical issues while in the life and were also receiving medical services for these issues. In the 2019 YES, 30 (75%) LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization indicating having a current medical issue compared to 10 (47.6%) cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization. The odds of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization indicated current medical issue is 3.67 times greater (95% CI: 1.18, 11.41) than being a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. Binary logistic regression results indicate that the odds are 4.61 times greater (95% CI: 1.38, 15.41) for a LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a current medical issue than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. The follow-up interviews found that approximately 81% (n = 13) of the participants reported current medical issues while in the life, and the same participants (81%, n = 13) reported receiving medical services while experiencing sex trafficking victimization.

In the 2015 LGBTQ+ YES study results, 69.4% of the LGBTQ+ sex trafficked group reported a current medical issue (Hogan & Roe-Sepowitz, 2020). However, this result was not significant, as 25 (69.4%) sex trafficked LGBTQ+ respondents reported having a current medical issue compared to 21 (65.6%) of their sex trafficked

heterosexual peers. Current peer-reviewed research on the specific needs of LGBTQ+ sex trafficking victims in the healthcare setting does not exist. Due to the increased risk of health problems associated with sex trafficking, victims frequently seek care from primary care physicians, emergency departments, and community health clinics (Tortolero, 2020); moreover, studies indicate approximately 80% of sex trafficking victims have interacted with the healthcare system while being victims, but often go undetected (Baldwin, 2011; Chisolm-Straker, 2016; Chisolm-Straker, 2018; Ijadi-Maghsoodi, 2018; Ravi et al., 2017).

In the 2019 YES study, LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization were more likely to report bingeing/vomiting than cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization ($p = .021$, Fisher's exact test). In the binary logistic regression model, the odds are 4.19 times greater (95% CI: 1.12, 15.61) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a history of bingeing/vomiting than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. The interviews indicated that of the 16 participants, four (25%) reported a history of bingeing or vomiting. Eating disorders developed at different ages and for different reasons among the four participants. To date, there is very little evidence to suggest that bingeing or vomiting (eating disorders) are a specific indicator for sex trafficking. Chaffee et al. (2020) note that dehydration, electrolyte imbalances, low BMI, loss of appetite, tooth pain, weight loss, weariness, and exhaustion are all documented physical exam findings for sex trafficking victims. In a recent review of 30 United States healthcare protocols for identifying and treating victims

of human trafficking, Stoklosa et al. (2017) notes that 60% (n = 18) include the presence of the specific indicator malnutrition and/or dehydration.

According to the bivariate analysis, LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization were more likely to report chronic pain than cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization ($p = .022$, Fisher's exact test). Spinazzola et al. (2001) describe some common complaints among people who have experienced trauma, including chronic pelvic pain, headaches, and gastrointestinal problems. Van der Kolk (1996) has also drawn attention to the fact that trauma survivors lose their ability to express themselves verbally due to their traumatic experiences, and these physical symptoms serve as a "symbolic way of communicating their emotional pain" (Spinazzola et al., 2001). This statement aligns with the one interviewee reporting their trafficking experience causing "phantom pain." The interview participant stated, "I had a lot of medical issues when I was younger. I was always going to doctor with pain that was like phantom pain, so the doctor could ever figure out what was going on. I think it was some kind of manifestation of trauma that I was experiencing during that time." Since many survivors of sex trafficking have been subjected to physical violence at the hands of childhood caregivers, traffickers, and buyers, they are particularly vulnerable to immediate harm and long-term physical impairments. Zimmerman et al. (2011) point out that, due to the chronic trauma of human trafficking, many mental health problems experienced by victims manifest themselves as physical pain and dysfunction in their bodies. Furthermore, as noted in Greenbaum (2014), victims of sex trafficking need ongoing medical care for their chronic conditions.

Post-Traumatic Stress Disorder (PTSD) Diagnosis

According to the Chi-Square analysis, reporting a post-traumatic stress disorder (PTSD) was statistically significant for LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization compared to cisgender heterosexual young adults experiencing homelessness and reporting sex trafficking victimization ($p = .026$, Fisher's exact test). In a more robust statistical analysis, utilizing a binary logistic regression, the results indicate that the odds are 3.72 times greater (95% CI: 1.13, 12.22) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a Post-Traumatic Stress Disorder (PTSD) diagnosis than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking. Out of the interviews, seven (43.8%) out of 16 LGBTQ+ interview participants identified with having a Post-Traumatic Stress Disorder diagnosis while being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. Several participants noted not only a PTSD diagnosis but multiple diagnoses over the years. One participant stated "...but in later years I was diagnosed as clinically depressed. That was before we had the term PTSD. And I got my diagnosis now is complex PTSD, my trauma lasted from three until, you know, 25, any medical issues, injuries. Plenty injuries during that time." In the case of a victim or survivor of human trafficking, PTSD is one of the most common ramifications of their experience. PTSD can cause the brain to become stuck in danger mode, causing a person to perceive potential dangers even if there is no actual danger present. Nightmares, intrusive thoughts, flashbacks, panic attacks, and an aggravated startle response are all possible symptoms of PTSD (Pacella et al., 2013). Previous studies have linked post-traumatic

PTSD to sex trafficking victims (Farley et al., 1998; Tsutsumi et al., 2008). Furthermore, multiple studies have indicated that many sex trafficking victims meet the criteria for a lifetime diagnosis of PTSD, anxiety, or depression and that a considerable fraction of these victims continue to suffer from these symptoms even after seeking psychological care (Farley et al., 2003; Roxburgh et al., 2006; Zimmerman et al., 2008).

History of Dating Violence

In the 2019 YES, there was a statistically significant relationship between being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization and indicating a history of dating violence ($\chi^2(1, n = 59) = 4.97, p = .026$). The odds of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization and indicating a history of dating violence are 2.90 times greater (95% CI 0.96, 8.73) than being a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. The binary logistic regression results indicate that the odds are 4.44 times greater (95% CI: 1.48, 13.34) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a history of dating violence than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. Two (12.5%) participants reported a history of dating violence. One participant first learned that she had to exchange sex to get what she needed at age 19 by her husband. Unfortunately, this engrained belief led her into a life of sex trafficking by another man at age 21. Another participant reported being date raped, after experiencing sexual abuse in younger years. “I was date raped when I was 15 years old. And that was after being molested in elementary school by a neighbor and when I was a teenager by my uncle.”

The findings of dating violence are consistent with previous studies, in which dating violence has been identified as a risk factor for minor sex trafficking (Countryman-Roswurm & Bolin, 2014; Twis et al., 2020). Existing literature suggests that some youth, particularly female adolescents, are sex trafficked through an intimate partner (Lutnick, 2016). Furthermore, it is possible that some youth experiencing violence are trading sex in the situation of an intimate partner relationship. The findings of this study highlight the importance of inclusive, LGBTQ+ friendly dating and sexual health programming that provides knowledge and resources about sex trading, the commercial sex market, and the understanding of sex trafficking victimization.

Childhood Abuse

Of the 59 sex trafficked participants who answered ACEs questions, approximately 80% (n = 47) reported an ACEs score of four or higher, dissimilar to 12% of respondents in the Center for Disease Control and Prevention's ACEs national study (Felitti et al., 1998). Binary logistic regression results indicate that the odds are 3.18 times greater (95% CI: 1.05, 9.66) for an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization to report a history of childhood sexual abuse (ACEs Sexual Abuse) than a non-LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization. However, after interviewing LGBTQ+ participants, it was apparent that many LGBTQ+ victims experience multiple forms of abuse. The LGBTQ+ interviewees repeatedly referred to adverse life experiences growing up. In the interviews, 100% (N = 16) reported having a history of childhood trauma and abuse. All participants (100%, N = 16) reported verbal abuse within their home, with 10 (62.5%) reporting verbal abuse from their

mothers/stepmothers, eight (50%) from their fathers/stepfathers, and one (6.3%) from their brother. The vast majority (87.5%, n = 14) reported physical abuse during childhood. Half (50%, n = 8) had been sexually abused by brothers (n = 2), girl scout leader (n = 1), father (n = 1), physical education teacher (n = 1), neighbor (n = 1), uncle (n = 1), and other family member (n = 1).

These rates of childhood abuse confirm the previous literature in which most sex trafficking victims experience multiple forms of abuse, before or after their sex trafficking experience (Farley, 2013). The association between childhood sexual abuse and sex trafficking victimization has been studied extensively, and multiple studies estimate that 70-90% of sexually exploited children have a history of childhood sexual abuse (Estes & Weiner, 2001; Fedina et al., 2016; Gragg et al., 2007; Kotrla, 2010; McIntyre, 2005; Reid, 2010; Roe-Sepowitz et al., 2012; Tyler et al., 2000). Children who have been subjected to childhood sexual abuse or sexual assault, physical abuse, or neglect, mainly if the abuse went unreported or unaddressed, or who have witnessed violence in the home, or who have been removed from the home, are at risk for sex trafficking (Countryman-Roswurm & Bolin, 2014; Dalla, 2001; Dalla et al., 2003; Nadon et al., 1998). Sex trafficking often involves similar dynamics of power and control present in patterns of domestic violence and sexual assault (Roe-Sepowitz et al., 2014). In all these victimization situations, it is essential to remember that no individual agrees to be sexually assaulted or trafficked.

These 2019 YES and confirmatory interviews of LGBTQ+ individuals with a history of experiencing homelessness as a young adult and reporting sex trafficking victimization before age 25 agree with the growing body of research supporting the

notion that there is a universally harmful effect of all types of child maltreatment (Finkelhor et al., 2007; Van Bruggen et al., 2006; Wilson & Widom, 2010). The detection of a persisting effect of child maltreatment on involvement in further abusive and exploitive relationships may be indicative of conceptualizations previously proffered by theorists and researchers that maltreated children are likely to endure a series of abusive relationships as they mature due to the formation in childhood of a dysfunctional template of relationship functioning (Agnew, 2006; Bowlby, 1973, 1980; Finkelhor & Browne, 1985; Fraley, 2002).

Types of Sex Trafficking Experiences

According to the 2019 YES findings, approximately one in every three LGBTQ+ group respondents reported that their trafficker relationship was their boyfriend (32.5%, n = 13) or their friend (32.5%, n = 13). The interviews (N = 16) matched this reality, as most reported their sex trafficker relationship as their boyfriend (62.5%, n = 10). Two participants reported having multiple trafficker relationships. As far as a place where sex trafficked LGBTQ+ interview participants met their trafficker(s), four (25%) met through mutual friends, three (18.8%) through family, two (12.5%) through Facebook, one (6.3%) after a party, one (6.3%) at a drug house, one (6.3%) in the neighborhood, one (6.3%), at a park, one (6.3%) at a strip club, one (6.3%) by responding to an employment advertisement in the newspaper, and one (6.3%) at an after school program. The results of the 2019 YES and LGBTQ+ interviews indicate that most had a boyfriend relationship with their sex trafficker. Previous research indicates that when sex traffickers first meet a victim, they may appear to be sympathetic and compassionate boyfriends who offer to assist the victim in fleeing an abusive home or from homelessness (Anderson et al., 2014;

Parker & Skrmetti, 2013). An abused and homeless youth or young adult can easily be seduced by a trafficker's fraudulent promise of love, safety, and attention (Dorias & Corriveau, 2009; Hanna, 2002; Reid & Jones, 2011).

When it comes to technology involved in their trafficking experience, 2019 YES findings indicated that the odds of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization indicated that having technology involved was 3.20 times greater (95% CI: 0.98, 10.41) than being a cisgender heterosexual young adult experiencing homelessness and reporting sex trafficking victimization. In interviews with LGBTQ+ individuals, 38% (n = 6) reported technology being involved in their sex trafficking experiences. Two (12.5%) reported being recruited through Facebook, four (25%) were advertised online, and one participant particularly responded how technology (a pager) kept her in the life. Sex traffickers are known to frequent places where vulnerable youth would hang out, be in a mall or on social media (Miccio-Fonseca, 2017). As the internet and social media apps continue to develop, it is crucial to consider how these can be used to recruit and keep LGBTQ+ victims of sex trafficking in the game and how victims can receive help to exit the game. Like technology, sex trafficking is also a dynamic industry that is constantly changing and adapting to the current market (Polaris, 2018).

Overall Implications

Raising Awareness of LGBTQ+ Sex Trafficking Victimization

Findings suggest that social service agencies should receive training to understand the increased risk of sexual exploitation of LGBTQ+ young adults. Service providers and criminal justice professionals can improve services for LGBTQ+ human trafficking

victims, according to Polaris (2015), which identified ten ways to accomplish this endeavor. Building partnerships in their communities, training staff to create a welcoming environment, improving the ability to identify human trafficking, revising the intake process to reduce fear or hesitancy in disclosing sexual orientation, reviewing confidentiality practices, adapting facilities to be inclusive, adjusting the safety planning process to be multidimensional and self-directed, allowing flexibility in treatment or case planning are all things that can be done to break down barriers for this unique population (Polaris, 2015).

One approach currently utilized across the United States to bring awareness of the sex trafficking of boys is a showing of the documentary BOYS, which is often followed up by a panel of speakers from non-profits that provide services to LGBTQ+ and male victims of sex trafficking. This method can be used to break the ice and start the conversation about sex trafficking victimization within communities that lack the resources to assist all sex trafficking victims. Since 2014, it took several years for the BOYS documentary to conduct interviews with survivors, service providers, and law enforcement officials in Colorado, Georgia, Illinois, New York, North Carolina, Pennsylvania, Washington, DC, Wisconsin, and other locations. As a result of the interviews, the filmmakers understood what male sex trafficking looks like in the United States. During their search for a solution to the enormous problem of male sex trafficking victimization, they discovered that the resonating voices of men who identify as those who have lived experience were the most compelling testimonials of healing and reliance. In the BOYS documentary, male survivors have their stories seen, heard, and recognized. The BOYS Documentary is a clear statement that boys and men are sex

trafficked in the United States and that the response should be to stand with survivors and act as an antidote to this crime (BOYS, n.d.).

Increasing Knowledge and Understandings of Physical and Mental Health Issues in the Healthcare Setting for Sex Trafficked LGBTQ+ Victims and Survivors

Unfortunately, as Sabella (2011) noted, sex traffickers may only seek out healthcare for their victims when they become seriously ill since it presents a risk of discovery. However, many studies have shown that most trafficked people surveyed seek medical attention during the time they are trafficked, and healthcare professionals often lack the knowledge, tools, and resources necessary to help these patients effectively. Current efforts to train healthcare professionals are fragmented and largely ineffective. Pre-existing training has resulted in short-term improvements in health professionals' knowledge or attitudes; however, such improvements have not been sustained, and there have been no significant improvements in screening or intervention because of prior training. There has been no evidence that patient outcomes have improved due to training (Chisolm-Straker et al., 2016; Coughlin et al., 2020; Lederer & Wetzel, 2014). Thus, failure to detect sex trafficking victims results in missed opportunities to assist these individuals in potentially dire situations. Healthcare professionals play a critical role in finding victims of sex trafficking while they are still in the life and caring for their mental and physical needs upon exiting. Current literature indicates that sex trafficking victims are more likely than the general population to experience physical health problems, such as sexually transmitted diseases, vaginal and rectal trauma, unintended pregnancies, infertility, and urinary tract infections (United Nations Office of Drugs and Crime, 2008). This is the first study to find a significant difference between LGBTQ+ and cisgender

heterosexual young adults experiencing homelessness and reporting sex trafficking victimization regarding current health issues and associated health risk factors, such as bingeing/vomiting and PTSD. To date, no human trafficking screening in a healthcare setting screens for eating disorders. Current literature remains conflicted when trying to understand the relationship between LGBTQ+ identity and eating disorders. According to Strong et al. (2000), gay and bisexual men were ten times more likely than heterosexual men to exhibit symptoms of eating problems. Lesbians, on the other hand, have less conclusive evidence. Some research has indicated that lesbian and bisexual women have fewer eating disorder symptoms than heterosexual women (Lakkis et al., 1999; Strong et al., 2000), while others found no differences (Feldman & Meyer, 2007). Some research has found that female homosexuality is a protective factor (Schneider et al., 1995), while others have found that sexual orientation is a risk factor (Heffernan, 1996). One explanation for the contradictory results is that no attempt was made to discriminate between the various groups of the sexual orientations of the women, resulting in the grouping of all into one group. For transgender people, body dissatisfaction can be a significant stressor experienced by transgender people, which causes them to have an eating disorder (Nagata et al., 2020).

Due to the higher frequency of eating disorders within the LGBTQ+ population, especially gay men, efforts have been made to develop preventive interventions. The following efforts should be considered, when working with LGBTQ+ individuals who report sex trafficking victimization. Previous research has found that implementing dissonance-based eating disorder treatment to avoid eating disorder psychopathy in gay men had positive benefits (Brown & Keel, 2015). For transgender individuals, treatment

for gender dysphoria has been shown to increase body satisfaction (Nagata et al., 2020), which may affect eating habits. There has been no research published on the treatment of eating disorders adapted for diverse LGBTQ+ populations. As knowledge continues to build on how to best screen for victims of sex trafficking, healthcare settings must collect data on gender expression and sexual orientation to better understand unique vulnerabilities and risk factors of sex trafficking for LGBTQ+ individuals. More training, evaluations, and outcome data are needed to continue to understand how healthcare care can best intervene and help LGBTQ + sex trafficking victims.

LGBTQ+ Specific Social Services for LGBTQ+ Sex Trafficking Victims and Survivors

While organizations across the United States continue to open homes and services to assist victims of sex trafficking, the number of homes and services dedicated to LGBTQ + victims of sex trafficking are unacceptably low. Adding to the near invisible victimhood of men, “only four out of 25 shelters for commercially sexually exploited children serve boys, leaving them no choice but to return to their homes or to the streets where they face potential re-exploitation” (Friedman, 2013). As social service providers work to increase resources for sex trafficking victims, additional service programs and funding must be targeted to meet the needs of people of all genders and sexual orientations, not simply cisgender women. Individualizing assistance for LGBTQ+ people with a history of sex trafficking victimization will reduce discrimination, shame, and the likelihood of homelessness and starvation, as well as their vulnerability to sex trafficking. This research study indicates that LGBTQ+ young adults experiencing homelessness are disproportionately engaged in sex trafficking situations within the state of Arizona. Currently, anti-human trafficking programs in the United States focus

primarily on serving cisgender female sex trafficking victims. Only a handful of organizations primarily serve LGBTQ+ sex trafficking victims. The following agency missions are to serve LGBTQ+ individuals and/or males who have been victimized in the sex trade. The following organizations move beyond the cisgender heterosexual female perspective to serve marginalized groups of sex trafficking victims: You are More Than, Inc., The Buddy House, Ark of Freedom Alliance, and Bob’s House of Hope.

You Are More Than, Inc. (YAMT) in Marlton, New Jersey, seeks to support adult survivors of domestic trafficking & exploitation and focuses primarily on marginalized communities, particularly BIPOC communities and LGBTQ+ survivor communities. According to their website, all their services are free; furthermore, even though they are not a crisis agency, YAMT offers “support through appropriate programming and offers resources and referrals to community agencies in the event an individual were looking for support in exiting the life” (YAMT, n.d.).

The Buddy House in Atlanta, Georgia, primarily serves underage male victims of sex trafficking. The organization’s vision is to bring to light the realities of sex trafficking that occurs to young boys and men. The BUDDY HOUSE mission is to “provide life building activities for our children with a focus on our males. We raise awareness and help curve the causes that lead to domestic minor sex trafficking, drug and alcohol abuse, sexual exploitation, homelessness, and runaways” (Buddy House, n.d.).

The Ark of Freedom Alliance in Fort Lauderdale, Florida, works to prevent child trafficking while empowering male and LGBTQ+ survivors and co-creating resilient communities. We prevent child trafficking by educating the caregivers, teachers, and the community at-large on the risk factors and red flags that lead to exploitation. We train

law enforcement and service providers on how to identify the exploitation of male and LGBTQ+ youth. We intervene with youth at risk of human trafficking who are experiencing homelessness, substance use, and or mental health challenges by linking them with services and providing case management and shelter options. We offer residential trauma recovery for adult male and LGBTQ+ survivors of human trafficking and other (Ark of Freedom Alliance, n.d.).

Bob's House of Hope in Dallas, Texas, serves male survivors of sex trafficking. The non-profit serves young men ages 18+, and it is the only residential facility to include Ranch Hands Rescue's innovative Equine and Animal Assisted Counseling intervention (Bob's House of Hope, n.d.). Based in Chicago, Illinois, Emmaus' mission is "to support male survivors' journey out of the sex trade into freedom and fullness of life, and to fight exploitation worldwide for all mankind" (Emmaus, n.d.).

As social service agencies continue to move forward with expanding services for victims of sex trafficking, more service programs and funding needs to be primarily tailored to meet the needs of all genders and sexual orientations, not just cisgender females. Tailoring services for LGBTQ+ sex trafficking victims will ensure a decrease in discrimination, shame, their chances of homelessness and hunger, and thus vulnerability to sex trafficking. Sex trafficking survivor services should serve as a haven of peace, comfort, and safety for those who have been in the life. Social services should serve as a platform for survivors to form healthy relationships, connect with other survivors, and receive assistance in gaining access to resources such as housing, employment, education, transportation, and healthcare services.

Research Study Limitations

There are a variety of limitations to this research study. The study design included the reliance on a purposive sample, the use of a self-administered survey and self-reported interviews. Furthermore, I was keenly aware of the importance of ensuring a safe space and acknowledging the sensitivity of discussing sex trafficking victimization. Issues with generalizability, timing, and the current COVID-19 pandemic, using a single-interview based study, and confirmation bias also exist.

Purposive Sample

The shifting environment in which social research is conducted, combined with the limitations of probability sampling methods, has necessitated the development of new approaches to gathering externally valid data on hidden populations (Groves, 2011).

Purposive sampling is based on the situated knowledge of the field of the researchers and their relationship with members of targeted networks to achieve success. For a relatively low cost, I utilized a purposive sample to engage a robust sample of LGBTQ+ homeless young adults who have been victimized in the sex trade. This study utilized a purposive sample of homeless young adults in Arizona through social service providers.

Participants self-selected to take the 2019 YES. For LGBTQ+ interviews, I reached out to social service providers and the national survivor network.

In this study, inferential statistics are applied to purposive sampling, with the limitation that the results cannot be inferred or generalized beyond the sample itself.

Purposive sampling is highly susceptible to researcher bias, regardless of the data collection method used to gather the information. The creation of the homeless young adult sample in the first place depends on my judgment and personal interpretation of the

data. I had to keep in mind that when judgments are either poorly considered or ill-conceived, this problem escalates to the point where it becomes a significant disadvantage that can create roadblocks on the path to a successful conclusion (Etikan et al., 2016). Fortunately, this study used elicitation techniques, accepted criteria, and an established theoretical framework that all helped to mitigate this problem to a significant extent.

Generalizability

The results specific to this sample should not be interpreted as representative of all young adults in Arizona experiencing homelessness, the national population of people experiencing homelessness, or the larger population of the United States. The 2019 YES data was collected from Arizona's two largest cities, Phoenix and Tucson, with four different service providers; however, data from rural areas and smaller cities were not collected. The frequency of sex trafficking and risk factors described in this study among homeless young adults may differ from what was reported between the urban sample in different geographical areas. Furthermore, this research has limitations in that the sample is restricted to those who encountered a homeless youth service provider, whether through a drop-in center, street outreach, or transitional housing program. However, although not examined in this study, there may be a statistically significant difference in victimization rates between homeless youth who seek shelter and those who do not.

Self-Administered Survey and Self-Reported Interviews

Despite significant progress in the refinement of survey methods, it is widely acknowledged that simply asking well-articulated questions does not guarantee valid (accurate) responses in every instance (Knapp & Kirk, 2003). For the 2019 YES study, a

self-administered survey was the data collection tool utilized, in which written questions are presented that must be answered by respondents in written form (paper and pencil format). One particular issue with the 2019 YES is that gender and sexual orientation questions are mutually exclusive. In future YES, participants should be allowed to add multiple types of identity by providing language such as “check all that apply”.

As with all self-administered surveys, there is no control over the sequence in which questions are answered, no control over the environment of taking the survey, and the potential for high item nonresponse bias. The 2019 YES researchers relied on their participants’ honesty, self-reflection ability, and understanding/interpretation, as they would with any self-report measure. Furthermore, as is the case with much social science research dealing with sensitive subjects, it is sensible to assume that the numbers presented here concerning sex trafficking are downplayed. In addition to the possibility that some respondents answered “no” to questions about specific experiences because they did not understand the question or did not believe their experiences were relevant to the researchers, this could be due to social desirability bias because of respondents feeling uncomfortable disclosing their potential involvement in activities that are often considered illicit.

Furthermore, this was a cross-sectional (e.g., point-in-time, snapshot) where data was only collected over two weeks. Individuals who did not have contact with a homeless young adult service provider, whether through street outreach, a resource or drop-in center, or transitional housing, were excluded from the study. Additionally, the \$5 QuikTrip gift card is given to survey takers who may have impacted their decision to participate.

In LGBTQ+ interviews, participants reported their participation in the commercial sex market. Many of these interviews were with people who had been out of life for more than ten years. Therefore, there may have been issues with selective memory, which means that they remembered or did not remember their sex trafficking experiences. Moreover, there may be other biases, such as telescoping or exaggeration of their responses. I tried to reduce these potential biases by asking follow-up questions about time, place, and experiences. Also, confirming with the interviewee what they had stated during the interview by parroting back what this research had heard during the interview.

LGBTQ+ Interviews: Ensuring a Safe Space and Acknowledging the Sensitivity of Discussing Sex Trafficking Victimization

To conduct an effective interview, it is necessary to establish a good relationship with the respondent and control the interview environment in a way that allows free and honest responses. This is often a challenging requirement that requires time, skills, and resources. Second, it is not always possible for the interviewer to determine whether the interview atmosphere (in-person or via Zoom) is what it should be and whether a “rapport” has been established. I made sure that face-to-face interviews were done in a quiet setting and in a closed-door office or room to mitigate these limitations. If interviews took place via Zoom, participants were asked to block a one-hour time slot in a “quiet and safe space, away from other people.” For most Zoom interviews, participants reported being in their bedroom to ensure privacy with the door locked. However, children disrupted two participants (12.5%) during the interview process. I paused to stop the conversation and let the participant deal with their child before starting the interview

again. I waited until the participant was ready to talk again and confirmed with them that they felt comfortable and that they could continue the interview.

During the LGBTQ+ interview process, I acknowledged that questions about sex trafficking experiences are sensitive in nature. Participants in the LGBTQ+ interview may have been vulnerable to feelings of shame, guilt, and embarrassment, which may have had the potential to influence the disclosure process in some cases (Tangney & Fischer, 1995; Tangney et al., 1996). I needed to keep in mind that the presence of an interviewer, mainly when asking personally sensitive questions, can, as a result, distort the quality of the responses provided by the participant. Furthermore, to mitigate negative feelings and emotions, I informed interviewees that they did not have to answer any questions they did not want to answer; Furthermore, participants could stop or leave the interview at any time. Furthermore, participants were given a list of service providers at the end of interviews if they needed counseling, housing, or other social services in their area.

Timing and the Current COVID-19 Pandemic

This was a time-consuming study by nature of a mixed methods sequential research design. For this study, data analysis for both quantitative and qualitative was performed dependently. The implementation of LGBTQ + interviews (qualitative data) depended on the results of the 2019 YES (quantitative data). It is common for subsequent research inquiries to be redirected as dependent research activities. With the results of the first research component in hand, I determined what to do in the second research component, which was the LGBTQ+ interviews. As these research activities are referred to as sequential-dependent, a component that is preceded by another component should

build on the previous component appropriately (see sequential validity legitimation; Johnson & Christensen, 2017; Onwuegbuzie & Johnson, 2006). Timing is a concerning threat to this study due to the time-lapse for the data gathering process from 2019 YES to the 2021 LGBTQ+ interviews. Moreover, this time-lapse was coupled with the reality of the COVID-19 pandemic. However, I believe that completeness was reached, which refers to the notion that I could bring together a more comprehensive account of LGBTQ+ young adults experiencing homelessness and reporting sex trafficking by employing a sequential research design.

Single-Interview Based Study and Confirmation Bias

This study was based on a single interview, and it could have been strengthened by conducting multiple interviews. Furthermore, no member check process was performed to confirm preliminary findings (Padgett, 2008) and improve the rigor of this study. Finally, it is commonly understood in the social sciences literature that confirmation bias refers to seeking or interpreting evidence in ways that are biased toward existing beliefs, expectations, or a hypothesis in question (Nickerson, 1998). As a result, I thoroughly examined their own experience, bias, and expectations regarding LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. I took a methodical approach to interpret the research findings to ensure that reasonable conclusions could be drawn.

Future Research

Future studies geared toward the understanding sex trafficking victimization of LGBTQ+ individuals can delve into how LGBTQ+ young adults who experience homelessness are recruited and kept in sex trafficking circumstances and what skills and

assistance they require to successfully exit. Future research should investigate recruiting factors, relationships with sex traffickers, and researchers' abilities to group people based on their sexual (LGB) and gender (T, non-binary) identities. To meet the needs of this population, new programs and evaluations of innovative therapies are necessary for LGBTQ+ youth and young adults who have been sex trafficked. Future research should explore the impact of utilizing the empowerment theory to build therapeutic programs and services to assist sex trafficked LGBTQ+ individuals away from stigmatization, feelings of shame, and deficit reduction. Further research is needed to understand how LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization are affected by eating disorders and must consider factors, such as bullying, self-image issues, discrimination, and stigma due to sexual orientation, and how these can be coinfluent.

Conclusion

Through this mixed-methods research study, the intended outcome is to foster appropriate and effective social service responses in serving LGBTQ+ individuals experiencing sex trafficking victimization within the United States. This study fills a critical knowledge gap by demonstrating a clear association between LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization. The main findings include a) the odds of being an LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization was 2.41 times greater (95% CI: 1.22, 4.74) than their cisgender heterosexual counterparts; and b) risk factors that significantly contributed to a binary logistic regression model in predicting LGBTQ+ young adult experiencing homelessness and reporting sex trafficking victimization

included having a current medical issue, having a history of dating violence, having a childhood history of sexual abuse (ACEs sexual abuse), having a history of bingeing/vomiting, and having a post-traumatic stress disorder (PTSD) diagnosis. The findings of this study affirm the need for increased services for LGBTQ+ victims and survivors of sex trafficking, through a “survivor-first approach.” In addition, healthcare providers must consider screening for eating disorders among potential LGBTQ+ victims of sex trafficking. Social service and healthcare providers should screen LGBTQ+ young adults experiencing homelessness for potential sex trafficking victimization, as it is critical to evaluate their intervention service needs. The connection between LGBTQ+ young adults experiencing homelessness and reporting sex trafficking victimization deserves attention as both a state and national priority to provide preventive and therapeutic services as needed and ultimately stop such abuse.

REFERENCES

- Adamczyk, A., & Liao, Y. C. (2019). Examining public opinion about LGBTQ-related issues in the United States and across multiple nations. *Annual Review of Sociology*, 45, 401-423. <https://doi.org/10.1146/annurev-soc-073018-022332>
- Adelson, W. (2008). Child prostitute or victim of trafficking. *University of St. Thomas Law Journal*, 6, 96–128. <https://ir.stthomas.edu/ustlj/vol6/iss1/8>.
- Administration for Children Youth and Families Street Outreach Program (2016). Data collection final report. Retrieved from https://www.acf.hhs.gov/sites/default/files/documents/fysb/data_collection_study_final_report_street_outreach_program.pdf.
- Agnew, R. (2006). *Pressured into crime: An overview of general strain theory*. Los Angeles, CA: Roxbury.
- American Civil Liberties Union (n.d.). Outing. Retrieved June 13, 2020, from <https://www.aclu.org/issues/lgbtrights/lgbt-youth/outing>.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., .Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry & Clinical Neuroscience*, 256, 174-186. <https://doi.org/10.1007/s00406-005-0624-4>.
- Anderson, P. M., Coyle, K. K., Johnson, A., & Denner, J. (2014). An exploratory study of adolescent pimping relationships. *The Journal of Primary Prevention*, 35, 113-117. <https://doi.org/10.1007/s10935-014-0338-3>.
- Androff, D. K. (2011). The problem of contemporary slavery: An international human rights challenge for social work. *International Social Work*, 54(2), 209-222. <https://doi.org/10.1177/0020872810368395>.
- Ark of Freedom Alliance (n.d.). About. Retrieved July 19, 2018, from <https://www.facebook.com/arkallianceus>.
- Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives*, 1(2), 68-73. <https://doi.org/10.1111/j.1750-8606.2007.00016.x>
- Austin, A. (2016). “There I am”: A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles*, 75, 215–230. <https://doi.org/10.1007/s11199-016-0600-7>.
- Babbie, E. R. (1990). *Survey research methods*. Belmont, CA: Wadsworth.

- Baldwin, S. B., Eisenman, D. P., Sayles, J. N., Ryan, G., & Chuang, K. S. (2011). Identification of human trafficking victims in health care settings. *Health and Human Rights, 13*(1), 36-49.
- Bales, K. (2012). *Disposable people: New slavery in the global economy*. (3rd ed.). Berkeley: University of California Press.
- Bales, K., Murphy, L., & Silverman, B. (2019): How many trafficked people are there in Greater New Orleans? lessons in measurement, *Journal of Human Trafficking*, <https://doi.org/10.1080/23322705.2019.1634936>.
- Banks, D & Kyckelhahn, T. (2011). Characteristics of suspected human trafficking incidents. Retrieved June 10, 2019, from <https://www.bjs.gov/content/pub/pdf/cshti0810.pdf>.
- Barrick, K., Lattimore, P. K., Pitts, W. J., & Zhang, S. X. (2014). When farmworkers and advocates see trafficking but law enforcement does not: challenges in identifying labor trafficking in North Carolina. *Crime, Law and Social Change, 61*(2), 205–214. <https://doi.org/10.1007/s10611-013-9509-z>.
- Barron, I. M., & Frost, C. (2018). Men, boys, and LGBTQ: Invisible victims of human trafficking. In *Handbook of Sex Trafficking* (pp. 73-84). Springer, Cham. https://doi.org/10.1007/978-3-319-73621-1_8.
- Belcher, J. R., & Herr, S. (2005). Development of grounded theory: Moving towards a theory of the pathways into street prostitution among low-income women. *Journal of Addictions Nursing, 16*(3), 117-124. <https://doi.org/10.1080/10884600500196651>.
- Bernard, H. R. (2002). *Research methods in anthropology: Qualitative and quantitative approaches* (3rd ed.). Walnut Creek, CA: Alta Mira Press.
- Bernstein, K. T., Liu, K., Begier, E. M., Koblin, B., Karpati, A., & Murrill, C. (2008). Same-sex attraction disclosure to health care providers among New York City men who have sex with men: Implications for HIV testing approaches. *Archives of Internal Medicine, 168*, 1458–1464. <https://doi.org/10.1001/archinte.168.13.1458>.
- Bigelsen, J., & Vuotto, S. (2013). Homelessness, survival sex, and human trafficking: As experienced by the youth of Covenant House New York. Retrieved from <http://www.covenanthouse.org/sites/default/files/attachments/Covenant-House-trafficking-study.pdf>.
- Bob's House of Hope (n.d.). About. Retrieved November 15, 2021, <https://www.ranchhandsrescue.com/bobs-house-ofhope>.

Bowlby, J. (1973). Attachment and loss: Volume II: Separation, anxiety, and anger. In *Attachment and loss: Volume II: Separation, anxiety, and anger* (pp. 1-429). London: The Hogarth press and the institute of psychoanalysis.

Bowlby, J. (1980). Attachment and loss: Volume III: Loss, sadness, and depression. In *Attachment and Loss: Volume III: Loss, Sadness and Depression* (pp. 1-462). London: The Hogarth press and the institute of psychoanalysis.

Boys Documentary (n.d.). The film. Retrieved December 2, 2021, from <https://www.boysdoc.com/thefilm>.

Brennan, D. (2010). Thoughts on finding and assisting individuals in forced labor in the USA. *Sexualities, 13*(2), 139-152. <https://doi.org/10.1177/1363460709359116>.

Bright, M. A., Alford, S. M., Hinojosa, M. S., Knapp, C., & Fernandez-Baca, D. E. (2015). Adverse childhood experiences and dental health in children and adolescents. *Community Dentistry and Oral Epidemiology, 43*(3), 193-199. <https://doi.org/10.1111/cdoe.12137>.

Brown, T. A., & Keel, P. K. (2015). A randomized controlled trial of a peer co-led dissonance-based eating disorder prevention program for gay men. *Behaviour Research and Therapy, 74*, 1-10. <https://doi.org/10.1016/j.brat.2015.08.008>.

Buddy House (n.d.). Who are we? Retrieved October 10, 2021, from <https://thebuddyhouse.org/>.

Budge, S.L., Belcourt, S., Conniff, J., Parks, R., Pantalone, D., & Katz-Wise, S. (2018). A grounded theory study of the development of trans youths' awareness of coping with gender identity. *Journal of Child and Family Studies, 27*, 3048-3061. <https://doi.org/10.1007/s10826-018-1136-y>.

Buffington, K., Dierkhising, C., & Marsh, S. (2010). Ten things every juvenile court judge should know about trauma and delinquency. Reno, NV: National Council of Juvenile and Family Court Judges.

Busch-Armendariz, N., Nale, N., Kammer-Kerwick, M., Kellison, B., Torres, M., Heffron, L., & Nehme, J. (2016). Human trafficking by the numbers: The initial benchmark of prevalence and economic impact for Texas. Austin, Texas: The University of Texas at Austin, School of Social Work.

Burnette, M.L., Lucas, E., Ilgen, M., Frayne, S.M., Mayo, J., & Weitlauf, J.C. (2008) Prevalence and health correlates of prostitution among patients entering treatment for substance use disorders. *Archives of General Psychiatry, 65*(3):337–344. <https://doi.org/10.1001/archpsyc.65.3.337>.

- Burwick, A., Oddo, V., Durso, L., Friend, D., & Gates, G. (2014). Identifying and serving LGBTQ youth: Case studies of runaway and homeless youth program grantees. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children & Families, Office of Planning, Research, and Evaluation.
- Caliber. (2007). Evaluation of comprehensive services for victims of human trafficking: Key findings and lessons learned. United States Department of Justice. Retrieved March 24, 2019, from <http://www.ncjrs.gov/pdffiles1/nij/grants/218777.pdf>.
- Carnes, P. (1997). *The betrayal bond: Breaking free of exploitive relationships*. Deerfield, FL: Health Communications.
- Chaffee T., Borham K.L., Saldanha N.E., Gajaria A., Strickler H. (2020) Human Trafficking in Adolescents and Young Adults with Co-existing Disordered Eating Behaviors. In: Titchen K., Miller E. (eds) *Medical Perspectives on Human Trafficking in Adolescents*. Springer, Cham. https://doi.org/10.1007/978-3-030-43367-3_10.
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). London, England: Sage.
- Charmaz, K. (2017). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23(1), 34-45. <https://doi.org/10.1177/1077800416657105>.
- Chesney-Lind, M., & Shelden, R. (1992). *Girls, delinquency, and juvenile justice*. Pacific Grove, CA: Brooks/Cole.
- Chisolm-Straker, M. (2018). Measured steps: Evidence-based anti-trafficking efforts in the emergency department. *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine*, 25(11), 1302-1305. <https://doi.org/10.1111/acem.13552>.
- Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P.N., & Richardson, L.D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care Poor Underserved*, 27, 1220–33. <https://doi.org/10.1353/hpu.2016.0131>.
- Chisolm-Straker, M., Sze, J., Einbond, J., White, J., & Soklosa, H. (2018). A supportive adult may be the difference in homeless youth not being trafficked. *Children and Youth Services Review*. 91, 115-120. <https://doi.org/10.1016/j.childyouth.2018.06.003>.
- Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *Qualitative Report*, 19(32). <http://www.nova.edu/ssss/QR/QR19/cho64.pdf>.

Choi, S.K, Wilson, B.D.M., Shelton, J., & Gates, G.J. (2015). Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness. Los Angeles, CA: True Colors Fund.

Chong, N.G. (2014). Human trafficking and sex industry: Does ethnicity and race matter? *Journal of Intercultural Studies*, 35(2):196-213.
<https://doi.org/10.1080/07256868.2014.885413>.

Chuang, J. A. (2009). Rescuing trafficking from ideological capture: Prostitution reform and anti-trafficking law and policy. *University of Pennsylvania Law Review*, 158, 1655. https://digitalcommons.wcl.american.edu/facsch_lawrev/1055.

Ciszek, E. (2020). “We are people, not transactions”: Trust as a precursor to dialogue with LGBTQ publics. *Public Relations Review*, 46(1), 101759.

Clawson, H.J., & Dutch, N. (2008). Identifying victims of human trafficking: Inherent challenges and promising strategies from the field. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE). Retrieved March 15, 2019, from <https://aspe.hhs.gov/report/identifying-victims-human-trafficking-inherent-challenges-and-promising-strategies-field>.

Clawson, H. J., & Goldblatt Grace, L. (2007). Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking. Retrieved February 20, 2019, from <http://digitalcommons.unl.edu/humantraffdata/10>.

Clawson, H. J., Dutch, N., Salomon, A., & Grace, L. G. (2009). Human trafficking into and within the United States: A review of the literature. United States Department of Health and Human Services. Retrieved on November 15, 2019, from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/index.shtml>.

Clawson, H., Layne, M., & Small, K. (2006, December). Estimating human trafficking in the United States: Development of a methodology. Retrieved March 10, 2019, from <http://www.ojp.usdoj.gov/nij>.

Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5), 773-777. <https://doi.org/10.2105/ajph.92.5.773>.

Cohan, D. L., Kim, A., Ruiz, J., Morrow, S., Reardon, J., Lynch, M., et al. (2005). Health indicators among low-income women who report a history of sex work: The population based Northern California Young Women’s Survey. *Sexually Transmitted Infections*, 81, 428-433. <http://dx.doi.org/10.1136/sti.2004.013482>.

- Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation of youth: a comparison of CSE victims to sexual abuse victims in a clinical sample. *Journal of Interpersonal Violence, 31*(1), 122–146. <https://doi.org/10.1177/0886260514555133>.
- Coughlin, C.G., Greenbaum, J., & Titchen, K. (2020). Educating pediatric health-care providers about human trafficking. *Journal of Pediatrics and Child Health, 56*(1), 1–8. <https://doi.org/10.1111/jpc.15116>.
- Countryman-Roswurm, K. & Bolin, B. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child and Adolescent Social Work Journal, 31*(6), 521-538. <https://doi.org/10.1007/s10560-014-0336-6>.
- Countryman-Roswurm, K. & Shaffer, V. (2015). It's more than just my body that got hurt: The psychophysiological consequences of sex trafficking. *Journal of Trafficking, Organized Crime and Society, 1*(1), 1-8.
- Craig, S. L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal, 41*(3), 258-266. <https://doi.org/10.1007/s10615-012-0427-9>.
- Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing among Five Traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed method research* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M., & Hanson, W. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209–240). Thousand Oaks, CA: Sage.
- Creswell, J. W., & Plano Clark, V.L. (2010). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage.
- Curtis, R., Terry, K., Dank, M., Dombrowski, K., & Khan, B. (2008). The commercial sexual exploitation of children in New York City: Vol. 1. The CSEC population in New York City: Size, characteristics, and needs (NCJ 225083). Washington, DC: Department of Justice. Retrieved June 25, 2020, from <https://www.ojp.gov/pdffiles1/nij/grants/225083.pdf>.
- Dalla, R. L. (2001). Et tu brute? A qualitative analysis of streetwalking prostitutes' interpersonal support networks. *Journal of Family Issues, 22*(8), 1066-1085. <https://doi.org/10.1177/019251301022008006>

Dalla, R.L., Xai, Y., & Kennedy, H. (2003). You just give them what they want and pray they don't kill you. Street level sex workers' reports of victimization, personal resources and coping strategies. *Violence Against Women*, 9, 1367-1394.

<https://doi.org/10.1177/1077801203255679>.

Dank, M., Khan, B., Downey, M., Kotonias, C., Mayer, D., Owens, C., & Yu, L. (2014). Estimating the size and structure of the underground commercial sex economy in eight major US cities. Retrieved February 10, 2019, from

<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/413047-Estimating-the-Size-and-Structure-of-the-Underground-Commercial-Sex-Economy-in-Eight-Major-US-Cities.PDF>.

Dank, M., Lachman, P., Zweig, J. M., & Yahner, J. (2014). Dating violence experiences of lesbian, gay, bisexual, and transgender youth. *Journal of youth and adolescence*, 43(5), 846-857. <https://doi.org/10.1007/s10964-013-9975-8>.

Dank, M., Yahner, J., Madden, K., Banuelos, I., Yu, L., Ritchie, Mitchyll, M., & Conner, B. (2015). Surviving the streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW engaged in survival sex. Washington, DC: Urban Institute. Retrieved February 11, 2019, from

<http://www.urban.org/research/publication/surviving-streets-new-york-experiences-lgbtq-youth-ymsm-and-ywsw-engaged-survival-sex>.

Davis, N. J. (2000). From victims to survivors: Working with recovering street prostitutes. In R. Weitzer (Ed.), *Sex for sale* (pp. 139–155). New York, NY: Routledge.

de Lauretis, T. (1991). Queer Theory: Lesbian and Gay Sexualities. *differences: a Journal of Feminist Cultural Studies* 3(2), iii-xviii.

Deshpande, N. A., & Nour, N. M. (2013). Sex trafficking of women and girls. *Reviews in Obstetrics and Gynecology*, 6(1), e22.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651545/>.

Dorias, M., & Corriveau, P. (2009). *Gangs and girls: Understanding juvenile prostitution*. Montreal, Quebec, Canada: McGill-Queen's University Press.

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *Jama*, 286(24), 3089-3096.

<https://doi.org/10.1001/jama.286.24.3089>.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*, *111*(3), 564-572. <https://doi.org/10.1542/peds.111.3.564>.

Duran, A., & Jones, S. R. (2020). Complicating identity exploration: An intersectional grounded theory centering queer students of color at historically white institutions. *Journal of College Student Development*, *61*(3), 281-298.

Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Retrieved March 1, 2020, from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-July-2012.pdf>.

Durso, L. E., & Meyer, I. H. (2013). Patterns and predictors of disclosure of sexual orientation to healthcare providers among lesbians, gay men, and bisexuals. *Sexuality Research and Social Policy*, *10*, 35–42. <https://doi.org/10.1007/s13178-012-0105-2>.

Edwards, J. M., Iritani, B. J., & Hallfors, D. 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. <https://dx.doi.org/10.1136/sti.2006.020693>.

Eliason, M. J., & Hughes, T. (2004). Treatment counselor's attitudes about lesbian, gay, bisexual, and transgendered clients: Urban vs. rural settings. *Substance Use & Misuse*, *39*(4), 625-644. <https://doi.org/10.1081/JA-120030063>

Eliason, M. J., & Schope, R. (2001). Does “Don’t Ask Don’t Tell” apply to health care? Lesbian, gay, and bisexual people’s disclosure to health care providers. *Journal of the Gay and Lesbian Medical Association*, *5*, 125–134. <https://doi.org/10.1023/A:1014257910462>.

Emmaus (n.d.). About. Retrieved October 20, 2021, from <https://streets.org/about>.

Esterberg, K. G. (2002). *Qualitative methods in social research*. Boston: McGraw Hill.

Estes, J. R., & Weiner, N. A. (2001). The commercial sexual exploitation of children in the United States, Canada, and Mexico. Retrieved February 10, 2019, from https://abolitionistmom.org/wp-content/uploads/2014/05/Complete_CSEC_0estes-weiner.pdf.

Estes, J. R., & Weiner, N. A. (2005). The commercial sexual exploitation of children in the United States. In S. W. Cooper, R. J. Estes, A. P. Giardino, N. D. Kellogg, & V. I. Vieth (Eds.), *Medical, legal & social science aspects of child sexual exploitation: A comprehensive review of child pornography, child prostitution, and internet crimes against children* (pp. 95-128). St. Louis, MO: GW Medical.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>.

Family and Youth Services Bureau (2016). Final report – Street outreach program data collection study. Retrieved October 20, 2020, from <https://www.acf.hhs.gov/archive/fysb/report/final-report-street-outreach-program-data-collection-study>.

Farley, M. (2013). Prostitution: An extreme form of girls' sexualization. In E.L. Zurbriggen, T. Roberts (Eds.), *The Sexualization of girls and girlhood: Causes, consequences, and resistance* (pp. 166-194). New York, NY, US: Oxford University Press.

Farrell, A., McDevitt, J., & Fahy, S. (2008). Understanding and improving law enforcement responses to human trafficking, final report. Human Trafficking Data Collection and Reporting Center Research and Technical Reports, pp. 71–73. Retrieved February 6, 2020, from <http://hdl.handle.net/2047/d10015802>.

Farrell, A., McDevitt, J., & Fahy, S. (2010). Where are all the victims? Understanding the determinants of official identification of human trafficking incidents. *Criminology & Public Policy*, 9(2), 201-233. <https://doi.org/10.1111/j.1745-9133.2010.00621.x>.

Farley, M., Ross, C., & Schwartz, H. (2003). Dissociation among women in prostitution. In M. Farley (Ed.), *Prostitution, trafficking, and traumatic stress* (pp. 199–212). Binghamton, NY: The Haworth Press.

Fedina, L. (2015). Use and misuse of research in books on sex trafficking: Implications for interdisciplinary researchers, practitioners, and advocates. *Trauma, Violence, & Abuse*, 16, 188-198. <https://doi.org/10.1177/1524838014523337>.

Fedina, L., & DeForge, B. R. (2017). Estimating the trafficked population: Public-health research methodologies may be the answer. *Journal of Human Trafficking*, 3(1), 21–38. <https://doi.org/10.1080/23322705.2017.1280316>.

Fedina, L., Williamson, C., & Perdue, T. (2016). Risk factors for domestic minor sex trafficking in the United States. *Journal of Interpersonal Violence*, 34(13), 2653-2673. <https://doi.org/10.1177/0886260516662306>.

- Fehrenbacher, A.E., Musto, J., Hoefinger, H., Mai, N., Maciotti, P.G., Giametta, C. & Bennachie, C. (2020): Transgender People and Human Trafficking: Intersectional Exclusion of Transgender Migrants and People of Color from Anti-trafficking Protection in the United States. *Journal of Human Trafficking*.
<https://doi.org/10.1080/23322705.2020.1690116>.
- Feldman, M. B., & Meyer, I. H. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders*, 40(3), 218-226.
<https://doi.org/10.1002/eat.20360>.
- Feldman, M.S. (1995). *Strategies for Interpreting Qualitative Data*. Thousand Oaks, CA: Sage.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & 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 Preventative Medicine*, 14, 245–258.
[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).
- Ferguson, K. M., & Maccio, E. M. (2015). Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. *Journal of Social Service Research*, 41(5), 659-683. <https://doi.org/10.1080/01488376.2015.1058879>.
- Finkelhor, D. & Brown, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541.
<https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>.
- Finkelhor, D., Ormrod, R.K., & Turner, H. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31, 7-26.
<https://doi.org/10.1016/j.chiabu.2006.06.008>.
- Foote, M.Q. & Bartell, T.G. (2011). Pathways to Equity in Mathematics Education: How Life Experiences Impact Researcher Positionality. *Educational Studies in Mathematics*, 78, 45-68. <https://doi.org/10.1007/s10649-011-9309-2>.
- Fong, R. & Berger-Cardoso, J.B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33, 311-316.
<https://doi.org/10.1016/j.evalprogplan.2009.06.018>.
- Forster, M., Gower, A. L., McMorris, B. J., & Borowsky, I. W. (2020). Adverse childhood experiences and school-based victimization and perpetration. *Journal of Interpersonal Violence*, 35(3-4), 662-681. <https://doi.org/10.1177/0886260517689885>.
- Fowler, F. J. (2008). *Survey research methods* (4th ed.). Thousand Oaks, CA: Sage.

Fraley, R. C. (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review*, 6(2), 123-151. https://doi.org/10.1207/S15327957PSPR0602_03.

Franchino-Olsen, H., Chesworth, B. R., Boyle, C., Rizo, C. F., Martin, S. L., Jordan, B., ... & Stevens, L. (2020). The prevalence of sex trafficking of children and adolescents in the United States: a scoping review. *Trauma, Violence, & Abuse*, <https://doi.org/1524838020933873>.

Franchino-Olsen, H., Chesworth, B., Boyle, C., Fraga Rizo, C., Martin, S., Jordan, B., Macy, R., & Stevens, L. (2020). Minor sex trafficking of girls with disabilities. *International Journal of Human Rights in Healthcare*. 97-108. <https://doi.org/10.1108/ijhrh-07-2019-0055>.

Fredriksen-Goldsen, Karen I., et al. (2010). Disparities in health-related quality of life: A comparison of lesbians and bisexual women. *American Journal of Public Health*, 100 (11): 2255-2261. <https://doi.org/10.2105/AJPH.2009.177329>.

Friedman, S. A. (2013). And Boys Too-An ECPAT-USA discussion paper about the lack of. Retrieved January 20, 2019, from <https://humantraffickinghotline.org/resources/and-boys-too>.

Gibbs Van Brunschot, E., & Brannigan, A. (2002). Childhood maltreatment and subsequent conduct disorders: The case of female street prostitution. *International Journal of Law and Psychiatry*. [https://doi.org/10.1016/S0160-2527\(02\)00103-6](https://doi.org/10.1016/S0160-2527(02)00103-6).

Gutierrez, L. M., Parsons, R. J., & Cox, E. O. (1998). *Empowerment in Social Work Practice. A Sourcebook*. Pacific Grove, CA: Brooks/Cole Publishing Co.

Gragg, F., Petta, I., Bernstein, H., Eisen, K., & Quinn, L. (2007). New York prevalence study of commercially sexually exploited children. Rensselaer, NY: New York State Office of Children and Family Services.

Graham, N., & Wish, E. D. (1994). Drug use among female arrestees: Onset, patterns, and relationships to prostitution. *Journal of Drug Issues*, 24(2), 315-329. <https://doi.org/10.1177/002204269402400207>.

Gerassi, L. (2015). From exploitation to industry: Definitions, risks, and consequences of domestic sexual exploitation and sex work among women and girls. *Journal of Human Behavior in the Social Environment*, 25(6), 591-605. <https://doi.org/10.1080/10911359.2014.991055>.

Gerassi, L. (2020). How adult women who trade sex navigate social services: A grounded theory study. *Feminist Criminology*, 15(2), 196-2016. <https://doi.org/10.1177/1557085119885444>.

Goździak, E. (2015). Data matters: Issues and challenges for research on trafficking. In M. Dragiewicz (Ed.), *Global human trafficking: Critical issues and contexts* (pp. 23–38). London & New York, NY: Routledge.

Goździak, E. M. & Bump, M. N. (2008). Victims No Longer: Research on Child Survivors of Trafficking for Sexual and Labor Exploitation in the United States. NIJ Grant No 2005-IJ-CX0051. Retrieved July 15, 2020, from <https://www.ojp.gov/pdffiles1/nij/grants/221891.pdf>.

Gordon, D.M., & Hunter, B.A. (2013). Invisible no more: Creating opportunities for youth who are homeless. New Haven, CT: The consultation center Yale University School of Medicine. Retrieved July 10, 2020, from <https://melvilletrust.org/invisible-no-more-creating-opportunities-for-youth-who-are-homeless>.

Grant, N. (2005). Experiential youth: Canada. In Cooper, S. W., R. J. Estes, A. P. Giardino, N. D. Kellogg & V. I. Vieth (Eds.) *Medical, legal & social science aspects of child sexual exploitation: A comprehensive review of child pornography, child prostitution, and Internet crimes against children* (pp. 179- 192). St. Louis, MO: GW Medical Publishing.

Greenbaum, V. J. (2014). Commercial sexual exploitation and sex trafficking of children in the United States. *Current Problems in Pediatric and Adolescent Health care*, 44(9), 245-269. <https://doi.org/10.1016/j.cppeds.2014.07.001>.

Greene, J. M., Ennett, S. T., & Ringwalt, C. L. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health*, 89(9), 1406-1409. <https://doi.org/10.2105/AJPH.89.9.1406>.

Groves, R. M. 2011. Three eras of survey research. *Public Opinion Quarterly*, 75, 861-71. <https://doi.org/10.1093/poq/nfr057>.

Guest, G., MacQueen, K. M., & Namey, E. E. (2011). *Applied thematic analysis*. Sage publications.

Halcon, L. & Lifson, A. (2004). Prevalence and predictors of sexual risk among homeless youth. *Journal of Youth and Adolescence*, 33(1), 71-80. <https://doi.org/10.1023/A:1027338514930>.

Hanna, C. (2002). Somebody's daughter: Domestic trafficking of girls for the commercial sex industry and the power of love. *William & Mary Journal of Women and Law*, 9, 1-29.

Hartinger-Saunders, R.M., Trouteaud, A.R., & Johnson, J.M. (2017). Mandated reporters 'perceptions of and encounters with domestic minor sex trafficking of adolescent females in the United States. *American Journal of Orthopsychiatry*, 87, 195–205. <https://doi.org/10.1037/ort0000151>.

- Hatzenbuehler, M.L., Bellatorre, A., Lee, Y., Finch, B., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine*, *103*, 33–41. <https://doi.org/10.1016/j.socscimed.2013.06.005>.
- Hauserman, C. P., Ivankova, N. V., & Stick, S. L. (2013). Teacher perceptions of principals' leadership qualities: A mixed methods study. *Journal of School Leadership*, *23*(1), 34-63. <https://doi.org/10.1177/105268461302300102>.
- Havlicek, J., Huston, S., Boughton, S., & Zhang, S. (2016). Human trafficking of children in Illinois: Prevalence and characteristics. *Children and Youth Services Review*, *69*, 127-135. <https://doi.org/10.1016/j.chilyouth.2016.08.010>.
- Heck, N. C., Livingston, N. A., Flentje, A., Oost, K., Stewart, B. T., & Cochran, B. N. (2014). Reducing risk for illicit drug use and prescription drug misuse: High school gay-straight alliances and lesbian, gay, bisexual, and transgender youth. *Addictive Behaviors*, *39*(4), 824-828. <https://doi.org/10.1016/j.addbeh.2014.01.007>.
- Heffernan, K. (1996). Eating disorders and weight concern among lesbians. *International Journal of Eating Disorders*, *19*(2), 127-138. [https://doi.org/10.1002/\(SICI\)1098-108X\(199603\)19:2<127::AID-EAT3>3.0.CO;2-P](https://doi.org/10.1002/(SICI)1098-108X(199603)19:2<127::AID-EAT3>3.0.CO;2-P).
- Heilemann, T., & Santhiveeran, J. (2011). How do female adolescents cope and survive the hardships of prostitution? A content analysis of existing literature. *Journal of Ethnic & Cultural Diversity in Social Work*, *20*(1), 57-76. <https://doi.org/10.1080/15313204.2011.545945>.
- Hickle, K., & Roe-Sepowitz, D. (2017). “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*, *27*(2), 122-138. <https://doi.org/10.1080/08974454.2015.1128376>.
- Ho, R. (2013). *Handbook of univariate and multivariate data analysis with IBM SPSS*. CRC press.
- Hodge, D. R., & Lietz, C. A. (2007). The international sexual trafficking of women and children: A review of the literature. *Affilia*, *22*, 163–174. <https://doi.org/10.1177/0886109907299055>.
- Hogan, K. A. (2019). Social work practice with survivors of sex trafficking and commercial sexual exploitation. Nichols, Edmond, Heil. *Journal of Human Trafficking*, 1–2. <https://doi.org/10.1080/23322705.2019.1675030>.

- Hogan, K. & Roe-Sepowitz, D. (2020). LGBTQ+ Homeless Young Adults and Sex Trafficking Vulnerability. *Journal of Human Trafficking*, 1-16. <https://doi.org/10.1080/23322705.2020.1841985>.
- Holger-Ambrose, B., Langmade, C., Edinburgh, L. D., & Saewyc, E. (2013). The illusions and juxtapositions of commercial sexual exploitation among youth: Identifying effective street-outreach strategies. *Journal of Child Sexual Abuse*, 22(3), 326-340. <https://doi.org/10.1080/10538712.2013.737443>.
- Holmes, Andrew Gary Darwin. (2020). Researcher Positionality - A Consideration of Its Influence and Place in Qualitative Research - A New Researcher Guide. *Shanlax International Journal of Education*, 8(4), pp. 1-10. <https://doi.org/10.34293>.
- Hossain, M., M. Abas, C. Zimmerman, et al. (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. <https://doi.org/10.2105/AJPH.2009.173229>.
- Hudson, A. L., Nyamathi, A., Greengold, B., Slagle, A., Koniak-Griffin, D., Khalilifard, F., & Getzoff, D. (2010). Health-seeking challenges among homeless youth. *Nursing Research*, 59(3), 212. [https://doi.org/10.1002/\(SICI\)1098-1924\(199603\)59:2<127::AID-EAT3>3.0.CO;2-P](https://doi.org/10.1002/(SICI)1098-1924(199603)59:2<127::AID-EAT3>3.0.CO;2-P).
- Hughes, D. (2005). *The Demand for Victims of Sex Trafficking*. Rhode Island.
- Hutchison, E. D. (2011). Life course theory. *Encyclopedia of adolescence*, 1586-1594.
- Ijadi-Maghsoodi, R., Cook, M., Barnert, E. S., Gaboian, S., & Bath, E. (2016). Understanding and responding to the needs of commercially sexually exploited youth: Recommendations for the mental health provider. *Child and Adolescent Psychiatric Clinics of North America*, 25(1), 107-122. <https://doi:10.1016/j.chc.2015.08.007>
- Israel, B. A. (2005). *Methods in community-based participatory research for health* (1st ed.). San Francisco, CA: Jossey-Bass.
- Ivankova, N. V. (2014). Implementing quality criteria in designing and conducting a sequential QUAN→ QUAL mixed methods study of student engagement with learning applied research methods online. *Journal of Mixed Methods Research*, 8(1), 25-51. <https://doi.org/10.1177/1558689813487945>.
- Ivankova, N. V., Creswell, J. W., & Stick, S. (2006). Using mixed methods sequential explanatory design: From theory to practice. *Field Methods*, 18(1), 3-20. <https://doi.org/10.1177/1525822X05282260>.

- Johnson, B.R., & Christensen L.B. (2017). *Educational research: Quantitative, qualitative, and mixed approaches*. 6. Los Angeles: SAGE.
- Johnston, C. (2014). Man convicted of human trafficking gets 34 years in prison. Tampa Bay Times. Retrieved March 20, 2020, from <https://www.tampabay.com/news/courts/criminal/man-convicted-of-human-trafficking-gets-34-years-in-prison/2163311>.
- Johnston, A., Friedman, B., & Shafer, A. (2014). Framing the problem of sex trafficking: Whose problem? What remedy? *Feminist Media Studies*, 14, 419–36. <https://doi.org/10.1080/14680777.2012.740492>.
- Kalergis, K. I. (2009). A passionate practice: Addressing the needs of commercially sexually exploited teenagers. *Affilia*, 24(3), 315-324. <https://doi.org/10.1177/0886109909337706>.
- Karandikar, S., & Prospero, M. (2010). From client to pimp: male violence against female sex workers. *Journal of Interpersonal Violence*, 25(2), 257-273. <https://doi.org/10.1177/0886260509334393>.
- Keene, L. (2019). *Young Black Gay Men's Access to Queer Space and LGBTQ Services: A Chicago-Based Examination*. Chicago, IL: The University of Chicago.
- Knapp, H., & Kirk, S. A. (2003). Using pencil and paper, Internet, and touch-tone phones for self-administered surveys: does methodology matter? *Computers in Human Behavior*, 19(1), 117-134. [https://doi.org/10.1016/S0747-5632\(02\)00008-0](https://doi.org/10.1016/S0747-5632(02)00008-0).
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, 55(2), 181-187. <https://doi.org/10.1093/sw/55.2.181>.
- Kurtz, S. P., Surratt, H. L., Kiley, M. C., & Inciardi, J. A. (2005). Barriers to health and social services for street-based sex workers. *Journal of Health Care for the Poor and Underserved*, 16(2), 345-361. [doi:10.1353/hpu.2005.0038](https://doi.org/10.1353/hpu.2005.0038).
- Lakkis, J., Ricciardelli, L.A. & Williams, R.J. (1999). Role of Sexual Orientation and Gender-Related Traits in Disordered Eating. *Sex Roles*, 41, 1–16. <https://doi.org/10.1023/A:1018829506907>.
- Landers, M., McGrath, K., Johnson, M.H., Armstrong, M.I., & Dollard, N. (2017). Baseline characteristics of dependent youth who have been commercially sexually exploited: Findings from a specialized treatment program. *Journal of Child Sexual Abuse*, 26(6), 692-709. <https://doi.org/10.1080/10538712.2017.1323814>.
- Langer, C. L., & Lietz, C. (2014). *Applying theory to generalist social work practice*. John Wiley & Sons.

- Larson, S.A., Lakin, K.C., Anderson, L., Kwak, N., Lee, J.H., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252. [https://doi.org/10.1352/0895-8017\(2001\)106<0231:POMRAD>2.0.CO;2](https://doi.org/10.1352/0895-8017(2001)106<0231:POMRAD>2.0.CO;2).
- Lederer, L., & Wetzel, C. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Ann. Health Law*, 23: 61. <https://lawecommons.luc.edu/annals/vol23/iss1/5>.
- Levine, J. (2017). Mental health issues in survivors of sex trafficking. *Cogent Medicine*, 4(6), 1278841. <https://doi.org/10.1080/2331205X.2017.1278841>.
- Lewis, G. B. (2003). Black-white differences in attitudes toward homosexuality and gay rights. *Public Opinion Quarterly*, 67(1), 59-78. <https://doi.org/10.1086/346009>.
- Logan, T. K., Walker, R., & Hunt, G. (2009). Understanding human trafficking in the United States. *Trauma Violence Abuse*, 10, 3– 30. <https://doi.org/10.1177/1524838008327262>.
- Lutnick, A. (2016). *Domestic minor sex trafficking: Beyond victims and villains*. Columbia University Press.
- M'jid, N. M. (2011). Report of the special rapporteur on the sale of children, child prostitution and child pornography: Mission to the United States of America. Retrieved March 11, 2020, from <http://www.unhcr.org/refworld/publisher,UNHRC USA,4d83382e7e.0.html>.
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex trafficking victims during human service provision. *Trauma, Violence, & Abuse*, 13(2), 59-76. <https://doi.org/10.1177/1524838012440340>.
- Martin, L., Hearst, M. O., & Widome, R. (2010). Meaningful differences: Comparison of adult women who first traded sex as a juvenile versus as an adult. *Violence Against Women*, 16, 1252–1269. <https://doi.org/10.1177/1077801210386771>.
- Martinez, O., & Kelle, G. (2013). Sex trafficking of LGBT individuals: A call for service provision, research, and action. *The International Law News*, 42(4). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204396>.
- Martin, L., Rider, G. N., Johnston-Goodstar, K., Menanteau, B., Palmer, C., & McMorris, B. J. (2021). Prevalence of trading sex among high school students in Minnesota: demographics, relevant adverse experiences, and health-related statuses. *The Journal of Adolescent Health*. 68(5), 1011–1013. <https://doi.org/10.1016/j.jadohealth.2020.08.021>.

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(12), 1606-1613. <https://doi.org/10.1176/ps.50.12.1606>.

McClelland, G. T., & Newell, R. (2008). A qualitative study of the experiences of mothers involved in street-based prostitution and problematic substance use. *Journal of Research in Nursing*, 13(5), 437-447. <https://doi.org/10.1177/1744987108095409>.

McGaha, J. E., & Evans, A. (2009). Where Are the Victims-The Credibility Gap in Human Trafficking Research. *Intercultural Hum. Rts. L. Rev.*, 4, 239.

McIntyre, S. (2005). Under the radar: The sexual exploitation of young men. Retrieved June 15, 2020, from <http://www.humanservices.alberta.ca/documents/child-sexual-exploitation-under-the-radar-western-canada.pdf>.

McNaughton Nicholls, C., Harvey, S., Paskell, C. (2014). *Gendered perceptions: What professionals know about the sexual exploitation of boys and young men in the UK*. Barnardo's, London.

Menard, S. (2009). *Logistic regression: From introductory to advanced concepts and applications*. Sage Publications. <https://doi.org/10.4135/9781483348964>.

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19. <https://doi.org/10.1016/j.chiabu.2017.03.016>.

Miccio-Fonseca, L.C. (2017). Juvenile female sex traffickers. *Aggression and Violent Behavior*, 35, 26-32. <https://doi.org/10.1016/j.avb.2017.06.001>.

Middleton, J.S., Gattis, M.N., Frey, L.M., & Roe-Sepowitz, D. (2018). Youth Experiences Survey (YES): Exploring the Scope and Complexity of Sex Trafficking in a Sample of Youth Experiencing Homelessness. *Journal of Social Service Research*, 8376, 1-17. <https://doi.org/10.1080/01488376.2018.1428924>.

Miller, E., Decker, M. R., Silverman, J. G., & Raj, A. (2007). Migration, sexual exploitation, and women's health: a case report from a community health center. *Violence Against Women*, 13(5), 486-497. <https://doi.org/10.1177/1077801207301614>.

Monnat, S. M., & Chandler, R. F. (2015). Long-term physical health consequences of adverse childhood experiences. *The Sociological Quarterly*, 56(4), 723-752. <https://doi.org/10.1111/tsq.12107>.

- Mortari, L. (2015). Reflectivity in research practice: An overview of different perspectives. *International Journal of Qualitative Methods*, 14(5).
<https://doi.org/10.1016/j.ijqm.2015.05.005>.
- Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health*, 62(1), 14-21.
<https://doi.org/10.1016/j.jadohealth.2017.10.006>.
- Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall at the University of Chicago.
- Mostajabian, S., Santa Maria, D., Wiemann, C., Newlin, E., & Bocchini, C. (2019). Identifying sexual and labor exploitation among sheltered youth experiencing homelessness: a comparison of screening methods. *International Journal of Environmental Research and Public Health*, 16(3), 363.
<https://doi.org/10.3390/ijerph16030363>.
- Muftić, L. R., & Finn, M. A. (2013). Health outcomes among women trafficked for sex in the United States: a closer look. *Journal of Interpersonal Violence*, 28(9), 1859-1885.
<https://doi.org/10.1177/0886260512469102>.
- Murphy, L. (2016). Labor and sex trafficking among homeless youth: A ten-city study. New Orleans, Louisiana: Modern Slavery Research Project, Loyola University.
- Muslim, A., Labriola, M., & Rempel, M. (2008). The commercial sexual exploitation of children in New York City, Volume 2. Center for Court Innovation & John Jay College of Criminal Justice. Retrieved March 1, 2020, from
<https://www.ncjrs.gov/pdffiles1/nij/grants/225083.pdf>.
- Nadon, S. M., Koverola, C., & Schludermann, E. H. (1998). Antecedents to prostitution: Childhood victimization. *Journal of Interpersonal Violence*, 13(2), 206-221.
<https://doi.org/10.1177/088626098013002003>.
- Nagata, J. M., Ganson, K. T., & Austin, S. B. (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current Opinion in Psychiatry*, 33(6), 562- 567.
<https://doi.org/10.1097/YCO.0000000000000645>.
- National Alliance to End Homelessness (2012, January 18). Changes in the HUD definition of “Homelessness.” Retrieved January 18, 2022, from
<https://endhomelessness.org/resource/changes-in-the-hud-definition-of-homeless>.

- National Center for Missing & Exploited Children (2019). Child sex trafficking by the numbers. Retrieved from <http://www.missingkids.com/theissues/trafficking#bythenumbers>.
- National Human Trafficking Hotline (n.d.). About us. Retrieved February 11, 2019, from <https://humantraffickinghotline.org>.
- Nemeth, J. M., & Rizo, C. F. (2019). Estimating the prevalence of human trafficking: Progress made and future directions. *American Journal of Public Health, 109*(10), 1318. <https://doi.org/10.2105/AJPH.2019.305258>.
- Newton, P. J., Mulcahy, T. M., & Martin, S. E. (2008). Finding victims of human trafficking. Bethesda, MD: University of Chicago, National Opinion Research Center.
- Nichols, A., Edmond, T., & Heil, E. (2018). *Social work practice with survivors of sex trafficking and commercial sexual exploitation*. New York: Columbia University Press.
- Nichols, A. & Heil, E. (2022) Human Trafficking of People with a Disability: An Analysis of State and Federal Cases. *Dignity: A journal of analysis of exploitation and violence, 7*(1), Article 1. <https://doi.org/10.23860/dignity.2022.07.01.01>.
- Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology, 2*(2), 175-220. <https://doi.org/10.1037/1089-2680.2.2.175>.
- O'Brien, E. (2010). Dark numbers: Challenges in measuring human trafficking. *Dialogue E-Journal, 7*(2). Retrieved from <https://eprints.qut.edu.au/48257>.
- Okun, L. (1986). *Women abuse: Facts replacing myths*. Albany, NY: University of New York Press.
- Onwuegbuzie, A. J., & Johnson, R. B. (2006). The validity issue in mixed research. *Research in the Schools, 13*(1), 48-63.
- Orme, J., & Ross-Sheriff, F. (2015). Sex trafficking: Policies, programs, and services. *Social Work, 60*(4), 287-294. <https://doi.org/10.1093/sw/swv031>.
- Pacella, M. L., Hruska, B., & Delahanty, D. L. (2013). The physical health consequences of PTSD and PTSD symptoms: a meta-analytic review. *Journal of anxiety disorders, 27*(1), 33-46. <https://doi.org/10.1016/j.janxdis.2012.08.004>.
- Padgett, D. (2008). *Qualitative Methods in Social Work Research* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544. [https://doi.org/ 10.1007/s10488-013-0528-y](https://doi.org/10.1007/s10488-013-0528-y).

Parker, S. C., & Skrmetti, J. T. (2013). Pimps down: A prosecutorial perspective on domestic sex trafficking. *University of Memphis Law Review*, 43, 1013-1097.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed). Thousand Oaks, CA: Sage Publications.

Polaris (2019). 2018 statistics from the National Human Trafficking Hotline. Retrieved January 25, 2020, from

https://polarisproject.org/sites/default/files/Polaris_National_Hotline_2018_Statistics_Fact_Sheet.pdf.

Polaris. (n.d.). Sex Trafficking and LGBTQ Youth. Retrieved March 20, 2020, from <https://polarisproject.org/wp-content/uploads/2019/09/LGBTQ-Sex-Trafficking.pdf>.

Polaris (2013). 2013 analysis of state human trafficking laws. Retrieved from <https://polarisproject.org/sites/default/files/2013-State-Ratings-Analysis.pdf>.

Polaris (2018). On-ramps, intersections, and exit routes: A roadmap for systems and industries to prevent and disrupt human trafficking. Retrieved December 2, 2021, from <https://polarisproject.org/on-ramps-intersections-and-exit-routes/>.

Rafferty, Y. (2013). Child trafficking and commercial sexual exploitation: A review of promising prevention policies and programs. *American Journal of Orthopsychiatry*, 83(4), 550-575. <https://doi.org/10.1111/ajop.12056>.

Raphael, J., & Shapiro, D. L. (2004). Violence in indoor and outdoor prostitution venues. *Violence Against Women*, 10(2), 126-139. <https://doi.org/10.1177/1077801203260529>.

Rappaport, J., Swift, C., & Hess, R. (Eds). (1984). *Studies in empowerment: Steps toward understanding and action*. New York: Haworth.

Ravi, A., Pfeiffer, M. R., Rosner, Z., & Shea, J. A. (2017). Trafficking and trauma: Insight and advice for the healthcare system from sex-trafficked women incarcerated on Rikers Island. *Medical Care*, 55(12), 1017-1022. <https://doi.org/10.1097/MLR.0000000000000820>

Ray, N. (2006). *Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the Coalition for the Homeless.

<http://www.thetaskforce.org/downloads/reports/reports/HomelessYouth.pdf>.

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*.

<https://doi.org/10.1016/j.avb.2012.02.005>.

Reid, J. (2011). An exploratory model of girl's vulnerability to commercial sexual exploitation in prostitution. *Child Maltreatment*, 16(2), 146-157.

<https://doi.org/10.1177/1077559511404700>.

Reid, J. (2016). Sex trafficking of girls with intellectual disabilities: An exploratory mixed methods study. *Sexual Abuse*, 30(2), 107-131.

<https://doi.org/10.1177/1079063216630981>.

Reid, J. (2010). Doors wide shut: Barriers to successful delivery of victim services for domestically trafficked minors in the southern U.S. metropolitan area. *Women & Criminal Justice*, 20(1/2), 147-166. <https://doi.org/10.1080/08974451003641206>.

Reid, J. A., & Jones, S. (2011). Exploited vulnerability: Legal and psychological perspectives on child sex trafficking victims. *Victims & Offenders*, 6, 207-231.

<https://doi.org/10.1080/15564886.2011.557327>.

Richards, T. A. (2014). Health implications of human trafficking. *Nursing for Women's Health*, 18, 155-162. <https://doi.org/10.1111/1751-486X.12112>.

Richie-Zavaleta, A. C., Villanueva, A., Martinez-Donate, A., Turchi, R. M., Ataiants, J., & Rhodes, S. M. (2020). Sex trafficking victims at their junction with the healthcare setting—a mixed-methods inquiry. *Journal of Human Trafficking*, 6(1), 1-29.

<https://doi.org/10.1080/23322705.2020.1730132>.

Roe-Sepowitz, D. (2014). Youth experiences survey: Exploring the sex trafficking experiences of homeless young adults in Arizona. Phoenix, Arizona: Arizona State University Office of Sex Trafficking Intervention Research.

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

<https://doi.org/10.1177/1077801212453140>.

Roe-Sepowitz, D. (2019). Sex trafficking of minors. *Journal of Human Behavior in the Social Environment*, 5, 608-629. <https://doi.org/10.1080/10911359.2019.1575315>.

Roe-Sepowitz, D., Bracy, K., & Hogan, K. (2019). Youth Experiences Survey: Exploring the Sex Trafficking Experiences of Homeless Young Adults in Arizona, Year 6. Arizona: Arizona State University.

Roe-Sepowitz, D., Bracy, K., & Hogan, K. (2018). Youth Experiences Survey: Exploring the Sex Trafficking Experiences of Homeless Young Adults in Arizona, Year 5. Arizona: Arizona State University.

Roe-Sepowitz, D., Bracy, K., & Hogan, K. (2017). Youth Experiences Survey: Exploring the Sex Trafficking Experiences of Homeless Young Adults in Arizona, Year 4. Arizona: Arizona State University.

Roe-Sepowitz, D., Brockie, M., Bracy, K., & Hogan, K. (2016). Youth Experiences Survey: Exploring the Sex Trafficking Experiences of Homeless Young Adults in Arizona, Year 3. Arizona: Arizona State University.

Roe-Sepowitz, D., Brockie, M. & Bracy, K. (2015). Youth Experiences Survey: Exploring the Sex Trafficking Experiences of Homeless Young Adults in Arizona, Year 2. Arizona: Arizona State University.

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. <https://doi.org/10.1080/10911359.2011.598830>.

Roe-Sepowitz, D. E., Hickie, K. E., Dahlstedt, J., & Gallagher, J. (2014). Victim or whore: The similarities and differences between victim's experiences of domestic violence and sex trafficking. *Journal of Human Behavior in the Social Environment*, 24, 883–898. <https://doi.org/10.1080/10911359.2013.840552>.

Roos, L. E., Mota, N., Afifi, T. O., Katz, L. Y., Distasio, J., & Sareen, J. (2013). Relationship between adverse childhood experiences and homelessness and the impact of axis I and II disorders. *American Journal of Public Health*, 103(S2), S275-S281. <https://doi.org/10.2105/AJPH.2013.301323>.

Rosario, R., Schrimshaw, E. W., & Hunter, J. (2012). Risk factors for homelessness among lesbian, gay, and bisexual youths: A developmental milestone approach. *Children and Youth Services Review*, 34, 186–193. <https://doi.org/10.1016/j.childyouth.2011.09.016>.

Rosman, K., Salamanca, P., & Macapagal, K. (2017). A qualitative study examining young adults' experiences of disclosure and nondisclosure of LGBTQ identity to health care providers. *Journal of Homosexuality*, 64(10), 1390-1410. <https://doi.org/10.1080/00918369.2017.1321379>.

- Rothman, K. J. (2012). *Epidemiology: An introduction*. Oxford University Press.
- Roxburgh, A., Degenhardt, L., & Copeland, J. (2006). Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC psychiatry*, 6(1), 1-12. <https://doi.org/10.1186/1471-244X-624>.
- Sabella, D. (2011). The role of the nurse in combating human trafficking. *AJN The American Journal of Nursing*, 111(2), 28-37. <https://doi.org/10.1097/01.NAJ.0000394289.55577.b6>.
- Salfati, C. G., James, A. R., & Ferguson, L. (2008). Prostitute homicides: A descriptive study. *Journal of Interpersonal Violence*, 23(4), 505-543. <https://doi.org/10.1177/0886260507312946>.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & quantity*, 52(4), 1893-1907.
- Schalock, R. L., Borthwick-Duffy, S. A., Bradley, V. J., Buntinx, W. H., Coulter, D. L., Craig, E. M., ... & Shogren, K. A. (2010). Intellectual disability: Definition, classification, and systems of supports. American Association on Intellectual and Developmental Disabilities. 444 North Capitol Street NW Suite 846, Washington, DC, 20001.
- Schnabel, L. (2016). Gender and homosexuality attitudes across religious groups from the 1970s to 2014: Similarity, distinction, and adaptation. *Social Science Research*, 55, 31-47. <https://doi.org/10.1016/j.ssresearch.2015.09.012>.
- Schneider, J. A., O'Leary, A., & Jenkins, S. R. (1995). Gender, sexual orientation, and disordered eating. *Psychology and Health*, 10(2), 113-128. <https://doi.org/10.1080/08870449508401942>.
- Schwarz, C., & Britton, H. E. (2015). Queering the Support for Trafficked Persons: LGBTQ Communities and Human Trafficking in the Heartland. *Social Inclusion*, Special Issue on "Perspectives on Human Trafficking and Modern Forms of Slavery," 3(1), 63-75. <https://doi.org/10.17645/si.v3i1.172>.
- Schwarz, C., Kennedy, E.J. and Britton, H. (2017). Aligned across difference: structural injustice, sex work, and human trafficking. *Feminist Formations*, 29(2), 1-25.
- Sharpe, T. T. (2001). Sex-for-crack-cocaine exchange, poor black women, and pregnancy. *Qualitative Health Research*, 11(5): 612-630. <https://doi.org/10.1177/104973201129119334>.

Sher, J. (2011). *Somebody's daughter: The hidden story of America's prostituted children and the battle to save them*. Chicago, IL: Chicago Review Press.

Simon, B. L. (1994). *The empowerment tradition in American social work: A history*. Columbia University Press.

Simons, R. L., & Whitbeck, L. B. (1991). Sexual abuse as a precursor to prostitution and victimization among adolescent and adult homeless women. *Journal of Family Issues*, 12(3), 361-379. <https://doi.org/10.1177/019251391012003007>.

Singleton, R. A., & Straits, B. C. (2005). *Approaches to social research* (4th ed.). New York: Oxford University Press.

Small, K. M., Adams, W., Owens, C., & Roland, K. (2008). An analysis of federally prosecuted commercial sexual exploitation of children (CSEC): Cases since the passage of the victims of trafficking and violence protection act of 2000. Urban Institute. Retrieved March 20, 2020, from www.urban.org/research/publication/analysis-federally-prosecuted-commercial-sexual-exploitation-children-csec-cases-passage-victims-trafficking-and-violence-protection-act-2000.

Smith, H. M. (2010). Sex trafficking: Trends, challenges, and the limitations of international law. *Human Rights Review*, 12(3), 271–286. doi:10.1007/s12142-0-10-0185-4. <https://doi.org/10.1007/s12142-010-0185-4>.

Smith, L., & Vardaman, S. H. (2010). The problem of demand in combating sex trafficking. *Revue Internationale de Droit Pénal*, 81(3), 607-624. <https://doi.org/10.3917/ridp.813.0607>.

Smith, L., Vardaman, S.H., & Snow, M. (2009). The national report on domestic minor sex trafficking: America's prostituted children. Retrieved March 22, 2020, from https://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf.

Spinazzola, J, Blaustein, M, Kisiel, C, Van der Kolk, B. (2001). Beyond PTSD: Further Evidence for a Complex Adaptational Response to Traumatic Life Events. *Paper presented at American Psychiatric Association Annual Meeting*, (pp. 373-392). New Orleans.

St. Pierre, M. (2012). Under what conditions do lesbians disclose their sexual orientation to primary healthcare providers? A review of the literature. *Journal of Lesbian Studies*, 16, 199–219. <https://doi.org/10.1080/10894160.2011.604837>.

Stoklosa, H., Dawson, M.B., Williams-Oni, F. & Rothman, E.F. (2017) A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking. *Journal of Human Trafficking*, 3(2), 116-124, <https://doi.org/10.1080/23322705.2016.1187965>.

Stoklosa, H., MacGibbon, M., & Stoklosa, J. (2017). Human trafficking, mental illness, and addiction: Avoiding diagnostic overshadowing. *AMA Journal of Ethics*, 19(1), 23-34. <https://doi.org/10.1001/journalofethics.2017.19.1.ecas3-1701>.

Stransky, M., & Finkelhor, D. (2008). How many juveniles are involved in prostitution in the U.S. Durham, NH: Crimes Against Children Research Center, University of New Hampshire.

Strauss, A. (1987). *Qualitative analysis for social scientists*. Cambridge, UK: Cambridge University Press.

Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks: Sage.

Strauss, A., Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Strauss, A., Corbin, J. (1994). Grounded theory methodology: An overview. In Denzin, N., Lincoln, Y. (Eds.), *Handbook of qualitative research* (pp. 273–285). Thousand Oaks, CA: Sage.

Strong, S. M., Williamson, D. A., Netemeyer, R. G., & Geer, J. H. (2000). Eating disorder symptoms and concerns about body differ as a function of gender and sexual orientation. *Journal of Social and Clinical Psychology*, 19(2), 240-255. <https://doi.org/10.1521/jscp.2000.19.2.240>.

Tangney, J. P. E., & Fischer, K. W. (1995). Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride. In *The idea for this volume grew out of 2 pivotal conferences. The 1st conference, on emotion and cognition in development, was held in Winter Park, CO, Sum 1985. The 2nd conference, on shame and other self-conscious emotions, was held in Asilomar, CA, Dec 1988*. Guilford Press.

Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, 70(6), 1256. <https://doi.org/10.1037/0022-3514.70.6.1256>.

Thukral, J. (2005). Behind closed doors: An analysis of indoor sex work in New York City. *SIECUS Report*, 33(2), 3-9. Retrieved October 15, 2021, from <https://siecus.org/wp-content/uploads/2015/07/33-2.pdf>.

Tomasiewicz, M. (2018). Sex trafficking of transgender and gender nonconforming youth in the United States. Chicago, IL: Loyola University Chicago.

Tongco, M.D.C. (2007). Purposive sampling as a tool for informant selection. *Ethnobotany Research and applications*, 5, 147-158.
<https://ethnobotanyjournal.org/index.php/era/article/view/126>.

Tortolero, G.A. (2020). Human trafficking victim identification and response within the United States healthcare system. Chicago, IL: International Association for Healthcare Security and Safety Foundation. Retrieved February 18, 2022, from <https://iahssf.org/assets/IAHSS-Foundation-Human-Trafficking-Identification-and-Response.pdf>.

Trans Student Educational Resources. (n.d.). *LGBTQ+ definitions*. Retrieved October 20, 2021 at <http://www.transstudent.org/definitions>.

Trudeau, E., Noble, S., Davis, S., Bryant, S., & Queen, A. (2021). Identifying Trafficking Experience and Health Needs among African American Male Survival Sex Workers. *Journal of Human Trafficking*, 1-15.
<https://doi.org/10.1080/23322705.2021.1994271>.

Tsutsumi, A., Izutsu, T., Poudyal, A. K., Kato, S., & Marui, E. (2008). Mental health of female survivors of human trafficking in Nepal. *Social Science & Medicine*, 66(8), 1841-1847. <https://doi.org/10.1016/j.socscimed.2007.12.025>.

Twis, M. K., Gillespie, L., & Greenwood, D. (2020). An analysis of romantic partnership dynamics in domestic minor sex trafficking case files. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260520960302>.

Tyldum, G., & Brunovskis, A. (2005). Describing the unobserved: Methodological challenges in empirical studies on human trafficking. *International Migration*, 43(1-2), 17-34. <https://doi.org/10.1111/imig.2005.43>.

Tyler, K.A., & Johnson, K. A. (2006). A longitudinal study of the effects of early abuse on later victimization among high-risk adolescents. Sociology Department, Faculty Publications, 44.

Tyler, K. A., & Johnson, K. A. (2006). Trading sex: Voluntary or coerced? The experiences of homeless youth. *Journal of Sex Research*, 43(3), 208-216.
<https://doi.org/10.1080/00224490609552319>.

Tyler, K. A., Hoyt, D. R., Whitbeck, L. B., & Cauce, A. M. (2001). The impact of childhood sexual abuse on later sexual victimization among runaway youth. *Journal of Research on Adolescence*, 11(2), 151-176. <https://doi.org/10.1111/1532-7795.00008>.

Tyler, K. A., Whitbeck, L. B., Hoyt, D. R., & Yoder, K. A. (2000). Predictors of self reported sexually transmitted diseases among homeless and runaway adolescents. *Journal of Sex Research*, 37(4), 369-377. <https://doi.org/10.1080/00224490009552060>.

United States Department of State, Office to Monitor and Combat Trafficking in Persons. (2000). Trafficking Victims Protection Act (TVPA) of 2000, 22 U.S.C. §§ 7101 7112. Retrieved from <https://www.govinfo.gov/content/pkg/PLAW106publ386/pdf/PLAW-106publ386.pdf>.

United Nations Office on Drugs and Crime. (2008). Victim assistance. In: Toolkit to combat trafficking in persons. Global programme against trafficking in human beings. Vienna, Austria.

Uy, R. (2011). Blinded by red lights: Why trafficking discourse should shift away from sex and the perfect victim paradigm. *Berkeley Journal of Gender, Law & Justice*, 26(1), 204-220. <https://doi.org/10.15779/Z38QV3C34F>.

Van Bruggen, L. K., Runtz, M. G., & Kadlec, H. (2006). Sexual revictimization: The role of sexual self-esteem and dysfunctional sexual behaviors. *Child Maltreatment*, 11(2), 131-145. <https://doi.org/10.1177/1077559505285780>.

Van der Kolk, B. (1996). Dissociation, somatization, and affect dysregulation: The complexity of adaptation of trauma. *Psychiatry Online*, 83-93. <https://doi.org/10.1176/ajp.153.7.83>.

Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, D. N., Garcia, J. T., Hoffman, A., & Hopfer, C. J. (2006). Lesbian, gay, and bisexual homeless youth: an eight-city public health perspective. *Child Welfare*, 85(2). <https://pubmed.ncbi.nlm.nih.gov/16846110>.

Vanwesenbeeck, I. (2019). The making of “The trafficking problem”. *Archives of Sexual Behavior*, 48(7), 1961-1967. <https://doi.org/10.1007/s10508-018-1367-4>.

Varma, S., Gillespie, S., McCracken, C., & Greenbaum, V.J. (2015). Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse & Neglect*, 44, 98-105. <https://doi.org/10.1016/j.chiabu.2015.04.004>.

Ventura, L., Williamson, C., Cox, J., DuPuy, R., Lambert, E., Benjamin, B., . . . Bryant, M. (2007). Female offenders in the criminal justice system: Needs of and services for mothers and their children. Washington, DC: Bureau of Justice Programs.

Walls, N. E., & Bell, S. (2011). Correlates of engaging in survival sex among homeless youth and young adults. *Journal of Sex Research*, 48(5), 423-436. <https://doi.org/10.1080/00224499.2010.501916>.

- Watson, J. (2011). Understanding survival sex: young women, homelessness and intimate relationships. *Journal of Youth Studies*, 14(6), 639-655. <https://doi.org/10.1080/13676261.2011.588945>.
- Watson, L., & Edelman, P. (2012). Improving the juvenile justice system for girls: Lessons from the states. *Georgetown Journal on Poverty Law and Policy*, 20, 215. <https://articleworks.cadmus.com/geolaw/z5800213.html>.
- Whitbeck, L. B., X. J. Chen, D. R. Hoyt, K. A. Tyler, and K. D. Johnson. 2004. Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *Journal of Sex Research*, 41(4), 329-342. <https://doi.org/10.1080/00224490409552240>.
- Williamson, C., & Folaron, G. (2003). Understanding the experiences of street level prostitutes. *Qualitative Social Work*, 2(3), 271-287. <https://doi.org/10.1177/14733250030023004>.
- Willis, B. M., & Levy, B. S. (2002). Child prostitution: global health burden, research needs, and interventions. *The Lancet*, 359(9315), 1417-1422. [https://doi.org/10.1016/S0140-6736\(02\)08355-1](https://doi.org/10.1016/S0140-6736(02)08355-1).
- Wilson, B., & Butler, L. D. (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. <https://doi.org/10.1037/a0032977>.
- Wilson, J. M., & Dalton, E. (2008). Human trafficking in the heartland: Variation in law enforcement awareness and response. *Journal of Contemporary Criminal Justice*, 24(3), 296-313. <https://doi.org/10.1177/1043986208318227>.
- Wilson, H. W., & Widom, C. S. (2010). The role of youth problem behaviors in the path from child abuse and neglect to prostitution: A prospective examination. *Journal of Research on Adolescence*, 20(1), 210-236. <https://doi.org/10.1111/j.1532-7795.2009.00624.x>.
- Wolken, C. L. (2006). Feminist legal theory and human trafficking in the United States: Towards a new framework. *University of Maryland Law Journal of Race, Religion, Gender & Class*, 6, 407. Retrieved November 11, 2021, from <https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1110&context=rregc>.
- Xian, K., Chock, S., & Dwiggin, D. (2017). LGBTQ youth and vulnerability to sex trafficking. In *Human trafficking is a public health issue* (pp. 141-152). Springer, Cham. https://doi.org/10.1007/978-3-319-47824-1_9.

You are More Than, Inc. (YAMT) (n.d.). FAQs. Retrieved November 14, 2021, from <https://www.yamt.org/faq>.

Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science and Medicine*, 73(2011), 327-335. <https://doi.org/10.1016/j.socscimed.2011.05.028>.

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., ... & Watts, C. (2008). The health of trafficked women: a survey of women entering posttrafficking services in Europe. *American Journal of Public Health*, 98(1), 55-59. <https://doi.org/10.2105/AJPH.2006.108357>.

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., & Watts, C. (2006). Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. *Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe*. Retrieved September 20, 2020, from <https://www.cabdirect.org/cabdirect/abstract/20063133320>.

APPENDIX A
2019 YOUTH EXPERIENCES SURVEY

Date: July 2019

Youth Experiences Survey

Dear Participant,

I am a professor in the School of Social Work at Arizona State University and in collaboration with Tumbleweed, a service of UMOM, one•n•ten, Our Family Services, and Native American Connections; we are conducting a study to learn more about the sex trafficking and sexual exploitation of youth (ages 18-25) receiving support services in Arizona.

We are requesting your participation, which will include the completion of the attached anonymous survey. Please do not put anything on the survey that would be unique to you or other individuals, like real names or your date of birth. The survey includes questions about your life experiences including gender identity, sexual orientation, housing issues, drug and alcohol use, medical and mental health, sexual exploitation, and family and childhood experiences. There are some sensitive questions on the survey and you do not have to answer any question you are not comfortable answering. Your participation in this study is voluntary. If at any time you would like to stop, there will be no penalty for stopping.

For your participation in the survey, we would like to give you a \$5 gift card. The surveys are anonymous and we do not wish to have any information that identifies you. The results of the research study may be published, but we will only report group results. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subject Institutional Review Board, through the ASU office of Research Integrity and Assurance, at (480)965-6788. Return of the questionnaire will be considered your consent to participate.

Sincerely,

Dominique Roe-Sepowitz, MSW, Ph.D.
Associate Professor, ASU School of Social Work

I. Demographic Information

Age _____

My gender identity is:

- | | | | |
|----------------|--------------------------|-------------|--------------------------|
| Male | <input type="checkbox"/> | Genderqueer | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Two-spirit | <input type="checkbox"/> |
| Non-conforming | <input type="checkbox"/> | Transgender | <input type="checkbox"/> |

Other:

My sexual orientation is:

- | | | | |
|----------|--------------------------|--------------|--------------------------|
| Asexual | <input type="checkbox"/> | Heterosexual | <input type="checkbox"/> |
| Bisexual | <input type="checkbox"/> | Lesbian | <input type="checkbox"/> |
| Gay | <input type="checkbox"/> | Pansexual | <input type="checkbox"/> |

Other:

How would you describe your race or ethnicity?

- | | |
|---------------------------------|--------------------------|
| African/Caribbean | <input type="checkbox"/> |
| Arab | <input type="checkbox"/> |
| Asian/Pacific Islander | <input type="checkbox"/> |
| Biracial or multiracial | <input type="checkbox"/> |
| Black/African American | <input type="checkbox"/> |
| Hispanic/Latino/Latina | <input type="checkbox"/> |
| Indian/South Asian | <input type="checkbox"/> |
| Native American/American Indian | <input type="checkbox"/> |
| White/Caucasian | <input type="checkbox"/> |

Other:

II. Personal History

What is your current housing arrangement? (Please check

- | | | | | |
|--------------|--------------------------|-----------------------------|--------------------------|--------|
| Couchsurfing | <input type="checkbox"/> | Streets | <input type="checkbox"/> | Other: |
| Hotel | <input type="checkbox"/> | My own place (transitional) | <input type="checkbox"/> | |
| Shelter | <input type="checkbox"/> | My own place (paid by self) | <input type="checkbox"/> | |

Have you ever been homeless? Yes No

How old were you the 1st time you experienced homelessness? _____

How old were you the last time you experienced homelessness? _____

How many times total in your life have you experienced homelessness? _____

What is your hometown? City _____ State _____ Zip
Code _____

How long have you been in AZ? _____ months - OR - _____ years

Have you ever taken any type of drugs? Yes No

If yes, what is/was your drug(s) of choice?

Have you ever used heroin? Yes No

Have you ever used meth? Yes No

How old were you the first time you started using drugs? _____

Would you identify as having an addiction to drugs? Yes No

How often do you use drugs? Daily Monthly
 Weekly Not currently using

Would you identify as having an addiction to alcohol? Yes No

How often do you use alcohol? Daily Monthly
 Weekly Not currently using

III. Health History

Have you ever participated in any type of self-harming behavior? Yes No

a. If yes, please check all that apply:

Cutting	<input type="checkbox"/>	Not eating for long periods of time	<input type="checkbox"/>
Drinking alcohol excessively	<input type="checkbox"/>	Body modification	<input type="checkbox"/>
Using drugs	<input type="checkbox"/>	Scarification	<input type="checkbox"/>
Having sex with strangers	<input type="checkbox"/>	Binging/vomiting	<input type="checkbox"/>
Risk taking	<input type="checkbox"/>	Other:	

Have you ever attempted suicide? Yes No

a. If yes, when was the last attempt? Within the last:

Week Month 6 months Year Over 1 year

Do you have a current mental health issue/diagnosis? Yes No

a. If yes, please check all that apply:

- | | | | | | |
|-------------------------------|--------------------------|---------------------------------|--------------------------|--------|--------------------------|
| Bipolar disorder | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | Oppositional Defiant Disorder | <input type="checkbox"/> | | |
| ADD/ADHD | <input type="checkbox"/> | Asperger's Syndrome | <input type="checkbox"/> | | |
| Schizophrenia | <input type="checkbox"/> | Autism | <input type="checkbox"/> | | |
| Posttraumatic Stress Disorder | <input type="checkbox"/> | Dissociative Identity Disorder | <input type="checkbox"/> | | |
| Borderline Personality | <input type="checkbox"/> | Antisocial Personality Disorder | <input type="checkbox"/> | | |

Have you ever received treatment for this issue/diagnosis? Yes No

Do you have AHCCCS (AZ Health Care Cost Containment System)? Yes No

Do you currently have any of the following medical issue/diagnoses? (check all that apply):

- | | | | | | |
|--------------|--------------------------|---------------|--------------------------|--------------|--------------------------|
| Asthma | <input type="checkbox"/> | Open wounds | <input type="checkbox"/> | STI | <input type="checkbox"/> |
| Dental | <input type="checkbox"/> | Poor vision | <input type="checkbox"/> | Broken bones | <input type="checkbox"/> |
| Chronic pain | <input type="checkbox"/> | Skin problems | <input type="checkbox"/> | Other: | |

Are you currently receiving medical services for these problems? Yes No

Have you ever used the Crews'n Healthmobile from Phoenix Children's Hospital? Yes No

Are you currently pregnant? Yes No

Do you have children? Yes No **If yes, how many children?**

a. Is child protective services involved in the custody of your child? Yes No

Where do your children currently live? In my care Foster Care
 With Family Other:

IV. Family History

I would describe my connection to my family as:

- | | | | | |
|--------------------------|----------------------------|----------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No contact | Some contact, but negative | Some contact, but positive | Lots of contact, not supportive | Lots of contact, supportive |

If contact with family is considered not supportive or negative, please explain (check all that apply):

- | | | |
|------------------------|--------------------------|--------|
| They live too far away | <input type="checkbox"/> | Other: |
| Not a safe environment | <input type="checkbox"/> | |
| They kicked me out | <input type="checkbox"/> | |

If "they kicked me out" was selected, please explain (check all that apply):

- I was using substances (drugs and alcohol)
- Family did not approve of my sexual orientation
- Family did not approve of my gender identity Other:
- Family poverty (family could not provide for my needs)
- Family conflict (fighting with parents)

Did you ever see one of your parents hit or beat the other parent? Yes No

Did your father ever hit your mother? Yes No

Did your mother ever hit your father? Yes No

In a romantic relationship, have you ever been hit, kicked, or physically assaulted by a partner?

Yes No

In a romantic relationship, have you ever hit, kicked or physically assaulted a partner?

Yes No

V. Life Experiences

How do you make money to live? (check all that apply):

- I have a steady job Side jobs for cash
- Day labor Door-to-door sales
- Selling drugs Panhandling
- Selling stolen things Pickpocketing
- Selling your own things Trading sex for money or other things of value
- Other:

Have you ever been compelled, forced or coerced to perform a sexual act, including sexual intercourse, oral or anal contact? Yes No

If so, were you compelled. Forced, or coerce to perform a sexual act for any of the following?

Please check all that apply:

- Money Drugs Other:
- Food Protection
- Clothing Place to stay

If you checked any of the above, how old were you the first time this happened? _____

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? Yes No

In the past, has anyone encouraged/pressured/forced you to exchange sexual acts for money, drugs, food, place to stay, clothing or protection? Yes No

What is your relationship with the person who encouraged/pressured/forced you to exchange sexual acts for something of value?

- Boyfriend Parent/Guardian
Girlfriend Sibling
Friend Other family member If so, who? _____
Gang Other: _____

Have you ever been afraid to leave or quit this sex trafficking or prostitution situation due to fear of violence or other threats to harm you or your family? Yes No

Were any of the following technological devices or means used to recruit you to trade sex, to keep you in the sex trading situation, or used as a tool in the sex trading situation?

- Smart phone Tumblr Instagram
Backpage.com Pornographic pictures Tinder
Craigslis.com Bitcoin (money source) Twitter
Facebook Paypal (money source) Dating site
Other: (please specify which): _____

If you selected any of the above, how was this technology used? (check all that apply):

- To recruit you to trade sex To keep you in a sex trading situation
As a tool in a sex trading situation To help get you out of a sex trading situation

In this next section, we will be asking you questions about work you have completed. We define the term “work” 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.”

Have you ever been tricked or forced into doing any kind of work that you did not want to do?

- Yes No

If so, were you tricked or forced into doing this work for any of the following? Please check all that apply:

- Money Drugs Other: _____
Food Protection
Clothing Place to stay

If you checked any of the above, how old were you the first time this happened? _____

If you have ever been tricked or forced in to doing any kind of work that you did not want to do, please explain:

Have you ever been promised work where the work or payment ended up being different than what you expected?

Yes No

If so, please explain:

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?

Yes No

Do you currently have a person you work for who controls the money you earn, or keeps money you earn in exchange for money, drugs, food, place to stay, clothing or protection?

Yes No

What is your relationship with the person who encouraged/pressured/forced you to exchange a form of labor for something of value?

Boyfriend Parent/Guardian
Girlfriend Sibling
Friend Other family member If so, who? _____
Gang Other: _____

Have you ever been afraid to leave or quit this labor trafficking situation due to fear of violence or other threats to harm you or your family?

Yes No

If you answered yes to any of the questions above, in what sector did this take place? (check all that apply)

Agriculture	<input type="checkbox"/>	Domestic Servant	<input type="checkbox"/>	Restaurant/Food	<input type="checkbox"/>
Assisted Living/Healthcare	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Selling goods (e.g., pencils)	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	Magazine	<input type="checkbox"/>	Sexualized labor (e.g. strip club)	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Traveling sales crew	<input type="checkbox"/>
Factory/Manufacturing	<input type="checkbox"/>	Petty Theft	<input type="checkbox"/>	Other:	

What was the name of the business/employer?

What was the location of the business/employer?

(If you would like to make a report against this business/employer, please call _____)

Prior to your 18th birthday:

Prior to your 18th birthday, 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?

Yes No

Prior to your 18th birthday, 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?

Yes No

Prior to your 18th birthday, 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?

Yes No

Prior to your 18th birthday, 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?

Yes No

Prior to your 18th birthday, 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?

Yes No

Prior to your 18th birthday, were your parents ever separated or divorced?

Yes No

Prior to your 18th birthday, 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 over at least a few minutes or threatened with a gun or knife?

Yes No

Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No

Prior to your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

Prior to your 18th birthday, did a household member go to prison?

Yes No

In your lifetime, which of these have you experienced? (circle all that apply)

Homelessness	Residential treatment	Negative contact with law enforcement
Dating violence	Foster care/Group home	Involvement with Juvenile Justice System
Academic difficulty	Run away from home	Expelled from school
Special education classes	Bullied by school peers	Gang affiliation
Worked in adult entertainment industry (pornography, stripping, escort, etc.)	Physical abuse by parent/guardian	Harassment by peers
Emotional abuse by parent/guardian	Sexually abused (molested or raped) as a young adult (age 13-17)	Sexually abused (molested or raped) as a child (age 12-under)

In your lifetime, which of these have you experienced? (circle all that apply)

Said no when drugs or alcohol were offered to you	Said no when you felt you were being forced into sex	Steady employment
Been part of a club or youth organization	Enrolled in school or technical program	Volunteered in community
Supportive, loving family or group of friends	Healthy, safe and permanent place to live	Safe Sex
Trust/good relationship with law enforcement	Feel secure or safe standing up for yourself/protecting yourself	Aware of community resources

Crisis Services and Resources

<p>Shelter hotline 602-263-8900 - OR – 1-800-799-7739</p> <p>(24 hrs) bilingual hotline Provides shelter bed availability for victims of domestic violence and homelessness</p>	<p>Banner Behavioral Health 602-254-HELP (4357) or 1-800-254-4357</p> <p>(24 Hrs) Assist with mental health and addiction information and referrals</p>
<p>EMPACT Crisis Services 480-784-1500</p> <p>Provides Crisis Response, Counseling, Psychiatry, Substance Use, Support Groups, Prevention, and Trauma Services</p>	<p>TERROS (602) 222-9444</p> <p>Provides a wide variety of outpatient drug, alcohol and mental health services</p>
<p>Sexual Assault Hotline 480-736-4949 - OR - 1-800-656-HOPE (4673)</p> <p>24 Hour Hotline & mobile Teams</p>	<p>Magellan Crisis line 1-800-631-1314</p> <p>Suicide prevention and intervention, crisis intervention</p>
<p>Children/Adolescents in Crisis St. Lukes’ Walk-In 602-251-8547</p>	<p>Family Advocacy Center 602-534-2120 1-800-799-7233</p>
<p>Maricopa County Suicide Hotlines (480) 784-1500 1-866-205-5229 (AZ Toll free)</p>	<p>National Suicide Prevention Lifeline 1-800-SUICIDE (784-2433) or Text: 1-800-799-4TTY (799-4889)</p>
<p>Suicide Hotline in Spanish: 1-800-273-TALK (Press 2) (Maricopa) 1-888-628-9454 (National)</p>	<p>Nursewise Behavioral Health Crisis 1-866-495-6735</p> <p>Tempe - 24/7 telephone Helpline</p>
<p>Teen Life Line 602-248-TEEN (8336) Peer counselors 3-9 p.m. daily</p>	<p>Phoenix Children’s Hospital Crews’n Healthmobile 602-933-9339</p>

APPENDIX B

LGBTQ+ INTERVIEW CONSENT

Exploring sex trafficking risk factors for LGBTQ+ young adults experiencing homelessness

September 2021

My name is Kimberly Hogan, and I am a graduate student under the direction of Dr. Dominique Roe-Sepowitz in the School of Social Work at Arizona State University. I am conducting a research study to understand the life experiences of homeless LGBTQ+ young adults (ages 18 and over) who were involved in sex trafficking experiences between the ages of 18-25 years old. I want to learn about life histories and experiences with recruiters. I want to learn about your experiences so we can better understand and help to improve the services for people who identify as LGBTQ+ and are sex trafficked. If you agree, you will be asked to meet one time with me (total of 60 minutes) to fill out a survey (written set of questions) which should take about 10 minutes to complete and participate in a 50-minute interview that will be audio taped. If you participate in a Zoom interview, we will record using Zoom. Zoom records audio and video of the call. The research team will retain only the audio for analysis. If you would like to participate in an audio only call, you can turn off your camera prior to the start of the interview. The survey will ask basic questions about your life experiences. This survey will be followed by a series of open-ended questions.

Participation in this study is completely voluntary. All participants must be at least 18 years old. You do not have to be in this study and there will be no consequences if you decide not to participate. If you do choose to participate, you are free to say no later and withdraw from the study at any time. While participation is voluntary, I realize that I am asking you to commit a portion of your time to participate and so I am offering to provide compensation for your participation in the form of a \$25 Walmart gift card. I have already given you the \$25 gift card and it is yours to keep regardless of your participation. If you choose to end the interview at any point, you may still keep the gift card. Participation in this study may cause you some stress as I will ask questions about experiences, including ones about sex trafficking or prostitution during your lifetime.

All of the information that I collect in this study, including the audio-taped interview, is confidential. The results of the study will be used in reports. The results may also be used in presentations and publications, but I will never identify you, and no other participants in this study will know that you participated. I will maintain confidentiality by asking you to choose a pseudonym (false name) to identify your information, and I will not disclose your real name. The audiotapes containing your interview will be kept in a locked cabinet at Arizona State University and will be destroyed when the study is completed.

There are no known risks from taking a part in this study, and while there may be no direct benefits to you for participating either, I want to use the information I learn from your participation to benefit others by helping improve services for sex trafficked or prostituted people in Arizona. If you have any questions about this study, please feel free

to contact Dominique Roe-Sepowitz at 602-496-0093 or Dominique.Roe@asu.edu or the Arizona State University Office of Research Integrity and Assurance at 480-965-6788.

By filling out the attached survey and participating in the interview, it means that you have read this form and that you are willing to be in this study.

By verbal agreement, you agree to be part of the study.

APPENDIX C
LGBTQ+ INTERVIEW SCHEDULE

Demographic Information

Age _____

My gender identity is (check all that apply):

- Male Genderqueer
- Female Two-spirit
- Non-conforming Transgender
- Other: _____

My sexual orientation is (check all that apply):

- Asexual Heterosexual
- Bisexual Lesbian
- Gay Pansexual
- Other: _____

How would you describe your race or ethnicity? (check all that apply)

- African/Caribbean
- Arab
- Asian/Pacific Islander
- Biracial or multiracial
- Black/African American
- Hispanic/Latino/Latina
- Indian/South Asian
- Native American
- White/Caucasian
- Other: _____

Have you ever been homeless? Yes No

How old were you the 1st time you experienced homelessness? _____

How old were you the last time you experienced homelessness? _____

How many times total in your life have you experienced homelessness? _____

What is your hometown? City _____ State _____ Zip Code _____

How long have you been in AZ? _____ months - OR -
_____ years

Family History

Can you please tell me about your childhood and the people that took care of you?

Can you tell me about your experiences with school?

What were your relationships like as a child and adolescent?

What were some positive life influences and negative life influences?

This could be people, places, or things

Were you ever kicked out of your home? Yes No

If yes, what is the reason?

Health History

Have you ever participated in any type of self-harming behavior? Yes No

If yes, how so?

Have you ever attempted suicide? Yes No

Have you ever had a bingeing/vomiting issue? Yes No

Do you have a current mental health issue/diagnosis? Yes No

If so, which one(s)?

Ever diagnosed with PTSD? When?

While in the life, did you have any medical issues? Yes No

If so, which one(s)?

Do you currently have any medical issues? Yes No

If so, which one(s)?

While in the life, did you experience chronic pain? Yes No

Do you currently experience chronic pain? Yes No

Life Experiences

How have you made money to live?

Did you ever experience dating violence? If so, when?

Have you ever been compelled, forced or coerced to perform a sexual act, including sexual intercourse, oral or anal contact? Yes No

Can you tell me about your experience exchanging sex for something of value?

If so, were you compelled. Forced, or coerce to perform a sexual act for any of the following?

- | | | | | |
|----------|--------------------------|---------------|--------------------------|--------|
| Money | <input type="checkbox"/> | Drugs | <input type="checkbox"/> | Other: |
| Food | <input type="checkbox"/> | Protection | <input type="checkbox"/> | |
| Clothing | <input type="checkbox"/> | Place to stay | <input type="checkbox"/> | |

How old were you the first time this happened? _____

How were you first recruited by a trafficker?

Can you tell me more about that experience?

During the time you were sex trafficked, were you forced to participate in criminal behavior like drug dealing?

How was money exchanged? Was bitcoin used? Credit cards?

What places were you trafficked?

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? Yes No

In the past, has anyone encouraged/pressured/forced you to exchange sexual acts for money, drugs, food, place to stay, clothing or protection? Yes No

What is your relationship with the person who encouraged/pressured/forced you to exchange sexual acts for something of value?

How did your trafficker(s) move you around to customers?

Were technological devices or means used to recruit you to trade sex, to keep you in the sex trading situation, or used as a tool in the sex trading situation?

Is there anything that I have not asked you that you would like to share about your life or sex trafficking experience?

APPENDIX D

LGBTQ+ INTERVIEW RESOURCE LIST

Arizona Resource List

Reporting suspected trafficking:

Polaris Project (national hotline).....1-888-373-7888 or Text HELP or INFO to BeFree (233733)

Reporting suspected international trafficking:

ALERT (local hotline).....1-888-60-ALERT

Health: *Free or discounted medical services. Call for clinic hours and locations.*

Phoenix Children’s Hospital Crews’n Healthmobile

Contact Angelica Tovar-Huffman at 602-908-8364
serving infants to age 24 in Phoenix, Glendale, Mesa, and Tempe

El Rio Community Health Center

839 W Congress St, Tucson, AZ 85745 | 520-670-3909 | <http://www.elrio.org/>
Primary health care/Many locations

Southern Arizona AIDS Foundation

375 S Euclid Ave, Tucson, AZ 85719 | 520-628-SAAF (7223) | <http://saaf.org/>
HIV/STD testing, LGBTQ+ Services, Youth drop-in Center, housing, food, case-management

Mental Health

CODAC Behavioral Health Services

520-327-4505 | Many locations
Women’s services

La Frontera

520-838-3804 (Intake Services) | Many locations | <http://www.lafrontera.org/>
Services for children, adults, and families, substance use disorders, and severe mental illness

Shelters: *Always call ahead for hours and requirements*

Our Family Services: Emergency shelter and transitional housing, counseling services

3830 E. Bellevue Street, Tucson, AZ 85716 | <http://www.ourfamilyservices.org/>
Housing | 520-867-6396 | Counseling services | 520-323-1708

One-n-Ten: Housing, LGBTQ+ youth and young adult services

1101 N Central Ave #202, Phoenix, AZ 85004 | 602-400-2601 | <http://www.onenten.org>

Centralized Screening: Emergency shelter and housing transition options
480-890-3039

Other

Community Food Bank

520-622-0525 | Call for locations| <https://www.communityfoodbank.org/>

For more Arizona services, check out: www.sextraffickinghelp.com

National Resource List

Reporting suspected trafficking:

Polaris Project (national hotline).....1-888-373-7888 or Text HELP or INFO to BeFree (233733)

Reporting suspected international trafficking:

ALERT (local
hotline).....1-888-60-
ALERT

Resources:

<https://humantraffickinghotline.org/resources>

APPENDIX E

IRB YOUTH EXPERIENCES SURVEY

Dear Dominique Roe-Sepowitz:
 On 6/17/2014 the ASU IRB reviewed the following protocol:

EXEMPTION GRANTED

Type of Review: Initial Study	
Title: Youth Experiences Survey Project	
Investigator: Dominique Roe-Sepowitz	
IRB ID: STUDY00001196	
Funding: None	
Grant Title: None	
Grant ID: None	
Documents Reviewed:	<ul style="list-style-type: none"> • Roe-Sepowitz - YES consent letter (3).pdf, Category: Consent Form; • 2YES TEMPLATE PROTOCOLSOCIAL BEHAVIORAL.docx, Category: IRB Protocol; • Youth Experiences Survey, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Letter of support from One N Ten, Category: Other (to reflect anything not captured above); • Letter from Tumbleweed for YES.pdf, Category: Other (to reflect anything not captured above); • Letter of support/participation Our Family Services, Category: Other (to reflect anything not captured above); • Crisis Services and Hotlines Resource.pdf, Category: Resource list;

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 6/17/2014. In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,
 IRB Administrator

cc: Jennifer Cunningham
 Kristen Bracy
 Robert Beverly

APPENDIX F
IRB LGBTQ+ INTERVIEWS

APPROVAL: EXPEDITED REVIEW

Dear Dominique Roe-Sepowitz:

On 4/20/2021 the ASU IRB reviewed the following protocol:

Type of Review: Initial Study	
Title:	Exploring sex trafficking risk factors for LGBTQ+ homeless young adults
Investigator:	Dominique Roe-Sepowitz
IRB ID: STUDY00013802	
Category of review:	(6) Voice, video, digital, or image recordings (7)(a) Behavioral research (7)(b) Social science methods
Funding: None	
Grant Title: None	
Grant ID: None	
Documents Reviewed:	<ul style="list-style-type: none"> • Agency Information and Emails V2.pdf, Category: Recruitment Materials; • Arizona Resource List.pdf, Category: Resource list; • Dissertation Consent V2.pdf, Category: Consent Form; • Hogan Dissertation IRB 04122021 V2.docx, Category: IRB Protocol; • Interview recruitment flyer, Category: Recruitment Materials; • Interview Schedule.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • National Resource List.pdf, Category: Resource list; • One-n-Ten Letter.pdf, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission, etc.); Our Family Services Letter.pdf, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission, etc.).

The IRB approved the protocol from 4/20/2021 to 4/19/2022 inclusive. Three weeks before 4/19/2022, you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 4/19/2022, approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the “Documents” tab in ERA-IRB. In conducting this protocol, you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,
 IRB Administrator
 cc: Kimberly Hogan

APPENDIX G

IRB LGBTQ+ INTERVIEWS MODIFICATION

APPROVAL: MODIFICATION

Dear Dominique Roe-Sepowitz:

On 10/7/2021, the ASU IRB reviewed the following protocol:

Type of Review: Modification / Update	
Title:	Exploring sex trafficking risk factors for LGBTQ+ homeless young adults
Investigator: Dominique Roe-Sepowitz	
IRB ID: STUDY00013802	
Funding: None	
Grant Title: None	
Grant ID: None	
Documents Reviewed:	<ul style="list-style-type: none"> • Dissertation Consent V3 092621.pdf, Category: Consent Form; • Hogan Dissertation IRB 092621 V3.pdf, Category: IRB Protocol; • LGBTQ Flyer 092621.pdf, Category: Recruitment Materials;

The IRB approved the modification.

When consent is appropriate, you must use final, watermarked versions available under the “Documents” tab in ERA-IRB.

In conducting this protocol, you must follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator
cc: Kimberly Hogan