

CARE Court program:

An exploratory study of sex-trafficking victims involved with the Harris County juvenile justice system

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## Executive Summary

The Creating Advocacy, Recovery & Empowerment (CARE) Court Program, run by the 315th District Court in Harris County, aims to address the unique needs of justice-involved youth who have been exploited in commercial sex trafficking. In addition to their involvement in sex trafficking, most youth have a number of challenges including a history of abuse and trauma, mental health and substance abuse issues, educational and vocational needs, medical needs, and significant family dysfunction. To address these circumstances, the CARE Court program connects participant youths with a multidisciplinary team, which generates an individualized treatment plan for them. Plans may include intensive supervision, support, mentorship and advocacy, and access to therapeutic and other needed services. The program aims at helping youths to develop the skills necessary to change the trajectory of their lives. Upon successful termination, CARE Court participants have their cases terminated early and their juvenile records sealed.

Recently, CARE Court has aimed to expand its services beyond the limited set of youths who traditionally participated in its program. As a result, other victims of sex trafficking who are involved with the juvenile justice system have received support through the CARE Consult mode. To aid the Court in its goal to reach other sex trafficking victims who may currently remain outside of the purview of the Court, we used charge-level information to identify a third group of youth who are likely sex-trafficking victims but currently are not involved with CARE Court under any of the existing modes.<sup>1</sup>

In the first part of this report, we conduct a detailed comparison of these three groups of justice-involved youths (CARE Court participants, the target population for CARE Consult, and girls with prostitution-related charges). Overall, this comparison suggests the three groups are very similar along many, but not all, background characteristics. The key difference between groups, however, is their degree of prior involvement with the system (see figure below). While CARE Court participants typically have had repeated interactions with the system prior to their participation in the program, the prostitution-charges group typically had much fewer prior contacts with the system. Almost half of them had had no prior contact.

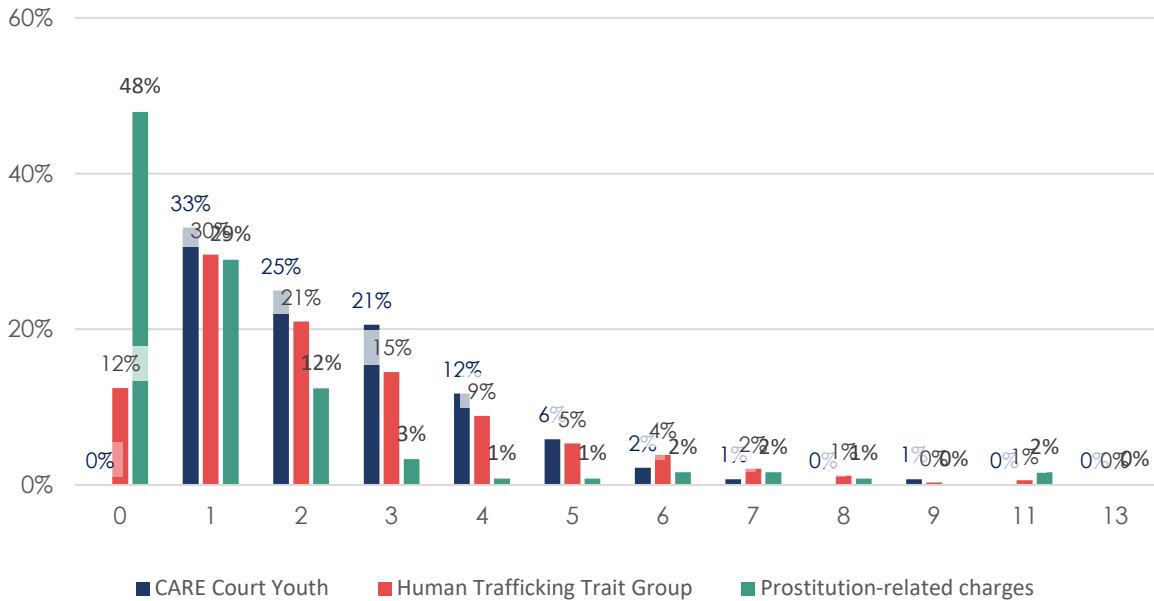
The lack of prior involvement for the prostitution-charges group suggests that using charge information to identify sex-trafficking victimization may be an effective way to reach youth earlier in their cycle of involvement with the juvenile justice system. However, some of the differences uncovered by our analysis, such as results from psychological assessments or the

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<sup>1</sup> When filing charges in the Juvenile Offender Tracking System (JOTS), law enforcement officers have the option to check a box indicating that the arrest is “prostitution-related” even if the charge itself is not related to prostitution. For example, a youth may be arrested for possession of marijuana, but the officer still has the option to report that the context indicated a connection to prostitution.

typical referral source, point towards the need for a differential approach as a mode to reach this group of youth was to be developed.

### Number of prior juvenile justice contacts, by group



Note: This graph (Figure 5 in the report) shows the number of prior contacts with the juvenile justice system for three groups of youths with histories of sex-trafficking victimization: 1) CARE Court participants (navy), 2) The target group for CARE Consult mode, which is identified through the “Human Trafficking Trait” within HCJPD data systems (red), and 3) Youths with prostitution-related charges who are not in any of the previous two groups (green). The graph shows how the prostitution-related charges group is substantially more likely to have no prior involvement with the system.

In the second part of our report, we analyzed various measures of recidivism to assess CARE Court participant’s success. A majority of participants did not have a VOP or new arrest while they participated. However, some of the participants had new arrests after their participation. We examined whether any youth characteristics were associated with a higher chance of recidivism. The table on the next page summarizes the key findings from this analysis. The results may help inform differential approaches for some groups of youth (i.e. younger girls) within the traditional CARE Court program.

Finally, a comparison of recidivism outcomes between the three groups of girls showed that those in the group with prostitution-related charges were far more likely to be rearrested than those in the other two groups, as shown in the figure at the bottom of the next page and confirmed through multivariate regression analysis (Table 9 in the report). Again, we interpret this as a potential opportunity to engage this group of youths earlier in their involvement, and potentially help prevent further involvement with the system.

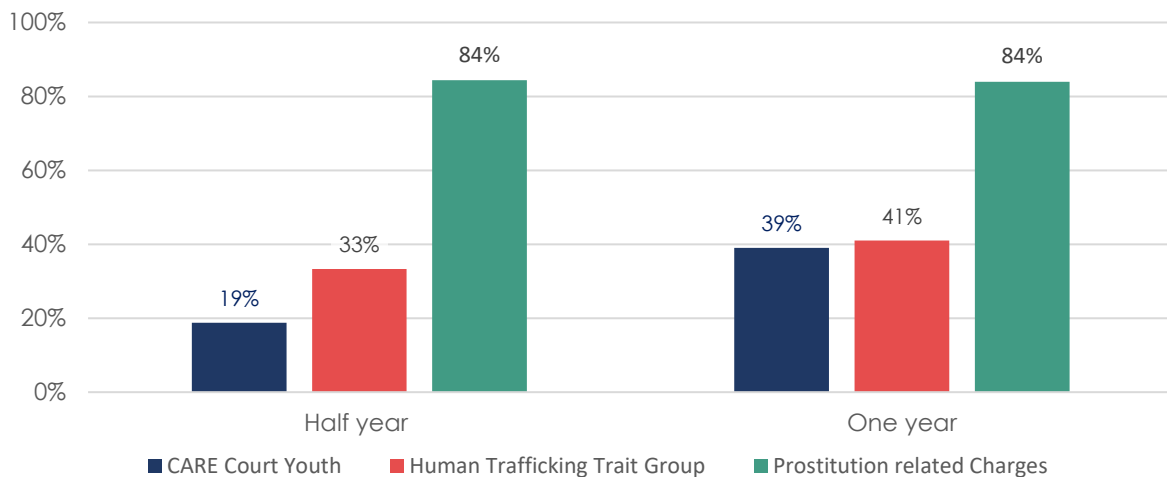
However, we are aware that any decision involving expanding the reach of CARE Court requires considering more elements than the ones we discuss here, such as the capacity to deliver services and the readiness of potential participants, among other factors. We hope that the information we provide in this report contributes to the Court’s success in providing support to justice-involved youth who are victims of sex trafficking.

**Characteristics associated with recidivism. Summary findings.**

Variable/domain	Findings
Race/ethnicity	No statistically significant differences, but African-American girls are possibly more likely to recidivate.
DSM category	When compared to girls with Emotional Disturbance or Serious Emotional Disturbance, girls with Behavior Disorders were more likely to recidivate.
Age at first referral	Girls who were older at the time of their <i>first</i> referral may be more likely to recidivate.
Age at the start of CARE Court	Girls who were older at the time of their CARE Court participation were less likely to recidivate.
Prior offenses and VOPs	A higher number of prior felonies or VOPs is associated with a higher risk of recidivism.

Note: This table summarizes the qualitative results from a set of multivariate regressions (Table 8 in the report). All associations in this table account for the association between the different variables (e.g. that older girls have more prior referrals, on average). DSM categories are based on DSM Axis 1A diagnostics. Diagnostic grouping developed by HCJPD.

**New offense within 6 months and one year of originating referral, by group**



Note: This graph (Figure 12 in the report) compares re-arrest rates within 6 months (half year) and one year of the originating referral. This comparison is confirmed by multivariate regressions (Table 9 in the report), which find that the prostitution-related charges group is 4 and 7 times more likely to be re-arrested within one year, as compared to CARE Court participants.

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## 1. Introduction

The Creating Advocacy, Recovery & Empowerment (CARE) Court Program, run by the 315th District Court in Harris County, aims to address the unique needs of justice-involved youth who have been exploited in commercial sex trafficking. In addition to their involvement in sex trafficking, most youth have a number of challenges including a history of abuse and trauma, mental health and substance abuse issues, educational and vocational needs, medical needs and significant family dysfunction. To address these circumstances, the CARE Court program connects participant youths with a multidisciplinary team, which generates an individualized treatment plan for them. Plans may include intensive supervision, support, mentorship and advocacy, and access to therapeutic and other needed services. The program aims at helping youths to develop the skills necessary to change the trajectory of their lives. Upon successful termination, CARE Court participants have their cases terminated early and their juvenile records sealed.

Historically, CARE Court participants were drawn from the pool of youths whose cases had been petitioned and were either awaiting adjudication or had been adjudicated and were under probationary supervision. However, recognizing that an increasing share of justice-involved youth may never reach a petition stage, the CARE Court has sought to expand its target population. As a result, in 2019, the CARE Court program began serving other victims of sex trafficking who are involved with the juvenile justice system through the CARE Consult mode. To identify this expanded target population, CARE Court relies on specific data available through the Harris County Juvenile Probation Department's (HCJPD) data systems. Nevertheless, it is possible that other available data may allow the CARE Court to identify other sex trafficking victims who may currently remain outside of the purview of the Court.

In this report, we aim to provide data to inform CARE Court actions in two distinct, yet complementary, ways. First, we compare three groups of youth: traditional CARE Court participants, the target population for CARE Consult, and a third group, composed of youth for whom information obtained at the time of arrest suggests sex-trafficking involvement. Our analysis compares youth along a wide range of characteristics, which include demographic and background characteristics, as well as histories of justice involvement. This comparison aims to aid CARE Court's efforts to reach all justice-involved youth who are victims of sex trafficking and to inform potentially different services or approaches for different groups.

Second, we conduct a detailed characterization of traditional CARE Court participant's involvement in the CARE Court program, including recidivism outcomes during and after participation. Our analysis seeks to provide detailed data to assist CARE Court staff as they

serve participants. Furthermore, although the small number of youths in this group limits the conclusions that can be drawn from the statistical analysis of their data, our analysis also aims to identify whether specific characteristics of youth are associated with better or worse outcomes.

The report is organized as follows. We first provide the main conclusions of each of the two analyses – the group comparison and the analysis of CARE Court participants’ outcomes. In each of these analyses, we focus on describing the key takeaways from the data. We then briefly discuss the relevance and implications of these findings. For readers who wish to dive deeper into the details of the analyses, we include an appendix with an expanded set of tables and figures and technical documentation about data sources and methods.

## 2. A comparison of groups of sex-trafficking victims

Between 2011 and 2022, a total of 136 justice-involved youth took part in the CARE Court program, which was previously known as the GIRLS Court. Operating under the jurisdiction of the 315th District Court, this initiative aims to provide specialized support and supervision to youth who have been exploited in commercial sex trafficking. Eligibility for participation in the CARE Court program is determined through multiple assessments conducted by dedicated clinicians and Court staff. These assessments delve into factors like past victimization, trauma history, safety conditions, and the readiness of the youth to engage with the program. Furthermore, youth may be excluded from the program based on multiple criteria, with certain offenders, such as those convicted of sex-related offenses, not being eligible to participate.

To be part of the CARE Court program, a youth must either be under Deferred Adjudication or already adjudicated, with a minimum of six months remaining in their probationary supervision period. These criteria reflect the formal prerequisites for involvement, which include regular court hearings and intensive supervision. However, some justice-involved youth may not advance to the petition stage. Thus, due to some of the requirements determining eligibility for the Care Court program, certain victims of sex trafficking might never have the chance to participate in it.

Recognizing this gap, the Court introduced the CARE Consult mode in 2019, enabling it to assist other victims of sex trafficking who interact with the juvenile justice system. Unlike the CARE Court program, CARE Consult has more flexible readiness requirements. It involves less structured follow-ups, excluding regular court hearings and intensive supervision. While the CARE Court program may incorporate therapy as part of probation, CARE Consult participants typically experience therapy on a preliminary basis. Since CARE Consult isn't tied to a specific probation period, its support duration adapts to individual circumstances.

Identification of potential CARE Consult beneficiaries relies on flags called traits within HCJPD systems. The Human Trafficking (HT) trait, generated by HCJPD staff with insight into the case, denotes knowledge of human/sex trafficking victimization or risk. By employing these traits,

CARE Court extends its reach beyond cases directly involving the Court. However, the HT traits currently lack standardization, possibly overlooking other youths who could benefit from its services. To address this, we leverage additional data to identify potential sex trafficking victims not covered by the CARE Consult or CARE Court programs. Specifically, we use information from the Juvenile Offender Tracking System (JOTS). When filing charges in JOTS, law enforcement officers have the option to select a box to indicate the circumstances surrounding the arrest may be related to prostitution. For simplicity, we refer to this group of youths as *youth with prostitution-related charges*.<sup>2</sup>

The evolution of CARE Court services to include CARE Consult underscores the necessity to broaden the target population to encompass victims who may go unnoticed using current approaches. It also highlights the importance of tailoring approaches to cater to youths with diverse characteristics and at varying life stages. To address these needs, we conduct a comprehensive characterization and comparison of three groups—Care Court program participants, other youth with an HT trait in HCJPD systems (the target group for CARE Consult), and youth flagged in JOTS data for prostitution-related charges. Table 1 below describes each group and shows the number of youths in each of them.

**Table 1: Groups and sample sizes used in the analysis**

<b>Group name</b>	<b>Description</b>	<b>N</b>
CARE Court Youth	All youths who have participated in the CARE Court program	136
Human Trafficking Trait	Youths with an HT trait who have never participated in the CARE Court program	340
Prostitution-related charges	Youths with prostitution-related charges in JOTS data who have never participated in CARE Court and do not have an HT trait	119

Note: The three groups are mutually exclusive. Thus, the HT trait group excludes all youth with HT traits who participated in the CARE Court program. Likewise, the prostitution-related charges group excludes youth in any of the first two groups. Every youth who participated in the CARE Court program also has an HT trait. Of these 136 youth, 20 also had a prostitution-related charge. Out of the 340 youths assigned to the Human Trafficking Trait Group, 58 also had a prostitution-related charge.

This analysis examines demographic data, background characteristics, offenses, prior involvement history, and psychological assessments to inform more inclusive and effective interventions. We describe below the key findings from this analysis, along three domains: demographics, juvenile justice system involvement, and psychological assessments. Additional graphs and figures can be found in the appendix to this report.

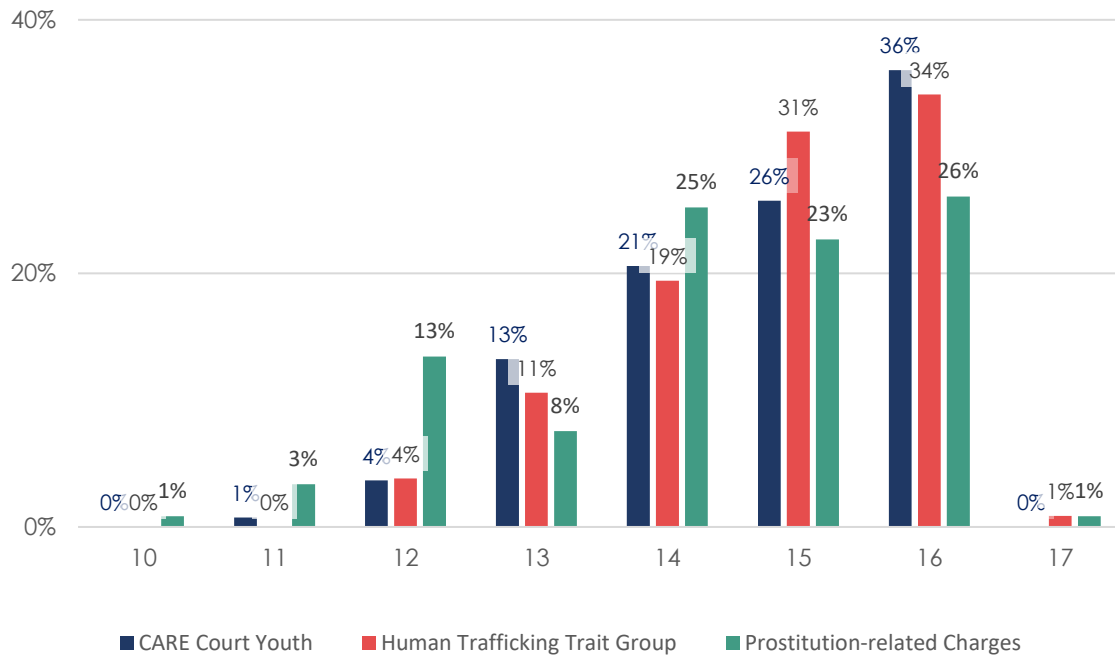
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<sup>2</sup> The filed charges themselves do not need to have any connection to prostitution. Indeed, the three most frequent charges among this group of youths are (in order): assault to family member, assault with bodily injury, and unauthorized use of vehicle.



## Demographics

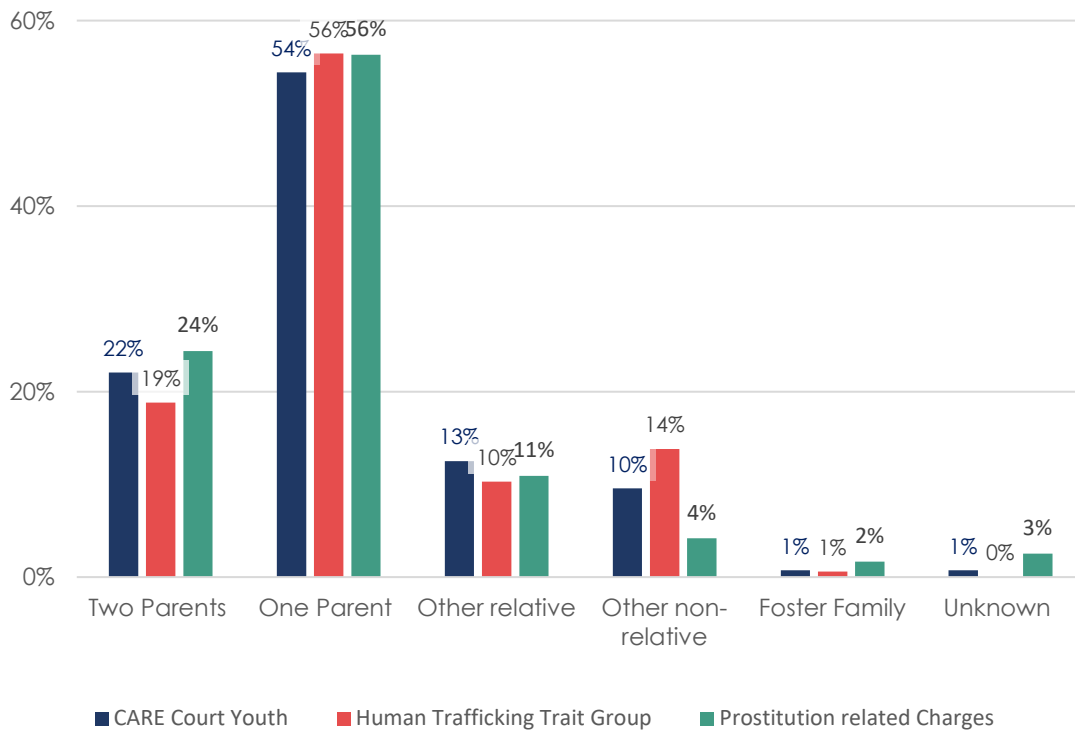
**Figure 1: Age at the time of referral, by group**



**Age at the time of referral relatively similar across groups, with Prostitution-related Charges group slightly younger.** Figure 1 shows the age at the time of referral for each of the groups. In general terms, the age distribution is similar for the CARE Court and HT trait groups. The prostitution-related charges group tends to be younger, with more than 15% of youth in this group ages 12 or younger at the time of referral.<sup>3</sup> However, this comparison combines differences in the age at which the youth first became involved with the system and the stage of involvement. When we compare the age at the time of the *first* referral (Figure A2 in the appendix), the differences between the prostitution-related charges group and the other two groups are less pronounced. This shows that *ex-ante*, youth in the three groups are comparable. Thus, the differences observed in Figure 1 foreshadow a key difference between groups we will discuss in detail later: prostitution-related charges are identified at earlier stages of involvement with the juvenile justice system.

<sup>3</sup> Consistently with this observation, youth in the prostitution-related charges group are also less advanced at school (see figure A3 in the appendix).

**Figure 2: Family structure, by group**

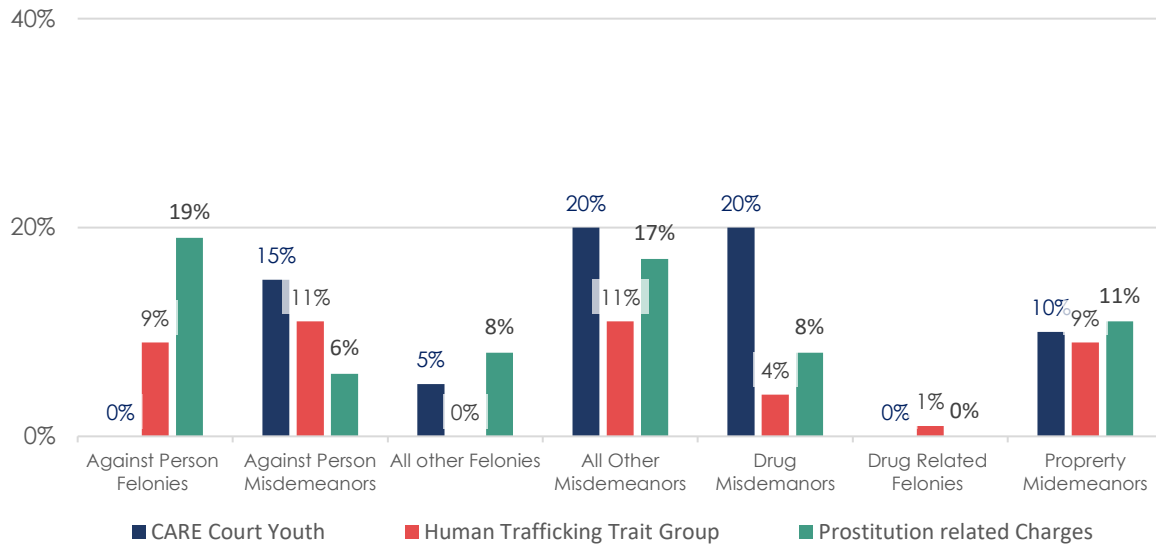


**Groups similar with respect to some, but not all, other demographics.** As shown in Figure 2, family structure – measured by whom the child lives with- is very similar between the three groups. Race and ethnicity, in contrast, show that the group with prostitution-related charges is more likely to be Hispanic and less likely to be African American, when compared to the other two groups.

### Justice system involvement

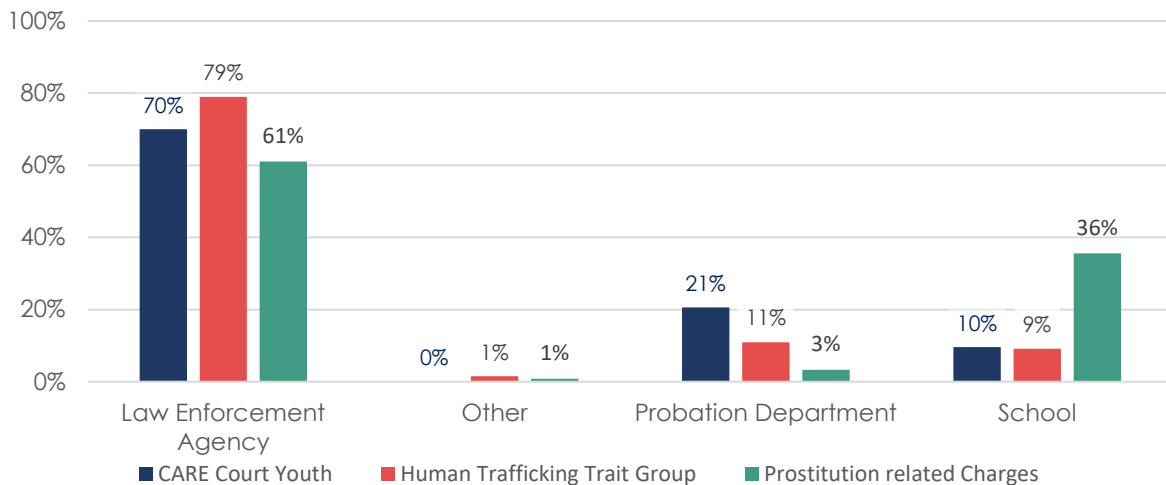
**Types of offenses show subtle but important differences between the three groups.** We begin by looking at the alleged offense during the referral in which the sex-trafficking victimization was identified for each of the groups. Although the vast majority of youth in all groups were referred for a misdemeanor offense, a more detailed look reveals important differences. As shown in Figure 3, offenses for youth in the CARE Court program are heavily tilted toward drug-related and other misdemeanors. In contrast, nearly 19% of those in the prostitution charges group were referred for an against-person felony. Compared to the other two groups, the HT trait group is much less likely to be referred for a drug misdemeanor.

**Figure 3: Offense type, by group**



**Key differences in referral source.** The group with prostitution-related charges is much more likely to be referred by schools: more than a third of youth in this group as compared to 10% or less of each of the other two groups. In contrast, four out of five in the HT trait group and 70% in the CARE Court group were referred by law enforcement (Figure 4). More than 20% in the CARE Court group were referred for a violation of probation (VOP), as opposed to only 3% in the prostitution charges group. These differences reflect the differential level of involvement with the system for youths in each of the three groups.

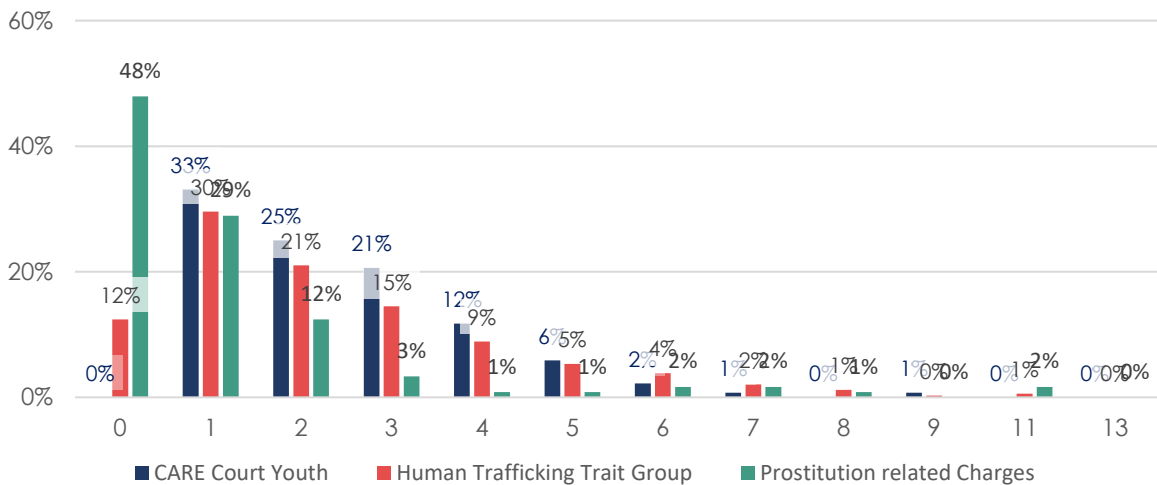
**Figure 4: Referral source, by group**



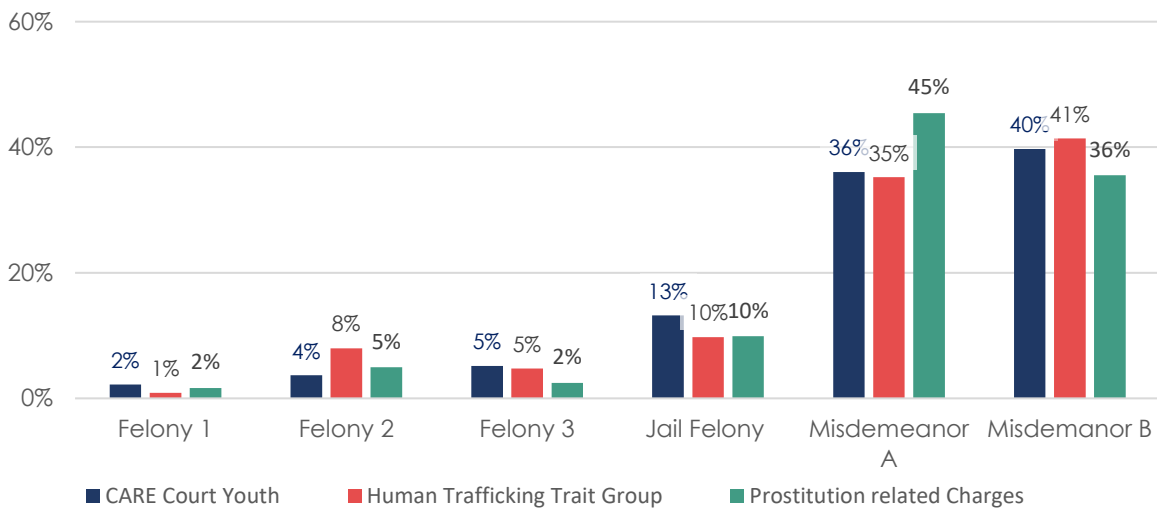
**Substantial differences in prior involvement with the system.** Youth in the prostitution-related charges group are much more likely than youths in the other two groups to have no prior justice involvement. As shown in Figure 5, nearly half of them (48%) have had no prior contact with the system. In comparison, only 12% in the HT trait group and none in the CARE Court group had had no prior involvement. This difference in the degree of prior involvement is the most salient and relevant difference we found between the three groups. This fact highlights the potential of using prostitution-related charges as a way of identifying sex-trafficking victims, which may allow the Court to reach beyond the youth currently served under the CARE Court and CARE Consult programs, or to reach youths who would eventually participate in them, but at an earlier stage in their involvement with the system.

A similar pattern can be seen when we look at the number of prior felonies, misdemeanors, and VOP referrals. As shown in Figures A3 through A5 (appendix), the group with prostitution-related charges has a substantially lower level of prior involvement, when compared to the other two groups. Notably, even though the HT trait group has fewer prior interactions with the system than the CARE Court group, the profiles of these two groups are remarkably similar.

**Figure 5: Number of prior juvenile justice contacts, by group**



**Figure 6: Offense category for youth’s first referral, by group**

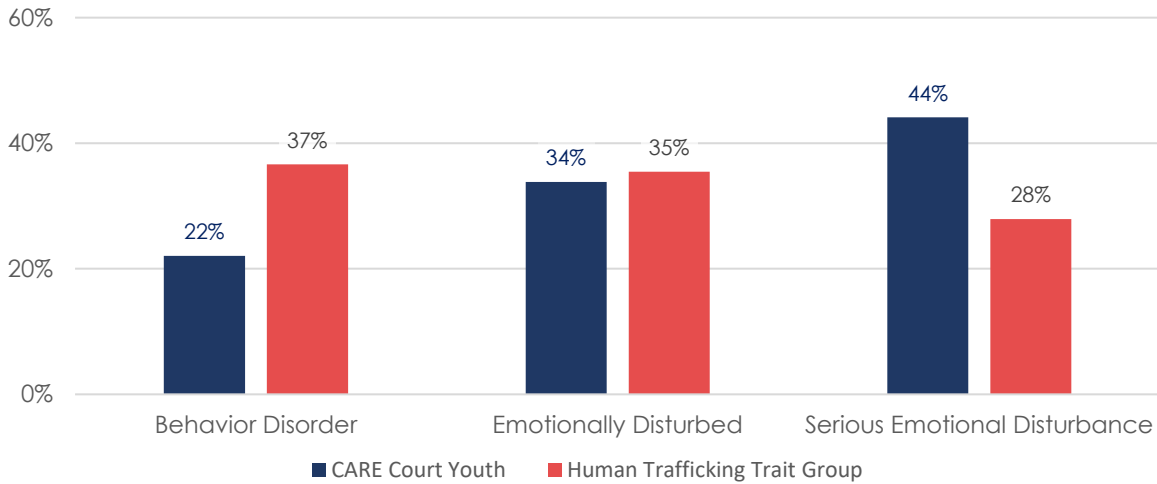


**Similar offenses during initial contact.** Despite the substantial differences in prior involvement, the characteristics of the first offense for youth in the three groups are similar. As shown in Figure 6, although the proportion of youth with a felony of any kind in their first referral is smaller for the prostitution-related charges group than the other two groups, most youths in either group were initially referred for a misdemeanor offense. Thus, the differences with respect to the number of prior contacts seem to stem more from the stage of involvement when the HT risk is identified, than substantial differences in the profiles of youth in the different groups.

### Psychological assessments

**The prevalence of psychological issues is different across groups.** Finally, in Figure 9 we look at psychological issues as assessed by Court or HCJPD clinicians for the CARE Court and HT traits group. The third group, youth with prostitution-related charges, are by construction not regularly assessed. Thus, we do not include data for them. We have grouped DSM-V diagnosis into three categories: behavior disorders, emotional disturbances, and serious emotional disturbances. As shown in Figure 9, there are important differences between the two groups. Relative to the HT trait group, the CARE Court group is more likely to have a serious emotional disturbance and less likely to have a behavior disorder. These differences highlight the importance of a differential approach to both groups.

**Figure 9: Psychological diagnostic categories (DSM), by group\***



\* Note: Diagnostic categories are based off of DSM-Axis 1 diagnostics and are designed to be mutually exclusive. Groupings developed by HCJPD under the supervision of Dr. Diana Quintana.

**Similar IQ distribution for CARE Court and Human Trafficking traits.** Figure A8 in the appendix compares the distribution of IQ for youths in each of the three groups.<sup>4</sup> As the left and center panels show, cognitive abilities are similar for the CARE Court and HT trait groups. However, due to an extremely small sample size for the prostitution-related charges group, we can't draw conclusions regarding the differences between this and the other two groups.

<sup>4</sup> IQ is measured by six different types of IQ assessments: Kaufman Brief Intelligence Test 2nd Edition (KBIT-2), Test of Nonverbal Intelligence Fourth Edition (TONI-4), Test of Nonverbal Intelligence, Third Edition (TONI-3), Wechsler Intelligence Scale for Children Fifth Edition (WISC-V), Wechsler Abbreviated Scale of Intelligence (WASI), and the Wechsler Abbreviated Scale Intelligence Second Edition (WASI-II). All of these IQ assessments are used to assess both specific and overall cognitive capabilities.

### 3. Analysis of CARE Court participants and their outcomes

Having characterized the groups currently targeted by CARE Court - through its traditional program and the CARE Consult mode- and a potential third group of sex-trafficking victims, we turn our attention to outcomes of participants in the CARE Court program. At the end of this section, we will return to the group comparison to assess the prevalence of recidivism among the three groups of youth we have analyzed.

#### Background and program participation

**Table 2: Characteristics related to victimization for CARE Court participants**

	Number	Percent
<b>Sex of Pimp</b>		
Both Male and Female	5	3.68
Female	5	3.68
Male	64	47.06
N/A	62	45.59
<b>Primary Prostitution</b>		
Back page	16	11.76
Dancer/Cantina	11	8.09
Internet	12	8.82
Spa	1	0.74
Street	61	44.85
N/A	35	25.7

We identified 136 youth, all of them female, who participated in CARE Court between 7/25/2011-2/28/2022. As shown in the previous section, more than 70% of them were initially referred to the system when they were 14 years old or older, and had already been involved with the system multiple times before entering the program. According to data provided by

CARE Court, the disposition associated with their participation is typically placement (67%), followed by probation (26%). Only 7% of participants were on Deferred Adjudication at the time of their participation.

**Male traffickers and street prostitution are the most common profile.** Table 2 details some characteristics related to youth victimization. From the information available, the participants' involvement in prostitution typically takes place in the street, with more than 45% of youths reporting this as their primary location for prostitution (60% of those with a known location). Internet-based spaces, including Backpage, accounted for 20% (26%) of all youths.

**Sex trafficking and other risk factors tend to precede justice involvement.** Table 3 shows that, while the average age at first referral (i.e. first formal involvement with the juvenile justice system) is 14.2 years old, the average age the youth became a victim was only 13.9 years. In fact, when we compare the age at which participants became victims and the age at the time of the first referral, 31% became victims at a younger age and 35% at the same age as their first referral.<sup>5</sup> Although the unique characteristics of youth's history may reveal specific causal links, on an aggregate level, these statistics highlight the relevance of these youths' victimization as a significant contributor to their justice involvement. The average age at first drug use (12.9 years old), on the other hand, underscores that many CARE Court participants were already involved in risky behavior before they became victims. This fact points to other factors, beyond their direct victimization, contributing to their involvement with the juvenile justice system.

**Table 3: Timing of victimization, risk factors, and involvement with the system**

	N	Mean	S.D.
Age at first referral	136	14.19	1.30
Age at first drug use	117	12.90	1.57
Age became a victim	86	13.93	1.79

**Average participation is roughly one-year long, with mental health support common component.** On average, each participant was involved in the program for 385 days, as shown in Table 4. However, there is a significant amount of variation in duration. While 25% of participants concluded their participation before 290 days, another 25% were involved for more than 463 days. During their participation, mental health support was often provided to

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<sup>5</sup> We don't have exact dates for when they first became victims. For those of the same ages at first victimization and first referral, it is unclear which event happened first.



participants. 41% of youth for whom information is available received care from a psychiatrist, while at least 15% received counseling.<sup>6</sup>

**Table 4: Duration of CARE Court participation**

	N	Mean	S.D.	25th	75th
Days from CARE Court entry to exit	130	385.65	174.50	290	463.25

**Table 5: Mental health support received as part of CARE Court**

	Number	Percent
<b>Psychiatrist</b>	--	--
NO	41	30.10
Yes	56	41.20
Unknown	39	28.70
<b>Counsel and Closed (CAC)</b>	--	--
No	83	61.03
Yes	21	15.44
Unknown	32	23.53

### Success and recidivism outcomes

There are potentially multiple ways of determining whether participation in the program was successful. Indeed, the definition of success may depend on a particular youth’s case and history. CARE Court utilizes its own measure of success, which we reproduce for reference at the bottom of Table 6. According to this measure, 82% of participants successfully completed the program. To contribute to the assessment of success, we now recidivism-based measures of success.

In general, we analyze two types of measures: whether there was a referral filed for a violation of probation (VOP) and whether there was a new offense while the youth was in the program.

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<sup>6</sup> Given the large share of participants for whom care is unknown, the share who did receive mental health support is likely larger than the reported numbers.

We then expand these measures to analyze VOPs and new offenses after the conclusion of their participation in the CARE Court program.

By any measure, a majority of participants successfully went through the program. As shown in Table 6, roughly 55% of participants did not have a VOP or were rearrested during their participation. Only a small fraction of unsuccessful cases (11%) involved a new offense during participation. Roughly 13% of youths had a new offense after their participation. The severity of these offenses is presented in Table A2. As shown there, there is no discernable pattern that points to a common or typical offense. An additional 5% of participants had a VOP after their participation, although this low rate of VOPs likely reflects the fact that probationary periods tend to end with program participation.

Overall, even if the true impact of the program is impossible to gauge from this data alone, the fact that only 13% were arrested for a new offense after program participation suggests a potential impact, given that most participants had various previous contacts with the systems and thus would have been expected to have a high risk of recidivating. Nevertheless, this suggestion cannot be confirmed, nor quantified, from this descriptive analysis alone.

**Table 6: Various measures of successful participation in CARE Court**

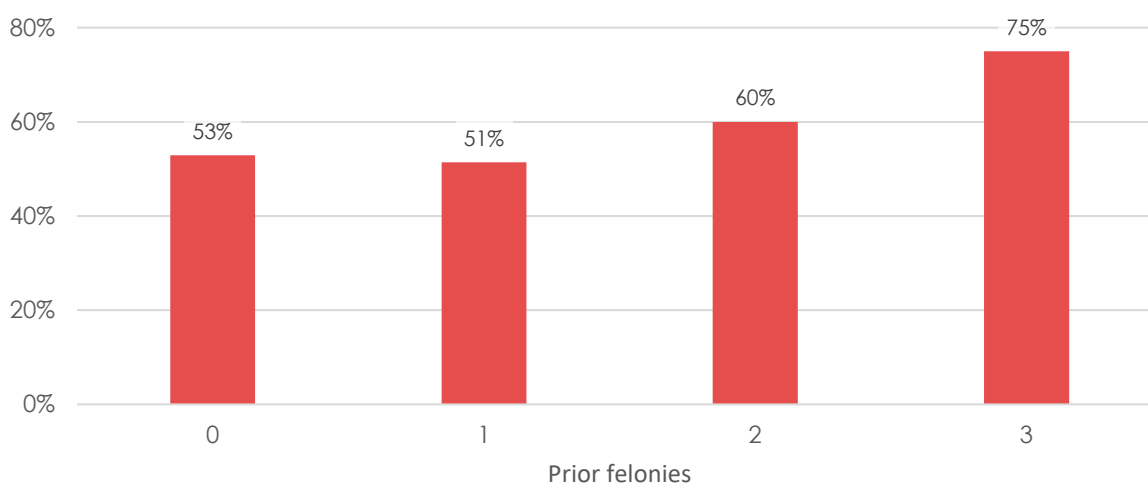
Measure	Percent
No VOP during CARE Court participation	60.29
No VOP or re-arrest during CARE Court participation	55.88
Success as assessed by CARE Court staff	82.31

**Table 7: New referrals during and after participation in CARE Court**

Measure	Percent
VOP during CARE Court	39.71
New offense during CARE Court	11.76
VOP after CARE Court	5.15
New offense after CARE Court	13.24

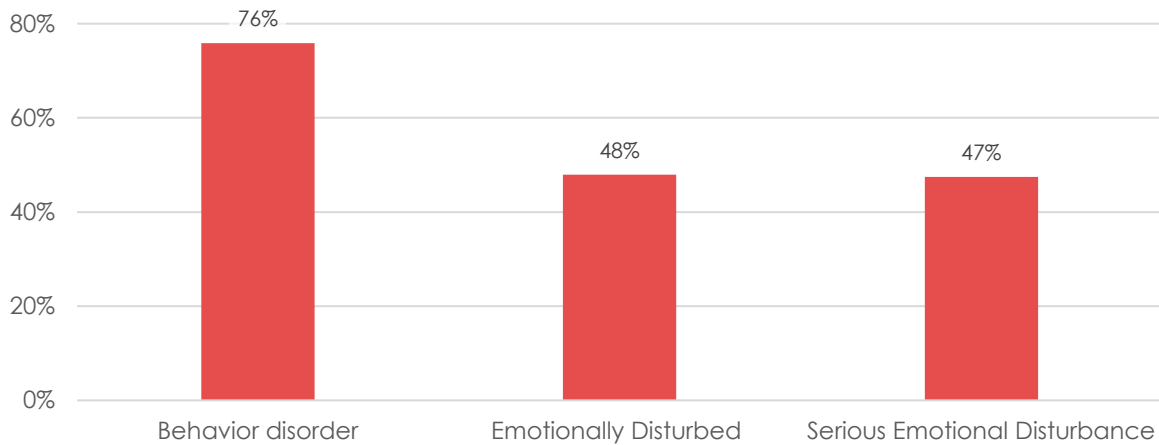
We now explore whether some youth characteristics are associated with higher or lower chances of success, as measured by these recidivism outcomes. To motivate this analysis, Figures 10 and 11 show a particular measure – whether there was a VOP or a new arrest either during or after the program - disaggregated by the number of prior felonies (Figure 10) and the DSM diagnostic categories (Figure 11) we previously introduced. These two variables were selected simply as examples. As shown in Figure 10, there is some association between the number of prior felonies and the likelihood of a negative outcome, although the likelihood of a negative outcome does not increase with the number of prior felonies as strongly as one could have expected. With respect to DSM diagnostic categories in Figure 11, youth with behavior disorders are significantly more likely to have a negative outcome than those in the other two categories.

**Figure 10: Rearrest or VOP by number of prior felonies**



To explore these and other associations in a more rigorous way, Table 8 shows the results from multivariate regressions of two different outcomes on the set of variables we have discussed in this report. Columns 1 and 2 show the results using a BOP or rearrest during CARE Court, while columns 3 and 4 expand this definition to include VOPs and rearrests after participation as well. These regressions measure the associations between these variables and the different outcomes after accounting for the fact that the multiple variables may be related between them as well (e.g. that certain disorders may also be more common among girls with prior felonies) to allow us to disentangle each variables association. The odds ratios (columns 1 and 3) show whether the characteristic (e.g. race/ethnicity being Hispanic) is associated with a higher (larger than 1) or lower (smaller than 1) likelihood of a negative outcome.

**Figure 11: Rearrest or VOP by DSM diagnostic categories**



The results in Table 8 show that, as suggested by Figure 11, youths with emotional disturbance or a serious emotional disturbance were less likely to have a negative outcome, when compared to those with a behavior disorder.

Having a first referral at an older age is strongly associated with a negative outcome. When analyzing negative outcomes during participation only, an additional year in the age at first referral is associated with increased odds of recidivating by a factor of 1.77 (or a 77% increase in the odds of a youth recidivating during care court). However, the association is weaker when we expand the outcomes to include recidivism after CARE Court participation (1.2 odds ratio, which is not statistically significant).

On the other hand, youth who start CARE Court at older ages are less likely to recidivate. A one-year increase in the age of the youth, when they began CARE Court, is associated with a 0.33 odds ratio, or a 67% decrease in the odds of a youth recidivating during the program. Results are similar when we expand the outcome to include recidivism after participation. To interpret these results, it is important to recall that the regressions account for the associations in other variables. Thus, even if girls who were older at the time of their first referral are more likely to have a negative outcome after we account for this association, we find that older girls at the start of the program are significantly less likely to recidivate. This finding likely points to older youth's degree of readiness to engage in the demanding changes required to alter their life trajectories and suggests a potential need for differential treatment of younger participants.

Although this association is not statistically significant (likely a consequence of our small sample size), it is worth noting that girls whose first offense was a felony were less likely to have a negative outcome, when compared to those whose first offense was a misdemeanor. However, a larger number of prior felonies, as suggested by Figure 10, is associated with a higher likelihood of recidivism. Likewise, the number of prior VOPs is strongly associated with a

negative outcome. Thus, the specific trajectory, rather than the characteristics of the initial interaction with the system, seem to be predictive of a lower likelihood of success.

**Table 8: Characteristics associated with rearrests or VOPs. Multivariate regressions.**

	VOP or rearrest during CARE Court		VOP or rearrest during or after CARE Court	
	Odds ratio	S.E.	Odds ratio	S.E.
Race (reference: African American)	--	--	--	--
Hispanic	0.57	0.26	0.64	0.30
White	0.49	0.31	0.37	0.23
DSM Axis 1a category (reference: Behavior Disorder)	--	--	--	--
Emotional Disturbed	0.55	0.31	0.42	0.25
Serious Emotional Disturbance	0.32*	0.20	0.24*	0.14
Age at first referral	1.77*	0.51	1.20	0.33
Number of prior Misdemeanor Offenses	1.22	0.30	1.05	0.24
Number of prior Felony offenses	1.58	0.66	2.54*	1.20
Number prior VOP offenses	2.62*	0.98	2.20*	0.82
Number of days in detention prior to start of CARE Court	0.99	0.01	0.99	0.01
Age at start of CARE Court	0.33***	0.10	0.37**	0.12
Last grade completed	1.12	0.24	1.30	0.29
First offense was a Felony	0.32	0.25	0.25	0.21
Year the case was processed (reference: 2011-2014)	--	--	--	--
2015-2017	0.53	0.28	0.48	0.30
2018-2021	0.84	0.41	0.52	0.26
	$\chi^2 = 31.46^{**}$		$\chi^2 = 38.20^{**}$	
	R <sup>2</sup> =0.17		R <sup>2</sup> =0.20	
	N=136		N=136	
Note: *p <.05 **p<.01 ***p<.001				

## Comparison of recidivism outcomes with other groups of victims of sex trafficking

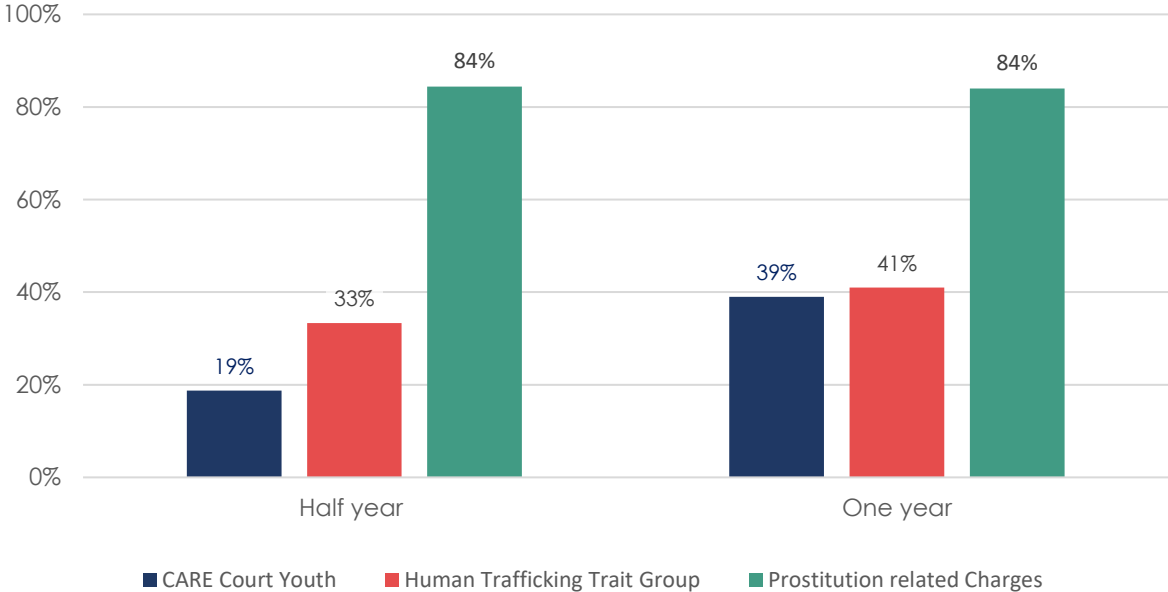
We conclude our analysis by using the same regression framework to compare the outcomes of the three groups of youth we analyzed in Section 2. To conduct this analysis, however, we need to redefine the outcomes, as the distinction between outcomes during or after participation is not defined for youth who never participated in CARE Court. Thus, Figure 12 and Table 9 compare recidivism within 6 months and within a year of the offense associated with the referral in which each group was identified (i.e. the referral associated with participation in CARE Court, with the HT trait, or with the prostitution charge). We focus on new offenses only, as VOPs are unlikely for youth in the prostitution-related charges group, who typically have no prior contact with the system, as shown in Section 2.

Figure 12 shows striking differences between the three groups. Those with prostitution-related charges are substantially more likely to have a new offense than the other two groups. This result is similar, regardless of the timeframe used to measure the outcomes. However, as we showed in Section 2, these three groups differ on a wide range of characteristics, including their prior involvement with the system. To account for those differences, we compare the groups in a multivariate regression framework, similar to the one we used in Table 8.

Table 8 analyzes the same two outcomes in Figure 12, namely recidivism within 6 months (half year) and one year of the originating referral. Because of the differential timing when these groups are identified (e.g. CARE Court started earlier than when the HT trait became available), we include two versions of each of these models, in which we account for time differences in outcomes in different ways. Results are qualitatively similar across versions.

Overall, the patterns in Table 9 are consistent with those discussed in Table 8. Notably, recidivism is more likely in recent years, underscoring the need to properly account for time differences. With respect to group differences (the goal of this Table), the results confirm the patterns outlined in Figure 12. Girls in the prostitution-related charges group are between 4 and seven times more likely to recidivate than CARE Court participants. This difference may capture, in part, any potential impact of CARE participation. However, we reiterate that this conclusion cannot be immediately drawn from this analysis alone. The key conclusion from this comparison, however, is the overwhelming risk of recidivism for this newly identified group of youths (prostitution-related charges), and the clear opportunity to address their needs to prevent further involvement with the system.

**Figure 12: New offense within 6 months and one year of originating referral, by group**



**Table 9: Group comparison of new offenses. Multivariate regressions.**

	On year recidivism V1		On year recidivism V2		Half year recidivism V1		Half year recidivism V2	
	Odds ratio	S.E.	Odds ratio	S.E.	Odds ratio	S.E.	Odds ratio	S.E.
Race (Reference African American)	--	--	--	--	--	--		--
Hispanic	1.75	0.94	1.04	0.49	0.99	0.52	1.25	0.68
White	2.43	1.69	1.61	1.10	1.22	1.12	1.51	1.34
Age at first referral	0.31***	0.08	0.39***	0.09	0.41***	0.10	0.38***	0.10
Count prior Misdemeanor Offenses	1.38	0.28	1.17	0.26	1.25	0.32	1.36	0.33
Count prior Felony offenses	0.80	0.23	0.83	0.26	0.83	0.24	0.83	0.22
Count prior VOP offenses	1.86*	0.57	1.67	0.47	1.22	0.40	1.30	0.43
Number of days in detention prior to start of CARE Court	0.99	0.01	0.99	0.01	1.00	0.01	1.00	0.01
Last grade completed	0.82	0.21	0.90	0.22	1.15	0.30	1.12	0.29
First offense Felony	1.07	0.76	0.84	0.55	1.28	0.91	1.43	1.03
Year the case was processed (reference 2011-2017)	--	--	--	--	--	--	--	--
2018-2021	--	--	2.06*	0.64	2.62*	1.20	--	--
Year the case was processed (reference 2011-2014)	--	--	--	--	--	--	--	--
2015-2017	48.70	104.62	--	--	--	--	10.30	22.94
2018-2021	95.48*	191.72	--	--	--	--	34.53	72.13
Group comparison (Reference CARE Court youth)	--	--	--	--	--	--	--	--
Human Trafficking Trait Group without CARE court involvement	0.62	0.32	0.65	0.32	0.80	0.51	0.50	0.50
JOT without Human Trafficking Trait	4.74	5.23	1.86	1.58	4.77	4.07	7.61*	7.77
	$\chi^2 = 35.71^{**}$		$\chi^2 = 34.78^{**}$		$\chi^2 = 22.28^*$		$\chi^2 = 21.85$	
	$R^2=0.29$		$R^2=0.24$		$R^2=0.27$		$R^2=0.27$	
	N=127		N=127		N=127		N=127	
Note: *p <.05 **p<.01 ***p<.001								



## 4. Conclusion

Recently, CARE Court has aimed to expand its services beyond the limited set of youths who traditionally participated in its program. As a result, other victims of sex trafficking who are involved with the juvenile justice system have received support through the CARE Consult mode. To aid the Court in its goal to reach other sex trafficking victims who may currently remain outside of the purview of the Court, we used charge-level information to identify a third group of youth who are likely sex-trafficking victims but currently are not involved with CARE Court under any of the existing modes.

We conducted a detailed comparison of these three groups of justice-involved youths (CARE Court participants, the target population for CARE Consult, and girls with prostitution-related charges). Overall, this comparison suggests the three groups are very similar along many, but not all, background characteristics. For example, while the age at first referral is similar across groups, girls with prostitution-related charges tend to be younger at the time their sex-trafficking victimization is identified, as compared to when CARE Court participants begin their participation. This foreshadows the key difference between groups, which is their degree of prior involvement with the system. Specifically, while CARE Court participants typically have had repeated interactions with the system prior to their participation, the prostitution-charges group typically had no prior contact with the juvenile justice system.

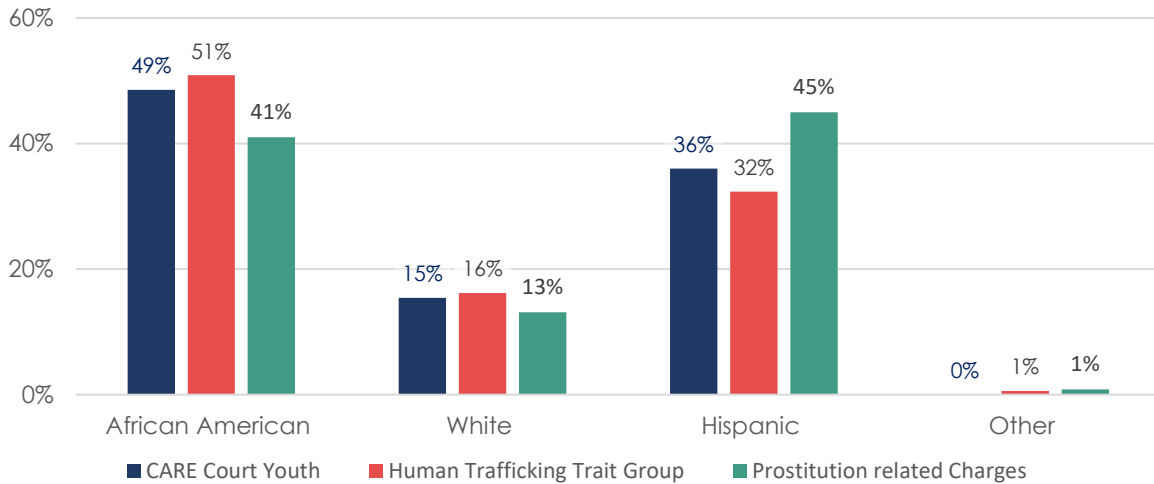
The lack of prior involvement for the prostitution-charges group suggests that using charge information to identify sex-trafficking victimization may be an effective way to reach youth earlier in their cycle of involvement with the juvenile justice system. However, some of the differences uncovered by our analysis, such as results from psychological assessments or the typical referral source, point towards the need for a differential approach if a mode to reach this group of youth was developed.

In the second part of our report, we analyzed various measures of recidivism to assess CARE Court participant's success. A majority of participants did not have a VOP or new arrest while they participated. However, some of the participants had new arrests after their participation. We examined whether any youth characteristics were associated with a higher chance of recidivism. Our results indicate that youths with a behavior disorder were more likely to recidivate than those with an emotional disturbance or a serious emotional disturbance. Girls who were older when they first became involved with the system were also more likely to recidivate. However, after accounting for this difference, we find that girls who started CARE Court at older ages were less likely to recidivate. These results may help inform differential approaches for some groups of youth (i.e. younger girls) within the traditional CARE Court program.

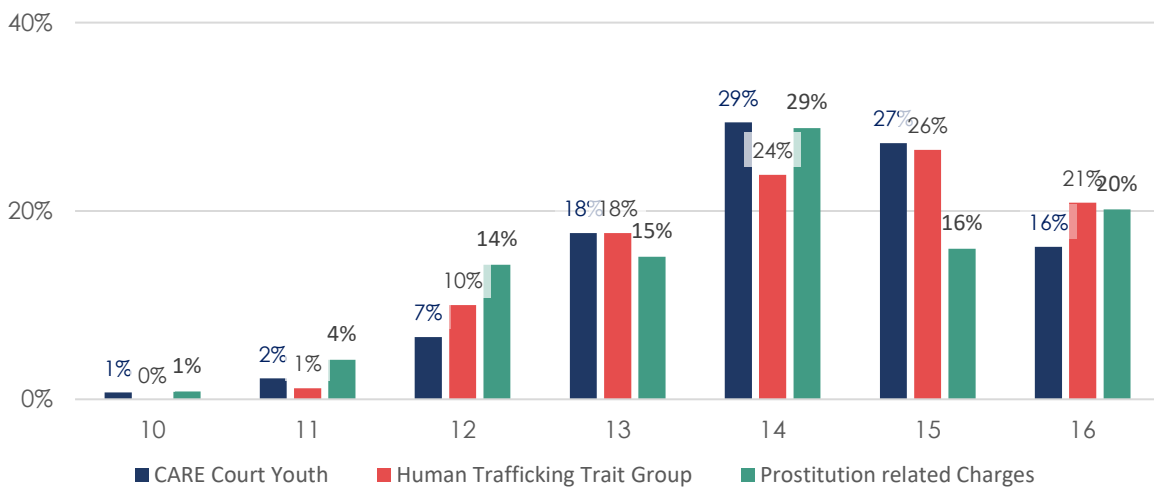
A comparison of recidivism outcomes between the three groups of girls showed that those in the group with prostitution-related charges were far more likely to be rearrested than those in the other two groups. Again, we interpret this as a potential opportunity to engage this group of youths earlier in their involvement, and potentially help prevent further involvement with the system. However, we are aware that any decision involving expanding the reach of CARE Court requires considering more elements than the ones we discuss here, such as the capacity to deliver services and the readiness of potential participants, among other factors. We hope that the information we provide in this report contributes to the Court's success in providing support to justice-involved youth who are victims of sex trafficking.

## Appendix: additional figures and graphs

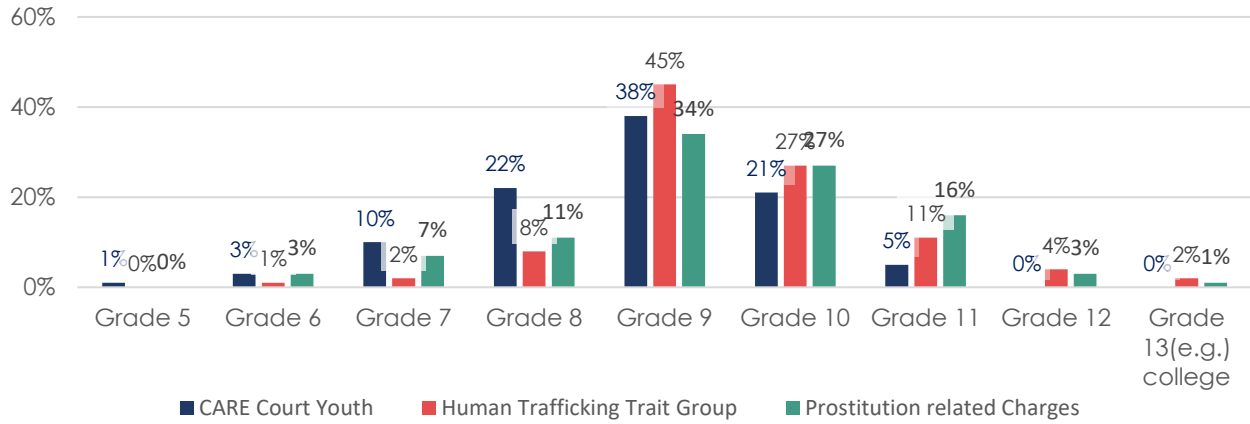
**Figure A1: Race and ethnicity, by group**



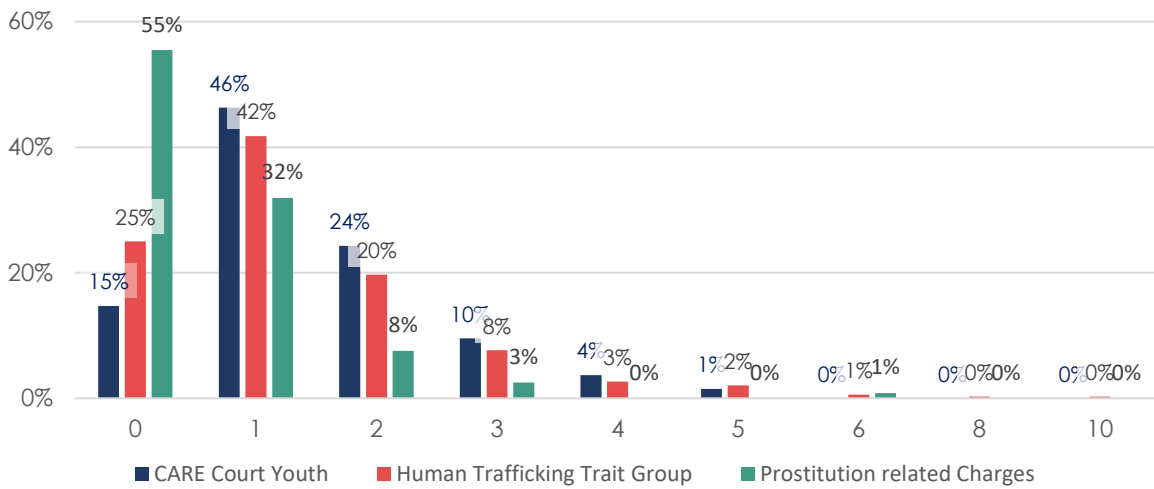
**Figure A2: Age at time of first referral, by group**



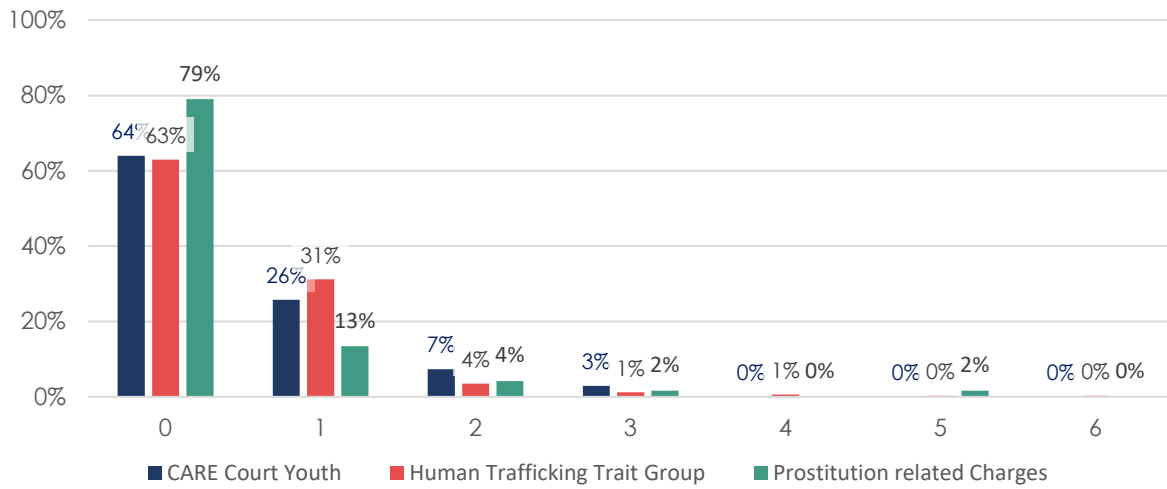
**Figure A4: Last grade completed, by group**



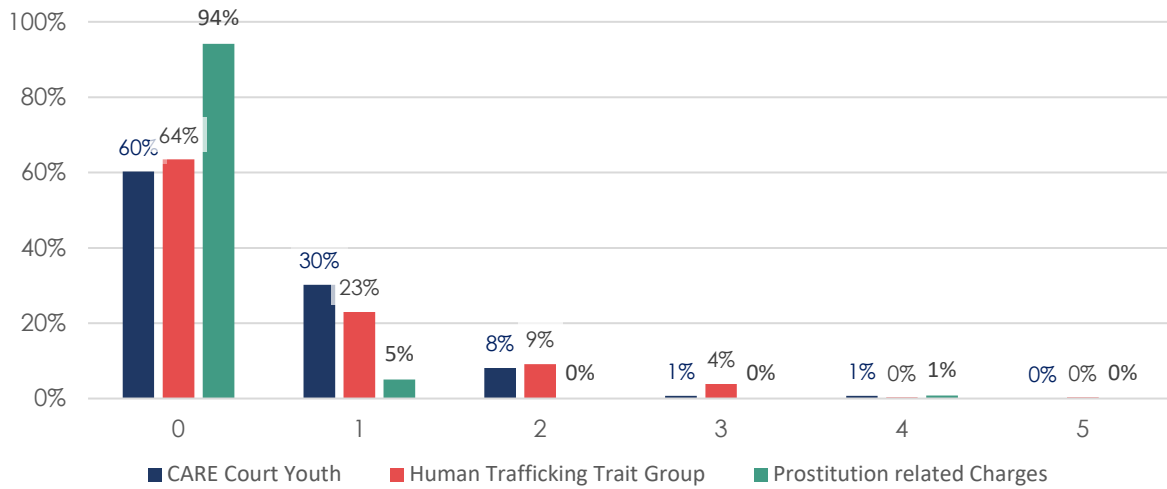
**Figure A5: Number of prior misdemeanor referrals, by group**



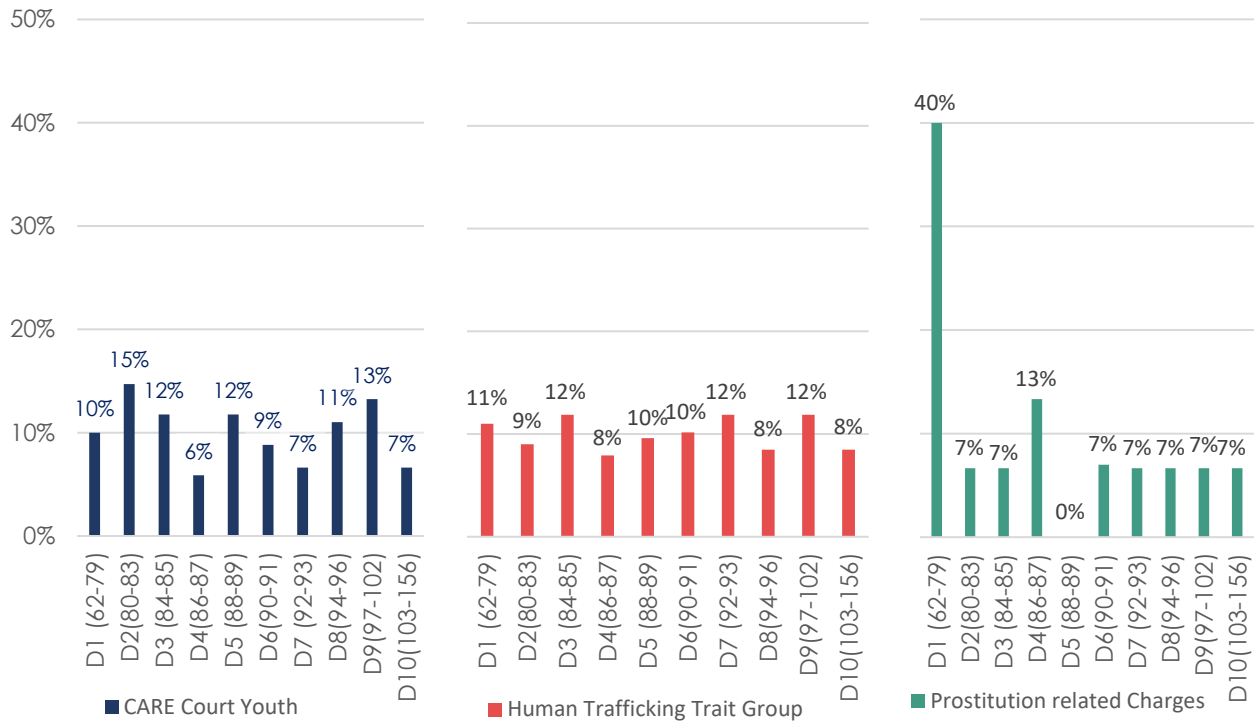
**Figure A6: Number of prior felony referrals, by group**



**Figure A7: Number of prior violations of probation, by group**



**Figure A8: IQ scores, by group**



Note: IQ is assessed only for youths who have been detained (at least 48 hours). This requirement limits the conclusions that can be reached from these charts. Specifically, an IQ assessment is available for every youth in the CARE Court Group. For the Human Trafficking trait group, 136 youths had an assessment, while 163 did not. For the prostitution-related charges group, only 15 have an IQ assessment in their case files. Thus, small sample sizes are likely contributors to the substantial difference in the percentage of youth with very low IQ.

**Table A1: Time spent in pre-adjudicated detention, by group**

Group	N	Mean	S.D.	25 <sup>th</sup>	75 <sup>th</sup>
CARE Court Youth	136	58.88	44.84	25	81.75
Human Trafficking trait group	340	53.60	65.90	7.25	70.75
Prostitution related Charges without Human Trafficking trait	119	20.90	63.72	0	3

**Table A2: Offense severity for rearrests after CARE Court participation**

After Offense severity	Percent
Against Person Felonies	10
Against Person Misdemeanors	15
All other Felonies	5
All Other Misdemeanors	20
Drug Misdemeanors	20
Property Misdemeanors	10
Technical Violations	15
Weapon-Related Misdemeanors	5