

6-2016

## Experiences, Challenges, and Resiliency Among Survivors of Domestic Minor Sex Trafficking

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EXPERIENCES, CHALLENGES, AND RESILIENCY  
AMONG SURVIVORS OF DOMESTIC MINOR  
SEX TRAFFICKING

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Coleen Deermer

June 2016

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## ABSTRACT

This qualitative study sought to explore the personal experiences of those who have been victims of Domestic Minor Sex Trafficking (DMST), the challenges they faced as they transitioned into survivors, and the factors they attributed to their resiliency. DMST victims are among the marginalized populations enduring social injustices within our communities. Social workers seek to serve these individuals, and yet they are just one part of the system of helping professionals that will encounter these victims. The interactions that DMST victims have with each entity of the system makes a difference in the recovery process as they become a survivor.

Much of the research that had previously been conducted focused on the therapist's perspective of DMST as experienced through their own therapeutic relationships with the victims. In contrast, the primary goal of this research was to focus on the perspective of those who had been victims of DMST so those in the helping professions can more effectively help these individuals. In order to achieve such goals it is essential to build a foundation of knowledge. This involves providing educational aspects to understand the scope of the problem and the dynamics of the trafficking relationship. In the case of this research, the victims themselves provide the knowledge that was gained through their participation. In addition, the research participants were able to express their perspective of both effective and ineffective aspects of their recovery, as well as

what modifications could be made to improve the experiences of those who have been DMST victims in the process of becoming a survivor.

Despite the differences in the experiences of the participants, this research revealed major themes in terms of dysfunctional family dynamics in childhood, a lack of recognition of the signs of trafficking, a lack of appropriate recovery services, and provided insight into helpful strategies that could be implemented to improve the process as these individuals transition from victim to survivor. The personal experiences within the specific themes and categories provide beneficial knowledge for those involved in the helping professions as they encounter victims of DMST.

## ACKNOWLEDGEMENTS

First, I acknowledge April Schiller, who has a contagious passion for DMST victims; it was that passion in her which ignited my own. Her heart for becoming involved in educating others on DMST and being part of the journey of recovery as these victims become survivors is inspirational. Her positive interactions with survivors and experts in this field built bridges without which this research would not have been possible.

Secondly, I acknowledge Carissa Phelps, whose story inspired the direction of this research. Thank you for your willingness to be vulnerable and transparent in sharing your experiences and for your dedication to making a difference in this world. Your drive and determination is truly inspiring. This acknowledgement would be amiss without also acknowledging Ron Jenkins, whose devotion to making an impact on those he worked with was tremendously influential in stirring the thoughts within my mind about the impact our approach has on those we desire to help.

In addition, I acknowledge Opal Singleton and Anne-Michelle Ellis, who have valuable expertise in the field and despite their busy schedules took time to help me gain greater insight and understanding into DMST. I greatly appreciate the effort these ladies, along with April Schiller and Peggy Stapleton, made to help me make connections to appropriate participants for this research.

## DEDICATION

This research is dedicated to the survivors of Domestic Minor Sex Trafficking who were willing to share their experience to help others. To say that your story is valuable is an understatement. You are among the strongest, most resilient people I have encountered and your firsthand knowledge provides unparalleled insight into the depths of this injustice. Thank you for your dedication to making a difference in the lives of others.



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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Human trafficking is one of the fastest growing criminal activities in the world. It is estimated to be a \$44.3 billion-a-year global industry, second only to drug trafficking. Researchers have projected there are as many as 27 million human trafficking victims worldwide (Jordan, 2013). As crude as it is to say, in the view of traffickers, it is more profitable to sell people because when they sell drugs, the product is purchased once and then has to be replaced with more products. When traffickers sell people, they are able to sell the same “product” repeatedly and profit off the sale each time (Singleton, 2014). Contrary to the popular belief that human trafficking is an issue that only takes place internationally, it is also thriving right here in the United States.

A report by Attorney General, Kamala D. Harris and the California Department of Justice, “72% of trafficked persons in California identified the United States as their country of origin.” Statistically speaking, California has some of the highest national incidences of sex trafficking within San Diego, Los Angeles, and San Francisco (caseact.org).

According to Opal Singleton, President and CEO of Million Kids, sex traffickers often sell victims at an average age of twelve to fourteen years old. The numbers of victims have continued to increase each year. Although, as is

the case with many criminal activities, it is difficult to determine the actual statistics because a number of victims are unable or unwilling to report what they have experienced (Singleton, 2014).

Cole and Sprang (2015) address considerable complications when it comes to DMST research due to multi-faceted attempts to keep this issue hidden. Often there is a lack of awareness among those in the helping professions regarding how to accurately identify a situation that involves sex trafficking. When these scenarios are misread or dismissed as being less of a problem than they actually are, this significantly hinders the efforts to provide services for this population (Cole & Sprang, 2015). The victims have often formed what is referred to as a trauma-bond, which is also known as Stockholm syndrome. This phenomenon can occur in hostage situations, when the victims begin to sympathize or empathize with the very person who is holding them hostage and choose to protect them rather than make any attempt to escape (Hardy, Compton, & McPhatter, 2013).

While there have been some policies implemented to deal with the problem of Domestic Minor Sex Trafficking (DMST), this varies among states and often times a lack of funding hinders education efforts. For example, in 2012, California passed a proposition that included mandatory training on DMST for law enforcement. However, in an interview with Officer Aaron Jones of San Bernardino County Police Department, who heads the department's trafficking division, he reported that to date the training is optional due to a lack of funding.

Therefore, many officers have not taken the time and do not see the need to educate themselves on this issue (A. Jones, personal communication, May 27, 2015).

There is also a need for funding for safe houses and facilities that are equipped to handle the challenges involved in the multi-faceted treatment for these victims. These individuals have often endured extensive manipulation and multiple traumatic experiences of abuse that was meant to humiliate and degrade them (Johnson, 2012) and yet, they may not even see themselves as victims.

Hardy, Compton, and McPhatter (2013), discuss the similarities between survivors of sex trafficking and survivors of other violent crimes that are meant to dominate their victims in multiple circumstances. The added trauma of seclusion or confinement from anything that resembles normal functioning, results in a unique dynamic, which means that this population has specific needs that will need to be addressed. (Hardy, Compton, & McPhatter, 2013, p. 10) In working with these individuals, we need to be aware of the complexity of the trauma that they have suffered while being held captive. These survivors have likely endured repeated and prolonged “entrapment, relocation, exposure to the abuse of others, and extended physical, sexual, a psychological abuse” (Hardy et al, 2013, p. 11).

As professionals within the helping field, we have a responsibility towards implementing ethical practices with our clients, this includes becoming educated on the injustices that we are likely to encounter. If we lack awareness about how

to identify these individuals and how to help them we will be subjecting them to further trauma. The majority of studies that have been conducted have focused more on quantitative research. The few that used a qualitative approach, have primarily interviewed professionals who were involved in the treatment process.

### Purpose of the Study

The purpose of this study is to examine the experiences of those who have survived DMST and to learn what factors helped and/or hindered them in their process of moving from victim to survivor. While there has been significant research on DMST, there have been few studies that utilized a qualitative approach; instead they have been focused on the statistics of quantitative studies. While this research has been beneficial, it lends itself to the desire of social workers go beyond the numbers and dig deeper to gain a greater understanding of the complexities involved in this social injustice. Much of the previous research has also concentrated on the service provider's perspectives of what the victims experienced and/or what methods they have found most effective in working with this population. The goal of this researcher is to get the perspective of those who have successfully moved from victim to survivor, and discover, in their words, what aspects of their experience enabled them to make that transition.

The research method I will employ will involve a qualitative approach. This will allow for the perspectives of the survivors of sex trafficking to discover what

aspects of their transition from victim to survivor they found to be beneficial, what aspects they found to be the least beneficial or did more harm than good, and what aspects they feel were neglected. The focus will be on those individuals who have been through the recovery process and have become at least somewhat accustomed to sharing their story with others as an effort towards preventative education and may be working with this population to help others through this same process. My focus will be on this particular group so as to ensure that I am not re-traumatizing these survivors in my research efforts.

One of the biggest issues with DMST is the ability of those within the helping professions to accurately identify victims of trafficking; instead these individuals are often seen as being defiant and/or promiscuous youth. Those who are more likely to come into contact with these victims need to understand the background of the problem and the level of manipulation traffickers have used on their victims. Often, these individuals will not initially see themselves as being victims, therefore, social workers and others within helping professions, need to be aware of just how complex their trauma has been.

Children, teenagers, and young adults are being targeted to become victims of this crime. Social workers are often interacting with at-risk populations within child welfare, medical settings, shelters, and the criminal justice system. Therefore, they need to be attentive to the warning signs as well as have an awareness of what action steps to take when they do encounter these individuals



in an effort to prevent them from simply “shutting down” and refusing to talk about what they have experienced.

Opal Singleton, in her book *Seduced: The Grooming of America's Teenagers* discusses the extensive shame put on these victims by their traffickers. Those in the helping professions need to be aware of the influence of their response to the victim's behaviors that result from this shame. If the response is one of judgment, this will only perpetuate the problem behaviors. Singleton also lists the signs that someone is involved in trafficking, such as suddenly and unexplainably having more money than they usually would; this may be in the form of electronics, clothing, or manicured or artificial nails. They may use parental or marital titles to refer to those they are communicating with. Another sign would be new tattoos, specifically with a personal name or the name of a gang. The list goes on, but these are all signs that we, as people working in a helping profession, should be aware of within our various client populations (Singleton, 2015).

Social workers should also be aware of the appropriate terminology in their interactions with these victims so as to not alienate them. Those in the helping professions should also realize the importance of how they initiate contact with these individuals and how to engage with this particular population so that they can provide them with appropriate and effective approaches to treatment.

## Significance of the Project for Social Work Practice

This study will contribute to social work practice by providing a deeper and more personal understanding of what these individuals have experienced and how those within the helping professions can best help them through the process of moving from victim to survivor. This researcher believes this particular approach will allow for the discovery of how to best help this population from initial contact all the way through to their treatment process. It will also allow for an evaluation of the current practices that are used by those involved in helping them, to see what areas are effective, where there are gaps in services, and what or how perspectives of this population may need to change.

This researcher believes that hearing the stories of these survivors will be a more powerful educational tool than simply seeing more statistics. The inspiration to pursue this method and area of research came through reading Carissa Phelps autobiographical book *Runaway Girl: Escaping Life on the Streets, One Helping Hand at a Time*. Carissa had a number of negative experiences with people who could have helped her had they recognized the signs. Instead these potential helpers approached her with accusations and she would respond with a fabricated story. Finally, she is approached by one of the counselors at Juvenile Hall, who first waited until she was ready to talk, and then when she was he inquired about her story of what happened to lead her to be there. This approach encouraged a desire to be open and share her experiences (Phelps, 2012). This spurred the question about whether the helping professions

are approaching and treating these individuals in a way that helps them or hurts them.

Social workers are among those within the helping professions who are more likely to be impacted by the stories of survivors. The hope is that gaining insight from the survivors themselves will impact the manner in which social workers and others interact with this population, in everything from the language that is used to refer to these individuals to the most effective treatment approaches. On a micro social work level, perhaps this study will spark more in-depth research that focuses on the survivor's perspective because who better to guide our growth in understanding this injustice than those who have experienced it themselves?

Ideally, this research will also contribute to macro social work when the gaps in services can be identified. Perhaps it will spark some attempts to change policies that will fill those gaps. With the input of the survivors themselves, maybe their stories would compel some organizations to seek out or reallocate funds in order to provide more effective services to this population.

## CHAPTER TWO

### LITERATURE REVIEW

This chapter will include a discussion on some of the relevant scholarly articles on DMST. It is divided into four sections. The first section will look at the theory guiding conceptualization. The following three sections will focus on identifying the problem, initiating contact with the victims, and the implementation of treatment.

#### Theories Guiding Conceptualization

There are no theories that focus specifically on DMST, however, there are those that focus on trauma and sexual abuse. The problem with utilizing those methods for this particular research is that much of the focus is on the therapeutic approach to the victims. While some of the approach may be of use when dealing with sex trafficking, many may not even realize that they are victims because they have been so manipulated by their traffickers and/or may be under the influence of the drugs provided to them by their trafficker for that very reason (Gozdziak, 2006).

For the purpose of my study, the primary theory guiding the conceptualization of this research will be Crisis Intervention. According to Yeager and Roberts (2015) this approach would be appropriate for this particular population due to the violence, trauma, and crises they are prone to as a result of

their experiences. If those involved in helping professions are able to address the crisis in its early stages this can result in the resolution of acute stress disorders or episodes of crisis early on in their journey. This intervention can prove to be a turning point enabling these individuals to be strengthened in their experiences. These events can act as a warning signal, providing the opportunity to significantly decrease the extent of emotional wounds and vulnerability these individuals experience. Ultimately, the goal of this approach is to reinforce the individuals existing coping skills or encourage them to work towards restoring their ability to cope and problem solve while enabling them to take an active role in the management of their feelings and constructing an action plan. The crisis intervention approach provides reinforcement for the individual's strengths and protective abilities when they are overcome with feelings about these events. Additionally, this approach works toward decreasing lethality and possibly destructive situations, as well as providing connections to agencies within the community that can offer specialized help (Yeager & Roberts, 2015).

A second theory guiding conceptualization is Systems Theory. This theory focuses on the symbiotic relationships between various parts of the system that work together as a whole (Turner, 2011). Within DMST, if victims are not being accurately identified then clearly we are not going to be able to provide them with the appropriate services. If these individuals are being approached or referred to in a demeaning manner, they are going to be closed off to any kind of treatment that we may otherwise be able to offer them. If we are not providing these

individuals with effective treatment interventions, then the rate of recidivism is likely to increase. All of these factors need to work together in order to effectively overcome the effects of this injustice. There are multiple interactions that must work together to enable victims to become survivors; therefore, if there are kinks or gaps in the system, this may hinder the appropriate therapeutic process. By examining the progression of those who have moved from victims to survivors, this researcher hopes to discover what changes could be made in order to deal with this injustice more effectively.

Another theory guiding conceptualization is Trauma Focused Cognitive Behavioral Therapy (TF-CBT). In this approach, the intervention is focused on learning and cognitive theories. The objective of TF-CBT is to decrease negatively charged emotions and behaviors and correct any harmful views that are attributing to the problem (Johnson, 2012). This approach seems to be a well-rounded and powerful tool in addressing the issue of complex traumas, which will be explained in greater detail in the section entitled “Implementation of Treatment” later in this chapter.

### Identifying the Problem

Roos (2014) discusses the role of pornography in the sexualization of children. She provides three main links between the market of child pornography and the sexualization of children. First, the erotic images emphasize the child as defenseless. Second, the fact that there is market for these images confirms that

there is a demand to seek out children for sexual gratification. Third, this market keenly seeks out sexual satisfaction in the images of children (Roos, 2014).

Participants lack concern over the legality of this practice as they are reinforced by the availability of images. It becomes a vicious circle of the demand meeting the need and the need fulfilling the demand. The act of acquiring and viewing child pornography requires an active role in the searching and obtaining the images and causes children to become seen more as objects to be obtained, and even seen as collectable. Each time the images are shared the behavior is further reinforced and demand grows (Roos, 2014).

Pollack and MacIver (2015) identified key elements in the grooming process involved in child abuse. These same concepts can be applied to DMST due to the predatory behaviors involved in the intentional sexual interactions with minors. The process of grooming is meant to gain the trust of the victim and can be initiated through multiple avenues, whether it is a feigned interest in a relationship via personal interactions or through social media. Often, the targeted victims have, perhaps unknowingly, allowed access to their personal information and the abuser works to isolate them from those who may be able to help. The relationship is one that operates on control and the groomer may attempt to conceal the relationship (Pollack & MacIver, 2015).

Pollack and MacIver also identify the intentions of grooming children in preparation for sexual interactions. This process is meant to manipulate both how the child views the other adults in their life and decreases the chance that the

child is going to discuss the nature of the relationship with another adult. This process also increases the chance that the child will return to the perpetrator. The practice of grooming is also meant to decrease the child's believability once they disclose the groomed relationship and makes it more likely that the abuse will go undetected (Pollack & MacIver, 2015).

Kotrla (2010) cited the reason that the heinous crime of DMST is able to exist within the United States is that it follows the economic principal of supply and demand. Traffickers, who are often also part of a larger network of organized crime, are well aware that with demand comes profit. When this article was published in 2010, the profit was estimated to be between \$32 and \$91 billion and those numbers were referenced from sources in 2007 and 2009, respectively (Kotrla, 2010).

Kotrla found that the demand within the United States is connected to the cultural glamorization of pimps and prostitutes. She found this normalization of lewd behavior as fueling the cultures various forms of acceptable entertainment as a major contributing factor. Many of those at risk for being lured into trafficking are homeless youth, those in foster care, and those with a history of abuse. She cited national statistics that "between 450,000 and 2.8 million children and youths run away or are thrown away from home every year" (Kotrla, 2010, p.183) and the majority of those youths will end up being commercially sexually exploited. Kotrla acknowledged that there are multiple aspects that should be provided to ensure the proper treatment of survivors of sex trafficking, but claimed that these



services are more readily available to those who have been trafficked from other countries, not from the United States. The author cited a number of pathways to funding these domestic programs, but they have not seen significant success (Kotrla, 2010).

Finally, Kotrla addressed the need for social workers and others dealing with the victims to shift their perspectives. These victims have previously been considered criminals, but those within the helping professions have started to realize the horrific experiences that these victims have endured. She also said that there needs to be an awareness and sensitivity to the way we speak about these victims should not include demeaning terms such as “prostitute” or the like (Kotrla, 2010).

Cole and Sprang (2015) sought to find out the level of professional cognizance and experience in working with DMST victims by location within metropolitan, micropolitan, and rural communities. They conducted telephone surveys with 289 personnel working in agencies that work with at-risk youth and victims of crime. The participants for this study consisted of a mix of those who the researchers knew had been educated on DMST through task force training, and those who were not. Among the individuals interviewed were those who worked within the juvenile court system, victim services, agencies working with at-risk youth, behavioral health services, education, health care, and law enforcement. They found that those within the metropolitan areas had more awareness of the problem and viewed it as being more of an issue within those

areas. Those individuals, in general, were also more likely to have received training on DMST. Yet, of all the professionals involved in the study those they either knew or suspected to be victims of DMST were consistent among all groups (Cole & Sprang, 2015).

Their research indicated that there were common factors that contributed to the vulnerability of these victims. These factors included: a lack of parenting skills or a lack of stability within the home, unmet material needs, developmental level, substance use, mental health status, self-esteem, and a history of abuse or neglect. They examined the relationship between the trafficker and the victim among the professional's three most recent clients. They found that the highest percentage involved family members trafficking the victim, then came other known people, and finally someone who had been considered an intimate partner. They also found that there were recurring themes within each community in response to the methods the trafficker used to maintain control over the victim. Most were fear-based, including threats of physical harm to the victim or their family, food deprivation, and planting seeds of doubt that anyone would believe them. (Cole & Sprang, 2015).

Another common theme was the traffickers use of drugs to get their victims to comply. They would often promise their victims that things were going to get better and convince them that they were going to take care of everything they needed. In all cases, traffickers frequently moved their victims to various cities and states and never stayed stationary for very long. Nearly half reported

that the traffickers had used the internet to recruit victims, advertised the victims for sale, made the arrangements with their customers, and distributed pornographic materials (Cole & Sprang, 2015).

In stark contrast, Horning's (2013) study illustrated the extent of the misunderstanding of the complexity of this injustice. She disagreed with her two main sources on the prevalence of DMST and sought to invalidate their findings, yet she also lacked valid research. She decided to pursue this topic after an interaction with three pimps who started their businesses while in high school. From there, she stated that she "began purposive sampling of 18-21-year-old pimp/traffickers" (Horning, 2013, p. 299), however she never stated how many were in this sample. She also did not discuss what questions were posed to the pimps she interviewed, but emphasized that the victims participate in these acts by choice. Interestingly, Horning's attempt to debase well-documented research of other authors by claiming the population they had worked with skewed their research, was exactly the same tactic she used. She attempted to discredit their research based on her interaction with the unknown number of pimps that she interviewed. Her knowledge is based in criminal justice rather than social work, and this was clear with her lack of understanding the level of manipulation involved in the trafficking relationship. She claimed that many have tried to create "moral panic" (Horning, 2013, p. 305) when it comes to sex trafficking, and claimed that an actual threat does not exist. She argued that the billions have

been spent to combat trafficking would be better allocated to more prevalent groups.

#### Initiating Contact with the Victims.

Alvarez and Cañas-Moreira discuss using an approach that focuses on the victim of DMST in order to break the established cycle centered on violence and control. These individuals have likely endured their trafficker exercising mind control, altered thoughts, and psychological dominance. The authors suggest using an approach based on the acronym BITE, which stands for Behavior, Information, Thoughts, and Emotions, in order to understand what these victims have experienced (Alvarez & Cañas-Moreira, 2015).

The Behavior category focuses on the level of control and manipulation the trafficker had over the victim's life, including those who they are allowed to associate with, clothing, hairstyles, diet, sleep, and finances. They often have any true form of identification confiscated, they are not allowed to make decisions on their own, and their trafficker typically threatens to harm the victim's loved ones. The Information category focuses on the deliberate deception in the information that the victim has had access to and the extensive control the trafficker has had in terms of thoughts, feelings, and actions of both the victims themselves and in their interactions with each other by encouraging reporting the deviant behaviors of other victims. The Thoughts category focuses on the manipulation of the thought process of the victim, which involves everything from

comprehending what is good and evil to altering the victim's identity and memories. The Emotions category focuses on the trafficker preventing any expression of feelings, and yet imposing guilt, fear, embarrassment, and unworthiness (Alvarez & Cañas-Moreira, 2015).

Gibbs et al. (2015) studied the services provided to 201 clients who had been trafficked within three different programs over a two and a half year period and evaluated how effective each service was for this population. The three programs included: Standing Against Global Exploitation Everywhere (SAGE) Project, Salvation Army Trafficking Outreach Program and Intervention Techniques (STOP-IT), and Streetwork programs. Each program was required to provide detailed case management, assessment, and plans tailored to the specific needs of each individual. This involved utilizing referrals to any additional resources or services, documentation of the entire process, and a plan to follow-up on a regular basis. These programs were also required to provide full access to health care services, legal help, individualized education, and transportation. Each program utilized staff to collect data through three forms: an initial intake form contained thorough information, another form that assessed the clients needs and the service they required to meet those needs, and the third form reported the circumstances upon closing the case with the client. This study found that the most successful strategy varied for each service model. Examples included having a clinician on the program staff (SAGE), or a community health center's medical van parked outside the drop-in center (Streetwork). Staff also

spent a significant amount of time locating services, accompanying clients to services and coaching clients on advocating for themselves with service providers (STOP-IT) (Gibbs et al., 2015).

Jordan, Patel, and Rapp (2013) created an overview of the problems involved with sex trafficking including the issue of victims who were unidentified or were misidentified, definitions of the terms involved in sex trafficking, victim characteristics, how the victim was affected, the various populations involved in perpetrating the crime, and treatment approaches and issues. After they examined treatment approaches, the authors concluded that a treatment specifically for survivors of sex trafficking has yet to be developed. They found that the current treatment models borrowed from other theories on traumas, yet practitioners did not feel they were well equipped for dealing with these extreme and extended trauma experiences. The authors reported that there was a lack of information regarding how the survivors of sex trafficking successfully integrated back into society. They quoted another study by Collins and Collins that identified key areas that need to be addressed for these individuals. "These areas include: affect stability, behavioral adjustment, cognitive mastery, developmental mastery, and ecosystems healthy and intact" (Jordan et al, 2013)

Coutryman-Roswurm and Bolin (2014) conducted thorough research that addressed each of the three main sections of this researcher. They found four main difficulties of identifying DMST victims. These difficulties included: the victims were often arrested on unrelated charges, the intake process did not use

terminology or evaluation tools that would accurately distinguish these individuals as victims, rather than criminals, the lack of trust these victims have in the legal system, and the victim's reluctance to talk about what they have experienced either because of their apprehension and/or they have created a trauma-bond with their trafficker. They saw that this resulted in many victims falling through the cracks in the legal system (Coutryman-Roswurm & Bolin, 2014).

In terms of initiating contact with the victims, the authors pointed out that although there has been significant progress in the awareness of DMST over the last decade, many institutions still use the term "prostitute," which conjures up a plethora of synonyms that reflect negative perceptions of this population. For this reason, they proposed the implementation a more accurate terminology that would be common among those within the helping professions (Coutryman-Roswurm & Bolin, 2014).

The authors also evaluated effective methods to promote the factors that influence resilience with victims of DMST. These victims experienced a cycle of violence that caused a multitude of problems. Therefore, they emphasized the importance of a psychoeducational approach to therapy as it addresses the multiple layers of issues involved with their recovery. They pointed out that no specific approach to therapy has been developed for DMST, but this approach has been beneficial for those who have endured sexual abuse and is often a part of programs geared towards survivors (Coutryman-Roswurm & Bolin, 2014).

## Implementing Effective Interventions

Perdue, Prior, Williamson, and Sherman (2012) detail four levels of effectively responding to DMST. The first level involves providing services that will meet basic necessities within Maslow's hierarchy of needs. This involves providing relief in the form of food, clothing, and shelter. The second level can only be developed once level one needs have been met. This level involves allowing for personal growth physically, emotionally, intellectually, relationally, and spiritually. The third level involves developing awareness and improving the response to DMST within the community through coalitions, collaborations, and committees. The fourth level involves working towards long-term changes in the system through legislation and policy change. They concluded that working through each of these levels will allow the survivors to thrive within our communities (Perdue, Prior, Williamson & Sherman, 2012).

Hardy, Compton, and McPhatter (2013) discussed the obstacles that those within the helping fields are likely to experience due to the abusive nature of their relationship with their trafficker and subsequent mistrust of authority figures. They addressed the need for specialized services given the complex nature of the experience these individuals have endured. The authors described the use of a comprehensive assessment to evaluate individual needs initially and later implement a trauma-based therapeutic approach to work through the multiple issues that they will encounter in the recovery process.



The authors referenced research conducted by The Polaris Project in 2011, which found that multiple session assessments should include the location of contact with the victim, an awareness that these individuals may not initially see themselves as victims, and the exploration of the level of safety measures involved. This assessment avoids referring to the trafficker as such, at least initially, to allow the victim to use their own reference and gain further information. They phrased questions in a manner that would enable the interviewer to explore the level of force and control that was used, as well as any known patterns or timelines. The authors concluded that although research is lacking in the use of trauma-informed strategies with survivors of sex trafficking, it has been proven effective both with Post-Traumatic Stress Disorder and child sexual abuse. They emphasized that these methods should be utilized with care so as to not re-traumatize the individual and that they should be paired with life skills education and health care (Hardy, Compton, & McPhatter, 2013).

Johnson (2012) also discussed the use of a comprehensive therapeutic approach with survivors of human trafficking. She emphasized essentially beginning with an assessment of where they fit within Maslow's Hierarchy of Needs, starting with meeting the basic needs of food, clothing, and shelter. Once these individuals have had their lower level needs met, they can begin to focus on aftercare service, including: mental health service, safety planning, and future planning. In addressing the emotional needs of the client, she described a "Trauma Events Continuum" (Johnson, 2012, p. 374). Within the continuum,

there are isolated impersonal events, such as natural disasters. This event happened once and is likely to have been experienced by multiple people at the same time. A single interpersonal event is directed towards a specific person, such as rape. As the continuum escalates, there is an interpersonal single perpetrator event, which is the case with abuse. The highest point in the continuum is a multiple interpersonal multiple perpetrator event, in other words the victim has multiple abusers, as is the case in sex trafficking. The fact that their abuse occurred multiple times with multiple offenders makes this experience a complex trauma (Johnson, 2010). The emphasis is on Trauma-Focused Cognitive Behavioral Therapy to aid the survivor in dealing with the extensive trauma that they have endured in their trafficking experience.

Musto (2013) discussed what is referred to as “the detention-to-protection pipeline” (Musto, 2013, p.257), which allows for the police to arrest the victims because that means that they can safely get them out of their immediate situation. She focused her empirical research on understanding the implications of anti-trafficking interventions implemented in the United States utilizing in-depth interviews and ethnographic interpretations. She interviewed twenty-three law enforcement agents, four non-governmental professionals, and three social service providers, who work primarily in urban environments. Musto found that in all her interviews there was a consensus that many victims they encounter are young, and seem to be getting younger. One of the officers she interviewed discussed the feeling that some have communicated, that these victims have

chosen to prostitute themselves. However, in his opinion, “no one would consciously chose to work in such degrading environments lest they fall prey to false consciousness or exhibit psychological pathology” (Musto, 2013, p. 266). In this same interview, they discussed the shift among law enforcement from seeing these children as criminals to seeing them as victims of multiple forms of abuse and are being trained to look for red flags associated with trafficking (Musto, 2013).

In another interview, an advocate acknowledged that arresting victims does not appear to be the best way to handle the situation, however, it is for their own protection. She said that her hope is to eventually have foster families who are trained specifically for these situations. The majority of those interviewed realized that arresting these victims is not the idyllic situation and that it would be more helpful to implement social services that focused on rehabilitation. Musto addressed an added practice of bringing in an advocate, which some cities have implemented. This advocate is one who accompanies the police in these situations to help reduce the added trauma experience for the victim (Musto, 2013).

While Gozdzia, Bump, Duncan, MacDonnell, and Loiselle (2006) studied trafficked children who were brought into the United States from other countries, many of the dynamics of abuse were consistent. They studied a total of 36 trafficked children, twenty-six of those for the sole purpose of sex trafficking. These children had varying levels of understanding the relationship with their

trafficker, some saw themselves as being romantically involved, others suffered horrific abuse. The authors found that those who were either cooperative with their perpetrators or found it enjoyable that they received gifts such as clothing, drugs, and alcohol were more vulnerable to trauma and more likely to be unaffected by therapeutic interventions. They found that the children who were able to clearly identify their perpetrator(s) as such were more resilient in their response to the trauma. Those who had been trafficked by family members dealt with a more complex response to their trauma. A few of the children did meet the criteria for Post-Traumatic Stress Disorder, but the majority dealt primarily with depression. The children were offered a variety of therapies but many were reluctant regardless of the type that was offered, however, they did participate after persistent encouraging to do so. The authors did not indicate if any therapy was more effective than another, but they did discuss the issues the children dealt with in the therapeutic process. Most of them took a substantial amount of time to bond with their therapist. Although once they had bonded, their relationship with their therapist was usually more intense than is appropriate, with the children often believing that the therapists had far more knowledge and power than is humanly possible (Gozdziak, 2006).

While Kubasek and Nerrera (2015) are concerned with the legal issues involved in trafficking, they provide a macro social work perspective in addressing the need for nationwide policy changes. The issue is that there is no universal national mandate on how DMST victims should be treated, or in the

case of the state of Nevada, the opinion varies between counties. Obviously, when these individuals are seen as criminals, treatment options are going to be limited. In addition, under some current policies victims who are over the age of seventeen are required to participate in the legal proceedings to prosecute their trafficker to be eligible to receive any benefits involving the multiple aspects of treatment. This process tests the mental, emotional, and physical strength of the victim, who is already struggling with her journey to becoming a survivor (Kubasek & Nerrera, 2015).

### Summary

In summary, while several research studies have been conducted, they do not necessarily give a complete picture of the problem. While professionals have gained insight into the problem, the survivors can provide us with a more complete picture. In order to provide effective treatment and services for DMST victims, it seems important to draw on the experiences of the survivors themselves.

## CHAPTER THREE

### METHODS

This chapter provides a synopsis on the research methods utilized in the evaluation of the experiences, challenges, and resiliency among survivors of sex trafficking. Specifically this chapter focuses on the study design, sampling methods, data collection, procedures used, the protection of human subjects, and data analysis.

#### Study Design

The purpose of this research was to explore the experiences of those who are survivors of sex trafficking, the challenges they faced in their recovery, and the factors they feel contributed to their resiliency. The research question I hoped to answer was: What can we, as social workers or others within the helping professions, do to better serve this population?

While there have been several studies on Domestic Minor Sex Trafficking, the majority of them did not focus on the stories of the survivors themselves. Most of the studies were survey-based or were focused on those who have provided services to this particular population. A few studies that took a case study approach focused on one or two stories. If a quantitative method had been utilized for this research it would limit the responses to assumed problems rather than allowing for the open responses of the individuals themselves. The

perspective of this researcher is that each person's story is unique and their experiences do not fit into neatly formed categories. The qualitative approach allows for these variances and allows for exploration into unexpected problem areas that may not have been previously examined.

This qualitative approach utilized face-to-face interviews of what was anticipated to be at least eight individuals who are survivors of sex trafficking. One limitation of the qualitative approach is that the small sample size does not represent this population as a whole and it is possible that there was bias in the interpretation of the results due to the subjective view of the researcher. However, the advantage of the qualitative design was that it allowed for a view of the bigger picture of the problem. It also lent itself to its own categories and themes rather than the researcher imposing their own thoughts as to what the problems are for these individuals. This particular design allowed for interviews of survivors of Domestic Minor Sex Trafficking that provided a direct and accurate depiction of the problem itself.

### Sampling

For this research, the sampling criteria included individuals who have been through the recovery process and share their story with others in an effort towards preventative education, to ensure that these individuals are not being re-traumatized. The research participants were those who personally experienced sexual exploitation through trafficking and are currently eighteen or over, in order

to ensure this research does not require the added aspect of obtaining parental consent.

The interviewer asked for permission to record their interview to ensure the accuracy of the details of each individual story. There was a list of questions the interviewer asked during the interview, but there was also an opportunity to ask additional questions as they arose in order to get a better idea of the full context of their story.

This study seemed quite feasible, as there were multiple paths that allowed for the opportunity to interview survivors. This researcher has been part of group that brings awareness about sex trafficking in our community, which has helped to become connected with some survivors as well as community resources and services available within the community. These service providers allowed for possible leads to survivors.

This researcher is directly connected to a friend who started the sex trafficking awareness group in our community. She used to work at a safe house in San Bernardino, and has connections with recovered survivors actively involved in preventative education and over eighteen years of age. This researcher had briefly met a few of them through various interactions at events. In a conversation with Opal Singleton, who is the president and chief executive officer of “Million Kids,” an organization that works throughout Southern California educating schools, churches, and various other group settings about sex trafficking, she said that she would be able to connect me with survivors. Opal is



also part of Riverside County's Sex Trafficking Task Force team. In the process of conducting this research, this researcher was able to connect with other professionals in the field who also provided leads to survivors.

All of these were reliable leads to interviews with a sufficient number of individuals; therefore, this researcher expected to use availability sampling to interview at least eight survivors. It was expected that there would be more difficulty coordinating the availability of the interviewer and interviewee, therefore it was expected that a snowball sampling would be utilized for the remaining interviews. Since the sampling group consisted of personal connections rather than being from a specific agency, this researcher did not have to take agency policies into consideration in an effort towards obtaining these interview subjects. This researcher attempted to represent various ethnicities within the research sample.

#### Data Collection and Instrument

Data was collected using face-to-face interviews sometimes implementing the use of video technology due to distance and/or a lack of availability of private interview locations. The topics that were covered involved demographic information, including age, gender, ethnicity, level of education, and marital status. This section of questions was followed by questions about their influences, interactions, and relationships, and finally perceptions of the treatment they received once coming out of trafficking. The specific questions are

included in Appendix A. The twelve questions were open-ended to allow for elaboration of more comprehensive answers. The sequence of questions was meant to take them through their story, from how they became a victim of sex trafficking and ending with questions about becoming a survivor.

### Procedures

This researcher was provided contact information for survivors through her contacts. The participants were contacted via phone and/or email and a mutually agreed upon time was scheduled. The interviews were completed within thirty minutes to an hour. The research data was collected via voice-recorded interview and transcribed for documentation purposes. The interviews were administered by the researcher and took place at a time or location of the research participant's preference. The researcher made notes on the interview form during the interview. The identities of those interviewed have been kept confidential. The process of data collection started in January 2016 and was completed in March 2016.

### Protection of Human Subjects

The identities of the individuals who agreed to be interviewed have been kept confidential. They were provided with an informed consent form and a debriefing statement after the interview was conducted. The informed consent form was signed with an "X" and also communicated verbally at the start of the

taped interview. For those interviewed via video technology, the consent form was emailed to the participants and subsequently returned via email to the researcher signed with an "X." Each research participant interviewed was provided information about the purpose of the study, the measures taken to maintain confidentiality of the participants of the research, and that their participation in the research is voluntary so they were able to stop at any time or decline to answer any of the questions they did not feel comfortable discussing. The interviewees were also informed about who is conducting the research, who the researcher was being supervised by, and Institutional Review Board approval. These individuals were never identified by name, rather there was a number assigned for each interview conducted. All data collected was stored on a password-protected computer with only the researcher having access to the code. Once the research was complete and the final paper was approved, all data was destroyed.

### Data Analysis

This research used qualitative data analysis techniques. This researcher transcribed the research participant interviews verbatim from the audio recordings. All the data analyzed was coded, sorted, and then categorized in order to find the themes, theories, and generalizations that can be created amongst the various content provided within the interviews.

## Summary

In summary, this chapter presented the qualitative research methods that will be utilized in this study. The sampling criterion was discussed, as well as how the data was collected via face-to-face interviews and the steps that were taken to keep the identities of the individuals confidential. The process of data analysis was also examined in what efforts will be made to present the research by breaking the findings into themes and categories in order to be properly assessed and analyzed.

## CHAPTER FOUR

### RESULTS

This chapter will define and discuss the findings of this qualitative study, and analyze the commonalities as well as the differences between participants. The major themes within this data are the similarities in dysfunctional family dynamics in childhood, a lack of recognition of the signs of trafficking, a lack of appropriate recovery services, and helpful strategies in the process of moving from victim to survivor.

#### Participants

The participants in this study were gathered using availability sampling as well as snowball sampling. This researcher faced multiple difficulties in interviewing participants in this population within the given timeframe. Attempting to reach out to survivors who are at the appropriate phase of their recovery proved to be challenging. It was of utmost importance to maintain proper ethical standards in this research, which according to the National Association of Social Workers (NASW) includes upholding the dignity and worth of individuals, acknowledgement of the importance of relationships, and acting with integrity on behalf of those they represent ([socialworkers.org](http://socialworkers.org)). With these same ethical standards in mind, it was important to respect the amount of times a survivor is asked to retell their story as this could result in researchers creating another form

of exploitation for these individuals. Additional challenges came with potential participants, some lapses in communication appeared to be the result of a clash in schedule availability, while others seemed to be willing but were apparently apprehensive in actually sharing their story. At the start of this research it seemed entirely possible to get eight interviews between the multiple connections. However, despite this researchers effort and given the time constraints, only three interviews could be conducted.

As illustrated in Figure 1, the demographics included some variations among participants. All participants were females currently between 40-60 years of age. Two participants had been DMST survivors for approximately ten years, while one participant had been a survivor for approximately twenty years. Of the three participants, two were Caucasian, while one was Native American. Two of the participants had attended some college, and one had a Masters degree. Finally, one participant was single, one was divorced, and one was engaged.

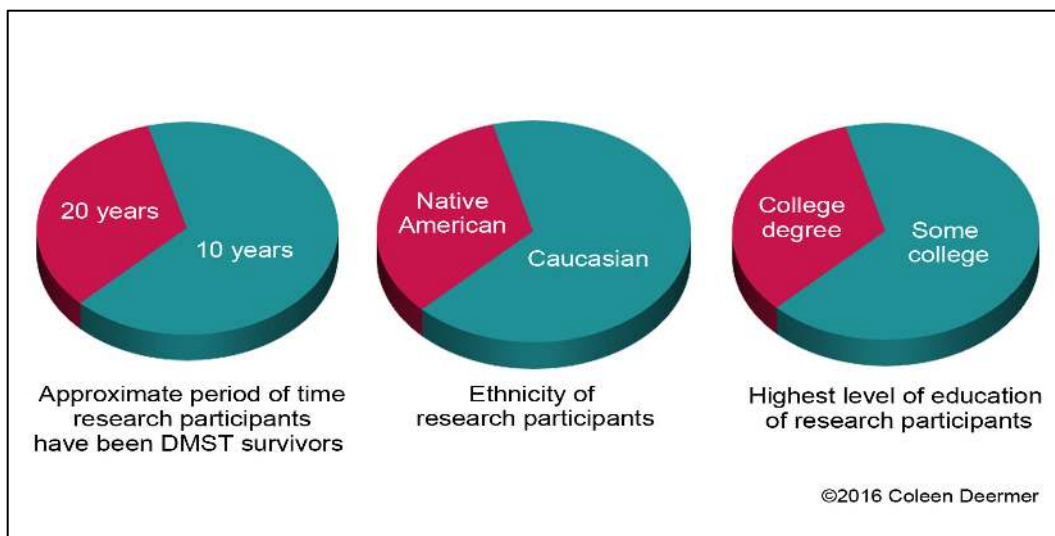


Figure 1: Demographics of Research Participants

## Data Analysis

Once the interviews with each participant were completed, this researcher transcribed the face-to-face interviews into written transcripts. In order to analyze and code this data, this researcher read through the interview transcripts to find the commonalities in themes and/or categories among the individual stories. Once this process was complete, the following labels were assigned: Childhood, Recognition, Resources, Hope, Education, and Mentoring.

In the category of Childhood, the data revealed that each participant had experienced sexual abuse in their childhood within their own home. As shown in Figure 2, two participants reported experiencing this abuse at the hands of blood-related relatives in their immediate family and one reported three different men who were her mother's boyfriends. All of the participants saw this as an initial event that began the grooming process involved in sex trafficking.

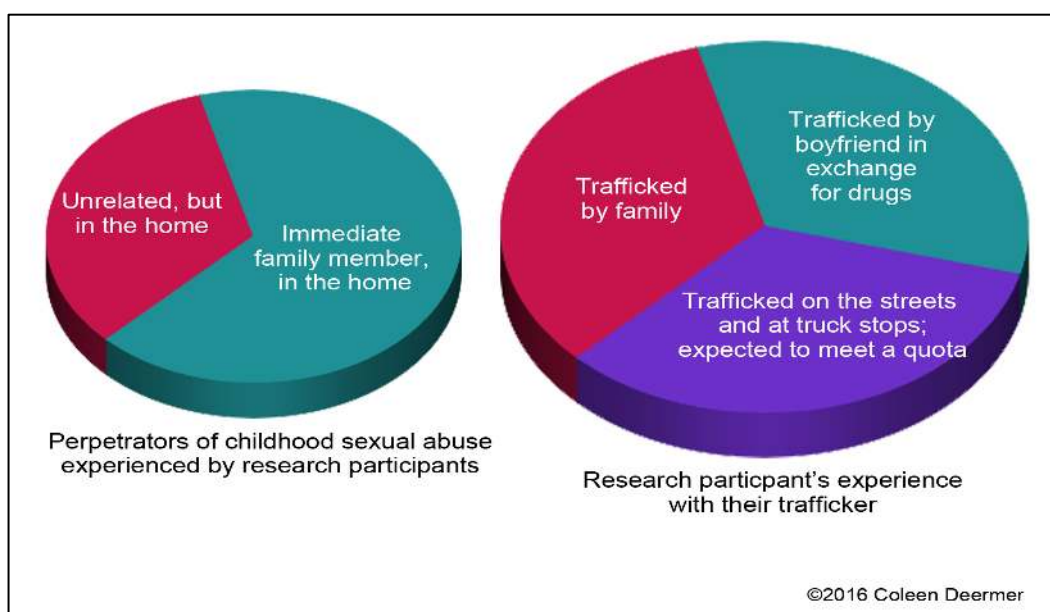


Figure 2: Experiences of Research Participants

In the category of Recognition, the data revealed that each participant experienced a lack of recognition to the signs of trafficking, although they were to varying extents. One participant shared that she had no interaction with any authorities and although her family did recognize the drug use, they did not recognize the signs of trafficking. Another participant shared that she had repeated interactions with law enforcement but none of them recognized the signs of trafficking. The other participant shared that she had no interactions with authorities, but she was in the public school system and none of her teachers ever recognized the signs of abuse or trafficking.

In the category of Resources, all of the participants reported an experience with a lack of resources available to them as survivors. Two participants reported receiving no formal therapy because it was not available. One participant experienced people trying to be part of a therapeutic process, but they attempted more of a “driving out the demons” approach, which led to her being resistant to further attempts at therapy for several years. Eventually she did attend regular therapy sessions to help her effectively deal with the complex trauma she had experienced.

In the category of Hope, all of the participants reported that God was involved in their recovery process. Each of the participants reported that churches were involved in helping them heal. One reported a few instances of negative interactions with churches in the way they addressed the topic of sex because they lacked consideration for those who had experienced any sexual



trauma. Yet this same participant has been involved in other churches and these experiences have not discouraged her from continuing to have a relationship with God.

In the category of Education, all of the participants felt like education in one form or another was key in their recovery process (see Figure 1). For one participant, education came in the form of community college and training to become a substance abuse counselor. For another participant this came through the pursuit of an Associates degree, not yet obtained, and the other participant had pursued and obtained Masters degree. All of the participants felt that the knowledge they gained empowered them to continue on their path of becoming to a survivor.

In the category of Mentoring, all of the participants stated that it would have been helpful to have a mentor help them through their recovery process. Each of them communicated that they had a variety of people who worked with them through various stages of life as a survivor and felt that having a specific mentor would be beneficial in this process. All of the participants discussed the value of relationships with those who were physically there to walk them through learning the skills they needed to function in day-to-day adult life.

## CHAPTER FIVE

### DISCUSSION

This chapter will discuss the significant results of this research and the possible impact it could make on those in helping professions. While this particular research had limitations in terms of the number of participants who were willing and able to contribute within the given timeframe, those who did participate did represent a spectrum of experiences within the injustice of sex trafficking. These participants provided some significant insight into areas that should be improved within the helping professions, some unexpected areas that would be beneficial to develop, and aspects of this social problem that would benefit from further research.

The goal of this research was to figure out what we as social workers, or others in the helping professions, can do to better serve this population. Not surprisingly, the first step in the process is education. Clearly those within the helping professions are not going to be effective with this population if they lack knowledge about the signs of trafficking, the level of trauma the victims experienced, and the dynamics of manipulation between the trafficker and their victims. Each of the interview participants reported people in their lives who lacked knowledge about trafficking and therefore were unable to intervene at an earlier point in time. One participant's experience was different in this aspect than the others in that she had been maintaining a connection with her family. While

some family members recognized that she was abusing drugs, they did not realize that she was also being trafficked because they lacked the knowledge that this was even a problem within their own community. Another participant had multiple interactions with law enforcement, yet their interactions with her were based on the perception that she was involved in these behaviors out of her own free will. This particular experience coincides with Coutryman-Roswurm and Bolin as well as Kortla's research which addressed the need of those who interact with the victims to be cognizant of the dynamic between the trafficker and their victims together with their use of terms such as "prostitute" or the like. Each encounter she had involved these misperceptions and the detrimental vocabulary that accompanies them (Coutryman-Roswurm & Bolin, 2014) (Kortla, 2010). The other participant was experiencing trafficking within her own home during her entire K-12 education, and none of her teachers recognized the signs of abuse, let alone the signs of trafficking. She reported that "[teachers] said I was shy and quiet and learning disabled because I was just shutting down during school and my IQ was higher than my ability" (Interview 3, personal communication, March 2016). She further stated that she never had friends and never spoke up in school. In her experience, the teachers recognized her behaviors, but never questioned the reasons for her behaviors.

While none of the participants in this small sample reported any interactions with medical professionals or social workers, this is unlikely to mean that this is true of the larger population. Both of these helping professions are

likely to encounter sex trafficking victims with cases that may present with a different situation and therefore they should also be educated on the signs of trafficking. Those involved in helping professions cannot simply focus on the behaviors of the individuals they work with and work to diminish them; it is essential to explore the reasons for these behaviors.

As addressed in chapter four, each of these participants experienced sexual abuse in their childhood. Pollack and MacIver's research is supported by the perceptions of these participants in the view that this was a key element in grooming them for sex trafficking (Pollack and MacIver, 2015). This is not to say that all children who have been sexually abused will become a victim of sex trafficking, but it was a common theme among these participants and others this researcher has encountered, that victims of sex trafficking had experienced sexual abuse in their childhood. Cole and Sprang also saw this as important aspect to consider when those in the helping professions are looking at risk factors, along with a lack of parenting skills or lack of stability within the home, unmet material needs, developmental level, substance use, mental health status, and self-esteem (Cole & Sprang, 2015). Had those who could have intervened on behalf of the participants been aware of these risk factors, perhaps the trauma they endured could have been less extensive.

Each of the participants had experienced different dynamics while being trafficked. One participant was trafficked by her boyfriend in exchange for drugs, another was trafficked by three different men and was on the streets and at truck

stops, the other was trafficked by her family starting early in her childhood and continuing until she went to college. Despite the differences in their experiences, each of the participants recognized that their trafficker had manipulated them into thinking they did not have a way out. Each one experienced threats to their survival; one participant was told that if she did not perform she was not going to eat, another participant was severely abused if she did not meet her quota, and the other had had it instilled in her to not to speak up and had suffered severe abuse several times to reinforce the knowledge of the consequences.

This level of manipulation supports what Alvarez and Cañas-Moreira found in their research regarding the trafficker exercising mind control, altered thoughts, and psychological dominance in the relationship with their victim (Alvarez & Cañas-Moreira, 2015). This dynamic is further supported by Cole and Sprang's research, which found that most trafficking relationships were fear-based. They saw that traffickers would use threats of physical harm, food deprivation, and planting seeds of doubt that anyone would believe them (Cole & Sprang, 2015). To further support Alvarez and Cañas-Moreira research, one participant described her experience in getting out of the trafficking she had endured as being one that would commonly be found in domestic violence relationships, as her trafficker repeatedly tried to find her after she left. These accounts also refute Horning's research, which claimed that these experiences are a matter of choice, rather than one involving force (Horning, 2013).

As we get a glimpse into the experiences these survivors had as DMST victims, we can begin to comprehend the issue that Hardy, Compton, and McPhatter discussed in that the typical victim will not identify themselves in that manner. In gaining a greater understanding of this dynamic we begin to see the level of complexity involved in the trauma of sex trafficking and the need for both crisis intervention and Trauma-Focused CBT. In the process of conducting this research, this researcher had the opportunity to briefly interact with a DMST victim who had been assaulted. The immediate need was for crisis intervention as she was going through active symptoms of Post-Traumatic Stress Disorder, (PTSD) to focus on decreasing the extreme anxiety she was experiencing. In that moment her primary needs were to have someone physically present with her to hold her hand, remind her to take deep breaths when she started trembling, and reassure her that she was in a safe place. While this victim did receive the necessary medical treatment needed for her physical healing, if she chooses to seek emotional treatment, she is going to need to work through the trauma in order to fully heal from this traumatic event.

As far as the research participants were concerned, one of the three received formal treatment. The other two felt that they had been able to develop relationships with multiple people who have informally helped them with the different aspects their recovery and had acquired knowledge through various forms of education, which helped them put a name to what they had experienced. Although this aspect of their recovery did not come from a formal

source, in a sense the research coincides with Coutryman-Roswurm's findings that emphasized the importance of incorporating a psychoeducational approach as it addresses the multiple layers of issues involved in their recovery. While two participants in this study lacked a formal therapeutic relationship and one participant did not immediately receive formal therapy, this was not out of an unwillingness to seek help, rather all of them experienced a lack of services available to them.

The participant who did receive formal treatment initially had what was supposed to be a therapeutic encounter with a group of well-meaning people who were not trained to deal with trauma. These people approached her more like she had been possessed by demons than as one who had endured complex issues. This experience turned her away from any therapeutic treatment for a significant period of time. She later had additional interaction with a group who tried to enable people to revisit their childhood issues with a new spiritual component. The problem with this approach was that these people were not educated on severe trauma, therefore when people began to re-experience these memories they were further traumatized making this an approach that, for these particular individuals, caused more harm than good. Eventually she became part of group therapy for those who had experienced abuse until the leader started realizing that her level of trauma was outside of their scope of competence. While this leader was aware of their own inability to deal with these issues, they did not make a referral to someone who was trained to help. Some time later, she was

finally able to receive formal one-on-one therapy to deal with the issues associated with her complex trauma by someone who was specifically educated to do so.

The issue of available and appropriate therapy appears to be an issue that would benefit from further research. In terms of the lack of availability of therapeutic services aspect that these participants experienced, this comes from the perspective of those who had been trafficked a decade or more ago. The hope is with the increased awareness of this issue, that a victim would not experience this today. Based on the one participant who did receive formal therapy, this researcher is unable to determine if the research conducted by Jordan, Patel, and Rapp in 2013 still holds true today. They had found that a treatment specifically for survivors of sex trafficking had not yet been developed (Jordan, Patel, & Rapp, 2013). While the one participant did benefit from a trauma-based approach over several years, it is inappropriate to conclude that this is the full scope of the formal approach that should be implemented in treating these individuals. Further research would need to be conducted with those who had received formal treatment.

The experience of the participants in this research partially coincided with the findings of Perdue, Prior, Williamson, and Sherman's study, which found four levels of response to DMST victims. They met the first level of response based on Maslow's hierarchy of need as expressed by the provision of the basic necessities of food, shelter, and clothing. Once this was established they were



able to move on to the second level of response, which allowed for personal growth physically, emotionally, intellectually, relationally, and spiritually, To reiterate the research previously discussed in chapter two, the third level of response incorporated community involvement in the form of coalitions, collaborations, and committees and the fourth level of response involved participating in process of making long-term changes through legislation and policy changes. According to this previous research, DMST victims needed to achieve the second level to move on to the third level, and so on. However, two of the three participants specifically expressed that the process of helping other DMST victims and becoming involved in combating DMST in their own communities was part of their healing process. For one participant, she was still in the process of level two, while also involved in level three and four. This researcher interprets this to mean that for these participants, the levels of response overlapped, rather than following the neatly specified order expressed by these researchers.

The one participant who received treatment referred to her complex trauma in much the same manner as Johnson explained complex trauma within the trauma events continuum. This participant recognized her need to address the extensive trauma she had endured through formal therapy despite her previous failed therapeutic experiences. She attributed this approach to therapy as one that brought her significant healing. This therapist was not one who distinguished herself as one who specialized in working with DMST victims but

according to this participant, the therapists belief system and methods made for a positive and effective therapeutic experience in addressing the appropriate level and extent of her trauma.

Perhaps due to the small sample of participants interviewed, this research is unable to provide any input on the effectiveness of what Musto's research referred to as the "detention-to-protection pipeline" (Musto, 2013, p. 257). While there was one participant who did spend time in the prison system, her arrest was the result of misunderstanding the problem, not because the police were making an effort to protect her. Also, as previously mentioned, these participants had been trafficked a decade or more ago, therefore, this is not likely to be an accurate portrayal of what is taking place today. This would be another area that could benefit from further research. However, considering the difficulty this researcher experienced with acquiring participants who were at an appropriate stage of their recovery and the fact that this approach is a fairly new practice, it may take some additional time to explore the effectiveness of this approach from a victim's perspective.

While there were several aspects that coincided with existing research, there were some unanticipated results as well. All of the participants included God as a key aspect in their recovery. One participant shared her struggle with misunderstanding and misinformed people in the church and her relationship with God, but she attributed her healing to God and the people he brought into her life. She experienced leaders who had significant misperceptions about the

dynamics of trafficking and continued to refer to their experiences as their “sexual sin” despite her attempts to address the perspective of those who had no choice in the matter. The idea of the church’s role in the recovery process of DMST victims could be worth exploring with further research. Considering this was a commonality among each of these participants, it seems logical that it would be beneficial to educate those within the church about DMST and the complex trauma the victim’s endure. It would be beneficial if the church as a whole would take these issues into consideration when they are addressing such topics as parenting, relationships, and sex.

Additionally, it would be advantageous for churches to be actively involved in the outreach effort and/or recovery process of these victims. Some suggestions I have heard in a conversation with an expert in the field related to this research have been for groups to create bags for victims that include necessities such as lounge-type pants, t-shirt, underwear, socks, toothbrush, toothpaste, and hair ties because when the police become involved in a sex crime, clothing is taken as it becomes part of evidence. It would be helpful to also include items such as adult coloring books, a personal note or card, and perhaps even a comfort item like a small stuffed animal. It was suggested to have a few of these bags in various hospital settings, as this is a location that will encounter victims in a situation to need these bags (C. Cesa, personal communication, March 2016). Other key components for churches who are interested in assisting with the needs of DMST victims that this researcher as gathered through this

research, would be communicate the need for trained professionals to handle the level of trauma that these victims have endured as well as having a list of professionals who are trained to deal with complex trauma available. Both of these could stave off the inappropriate and misinformed attempts at therapeutic interventions that could potentially retraumatize these victims. Finally, providing a healthy family-like place for these individuals to be included during holidays, special events, or on days when they are struggling can be part of their healing process.

Another unexpected finding of this research was that each of the participants communicated that a key component to effective recovery would be to have an established mentoring relationship. The consensus of their combined opinions is that this would not be in a classroom format, rather it would be someone who is able to walk them through accomplishing tasks they need to perform in order to successfully function in their daily lives. They could see this as being a person who helps them in various tasks, such as the procedures involved in obtaining a new social security card and driver's license, or other forms of identification that have been taken from them by their trafficker. This mentor could also walk them through the process of applying for college, applying for financial aid, registering for classes, opening a checking account, etc. From the perspective of this researcher, this is seen as an extremely valuable component in reducing the recidivism with DMST victims. If these individuals are equipped to take on the challenges of life and are able to see that

they can persevere and succeed, it seems far less likely that they will return to their trafficker because this is the only skill they have acquired.

In conclusion, while this research was limited by the availability and willingness of participants within the given timeframe, this researcher was still able to gain some valuable insight into the experiences, challenges, and resiliency among survivors of DMST. The hope is that this research moves readers beyond knowledge and into action, whether that is sharing newfound insight with others or becoming actively involved in reaching out to DMST victims. While many are not trained to deal with complex trauma this should not be a deterrent from becoming involved on a personal level. Simply showing people we care is a powerful tool. The response may not always be what we expect, but keep in mind that we are all a work in progress.

APPENDIX A  
INTERVIEW QUESTIONNAIRE

## APPENDIX A

### INTERVIEW QUESTIONNAIRE

#### Demographic Information

Age:

Gender:

Ethnicity:

Highest Level of Education:

Marital Status:

#### Interview Guide

1. What contributed to you being lured/groomed into sex trafficking?
2. What was your relationship like with their trafficker? (fear/"love"/other)
3. What was a typical day like for you while you were being trafficked?
4. What were your interactions with authorities like while you were being trafficked? Do you have any specific examples?
5. What were some of the challenges you faced in getting out of trafficking?
6. Who was influential in getting you out of trafficking and why?
7. What played a role in your escape from sex trafficking?
8. What treatment did you receive as a survivor of sex trafficking? How long did this process take?
9. What aspect of your treatment do you feel was most beneficial?
10. What aspect of your treatment do you feel was least beneficial or did more harm than good?
11. Was there any aspect that was neglected/overlooked in your treatment?
12. What has contributed to your resiliency as you moved from being a victim to becoming a survivor?

APPENDIX B  
INFORMED CONSENT





College of Social and Behavioral Sciences  
Department of Social Work

California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 1/13/2016 VOID AFTER 1/12/2017  
IRB# SW1610 CHAIR [Signature]

**INFORMED CONSENT**

The study in which you are asked to participate is designed to examine the experiences, challenges, and resiliency of the survivors of sexual exploitation. The study is being conducted by master level student, Coleen Deerner and supervised by Dr. Zoila Gordon, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to explore the experiences of those who are survivors of sex trafficking, the challenges they faced in their recovery, and the factors they feel contributed to their resiliency.

**DESCRIPTION:** Participants will be asked questions about their experiences while being trafficked, challenges in getting out of trafficking and in recovery process, and what helped them to be resilient.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** It will take approximately 45 minutes to an hour to complete the survey.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Zoila Gordon at 909-537-7222.

**RESULTS:** Please contact Dr. Zoila Gordon (email: zgordon@csusb.edu) or the Pfau Library at California State University, San Bernardino after December 2016.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here \_\_\_\_\_

\_\_\_\_\_ Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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