

A QUALITATIVE ANALYSIS OF AFTERCARE SERVICE PROVISION FOR SURVIVORS
OF SEX TRAFFICKING IN NORTH CAROLINA

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ABSTRACT

SUSAN ELAINE YOUNG: A Qualitative Analysis of Aftercare Service Provision for Survivors of Sex Trafficking in North Carolina
(Under the direction of Diane K. Kjervik)

The adverse effects of sex trafficking on victims are numerous. Therefore the provision of aftercare services (such as shelter/housing, medical care, mental health services, legal assistance, language services, job training) to survivors of sex trafficking requires a multifaceted and coordinated response. Human service providers may encounter victims of sex trafficking and should be made aware of the problem and develop means to collaborate and interact with the various programs and resources in their community that can potentially assist survivors in their recovery and reintegration into society.

Postmodern feminism was used as a guiding framework for this qualitative descriptive and exploratory inquiry, which involved in-depth interviews with 18 human service providers who interact with survivors of sex trafficking across North Carolina. The purpose of this study was to describe and explore aftercare services for sex trafficking survivors in North Carolina, including 1) what happens before a survivor is identified, 2) how human service providers interact with each other and with survivors, 3) what the impact of interaction is on both survivors and human service providers, and 4) what needs to happen to improve aftercare service provision to survivors.

The findings illuminate the need for education and training on sex trafficking, appropriate victim identification, and ongoing program funding. Collaborative efforts in

North Carolina are described, as well as the gaps and challenges in aftercare service provision. Lastly, the impact of working with survivors is discussed, successful outcomes noted, and suggestions for enhancing and expanding aftercare service provision to sex trafficking survivors in North Carolina shared.

DEDICATION

To my parents, **John and Elaine Young**, both of whom would have liked to attend college, but did not have the opportunity, and neither of whom lived long enough to know that I had graduated from college as a nurse. I hope I make them proud.

To my son, **Brett Thieken**, who always made me feel honored to be his mother and who constantly sent encouragement and support my way. Your service to your country and your dedication to your own studies in Criminal Justice are admirable. You are truly an inspiration to those lucky enough to know you. I treasure the moments we share and look forward to your future accomplishments. I am sure you will go far and do many great things to protect liberty and preserve freedom for all of us.

To my daughter, **Tiffany Thieken**, who shared the long, sometimes bumpy road through graduate school with me— she in the Masters program and I in the PhD program at UNC. It was nice having someone close by who understood my frustrations and heralded my successes. I am proud of all you have accomplished in spite of setbacks and obstacles in your path. You are a fantastic mother to Logan and I greatly value the close bond we share – as mothers and as friends. Also, I look forward to the exciting career you are about to begin as a Pediatric Nurse Practitioner.

To my grandson, **Logan Thieken**, who changed my life. You are such a joy and such a gift to this family. It has been fun watching you grow and learn. You have inspired your mom and me and to excel in our lives in order to ensure that you have all the opportunities and resources you need to succeed in yours. I know you will.

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Chapter One

Introduction

Trafficking in persons, or human trafficking, is considered a modern day form of slavery (Polaris Project, 2009). The United Nations (U.N) conservatively estimates that more than 2.5 million people are being trafficked worldwide, nearly half of whom are children and 80% are female. This industry generates approximately 32 billion dollars globally each year and is projected to supplant drug trafficking within the next few years as the “number one” international crime due to the fact that human trafficking yields larger profits, human beings can be more easily transported and kept, and there are fewer risks for perpetrators involved in human trafficking than drug trafficking (Schauer & Wheaton, 2006).

Human trafficking is defined as:

The recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or the use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (Palermo Protocol, 2000, p.2).

Human trafficking can take various forms. Young children may be sold to circuses to perform dangerous stunts or work as indentured servants in factories. Children and women may also be forced into exploitative work as domestic servants, including nannies and maids. Others may face indentured servitude in agricultural settings, in janitorial, hotel and service industry work, or be forced to beg for their captors (Garza, 2007). Commercial sexual exploitation, also known as sex trafficking, however, is the most common type of human

trafficking. It can take the form of prostitution, pornography, stripping, live-sex shows, mail-order brides, military prostitution, and sex tourism (HHS, 2006). Sex trafficking results in much pain, suffering, and potentially even death for victims. The Victims of Trafficking and Violence Protection Act of 2000 defines sex trafficking, a “severe” form of human trafficking, as follows:

Sex Trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the victim induced to perform such an act has not attained 18 years of age (p.7).

A commercial sex act includes any sex act on account of which anything of value is given or received by any person. It is important to note that definitions of trafficking do *not* require that a trafficking victim be physically transported from one location to another (Victims of Trafficking and Violence Protection Act, 2000). Also, whether or not a person initially consented to involvement in commercial sex is irrelevant if they continue in that service due to being subjected to coercion that may include “psychological manipulation or physical force” (DOS, 2010).

As with the definition of human trafficking, the cornerstone of sex trafficking involves acquiring or holding a person, through the use of force, fraud, or coercion for the purpose of exploitation. For example, a 19 year old girl who is involved in commercial sex either through threats of violence or promises of love from her “pimp” or “boyfriend” is a victim of sex trafficking and her “pimp/boyfriend” is a sex trafficker.

It is also important to note that the commercial sexual exploitation of minors is automatically considered sex trafficking due to the fact that no child under the age of 18 can legally give consent to participate in any form of trafficking – the use of force, fraud, or coercion is not required. Therefore, any child under the age of 18 who is involved in

commercial sex is automatically considered a sex trafficking victim. Yet, due to the high demand for illicit sex acts with children, traffickers often target them, resulting in over one million children being trafficked in the international commercial sex trade each year according to the U.S. Department of State (2010), with UNICEF indicating that the number of sexually exploited children exceeds two million annually (Trafficking in Persons Report, 2010).

The Literature

The literature on sex trafficking supports that the adverse effects of sex trafficking on victims are many and indicates a need for the appropriate provision of aftercare services. Often human traffickers operate on the fringes of society and work to keep their victims hidden from those who may try to assist them. Therefore, human service providers (such as organization directors, case managers, attorneys, outreach coordinators, shelter providers, social services staff, mental health counselors, interpreters, health care professionals, and law enforcement personnel) may not be aware of the problem of human trafficking, yet are potentially in a position to encounter and subsequently identify, rescue, and provide services to victims of trafficking. Due to the dangerous and unhealthy circumstances in which victims are forced to live, they may suffer long-lasting consequences that require multiple interventions over time. Specifically, victims' experiences and needs are unique and require multifaceted and coordinated responses (Zimmerman, 2008). Therefore, it is essential that human service providers become aware of the problem, learn how to recognize and identify victims, and provide appropriate victim services.

In order to assist those affected by human trafficking, one must first be able to identify victims as such. Awareness of the problem is the first step in identifying a

trafficking victim, as human service providers who lack such awareness have no frame of reference upon which to proceed. The United States (U.S.) Department of Health and Human Services (HHS) Rescue and Restore Campaign (2006) has developed a list of specific questions that health care professionals, social service organizations, and law enforcement personnel can use to ascertain whether or not a suspected trafficking victim is likely to be a modern-day slave, a commonly-used term for a victim of human trafficking. Traffickers often use force, fraud, or coercion to control their victims. Therefore, inquiring about one's ability to come and go freely, living and working conditions, threats of harm to oneself or one's family members to gain cooperation, withholding of wages, food, or medical care, along with signs of physical harm and psychological manipulation may indicate that further investigation is needed (U.S. HHS, 2006).

Human service providers should be made aware of the problem and develop means to collaborate and interact with the various programs and resources in their community that can potentially assist survivors of sex trafficking in their recovery and reintegration into society. In order to do so effectively, an understanding of the issue of human trafficking in general (of which sex trafficking is but one component) is needed.

Background

Social/Economic. Due to the underground nature of trafficking, it is difficult to determine the number of victims affected. The United Nations (U.N.) conservatively estimates that more than 2.5 million people are being held or forced to work against their will at any one time, nearly half of whom are children and 80% are female. However, determining the actual numbers of those affected is nearly impossible. The U.S. Trafficking in Persons (TIP) Report 2010 put the number at 12.3 million worldwide, whereas the 2011

TIP Report estimated the number of modern day slaves to be 27 million. Additionally, it is estimated that over 700,000 people are trafficked within or across national borders each year with over 50,000 being brought into the U.S. from other countries (Victims of Trafficking and Violence Protection Act of 2000). The buying and selling of people today is often compared to the 17th and 18th century slave trade. Yet, regardless of the varying attempts to quantify the problem, it is interesting to note that today there are more people held in slavery than in any other time throughout history and the per capita cost of “owning” a slave has dramatically decreased: A slave in antebellum Alabama cost approximately the equivalent of \$40,000 USD, yet now one can buy young male farm workers in Mali for just \$40 USD each (Bales, 1999). Additionally, the profitability of this modern slave trade has greatly increased.

The human trafficking industry generates approximately \$32 billion USD globally each year (on par with the illegal arms trade) and is projected to supplant drug trafficking as the “number one” international crime due to the fact that human trafficking yields larger profits and human beings can be more easily transported and kept. Furthermore, there are fewer risks for perpetrators involved in human trafficking than drug trafficking, resulting in a favorable risk to reward ratio that contributes to the perpetuation of the industry worldwide (Victims of Trafficking and Violence Protection Act, 2000; Schauer & Wheaton, 2006).

Organized crime groups are often credited with the majority of human trafficking efforts, yet smaller lesser-known criminal groups and even individual operators are numerous and operate in virtually every country across the globe. The ability of organized crime groups to maximize profits by diversifying into new criminal markets while simultaneously minimizing risk to the organization makes them successful at human trafficking activities (International Organization of Migration [IOM], 2010). Their sophistication, use of extreme

violence, decentralization, and flexibility allows for prompt reorganization and adoption of illicit activities based on demand, competition, and law enforcement efforts (Schloenhardt, 1999). Lesser-known criminal groups may operate alone or cooperate in human trafficking activities, and many companies and individuals operate on the fringes of human trafficking by offering travel, immigration, and employment services that facilitate the practice, but do not of themselves constitute criminal activity (U.N. Office on Drugs and Crime [UNODC], 2010 a).

It is estimated that the traffickers (those who participate in the enslavement and exploitation of victims) earn many times the original purchase price of a trafficked human being, as each can be “sold” over and over - as in the case of prostitution where women may be forced to serve men for as many as 12 hours per day, seven days per week, or forced to work long hours in homes, factories, or on farms for little or no pay, resulting in high profits for traffickers (Raymond & Hughes, 2001; Schauer & Wheaton, 2006). Traffickers also take advantage of the state of imbalance between two markets: the surplus of potential slaves in one market and the demand for the good or services of these slaves in another (Schauer & Wheaton, 2006).

Economic factors also play a key role in both the push and pull factors that influence human trafficking activity. Push factors result from increased vulnerability in source countries or populations that result from poverty, the disintegration of family unit, the need for multiple family incomes, HIV/AIDS, armed conflicts (leading to decreased male population and fewer employment opportunities), discrimination, and globalization (resulting in more diverse appetites and ease of transport of goods and people). For example, in a small study of European trafficked women, 60% declared “money” as a reason to migrate and more

than half of those had children, with 80% being single parents (Zimmerman, et al., 2008). Some women trafficked from Estonia into Sweden accepted prostitution and low pay (10% of earnings); in two weeks they could make the equivalent of one year's average wages in Estonia (Alaehto, 2002).

Pull factors include the favorable labor market in destination countries that influences the level of migration for economic reasons. Victims may be sold by their families to traffickers or encouraged by offers of better futures and legitimate work in other countries (Gajic-Veljanoski & Stewart, 2007). They may agree to being smuggled into a country, only later to fall victim to trafficking. Even those who are officially granted work permits for a legitimate type of employment are often forced into trafficking situations upon arrival in their destination country (Van Impe, 2000).

Human trafficking violates labor regulations, immigration codes, and laws against kidnapping, fraud, extortion, false imprisonment, slavery, assault, and battery (Victims of Trafficking and Violence Protection Act, 2000). Yet, it also threatens public health and seriously infringes on basic human rights and human dignity - negatively impacting civilization on a local, national, and global level (HHS, 2006). The long-term costs of human trafficking on an economy will far outweigh any short-term economic benefits. Therefore, known destination countries, such as the U.S., have an obligation to be at the forefront of human trafficking research and prevention efforts (Bertone, 2000).

The anti-trafficking movement is gaining momentum and expansion of the scientific knowledge base surrounding the phenomenon is needed in order to increase awareness and understanding of the problem, as well as to find effective solutions for identifying, rescuing, and treating those already victimized by trafficking. Furthermore, decreasing the

vulnerabilities that fuel the supply side of the industry and eliminating the demand for services and products provided by human trafficking endeavors could essentially eradicate human trafficking on a global level.

Legal.

International efforts to combat human trafficking. The international community has consistently condemned trafficking-related human rights violations such as slavery, forced servitude, and violence against women through various accords, proclamations, and declarations. For example, in 1865 the U.S. officially banned slavery through adoption of the Thirteenth Amendment to the U.S. Constitution: Abolition of Slavery, which reads in part, "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction" (U.S. Const., amend. XIII, 1865) and the Universal Declaration of Human Rights of 1948 that states in Article IV, "No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms" (G.A. res. 217A (III), U.N. Doc A/810 at 71, 1948). Additionally, the International Covenant on Civil and Political Rights adopted in 1966 ensures the right of self-determination (Office of the United Nations High Commissioner for Human Rights, 2007) and the International Covenant Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of 1975 criminalizes severe mental or physical suffering imposed on others by those in an official capacity (Human Rights, Web, 1997). Furthermore, the Fourth World Conference on Women in Beijing in 1995 reiterated the importance of empowering and protecting girls' and women's rights and eradicating gender-associated poverty (U.N., 1996) and at The World Congress against Sexual Exploitation of Children in Stockholm (1996) and Yokohama

(2001) 34 countries adopted national plans of actions against commercial sexual exploitation of children that include efforts to rescue and reintegrate child victims, eliminate child pornography and prostitution, and increase public awareness: an additional 26 nations are developing similar plans to address the problem.

The U.N. Convention against Transnational Organized Crime was adopted in December of 2000 in Palermo, Italy under General Assembly resolution 55/25. One of its three protocols targets international trafficking: The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (also known as the Palermo Protocol). This protocol encourages countries to develop comparable national laws against human trafficking in order to facilitate international investigation and prosecution as well as protect human rights (UNODC, 2010 b). However, over 100 nations have yet to implement laws or policies to protect victims from deportation and 62 countries have not convicted any traffickers under existing laws (TIP Report, 2010).

The UNODC recently adopted the Global Plan of Action to Combat Human Trafficking in Persons to assist governments in the fight against trafficking by including anti-trafficking endeavors into other U.N programs in order to facilitate and coordinate such efforts. It also establishes a voluntary trust fund that member states can access to provide victim assistance, primarily for women and children (UNODC, 2010 b).

Various protocols, declarations, and plans of action have been enacted, and numerous other efforts are underway to address the problem of trafficking on local, national, and global levels. Yet, upholding and enforcing anti-trafficking covenants and laws can be challenging due to the underground nature of the industry, the constant supply of victims and demand for services, its high profitability, and the fact that there are some countries in which government

officials who could effectively work to combat trafficking actually contribute to its persistence through indifference, corruption, and even direct or indirect involvement in trafficking activities.

In addition to individual governments' and U.N. efforts to combat all aspects of human trafficking, there are numerous non-governmental agencies (NGOs) and grass roots organizations that work locally, domestically, and internationally to combat trafficking in general, and sex trafficking specifically. Some of these include the Polaris Project, UNICEF, the Emancipation Network, the International Justice Mission, Shared Hope International, Free the Slaves, the Global Fund for Women, and the Coalition Against Trafficking in Women International, among many others (Carolina Women's Center, 2007).

U.S. efforts to combat human trafficking. The U.S. is the second largest destination country (after Germany) for the trafficking of women and children for sexual exploitation (Schauer & Wheaton, 2006). In fact, federal and local law enforcement officials have uncovered human trafficking operations in virtually every state and territory. Heinous acts of exploitation occur in many neighborhoods and communities throughout this nation, though often they are undetected or unacknowledged (Venkatranan 2003).

The U.S. is expanding its efforts to facilitate cooperation among nations to work to eliminate international human trafficking routes, protect victims, and hold noncompliant countries accountable for human trafficking violations (Victims of Trafficking and Violence Protection Act, 2000). However, even though the U.S. government has taken steps to combat trafficking in recent years, the problem continues to exist and expand within and across its borders. In fact, former Attorney General Alberto Gonzales acknowledged at the 2006 National Conference on Human Trafficking that, "Human trafficking is a violation of the

human body, mind and spirit. For this vile practice to be taking place in a country that the world looks to as a beacon of freedom... is a terrible irony and an utter tragedy."

The U.S. Government has taken steps to eradicate human trafficking through the enactment of public laws. In House Report No. 3244 (2000), the Victims of Trafficking and Violence Protection Act of 2000, (Division A of Pub. L. No. 106-386) was enacted by Congress with three primary goals in mind: 1) to *prevent* international human trafficking, 2) to provide federal and state support to *protect* victims as well as assist them with rebuilding their lives, and 3) provide legal means to *prosecute* traffickers (Victims of Trafficking and Violence Protection Act Fact Sheet, 2000). Prevention is addressed through public awareness campaigns and educational efforts. Protection includes assistance and benefits not normally accorded to victims and witnesses in other situations, such as social service support including housing, healthcare, and job training, as well as immigration remedies such as the T-Visa, which allows as many as 5,000 trafficking victims to receive temporary residency visas each year - in exchange for cooperating in investigations and prosecutions. (However, since its inception through 2007 only 1,264 foreign nationals had been certified to receive benefits.) Additionally, trafficking victims may be eligible to receive English language classes, food assistance, and mental health counseling (Venkatraman, 2003). Federal prosecution and punishment of traffickers is also possible under this act with sentences up to life in prison for trafficking of minors or crimes against adults involving kidnapping and aggravated sexual abuse, although adoption and use of these legal remedies varies widely.

This act also calls for the submission of an annual Trafficking in Persons Report that examines international efforts to combat trafficking and rates countries based on a three-tier system. Tier 1 indicates that a country is aware that human trafficking exists within its

borders and is compliant with the Victims of Trafficking and Violence Protection Act 2000's minimum standards for addressing the problem. Countries whose governments are not in full compliance but are making headway in meeting the standards are classified as Tier 2. A subset of Tier 2, Watch List countries are those that meet Tier 2 criteria but nevertheless have increased incidences of trafficking, whereas Tier 3 countries have governments that are not compliant and not making efforts to become so. Tier 3 countries may be subject to sanctions by the U.S. government, the International Monetary Fund, and the World Bank (Trafficking in Persons Report, 2010).

Congress reauthorized the Victims of Trafficking and Violence Protection Act in 2003, known as the Trafficking Victims Reauthorization Act of 2003 (Pub L. No. 108-193), in House Report No. 2620. Recognizing the link between organized crime syndicates and human trafficking, this act commits over \$200 million USD to reaffirm efforts to combat trafficking by including trafficking under the Racketeering Influence and Corrupt Organization (RICO) statute (allowing for more powerful federal organized crime laws to be utilized against traffickers) and encouraging state and local law enforcement to investigate these crimes. Allowing civil suits to be brought against traffickers and encouraging a compassionate, victim-centered approach to assistance also expands victim services under this reauthorization. In House Report No. 972 (2005) Congress also passed the Trafficking Victims Reauthorization Act of 2005 (Pub L. No. 109-164) to provide continued support and funding for anti-trafficking initiatives.

The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (S. 3061) was enacted by Congress in House Report No. 7311. It reinforces the Victims of Trafficking and Violence Protection Act of 2000 and 2003/2005 reauthorizations

and also includes additional provisions. These include the use of U.S. funds to assist foreign governments in combating trafficking, the ability of victims in other countries to receive assistance through U.S.-funded agencies, a means of evaluating international efforts against trafficking, and placing countries that do not comply on the watch list. Expanded criteria under which a T-Visa can be granted, along with other immigration remedies, and additional means of allocating funds and resources to the anti-trafficking effort are also included (Govtrack, 2008). Through these Acts, the U.S. Government has set international standards for preventing human trafficking, prosecuting traffickers, and protecting victims (Gozdziak & Collett, 2005). Other federal statutes cover involuntary servitude, peonage, the slave trade, forced labor, and document seizures which allow for vigorous investigation, prosecution, and punishment for trafficking crimes. Additional statutes may also be applied, but generally include lighter sentences: immigration, labor law, tax codes, and numerous criminal laws (Venkatraman, 2003).

The U.S. Government also includes various federal divisions such as the Department of State (DOS), Department of Defense (DOD), Department of Justice (DOJ), Department of Agriculture (USDA), Department of Labor (DOL), the Equal Employment Opportunity Commission (EEOC), the Department of Education (DOE), the Department of Health and Human Services (HHS), Department of Homeland Security (DHS), and the Agency for International Development (USAID) which are involved in nearly every aspect of combating human trafficking and supporting victims (DOS, 2010).

The DOS represents the U.S. in the global anti-trafficking movement. It oversees the Office to Monitor and Combat Trafficking in Persons and the Bureau of Population, Refugees, and Migration, which provide monetary support for global anti-trafficking efforts.

It also houses the Human Smuggling and Trafficking Center and is responsible for compiling the annual Trafficking in Persons Report (DOS, 2010).

The DOD requires compliance with its zero tolerance policy for human trafficking by military as well as civilian contractors and employees. Annual training and awareness campaigns, as well as a hotline for reporting possible occurrences, are provided. The DOJ oversees the Human Trafficking Prosecution Unit of the Civil Rights Division, the Child Exploitation and Obscenity Section (which prosecutes cases of child trafficking and child sex tourism), the Office for Victims of Crime (which provides funding to victims), and the National Institute of Justice (which supports research on the topic). These departments work to prevent trafficking, ensure prosecution of perpetrators, as well as offer legal protection and assistance to trafficking victims (DOS, 2010). The Federal Bureau of Investigation (FBI) also falls under the jurisdiction of the DOJ and through its Innocence Lost program, implemented in 2003, has established task forces in 27 U.S. cities that rescued over 300 child victims of trafficking and convicted 151 traffickers in 2009 (U.S Department of Justice, 2010).

The USDA concentrates on recognizing and preventing the use of child and forced labor in imported food products. The DOL works domestically to ensure fair wages and prevent exploitation of workers and its Bureau of International Affairs offers funding to fight child labor on a global level. The DOL also releases a list of products from countries that are suspected of using child or forced labor and offers training and job search assistance to victims. The EEOC investigates charges involving workplace discrimination and may therefore pursue civil awards for victims of labor trafficking (DOS, 2010).

As school-aged children are often recruited and exploited by traffickers, the DOE

offers educational resources to increase awareness of human trafficking in order to both prevent trafficking of schoolchildren and identify trafficking victims in schools. The Office of Safe and Drug-Free Schools spearheads such efforts. The HHS' anti-trafficking campaign, *Look Beneath the Surface*, also includes public awareness initiatives such as the Rescue and Restore program to assist those who may come into contact with victims (such as law enforcement, social workers, and health care providers). It also focuses on prevention by providing a variety of services that target vulnerable youth such as the Runaway and Homeless Youth Program. HHS also provides victim assistance such as certification for foreign victims, which allows access to federal benefits and services (victims who are U.S. citizens do not require certification for such services) as well as intensive case management. Additionally, it supports the National Human Trafficking Center's national, toll-free hotline (1-888-3737-888), which offers trafficking resources and information to interested parties as well as follow-up on tips and referrals involving suspected trafficking cases (DOS, 2010).

The U.S. Immigration and Customs Enforcement (ICE) division of the DHS works domestically and internationally to prevent criminal activities such as trafficking by protecting national borders and actively pursuing those who commit such crimes. Its ability to conduct international investigations expanded with the passage of the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today (PROTECT) Act of 2003 (Pub. L. No. 108-121), which opened the door for federal prosecution of U.S. citizens who travel abroad for the purpose of child sex tourism. ICE is but one of 20+ law enforcement, training, and immigration agencies, such as the U.S. Coast Guard and Federal Law Enforcement Training Center, housed within the DHS (DOS, 2010).

USAID provides funding for international efforts to combat trafficking, assist

victims with health and social issues, and train those who enforce and uphold the law. Initiatives that support the empowerment of women, economic development, educational opportunities, and protection of human rights are encouraged as a means to decrease the vulnerability of potential victims (DOS, 2010). As a result of the U.S. Leadership of HIV/AIDS, Tuberculosis, and Malaria Act of 2003, USAID funding is *not* made available to “any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking” (USAID, 2004, p.2).

Although various means of prosecuting perpetrators of trafficking crimes exist, they are not consistently and regularly implemented. Often these crimes go unpunished or are prosecuted under other non-trafficking statutes. For example, nearly 50,000 victims of human trafficking were identified in 2009, yet there were only 4,000 successful trafficking prosecutions worldwide that year. This means that the percentage of convicted perpetrators to number of victims identified was only 8.5%. Furthermore, the 50,000 identified victims are estimated to represent a mere 0.4% of the estimated total number of trafficking victims (Trafficking in Persons Report, 2010). Also of note, there were only 238 trafficking convictions in the U.S. between 2001 and 2007 (U.S Department of Justice, 2007).

There are numerous challenges to prosecuting traffickers. Quite frequently, victims are viewed as prostitutes or illegal aliens and considered offenders rather than victims of human rights violations. In addition to inconsistent use of the federal trafficking laws, state laws may define trafficking differently. As of January 2010, 41 states had statutes that make human trafficking a state felony offense, whereas just 17 have state-level task forces to combat human trafficking and only five states regulate “bride trafficking” and travel agencies that assist in sex tourism. States must develop anti-trafficking laws that are

consistent with the federal acts and with each other in order to utilize the criminal justice system effectively and strengthen laws against buyers of commercial sex and those who exploit laborers or enslave domestic workers to aid in prosecution of traffickers and subsequently decrease demand for such services (Raymond & Hughes, 2001). Furthermore, law enforcement, social services, and healthcare personnel should receive training in human trafficking and coordinated efforts that are culturally appropriate and victim-centered should be implemented. Additionally, coordination between victims' rights services and the criminal justice system is needed (Schauer & Wheaton, 2006).

North Carolina efforts to combat sex trafficking. Shared Hope International, a Faith Based Organization (FBO), recently completed The Protected Innocence Legislative Framework through their The Protected Innocence Initiative and the American Center for Law and Justice. Sex trafficking occurs in virtually every state in the nation, therefore this framework examined all 50 states' laws regarding sex trafficking. Experts reviewed 40 components of law regarding human trafficking, by state, and published their findings in 2011. The State Report Cards on the Legal Framework for Protection of the Nation's Children gave North Carolina a grade of "D" and no state received higher than a "C". Overall, state laws are weaker than the federal laws and there are gaps in the statutes that make prosecution difficult. It is also important to note that just because a law is in place, it does not mean that it is being applied appropriately (Shared Hope International, 2011).

North Carolina does have a human trafficking law that defines minors used in commercial sex operations as victims of human trafficking, without requiring the use of force, fraud, or coercion (as does federal law). It also has laws regarding commercial sexual exploitation (CSE) of minors, however these statutes do not line up with the prosecution and

victim protections afforded under human trafficking laws and gaps in the laws themselves provide loopholes for prosecution. For example, a john or trafficker could say that a victim consented to the act, thereby exonerating himself from wrongdoing. However, if the “purchase” was made over the Internet, then there is no such defense – another discrepancy in the laws. Prostitution charges can still be brought against minors, even though the human trafficking statutes are in conflict with such a charge being brought. Victims of CSE can also be sent to juvenile detention centers and the definition of “custodian” is written such that traffickers may fit the criteria. Additionally, although minor victims may be eligible for compensation, stipulations may prohibit them from actually collecting. Furthermore, victims of CSE are not afforded the same protection from cross-examination that rape victims are (Shared Hope International, 2011).

With regard to resources for law enforcement, wiretapping is permitted in CSE investigations but not in sex trafficking cases. North Carolina does have a reporting system for missing children. Only new police recruits have mandatory training on human trafficking while at the academy; current officers have no such requirement (Shared Hope International, 2011).

The state’s human trafficking law does not cover promoting, enabling, or profiting financially from trafficking. Also, those who distribute child pornography may face a sentence of only 20-25 months. Also, there are few options for bringing charges against purchasers of sex and penalties are much lower than the federal standards that could include up to a life sentence. However, if convicted of participation in prostitution of a minor, johns are required to register as sex offenders. The penalties for traffickers are much lower than federal standards and victim restitution is not mandatory. Traffickers, if convicted, would

also be required to register as a sex offender. There are no laws in North Carolina that prohibit sex tourism (Shared Hope International, 2011).

Sex trafficking victims in U.S. Commercial sex enterprises that involve the use of sex trafficking victims are widespread across the U.S. and can be found in virtually all states. Sex trafficking can occur in a variety of locations – from rural settings to large metropolitan areas; in commercially fronted establishments to underground operations; in “clubs” that only serve members to publicly accessible massage parlors, strip clubs, and escort services. In addition, hotels, make-shift brothels, private homes, and “the streets” may serve as places where commercial sex acts take place.

Victims may be domestic or foreign-born, as trafficking occurs both within and across U.S. borders. Domestic sex traffickers or “pimps” often recruit runaways and homeless children for prostitution with the average age of entry into commercial sex work being 12 to 14 years. (Polaris Project, 2010). In fact, runaways are targeted by traffickers and likely to be solicited for prostitution within 48 hours of leaving home (Spangenberg, 2001). While it is difficult to estimate the number of children involved, the Second National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children estimate that in 1999 there were nearly 1.7 million youth in the U.S. who could be classified as runaways or thrownaway children and over 70% were considered to be at-risk for prostitution (Estes & Weiner, 2001). There are no official estimates for the number of trafficked minors in the state of North Carolina.

Although no socioeconomic class is excluded from trafficking recruitment efforts, poverty contributes to the likelihood of being exploited, as does female gender, loss of a parent or caregiver, and a history of childhood sexual abuse (Clawson, Dutch, Solomon &

Grace, 2009). In fact, a Boston study of 106 women who had been arrested for prostitution found that 68% had been sexually abused prior to the age of 10 (Norton-Hawk, 2002). Also, the Huckleberry House Project in San Francisco reported the incidence of early sexual abuse to be 90% (Harlan, Rodgers & Slattery, 1981). Other risk factors include growing up in a home where substance abuse and/or domestic violence are present (Raphael, 2004).

International victims who are trafficked into the U.S. are mostly from Asia, Latin America, Africa, and Eastern European countries.

Sex trafficking victims are primarily women and children, as they are the most vulnerable to exploitation. They may be economically disadvantaged, uneducated, in poor health, and/or victims of childhood abuse. Sex trafficking victims may be subject to gender inequality or age discrimination in their country of origin, or live where government and police corruption is rampant and human rights violations commonplace. They may leave home willingly or family members may even sell child victims to traffickers for a lump sum of money or to pay off debts. Additionally, local gangs may recruit young people for commercial sex work while others are simply kidnapped (HHS, 2006).

Traffickers may act alone, as in the case of an inner-city pimp who coerces “his” women to work for him, in small networks of traffickers such as those who bring young girls from Latin America to the U.S. with false claims of restaurant or hotel work, to large international organized crime syndicates that supply people, arms, and drugs to trafficking networks around the world. In many cases, the trafficker lures the victim in with hope for a better life, and then takes over control of the victim’s life through the use of force, fraud, or coercion.

Physical brutality and psychological manipulation are often used as means to control sex trafficking victims. Once the victim is recruited, the trafficker removes her from familiar surroundings and cuts off ties with her family. If the victim is brought into the U.S. (either legally or illegally), the trafficker confiscates identification papers, documents, or passports, and may keep victims in the U.S. beyond their visa period making them dependent upon the traffickers and fearful of the authorities (Raymond & Hughes, 2001).

Those who do not speak English are even more disadvantaged and reliant upon the traffickers. Victims may be physically restrained, repeatedly raped, beaten, starved, and isolated from the public. They are frequently moved from one location to the next in order to decrease the chance that they become familiar with their surroundings and try to escape or find someone in whom they can confide. They may be subject to debt bondage for outlandish and bogus expenses related to immigration, transportation, food, and clothing. Often victims submit to their circumstances and refrain from escape attempts as a result of these tactics and traffickers' threats of extreme violence against the victim and/or the victim's family members (R.I.P.P.L.E., 2007; HHS, 2010).

Significance of the problem. Although often hidden or ignored, sex trafficking permeates all socioeconomic classes and has devastating consequences on society as a whole. Human service providers may encounter victims of sex trafficking in various locations – health clinics, emergency departments, domestic violence programs, homeless shelters, child protection agencies, juvenile detention facilities, churches, schools, and refugee centers, among others – yet may not be aware of the problem and therefore unable to provide appropriate care.

The role of human service providers in victim identification and referral is crucial in that interaction with multidisciplinary team members may provide an opportunity for detection and rescue. Therefore, it is essential that human service providers know how to recognize, interact with, and provide services to victims. There are resources in place to assist trafficking victims, but only if they can first be acknowledged as such and freed from their captivity and exploitation.

Problem statement. Little is known about sex trafficking survivors' encounters with human service providers in North Carolina and how human service providers interact and collaborate amongst themselves.

Yet, as victims continue to be identified and rescued, a coordinated continuum of aftercare services is needed, with both short-term and long-term involvement with survivors. In fact, Macy and Johns (2011) found that there is a growing need for human service providers to both recognize and offer support and care to sex trafficking survivors. However, many human service providers lack an awareness and understanding of trafficking in general, how to identify victims, what to do if a potential victim is identified, what the specific health consequences of trafficking are, what is needed to treat survivors, and what resources are available to assist them.

Despite increasing attention to and public awareness of sex trafficking, the scientific knowledge base remains limited. Without reliable scientific data, it is not easy to prevent sex trafficking and design victim service programs. Much of the current scientific literature focuses on determining the scope of the problem, summarizing policies, and examining legal ramifications rather than on the needs of victims and the services provided to them.

Purpose of this research study. The physical and psychological effects of sex trafficking on victims' health have been well documented (and will be discussed in Chapter Two). Yet, little is known about the coordination and provision of aftercare services for survivors of sex trafficking in North Carolina. Research is needed to better understand these relationships in order to guide program development for the range of aftercare services that survivors of sex trafficking need in order to receive appropriate services and achieve successful outcomes.

Therefore, the purpose of this qualitative study is to describe and explore the provision of aftercare services for sex trafficking survivors in North Carolina, including what happens before a survivor is identified, how human service providers interact with each other and survivors once they begin receiving aftercare services, the impact of service provision on both providers and survivors, and lessons learned or promising strategies developed through such interactions.

Research questions. Research questions include: 1) What needs to happen prior to the interaction between human service providers and survivors in North Carolina, 2) what happens during the interaction – how do human service providers engage each other and what aftercare services are currently being provided to survivors in North Carolina, and 3) what is needed to enhance aftercare service provision in North Carolina – what are the lessons learned or promising strategies developed through such interactions?

A descriptive and exploratory approach will be used to explore the nature of sex trafficking survivors' interactions with human service providers in North Carolina and yield valuable information that will increase awareness, expand the knowledge base, and provide much needed insight into aftercare service provision.

Chapter Two

Review of the Literature

Sex trafficking results in much pain, suffering, and even death for victims, violates human rights and human dignity, and endangers the welfare of the individual, the family, and the community. As most victims of sex trafficking are women and girls, a postmodern feminist research paradigm will be applied to this study. The literature review will examine postmodern feminism's assumptions and implications, upon which the conceptual framework for this study will be built. It will also examine what is currently known about the factors that influence a sex trafficking victim's interaction with the human service providers, identify gaps in the research, and elucidate the need for further research on sex trafficking.

Little is known about sex trafficking victims' interactions with the human service providers in North Carolina. However, what is known regarding 1) the adverse effects of sex trafficking on victim's physical and mental health, 2) the importance of the human service providers role in identifying and caring for victims, and 3) how survivors' needs impact the provision of aftercare services will be discussed.

Postmodern Feminist Paradigm

Among researchers, there is little or no consensus on a consistent theoretical framework for understanding or investigating human trafficking (Bruckert & Parent, 2002). Therefore, a Postmodern Feminist paradigm will be used as the foundation for a conceptual framework for this qualitative inquiry into sex trafficking victims' interactions with human service providers while being trafficked. A feminist research framework does not ignore or

reject men or masculine viewpoints or experiences, but rather involves looking at an issue from a women's perspective while acknowledging that women have historically been oppressed, devalued, and exploited (Acker, Barry & Esseveld, 1983). Furthermore, feminist researchers are committed to transforming the status of women. Such change can be accomplished by including women as research subjects in studies in order to contribute to the development of the knowledge base (Conduit & Hutchinson, 1997).

Postmodernism. Modernism is generally considered to have grown out of the Enlightenment in 18th century Europe, replacing superstition and myth with scientific method and the belief that knowledge and truth are indeed discoverable and absolute. Postmodernism evolved out of and in response to modernism yet its connection to modernism is not consistently delineated (Crotty, 1998). It may be viewed along a continuum – by some as simply a logical extension of modernism that retains its basic principals (Rue, 1994; Sarup, 1993) but by most as overarching rejection of and opposition to modernism's core tenets.

Postmodernism discounts the all-encompassing grand narratives or universal truths characteristic of modernism. Conversely, postmodernism favors small, local, and individual stories that elucidate the specific and personal aspects of the human experience (Agger, 2007). Such “mini-narratives” offer only a limited insight into a topic, one that is context-dependent and open to interpretation by not only the researched, but also the researcher, and potentially even the readers themselves, each of whom contributes to the construction and interpretation of what constitutes truth in the moment. It is acknowledged that there is no absolute truth or objective reality; truth is fluid and shifting while realities are multiple and subject to ongoing creation/recreation and development/redevelopment (Grbich, 2007).

Feminism. Feminism, like postmodernism, has various facets and dimensions. Generally, feminists agree that basic tenets include that: 1) inequality along gender lines exists in society, 2) how women construct knowledge is devalued, 3) research can provide an avenue through which women's voices can be heard, 4) hearing women's voices can illuminate inequalities and encourage political action, and 5) empowerment and emancipation of women will positively transform society (Grbich, 2007).

Third world woman feminism. During the 1980s, feminism was criticized as being focused primarily on White women of developed nations. Movement toward multicultural and global perspectives of feminism resulted as women of color and those in developing nations lent their voices to the cause (Tong, 2006).

As postmodern feminism evolved, an emphasis on differences between women became a dominant theme. Feminists realized that the focus on "woman" as a group marginalized women who did not fit into a universally defined category, such as that of the Western, white, middle-class woman who was the focus of much initial inquiry. Differences such as race, ethnicity, age, sexual orientation, and class have subsequently been recognized and resulted in diverse approaches to feminist research that analyze women's experiences from a variety of perspectives. However, some critics believe that such a movement has categorized all non-Western women into one "Third World Woman" that overlooks the diversity within this group. Additionally, this binary or oppositional thinking – supporting dichotomies such as male/female, rich/poor, White/non-White has also been criticized by Cixous and Clement (1986) as hindering the progression of feminist thought. To combat this problem, Mohanty (1984) suggests that the development and study of concepts (such as woman) must include consideration and identification of the applicable social, cultural, and

historical contexts in which the concept is applied. Such an approach acknowledges that multiple realities exist and are informed by the social identity, physical location, and life experiences of individual women. Hence, not only is reality informed by such factors, but identity itself is, as a result, fluid and shifting.

Goal of feminist research. The feminist movement grew beyond merely the examination of women's experiences to a more purposeful, outcome-driven goal for research endeavors – that they should aim to improve the lives of women. In fact, this became the widely accepted and unifying element of feminist research – *research should aim to change women's lives, otherwise it is essentially meaningless* (Hekman, 2007). A core component of feminism is the focus on the lives and issues affecting specific groups of women from a variety of multicultural aspects. Acknowledgement of differences that exist within groups and use of self-classification into ethnic and racial classifications has changed how feminist research is designed and conducted. Additionally, acceptance of cultural, social, and political differences is a hallmark of current feminist thought. Yet criticism has arisen in that such diversification of the movement's agenda may lead to a loss of focus on the existence of women as “women”, its core tenet (Tong, 2006).

Benefits of using a postmodern feminist paradigm. There are numerous benefits to using a postmodern feminist paradigm in research with human subjects. First of all, this type of approach can be adapted for use with virtually every form of qualitative inquiry, expanding the ways in which a question can be framed and investigated and data interpreted and presented. It provides a unifying framework for research, yet is flexible enough to be useful in many circumstances. It is also broad enough to allow for study of a wide range of issues affecting women and to generate diverse knowledge about women's experiences.

In rejecting the notion of absolute truth and reality, this approach seeks out the mini-narrative and allows the voices of individual women to be heard and to reveal how women come to understand and give meaning to their experiences (Letherby, 2002). This can provide us with an in-depth look at the experiences of women, as in the case of this study of those who work with victims of sex trafficking as well as one who experienced and survived sex trafficking herself. Additionally, variations and differences within and between participants can be highlighted with a postmodern feminist framework (Fraser & Nicholson, 1988). Also, a postmodern feminist paradigm provides an avenue for the voices of diverse researchers and participants to be heard. As stated previously, diversity of people and ideas has helped to shape the face of feminism today. The voices of women of color, in developing nations, and in various subsets of the population provide insight into the meaning of their experiences. Without such approach, their voices would likely remain silenced, as in the past.

Postmodern feminism allows for reflexivity and encourages the researcher to acknowledge his or her own personal involvement in and contribution to the collection and interpretation of data. The researcher is part of the process, rather than being an objective outsider and participants are not simply “passive vessels of answers” (Aranda, 2005, p. 139). Rather researcher and participants actively create meaning together (Denzin & Lincoln, 2000). This interaction can lead to more meaningful interpretation and understanding and can also make both the researchers and participants feel closer to and more a part of the research.

Furthermore, this paradigm allows for the investigation of topics that are important to researchers and women in general, but can be contentious. In essence, it does not turn away

from sensitive or emotional topics, and sex trafficking is clearly both a sensitive and emotional topic. Also, its usefulness extends beyond expanding the knowledge base in that it seeks to incite political and social change. Postmodern feminism seeks to empower participants and improve the lives of those being studied, usually through political or social change, something other forms of research do not directly seek to do. This may not only benefit the women being studied, but also others in their situation, and perhaps even women in general.

Postmodern feminism provides a mechanism by which power is decentralized and shared between the participant, researcher, and reader. It allows for an exploration of power dynamics across society. As practices that create and maintain dominance and oppression are identified through research with human subjects, feminists can identify how best to resist them, and encourage others to work to eliminate them.

Generally, a postmodern approach to research with human subjects has many benefits that allow for in-depth exploration of sensitive topics with diverse women. Clearly, the issue of sex trafficking is quite sensitive and its survivors quite diverse as its victims can span all ages, classes, races, and levels of society. Yet, such exploration can be empowering to researcher, participant, and reader. It can also potentially lead to political and social change. Without the insights into the individual experiences of the women being studied, knowledge of issues of importance to women would suffer, much as women have in the past, and even continue to do so today. Only through the acquisition of understanding can the plight of women be improved, and using a postmodern feminist approach to conducting research with human subjects is one way to achieve this aim.

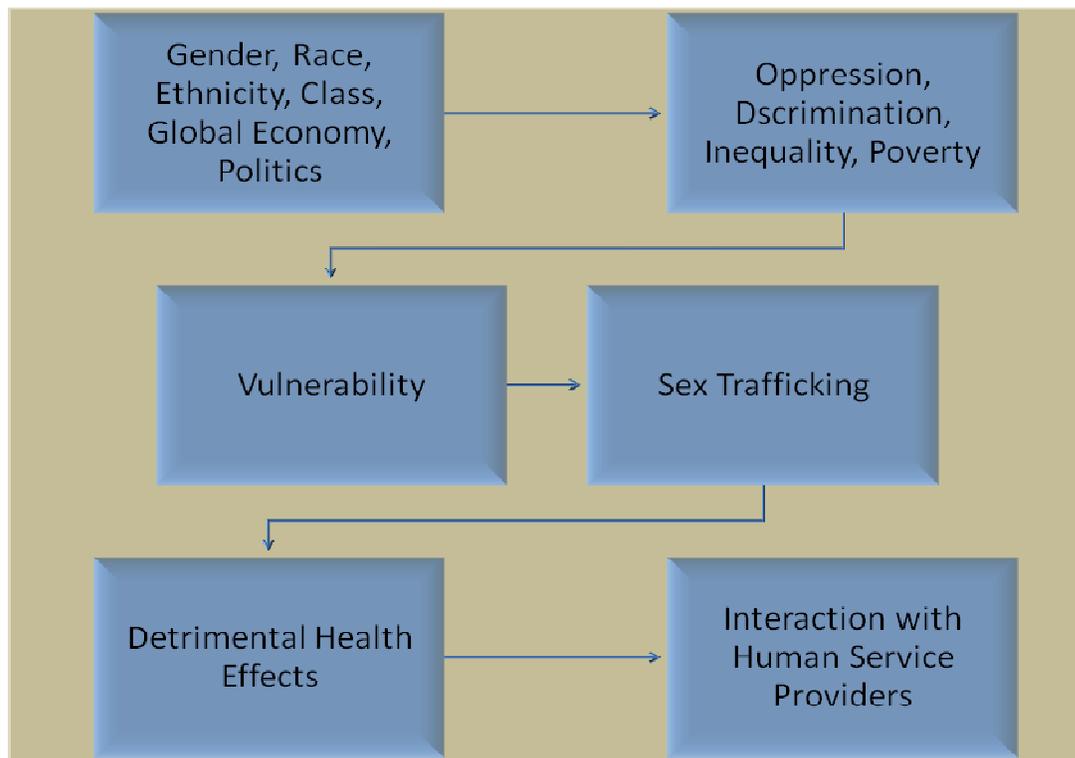
Challenges of using a postmodern feminist paradigm. No approach to research with human subjects is without its challenges, postmodern feminism included. Meaning is defined by the participant, constructed from recollections or observations, and as such cannot be considered true, accurate, and complete account of reality. Additionally, experience is not necessarily interpretable and may not necessarily be the foundation upon which knowledge should be built (Scott, 1992). Additionally, the probing, deeply personal, and sensitive nature of this type of research could contribute to continued oppression or victimization of the participants being studied or a particular group with which they are aligned. This may be especially true for sex trafficking victims as well, as re-living the experience could be difficult and even traumatic.

Rejecting universalism outright may hinder the growth of the feminist movement by fragmenting its agenda and result in a downturn in social political action as issues are not collectively supported (Fraser & Nicholson, 1988). Furthermore, the focus on the individual could be harmful in establishing a collective voice that represents all women, and possibly even result in a backlash against the women's movement in general (Faludi, 1991).

Another disadvantage to using this approach with human subjects is that although the close relationship between researcher and participants that develops has benefits, insider status, or sharing similar backgrounds with participants, can lead to researcher to make inaccurate assumptions or participants to withhold information, believing that the researcher is already aware of it. Although this researcher does not share the sex trafficking experience and has not worked directly with survivors as a human service provider, participants may make assumptions about what she knows or does not know about the commercial sex industry and trafficking in general and withhold or embellish information accordingly.

Also, the issue of empowerment or emancipation is controversial. It implies a power differential between the emancipator and those presumably in need of emancipation. Also, whether or not researchers can or should be expected to transform society is questionable (Grbich, 2007). These drawbacks should be acknowledged and taken into consideration by researchers so that their studies are designed and conducted in such a way that the benefits of using this approach outweigh the limitations of doing postmodern feminist research with human subjects.

Figure 1. Conceptual Framework



A Postmodern Feminist research paradigm provides a structural foundation for the conceptual framework for this study of sex trafficking victims interactions with human service providers. Such a paradigm incorporates tenets often associated with postmodern feminism such as giving voice to those previously silenced through oppression, inequality,

and/or exploitation (such as marginalized women) integrated with components of Third World Women feminism that include considering how race and ethnicity interact with class, gender, global markets and political affairs to influence women's experiences (Parpart, Connelly & Barriteau, 2000). Additionally, as previously discussed in Chapter One, the effects of oppression, race and sex discrimination, unemployment, poverty, and limited protection for women's rights can lead to increased vulnerability to sex traffickers' efforts to recruit women and girls for commercial sexual exploitation (HHS, 2006). Chapter One also defined sex trafficking, examined push factors and pull factors that make sex trafficking so prevalent and profitable, and examined the extent and scope of the problem.

The Detrimental Effects of Sex Trafficking on Health

Exposure to traumatic events has been shown to negatively impact both physical and mental health. In general, people who have been severely traumatized have poorer health status, a greater incidence of physical symptoms, and more medical diagnosis than those who have not suffered traumatic events (Green & Kimerling, 2004). As sex trafficking is associated with numerous and repeated trauma, the effects of sex trafficking on health are many. Victims often face an array of both physical and psychological health issues as a result of their experiences and consequently have unique needs that require a multifaceted approach to care.

Physical health. Sex trafficking victims are often exposed to unsafe sex practices, inhumane living conditions, poor sanitation, nutritional deficiencies, poor personal hygiene, brutal attacks by traffickers, dangerous working conditions, occupational hazards, and a lack of basic health care. Additionally, they are repeatedly subjected to beatings, gang rape, and other forms of torture (Farley, 2003) and/or forced and unsafe abortions (Zimmerman, et al.,

2003), burning of breasts and genitals with cigarettes, and chaining with fetters (Institute for Integrated Development Studies, 2004). This abuse may result in afflictions such as unwanted pregnancy, miscarriages, pelvic pain, menstrual problems, and HIV/AIDS due to violent sexual exploitation and limited condom usage.

The terms *sex trafficking victim* and *prostitute* are used often in discussions and publications regarding commercial sexual exploitation. Some use the terms interchangeably and believe that prostitution is not a choice and always involves the use of force, fraud, or coercion. Therefore, they consider all *prostitutes* to be sex trafficking victims. Others study those who actively participate in prostitution of their own free will, or those have been arrested for prostitution (whether willing or unwilling participants) and may therefore refer to these groups as *prostitutes*. For purposes of this discussion, the terms *prostitute and sex trafficking victim* shall mean anyone who is or was involved in commercial sexual exploitation. The Council for Prostitution Alternatives in Portland, Oregon (2010) found that over three-fourths of former prostitutes had been raped by their pimps or male purchasers of sex an average of 49 times per year and over half had suffered other forms of sexual abuse and torture. Pregnancy may result due to rape and/or limited birth control usage. Raymond and Hughes (2001) found that half of U.S. sex trafficking victims became pregnant and 42% gave birth whereas just over 40% of international victims became pregnant, with only 20% giving birth. Only a small percentage of the women who gave birth retained custody of their children and nearly one-third had one or more abortions. In another study of prostitutes in Minneapolis/St. Paul, 85% had a history of sexually transmitted infections (STIs) such as Chlamydia, syphilis, gonorrhea, and herpes and over 30% reported one or more episodes of

Pelvic Inflammatory Disease – any of which may lead to infertility or sterility, especially when untreated (Parriott, 1994).

Other afflictions include rectal trauma, difficulties with urination, recurrent infections, chronic pain, fractures, and traumatic brain injuries. Raymond and Hughes (2001) found that 35% of U.S. women who had been trafficked for commercial sex had suffered broken bones, and that most battering injuries occurred to the face, head, mouth, and teeth. Additionally, victims may suffer from malnourishment, tuberculosis, hepatitis, serious dental problems, and undetected/untreated diseases such as diabetes or cancer. Children are especially prone to malformed or rotting teeth as well as exhibiting improper growth and development (HHS, 2006). Victims may also suffer somatic symptoms such as headache, dizziness, and backache (Raymond & Hughes, 2001).

Substance abuse may be present as traffickers often coerce victims to use drugs or they may do so willingly to help cope with their situation. Subsequently, drugs may be denied or withheld by the trafficker as a means of control or punishment. Virtually all prostituted women in the Minneapolis/St. Paul study reported being addicted, most commonly to crack cocaine and alcohol (Raymond, 1999). Additionally, as preventative health care is nearly non-existent, health problems may not be treated until they reach a critical, debilitating, or life-endangering state, or they may have been treated by unqualified medical personnel hired by the trafficker without regard for the well-being of the patient and absence of safeguards for infection and contamination control. Signs of torture and physical abuse such as mutilations, bruises, and scars may also be present. Victims of sex trafficking may die as a result of disease, injury, substance abuse, or suicide, or may even be killed by their traffickers (HHS, 2006).

HIV / AIDS and sex trafficking. HIV/AIDS and human trafficking affect millions of individuals around the globe. Poverty, gender inequalities, lack of opportunities for women, discrimination, stigma, substance abuse, and human rights violations are all factors for both persons at-risk for or living with HIV as well as for victims of trafficking.

Sex trafficking significantly contributes to the spread of HIV/AIDS worldwide. A study done by the Harvard School of Public Health (Silverman, 2008) established a link between women and girls trafficked from Nepal to India with increased HIV/AIDS rates. These victims have a greater risk of contracting the virus because they are typically trafficked at a young age, making it more difficult for them to negotiate protected sex, and they have an increased likelihood of being forced into sex. These victims are also more likely to be co-infected with other STIs, such as syphilis and Hepatitis B (Silverman, 2008), thus further increasing their probability of contracting and transmitting HIV to others. Their vulnerability in contracting STIs and HIV is amplified by their lack of access to health care services, especially when they are in a foreign land and unable to speak the language. Lastly, sex trafficking is adding to the problem of drug-resistant strains of the HIV virus (Stop Violence Against Women, 2005).

According to the World Health Organization, the transmission of HIV can be decreased if effective treatment of other STIs is provided (2000). Unfortunately, many countries around the world, including the U.S., lack these services or have insufficient means of providing them. Improving access to care, providing education, and promoting prevention are of utmost importance to ensure that HIV/AIDS transmission is reduced, or even eliminated altogether.

Sex trafficking is illegal and governments must enforce and enact laws designed to eliminate trafficking in order to stop the virus from spreading. As stated by the Advocates for Human Rights group, prevention and education should target “men who engage in sexual practices with trafficked women”, as the HIV/AIDS “epidemic is driven mainly by male-to-female transmission and male use of prostituted women” (Stop Violence Against Women, 2005). It is also important to recognize that plans to eradicate trafficking and prevent HIV transmission rely heavily on national leadership and public awareness campaigns.

Access to health care services is a right of every man, woman, and child, yet many are without such services. Human trafficking, especially sex trafficking, contributes to the growing epidemic that HIV/AIDS has become over the past several decades. It does, however, have the potential to be eradicated, thus eliminating a significant source of HIV/AIDS transmission. The vulnerabilities to trafficking and contracting HIV require immediate attention, as both threaten human rights and human dignity (Stop Violence Against Women, 2005).

Mental health. Trafficking victims have many of the same symptoms and healthcare/social services requirements as victims of torture, intimate partner violence, and sexual assault. Like victims of torture, they may suffer from posttraumatic stress disorder (PTSD), depression, anxiety, and have problems with substance abuse – with PTSD being the most commonly reported psychiatric effect of a traumatic experience (De Jong, Komproe, Ommeren, Masri, Khaled, Van de Put, & Somasundaram, 2001). Those who experience intimate partner violence are three to five times more likely to suffer from depression, suicide ideation, substance abuse, and PTSD, with the prevalence of PTSD ranging from 34-84% (Golding, 1999). Rothbaum, Foa, Riggs, Murdock, and Walsh (1992) found that 94% of

victims of sexual assault exhibited symptoms of PTSD two weeks after the event (as defined at the time), and nearly half reported PTSD symptoms three months later. Similarly, PTSD was found in nearly 75% of participants in an international study of prostitutes in five countries (Farley, Barel, Kiremire & Sezquin, 1998) while Valera, Sawyer, and Schiraldi (2001) found that having PTSD decreased the likelihood of ever getting out of prostitution.

Trafficked women and children are usually psychologically abused, emotionally manipulated, intimidated, isolated, confined, and marginalized (Raymond & Hughes, 2001). Additionally, they are subjected to brainwashing, psychological coercion, and emotional blackmail (Venkatraman, 2003). They undergo repeated mental and verbal abuse and are often threatened (Farley, 2003). In fact, threats to harm the victims themselves, as well as their children and families, are used by traffickers because they are effective in gaining cooperation and preventing escape attempts, as are other instilled fears of criminal prosecution, deportation, and physical abuse (Hughes & Denisova, 2001).

Victims may suffer from mind/body separation, disassociated ego states, shame, grief, fear, acute anxiety, distrust, hatred of men, self-hatred, depression, post-traumatic stress disorder (PTSD), other psychological trauma, and cultural shock (HHS, 2006). Additionally, Raymond and Hughes (2001) found that 85% of former trafficking victims reported being depressed or sad, with over 60% of U.S. victims being angry and having intent to harm or kill themselves, even after no longer being involved in the commercial sex industry. Blaming oneself and feeling guilty about what happened were also commonly reported. Adolescents are found to exhibit more than one disorder with mood, conduct, and hyperactivity disorders being the most common, often co-presenting with substance abuse disorders (Crowley & Riggs, 1995). Some victims may also suffer from eating and sleeping disorders and/or be

disoriented and confused, as well as suffering with feelings of guilt and humiliation. They may also be in denial or disbelief. Traumatic bonding – a form of coercive control in which the perpetrator instills in the victim fear, as well as gratitude for being allowed to live - has also been documented (HHS, 2006). Sex trafficking victims may also have behavioral problems such as aggression and issues with self-identity (Ryan, 1997) and often display a general feeling of helplessness, shame, and humiliation (Garza, 2007). Additionally, they may display self-destructive behaviors such as cutting and many report suicidal thoughts and attempts (Raymond & Hughes, 2001; Farley, 2003). In one study, trafficked women perceived only three ways to escape their situation: 1) to become unprofitable due to trauma, emotional breakdown, or advanced pregnancy, 2) to be helped by a client, or 3) to die (Hughes & Denisova, 2001).

Interactions with the Human Service Providers

As described above, the detrimental health effects of sex trafficking on victims are numerous and severe. Although such conditions may warrant medical attention, no literature was found on what happens during encounters between health care providers and sex trafficking victims. Most of the literature and documentation consists of the need for providers to recognize victims of trafficking and subsequently assist in freeing them from captivity, rather than focusing on what needs to happen prior to the interaction, what happens during the interaction, how providers and survivors are impacted by such interaction, and what is needed to enhance aftercare service provision. Clearly, the answers to these questions would contribute to the knowledge base regarding service provision to victims of sex trafficking in North Carolina.

Identifying victims of trafficking. Health care providers, social service organizations, and law enforcement personnel all may potentially come into contact with victims of sex trafficking. These victims represent a specific group of victims of violence. Though they may resemble victims of domestic violence and/or sexual assault, their experiences, abuses, and related illnesses are unique and require multidisciplinary responses (Zimmerman et al., 2003).

Trafficking victims are often isolated from the public by being frequently moved from one location to another in order to avoid detection and minimize opportunities for escape and also by the fact that they are usually comprised of marginalized groups such as immigrants, children, the poor, non-English speakers – groups who tend to have less power in society (R.I.P.P.L.E., 2007). Yet those who come in contact with human service providers may have an opportunity to escape captivity, but only if the providers are able to recognize and reach out to them. Recognizing the signs of abuse and trauma could lead to a life-changing rescue and recovery of a trafficking victim (Garza, 2007). In fact, health care providers specifically are considered to be the first line of defense in helping to identify victims of trafficking in the community (HHS, 2006). Yet, a recent qualitative inquiry found that the opportunity for intervention was often missed in that 28% of study participants (former trafficking victims) came into contact with the health care system while in captivity, yet were not recognized as such (Family Violence Prevention Fund, 2005). It is difficult to determine the likelihood of a sex trafficking victim being able to seek medical care, but Raymond and Hughes (2001) found that 56% of study participants had visited an emergency room at least once while being trafficked with 25% having had multiple visits. Over 35% of participants reported that the health care provider knew they were engaged in commercial sex

work. As one means of identifying victims, Hughes (2003) suggests that emergency room and other health care providers should not assume that a woman or child who presents for care is *willingly* engaged in prostitution. Each should be questioned privately and carefully in order to determine if they are indeed a victim of trafficking.

Human service providers' role.

Many human service providers' lack of awareness of the issue in general, and an inability to recognize the physical, mental, and social cues that identify one as a potential victim of human trafficking.

According to the Department of Health and Human Resources (2006), in order to recognize and care for trafficking victims, human service professionals need to:

- Be aware of common worksites (massage parlors, strip clubs, agricultural sites with migrant labor, restaurants, garment sweatshops, nail shops, or domestic service).
- Know what to look for (working long hours, being scared of their employer, restricted movement, being accompanied or guarded by someone who censors their statements/examinations – evidence of being controlled).
- Know what questions to ask (describe work conditions, how injuries occurred, freedom of movement, a feeling of safety/security, and contact with family members).
- Know how to select an appropriate interpreter.
- Be aware of the need to build trust.
- Know who to contact for assistance/referrals/victim services.

Although human service professionals face challenges in identifying sex trafficking victims, the victims themselves also face barriers to accessing services. These may include cultural and language barriers, feelings of shame or embarrassment about what has happened

to them, and fear of authority figures due to being told by traffickers that law enforcement will not protect them, along with the lack of understanding that community and social service agencies are independent from law enforcement. They may also be fearful of the traffickers' threats of harm to themselves or their families if they seek help and may not even realize that what has happened to them is in fact illegal and therefore may not identify themselves as victims of a crime (R.I.P.P.L.E..2007). Also, they may be under constant supervision or surveillance, which limits their ability to seek help and makes disclosure difficult. Due to traumatic bonding, a victim may develop loyalties and positive feelings toward the traffickers and subsequently try to protect them from authorities (HHS, 2006). Victims of sex trafficking may also have an inherent lack of trust of human service providers and others in a position to offer assistance, may demonstrate learned helplessness, and simply may not have access to transportation or enough familiarity with the community in order to get to those who can help (Clawson, et al., 2009).

In addition to looking for signs of trafficking as previously discussed, law enforcement personnel should be aware of situations that may in fact be related to sex trafficking. Prostitution rings, massage parlors, strip clubs, domestic violence calls, and police raids where foreign nationals are present require further investigation to determine if trafficking is occurring (HHS, 2006).

Interacting with victims of trafficking. A lack of adequate resources and disjointed service coordination, as well as personal safety concerns, may contribute to the inability to effectively assist victims of sex trafficking (Clawson, et al., 2009). The need for comprehensive multidisciplinary aftercare services has been identified (Clawson & Dutch, 2008; IOM, 2010). Needs of survivors change over time with immediate needs that may

include safety, shelter and food, emergency medical care, interpreter services, legal advocacy, as well as crisis counseling (Macy & Johns, 2010). Intermediate needs include continued safety, transitional housing, substance abuse counseling, as well as physical and mental health care. Long-term ongoing needs such as extensive mental health counseling, immigration and legal services, language and job skill training, permanent housing, reunification with family if applicable, and comprehensive case management are often required (Macy & Johns, 2010). Health care, legal, and social services must also be culturally appropriate in order for victims to be able to access and benefit from them (Raymond & Hughes, 2001).

Outcomes. Violence and trauma associated with sex trafficking may prevent trafficked women from recuperating physically and mentally as well as reintegrating into society if they are able to escape or be rescued (Zimmerman, et al, 2003). In Raymond and Hughes' (2001) study of sex trafficking victims, 43% of international women and 50% of U.S. women had tried to leave the commercial sex industry on one or more occasions. Many returned due to continued pressure from the trafficker or pimp including brute force, being stalked or physically abused, and/or having threats made against themselves or their children. Factors such as drug addiction and lack of job skills and resources also contributed to their return.

Additionally, one study in Nepal found that all individuals in the study (n=20) suffered somatic and behavioral sequelae and had difficulties reintegrating into their communities due to the extreme stigma associated with prostitution (Crawford & Kaufman, 2008). Another study of internationally trafficked Nigerian girls found that they were subjected to black magic rites, which led them to fear that a curse or misfortune would befall

them or their families if they did not obey traffickers. This fear may develop into paranoia, which continues even after release from the trafficking situation (Aghatise, 2004). Raymond and Hughes (2001) also found that over 85% of victims suffered from depression for several years after they had been freed from the trafficking situation.

Research Gaps

Despite increasing attention to and public awareness of sex trafficking, the evidence base remains limited. Though many documents on trafficking exist, most are produced by nongovernmental organizations (NGOs) and governmental agencies and much of the information presented is allegorical in nature and often produced with decidedly political or other biases (Schauer & Wheaton, 2008). Without reliable scientific data, it is not easy to prevent sex trafficking and design victim service programs (Gozdziak & Collett, 2005). Much of the current scientific literature focuses on determining the scope of the problem, summarizing policies and examining legal ramifications rather than on the needs of victims and the services provided to them (Gozdziak & Collett, 2005; Clawson, et al., 2009).

Furthermore, even though varied but generally accepted definitions of human trafficking exist, they are not applied or operationalized consistently (Gozdziak & Collett, 2005). Some researchers focus on international or domestic trafficking in women and girls for sexual exploitation whereas others consider *all* sex workers to be trafficking victims, regardless of the threat of coercion or use of force. Most studies focus on women; often men and boys are not included in research and therefore little is known about trafficking of males for either sexual exploitation or bonded/forced labor. Additionally, arranged marriages, and sham adoptions, as well as live-in caregiver and mail-order bride agreements also have the

potential for slavery-like practices to occur, yet are studied less often than sexual exploitation and receive less attention in anti-trafficking campaigns (Gozdziak & Collett, 2005).

The clandestine and underground nature of sex trafficking makes the study of it challenging (Gajic-Veljanoski & Stewart, 2008). In addition, few governments systematically collect data on sex trafficking and often mix data relating to trafficking, smuggling, and illegal immigration (Laczko, 2002). Methodology and data sources are rarely discussed in publications, therefore the reliability of study findings is difficult to determine.

Need for Further Research

The need for extensive research on sex trafficking is great. In fact, it is suggested that lack of research-based knowledge may actually “deepen, rather than loosen the factors that make trafficking both so profitable and difficult to address” (Kelly, 2002, p. 60). Although the detrimental health effects of sex trafficking are documented, there is a pervasive lack of awareness throughout the health care profession and across disciplines on how to identify and assist victims of trafficking. Quantitative and qualitative inquiry is needed to identify the signs of trafficking so that health care professionals, law enforcement, and other human service providers may easily recognize it (Schauer & Wheaton, 2006). Yet, future research on sex trafficking should go beyond simply confirming the existence of the problem, or determining the number of victims, to a more systematic and meticulous investigation of a wide range of topics including its impact on victims, their families, the community, the efficacy of anti-trafficking legislation and the effectiveness of victim service programs. Identifying promising practices for service provision and establishing collaboration among service agencies are also needed. Promising practices should incorporate accurately

identifying victims, implementing safety strategies for both victims and human service providers, developing trusting relationships, providing culturally appropriate care, and understanding the effects of trauma on the victims. Furthermore, recognizing that recovery is an ongoing, lifelong process that requires a continuum of care through comprehensive service provision and collaboration with multiple agencies is essential. Including victims in service provision as peer counselors, and providing outreach and education to the community are also necessary components of a multi-faceted approach to providing care for trafficking victims (Clawson, et al., 2009).

Summary

Postmodern feminist research has the potential to change the way society views the issues important to women, and in doing so perhaps change “woman” herself. This can be achieved by acknowledging that inequalities exist, that women’s voices must be heard, and that empowerment and emancipation of women is a prerequisite for positive transformation. Postmodern feminism shares many guiding principles with qualitative research. The quest for subjective knowledge, obtained through in-depth and personal examinations of constructed realities, is vital to both the qualitative ideology and methodology. Additionally, postmodernism favors individual stories that shed light on the personal aspects of an experience (Agger, 2007), a common tenet of qualitative research.

In order to provide appropriate and effective care to sex trafficking victims, it is necessary to understand their interactions with the human service providers who may be in a position to help them. This qualitative study will explore and describe such interactions through in-depth interviews with former sex trafficking victims and human service providers.

Informative baseline data on sex trafficking victims' interactions with human service providers in North Carolina will be presented.

Chapter Three

Methods

The purpose of this study was to 1) describe and explore what resources need to be in place prior to the interaction between human service providers and survivors in North Carolina, 2) ascertain what happens during the interaction – how do human service providers engage each other and what aftercare services are currently being provided to survivors in North Carolina, and 3) identify what is needed to enhance aftercare service provision in North Carolina – the lessons learned or promising strategies developed through such interactions. There is no published research that looks at the factors surrounding service provision or aftercare services for survivors of sex trafficking in North Carolina.

A qualitative design was used for this research study: in-depth semi-structured interviews of human service providers who offer aftercare services to victims of sex trafficking and one sex trafficking victim were conducted in order to gather pertinent data regarding the provision of aftercare services in North Carolina. An exploratory and descriptive approach to data collection and analysis was utilized. This type of investigation is compatible with the postmodern feminist research paradigm and appropriate to use when there is “little or no prior knowledge” of a topic (Grbich, 2007, p.70). Exploratory and descriptive methods can be used jointly to understand an experience and the meaning participants attributed to it. Additionally, these methods not only supplement one another, but can also work together to enhance the depth and interpretation of the data (Hesse-Biber &

Leavy, 2006). Though exploratory and descriptive in nature this inquiry lays the groundwork for future study and theory development.

Participants and Setting

Participants. The precise number of participants is not known prior to data collection in qualitative inquiry and is deemed to be sufficient once saturation of the data has occurred. Saturation takes place when no new concepts or themes emerge from the research study data - essentially the same topics and ideas are being repeated. Typically, qualitative studies using in-depth interviews reach saturation between 12 and 15 participants (Munhall, 1988). Nineteen interviews were conducted in this study.

Inclusion/ exclusion criteria.

Inclusion criteria for human service providers included the following: adult, male or female, current or past employees/staff (such as medical professionals, case managers, executive directors, outreach coordinators, shelter providers, mental health counselors, attorneys, law enforcement) with a health care facility, social service department, law enforcement agency, FBO, NGO, anti-trafficking organization, or other community agency who have worked with or were currently working with survivors of sex trafficking in North Carolina. Such work may be on a part-time or full-time basis and can in be a paid or unpaid (volunteer) position. Those human service providers not meeting these criteria were excluded from the study.

Although the study focused on human service providers, one adult female who was a victim of sex trafficking was recruited for participation in this study to add depth, richness, and understanding. A human service provider identified her as someone who might be interested in participating in the study. In keeping with the definition of a sex trafficking

victim, she had been involved in commercial sex while under the age of 18. The definition of sex trafficking does not require the use of force, fraud, or coercion for minors, although she had been under the control of a pimp.

Recruitment. To ensure that a wide variety of human service providers that may come into contact with survivors were represented in the study, recruitment efforts were targeted at religious organizations, homeless and domestic violence shelters, social service agencies, advocacy and community groups, direct service providers, legal organizations, law enforcement, health care systems, and anti-human trafficking groups. Efforts at recruitment were primarily through email and telephone and first targeted organizations not just in North Carolina, but also across the U.S. Snowball sampling was used successfully, with participants providing the contact information of others who might have been willing to participate in the study, or by directly contacting them on my behalf. Once identified, potential participants were contacted by telephone, email, or in person to determine their eligibility and interest in participating in the research study. Due to the local success of snowball sampling, it was possible to limit the study to service provision in North Carolina.

Appendix A contains the Email Script that was used for recruitment. Appendix B contains the Recruitment Flyer for Human Service Providers and the Recruitment Flyer for Survivors can be found in Appendix C. The telephone script for follow-up to Emails for human service providers is included in Appendix D and the telephone script for follow-up with potential survivors follows in Appendix E.

Consent process. The Non-Biomedical IRB at the University of North Carolina (UNC) at Chapel Hill granted full approval for this study. The purpose of the study was explained to each participant and informed consent was obtained. This included the title,

purpose, and procedures related to the study, as well as identifying foreseen risks and acknowledging that unanticipated risks may exist. It was also explained to participants what would be done with the study findings (publications, presentations). The right to voluntarily participate, ask questions, and revoke consent at any time during the interview process was emphasized. The fact that this study may not directly help participants, but may be beneficial to others was shared; along with the disclosure that participation in the study may be upsetting or even traumatic for some participants. Appendices F and G contain the consent forms for human service providers and survivors, respectively.

Setting. Data collection took place at a mutually agreeable location, and at a time and place that was convenient for both the researcher and participant. The majority of participants were interviewed in person, at various locations across the state of North Carolina. As discretion and safety were paramount to the encounter, meetings were held in private rooms in libraries, participants' offices, or my office on the UNC campus. A telephone interview was also conducted with one participant who lived more than five hours from UNC.

Procedure. Participants were given an overview of what the interview would entail and approximately how long it would last. Open-ended questions were devised and a semi-structured interview script was developed for use during the interview process.

Examples of the types of interview questions for human service providers can be found in Appendix H. It is important to note that although all topics were covered in each interview, the exact wording of the questions, the order in which they were asked, and types of additional information provided by the interviewee varied. As the study progressed, minor adjustments to the interview guide were made and will be discussed later in this chapter.

Interviews were recorded using an Olympus digital voice recorder and notes were taken during the interview to track my initial reactions to the participant's statements and to record reminders about topics that may require further exploration. I also made field notes for each interview that consisted of not only observations about each particular interview, but also my reactions and thoughts. Throughout the study, some participants were easier to interview than others. However, as the interviews progressed, I felt that my interviewing skills improved and I rarely referred to the interview guide by midway into the study. I would however, look it over at the end of the interview to ensure that no topics had been overlooked. These field notes were useful in honing my interviewing skills as well as knowing which topics to focus on in subsequent interviews.

Interviews lasted between 30 minutes and two hours – most lasted approximately 60 minutes. Afterward, I thanked each participant for his or her time and asked if I could contact him or her again to clarify what was said or to arrange a second interview if needed: all agreed. No second interviews were necessary but I did contact several participants to obtain additional information or follow-up on leads for other potential participants.

Sample. The number of participants in this study was 19. However, one participant lived and worked outside of North Carolina. As the study progressed, it became clear that it would be possible to limit the participants and findings to North Carolina; hence the sixth interview (from another state) was subsequently excluded from the study, leaving 18 interviews for data analysis and interpretation. The age range of participants was 24 to 67. Seventy four percent of the participants were Caucasian, 21% African-American, and five percent were Hispanic. Females made up of 89% of the sample, with males comprising 11%. Highest educational degrees attained ranged from High School to Masters Degrees.

One survivor participated in the study - she was also an advocate and business owner who works with other survivors. In addition to the survivor, participants included a mentor (who works with the survivor), and representatives from the following fields: law enforcement, health care, social work, child protective services, litigator, attorney, clinical coordinator, case manager, community member alliance founder, FBO and NGO director, victim services manager, shelter provider, intern, advocate, and volunteer. Some categories overlap – for example, the survivor was also an advocate and service provider, and volunteers included a social worker and community member alliance founder. The majority worked for organizations that provided services to survivors of human trafficking as well as other groups; yet 42% of participants did work exclusively with survivors of trafficking - either both labor and sex trafficking or just sex trafficking. All participants spoke English. (Due to the close-knit community of human service providers in North Carolina and subsequent ease of recognition of participants by members, some identifying characteristics and details have been withheld or kept deliberately vague.)

Special Considerations – Vulnerable Populations

Vulnerable populations include groups or individuals who may be especially inclined to or at risk for mental or physical harm as a result of group membership, the type of situation in which they are/were involved, or from participation in research itself (Kavanaugh, Moro, Savage & Mehendale, 2006). Sex trafficking survivors' participation in this research study may make them susceptible to harm due to the power imbalance between researcher and participant, negative stereotyping associated with sex trafficking, social isolation, feeling unsafe or uncomfortable, and being traumatized by their experiences (James & Platzer, 1999).

Involvement in a research study can have a lasting effect on both researcher and participant (Parker, 1984). Researchers who work with victims of sexual violence may be subject to secondary traumatic stress from learning about the participants' "painful experiences of violence, humiliation and abuse throughout the process of collecting, analyzing and reporting on their data" (Coles, Dartnall, Limjerwala & Astbury, 2010, p. 1). The potential physical and emotional impact of the research should be considered and therefore I continually evaluated my response to interactions with the participants as well as to the data, and also looked for any adverse reaction in the participants themselves.

The most commonly reported emotional responses to working with sexual violence survivors included feeling angry, sad, depressed, fearful, and ashamed (Coles, et al., 2010). Feeling that the world was more dangerous and less secure than previously thought was also reported. Four strategies for dealing with secondary traumatic stress include 1) preparing - by reading /learning about the topic prior to beginning the investigation, 2) debriefing with supportive colleagues, family members, and friends (while maintaining confidentiality, of course), 3) "making a difference" (Coles, et al., 2010, p. 5) by presenting study findings, advocating, and educating others on the topic - which was found to be the most effective strategy, and 4) self care activities such as participating in hobbies, exercise, massage, spiritual endeavors, spending time with family, or taking a vacation (Coles, et al., 2010). I have been studying this topic for four years and have attended conferences where survivors told their stories. I have seen graphic documentaries on the subject and spoken to researchers who have worked directly with survivors about their reactions to the material and how they cope. I was able to discuss some aspects of my study with colleagues and family members (while protecting confidentiality), am hoping to "make a difference" by sharing my findings,

and do partake in self care activities such as getting a massage, spending time with family, and pursuing other interests.

Participant's reactions. Some human service providers did share aspects of survivor circumstances or experiences that were initially distressing to them (when hearing them for the first time). Some verbally expressed empathy or compassion for what the survivor had gone through or anger at the injustices suffered. However, they did not exhibit any outward or acknowledged signs of traumatization or emotional response from participating in the study. In fact, the only emotional responses noted during the interviews were occasions when participants chuckled or laughed. When describing upsetting events, they did so matter-of-factly and in a somewhat detached manner.

The survivor interview started off a little differently, however. I first asked her about her life prior to being trafficked. She was talking about her home life and then asked for the recorder to be turned off. She took a break for a few minutes, came back, and asked to start the interview over. I informed her that she did not have to do the interview, but she stated that she wanted to. She later explained that she had been going into too much detail about her home life prior to being trafficked and that was upsetting to her. She proceeded with the interview without further interruptions. The survivor and her mentor were interviewed together. In attending conferences and presentations on the subject of human trafficking, I have noted that survivors who speak often have a mentor with them. The mentor seems to provide a buffer between the survivor and the audience, tells part of the survivor's story on her behalf, and makes sure that she is protected during the process. This also happened during my interview. The mentor offered a lot of background information on *The Life*, gave his perspective and experience working with the survivor, and told specific parts of her story

- at her request. His presence seemed to make her more at ease (he had not been in the room when she first began the interview and asked to start over). They also confirmed and validated one another's feelings and observations.

Researcher's reactions. As the researcher, I personally was not upset by hearing the stories – of the survivor or the providers. I believe there are several reasons for this. One is that during the interview itself I was concentrating on making sure I had answers to all of my questions and that I explored further any topics that seemed important to the participant or any new ideas that were presented. Also, I have attended numerous conferences and presentations about trafficking and am somewhat familiar with the horrors associated with it. I was honored that participants took the time to speak to me and especially grateful that the survivor was willing to share her story and insight.

Researcher's perspective. The researcher's own beliefs can influence his or her research (James & Platzer, 1999). In general, impartiality is not a component of qualitative research and my own opinion and worldview likely impacts my research. My perspective on the research study has been shaped by what I have read and heard about sex trafficking – in the media, books, movies, articles, research studies, and from colleagues in the field, and my overarching beliefs regarding human rights, women's rights, and human dignity. Additionally, I have worked with underserved and vulnerable populations as a nurse and feel the need to advocate for their rights and give voice to their suffering. My intent for this research study is not only to raise awareness and understanding of human trafficking in general, but also to highlight what transpires when a sex trafficking victim interacts with human service providers - so that those who work with survivors will be better prepared to identify, assist, and engage them.

Data Management and Analysis

Data collection, analysis, and interpretation are concurrent and overlapping processes in a qualitative research study (Sandelowski, Holditch-Davis, and Glenn-Harris, 1989; Grbich, 2007). This provides an opportunity for further data collection to fill in gaps or examine emerging themes and can guide the researcher in collecting new and better data as the study proceeds (Miles & Huberman, 1994).

Each interview was transcribed (by the researcher) verbatim into a Microsoft Word document, with pauses and words such as *um*, *uh*, *you know* included. Emotional reactions were also noted. The interviews (nearly 350 pages of typed, double-spaced text data) were then uploaded into a QSR NVivo 9 qualitative analysis software program. Pseudonyms were given to each participant and the list of participants' actual first names and corresponding pseudonym was secured, along with other printed data and materials as well as an USB storage device for computer data, in the locked drawer of a filing cabinet in my office at UNC. No identifying information was tied to the transcripts, notes, demographic characteristics, or findings.

Prior to the actual analysis of data, Lofland, Snow, Anderson & Lofland, (2006) advocate “focusing” on the data (p. 119). I used focusing to scan the interview, look for topics of interest, and record my initial reactions to the data. Data analysis began by taking the whole and breaking it down into its various components, as described by Corbin and Strauss (2008). Being immersed in the data is essential to finding the “essence” of the meaning – as put forth by participants and/ or as interpreted by the researcher (Corbin & Strauss, 2008, p.47). I felt very immersed in the data, especially after transcribing each interview and re-listening to it to ensure accuracy.

As mentioned previously, one change that arose from the review of the interview guide was the need to include more probing questions about the impact of working with survivors on human service providers. I had originally intended to ask about the overall effect, but was not sure how deep the participants' responses would be due to the personal nature of the subject and my inexperience with the topic. I quickly realized that this was an area of great concern to the providers as they discussed the effect on one's worldview, the impact of vicarious trauma, attempts at boundary setting, self-care needs, and burnout rates. Hence, I asked more probing questions and allowed participants to expand on the subject as they saw fit.

Corbin and Strauss (2008) discuss various strategies for analyzing qualitative data. Two preliminary strategies for data analysis include "asking questions and making comparisons" (p. 68). Asking questions is important throughout the research process but can be used at the beginning to jumpstart analysis, gain familiarity with the data, and subsequently delve deeper into it. Asking questions about what the participants' words or phrases mean – such as who was involved, what happened before or after the experience, how often it happened, where, and for how long - will help gain insight into the participant's experience and also identify topics for further exploration (Corbin & Strauss, 2008). These techniques were used and provided much insight into important topics.

Asking questions. I used this technique to examine the issue of trust. The need to build rapport or trust with survivors was discussed by human service providers, as were factors that contributed to distrust. Providers also talked about issues of distrust between organizations that need to collaborate, and factors that influence mutual trust between law enforcement and direct service providers. Asking questions about trust helped to

differentiate between the various types of trust, who was involved in establishing and maintaining it, and what happens when trust breaks down. For example, in questioning who was involved in trust-building and what factors enhanced it, I found that being useful, maintaining confidentiality, and getting to know people as individuals applied both to interactions between human service providers and survivors - as well as interactions between providers and law enforcement. Distrust between survivors and providers was credited to the survivors' past experiences and circumstances, whereas distrust between organizations was attributed to arrogance, territorialism, and glory seeking.

Making comparisons. Next, constant comparisons of the data were used to distinguish one topic from another and to define the characteristics or properties inherent to a specific concept. Using comparisons clarifies the meaning of the data, increases the level of abstraction, exposes researcher biases and assumptions, and allows initial interpretations to be revised (Corbin & Strauss, 2008). This technique was useful in differentiating between the various facets of the impact of working with survivors on human service providers. Using a framework matrix in NVivo, I was able to copy and paste portions of the interview data into a grid in order to clarify meaning. Table 1 is a simplified version of the framework matrix I created.

Table 1. Framework Matrix

Impact	Worldview	Vicarious Trauma	Self-Care
	It has affected how I view men, it's affected my relationship with people, it's affected my ability to trust.	I plunged myself into this and I drowned pretty quickly. Within a few months I was so in over my head – I was just not doing well and I didn't realize I wasn't doing well.	...being in church and worshiping is really therapeutic for me, but it's different for everybody.
	Certainly after 21 years, you've seen the worst of humanity, but I think you see a lot of the good too.	Knowing the work you're doing could put the people you love in danger is hard.	I just need a break; I should not do this for a little while.
	I'd seen a lot (of trafficking overseas) but just to think that it was going on right here in our country and we didn't know anything about it, I mean, it blew my mind.	...going down to the gym at like 10 or 11 at night and just getting on a treadmill and just running and just everything flashing through my head about what this girl just told me.	I try not to take things home. I've got other interests that allow me to decompress if I need to.

The third strategy involved thinking about the “various meanings of a word” (Corbin & Strauss, 2008, p. 78). I may have inaccurately interpreted what a participant meant when she used a particular word or phrase. In order to rectify this, I needed to consider alternative meanings for words and evaluate how they are used throughout the interview to ensure that I had the correct interpretation. For example, one provider in particular and the survivor both referred to *The Life* throughout their interviews – being in *The Life*, getting out of *The Life*, glamorizing *The Life*. They were talking about prostitution. Yet, as I looked for clues in the data as to exactly what this meant, I realized that *The Life* was much more than that. For one, it provided a means of talking about *prostitution* without saying the word and possibly bringing forth the negative connotations associated with it. In this case, what was said was

also as important as what was not said – the survivor never referred to herself as a former *prostitute*, and in fact, in a couple of instances when the word would have likely been used in a sentence, she either simply paused and said nothing at all, or “you know”, or said, “when I was in *The Life*” instead. I interpreted this as the words providing a type of buffer for her. However, her mentor did use the terms *prostitute* and *prostitution* occasionally during the interview. Also, when the provider talked about survivors “glamorizing *The Life*”, it made glamorization of such an unpleasant lifestyle seem possible, whereas “glamorizing *prostitution*” just would not appear as feasible. Additionally, *The Life* includes all aspects of the domestic commercial sex culture, not just the prostitution piece, but also the money, the cars, the tricks, the pimps, the beatings, the manipulation, and the humiliation. It is an all-encompassing term.

Coding. Coding is a type of analysis that helps the researcher to extract meaning “while keeping the relations between the parts intact” (Miles & Huberman, 1994, p. 56). Codes are labels that assign meaning to data and help to make it organized and retrievable. Words, phrases, sentences, or even entire paragraphs can be given a code. Codes may be descriptive in nature, explanatory, or may suppose a particular theme or pattern. Ideas for codes came from the conceptual framework, research questions, and preconceived ideas or assumptions about the study. Codes were also based on actions, processes, events, perceptions, meanings, or relationships, as described by Bogdan & Biklen (1992). Examples of codes used in this analysis include Building Rapport, Helping Others, Prostitution Mindset, Safety, Service Gaps, Survivor Characteristics, Successful Outcomes, and Future Plans. Codes that were initially developed were revised as the data analysis continued: new codes were added (Burnout, Misguided Intentions), codes may be incorporated in a new

manner or into a new relationship (Survivor Characteristics was moved from Demographics to a stand-alone category with various subcodes), links between codes became clearer (such as the relationship between Vicarious Trauma and Burnout), and new categories emerged (Survivor/Peer Support).

As codes are developed from the topics, defining characteristics were compared to ensure that the codes were accurate and distinct. Concepts and themes gradually emerged from the data through extensive analysis and re-analysis. As groups of like codes emerged (such as A Calling, Helping Others, Finding Strength), they were clustered or grouped into themes for further analysis (such as Purpose).

Memoing is used to keep track of the researcher's thoughts about codes, themes, ideas, relationships, etc. They can help the researcher to focus and track thought processes and idea formation as data analysis progresses. I used memoing in my data analysis to expand codes, point out relationships between codes, and take the analysis to a higher, more conceptual level, as suggested by Miles and Huberman (1994).

Trustworthiness in Qualitative Research

Criteria for determining trustworthiness in qualitative inquiry include 1) credibility, 2) transferability, 3) dependability, and 4) confirmability (Lincoln & Guba, 1985).

Credibility. One threat to presenting the truth is the researcher's inability to guarantee the accuracy and totality of the participant's descriptions of the experience under investigation (Locke, et al., 2007). Qualitative research is not based on attaining complete and absolute knowledge, as previously discussed, but rather is shaped by the interactive nature of the inquiry. However, two strategies for ensuring credible findings can be utilized as a means of verifying the accuracy or credibility of the findings – these include peer

debriefing and member checking (Lincoln & Guba, 1985). Although the authors suggest using a “disinterested peer” for debriefing (p. 308), I consulted with peers/colleagues who are familiar with my approach, topic, and/or method (such as my dissertation committee chair), as well as those less familiar with my topic (T32 fellows and UNC’s Sheps Center AHRQ Seminar members) in order to obtain feedback on my data analysis and conclusions. I also used member checking, or asking participants to offer insight into my interpretation of the data, by sending my Findings section to key participants for their review and feedback. This provided an opportunity for them to rectify misinterpretations and/or include additional clarifying information. However, I am aware that the interactive nature of qualitative research shapes what is presented and analyzed as data. I recognize that the data collected may not precisely and completely reflect the sex trafficking victims’ interactions with the health care system, but rather will be participants’ understanding of the experience as recalled at one point in time, under the conditions set forth during the interview process.

Transferability. Transferability, commonly known as generalizability in quantitative research, refers to the extent to which study findings can be applied to other contexts. It is enhanced by using purposive sampling and including rich descriptions of the experiences being studied so that applicability to other contexts can be considered (Lincoln & Guba, 1985). My findings will be context-specific to sex trafficking survivors’ interactions with human service providers in North Carolina, yet may be applicable to other vulnerable groups’ interactions with human service providers (such as victims of domestic violence, sexual assault, and child abuse) as well as to other states and/or organizations that are also struggling with victim identification and efforts to provide aftercare services to survivors.

Dependability. Dependability can be evaluated by reviewing the processes involved in designing, conducting, and analyzing findings from the study to show that they are consistent and repeatable (Lincoln & Guba, 1985). I believe that my research paradigm, conceptual framework, and chosen method are compatible with my research questions and worked to ensure that consistency was maintained throughout the research process. In that qualitative research does not involve a linear progression, I had many opportunities to revisit and reevaluate the effectiveness and consistency of the components of my research study as I proceeded with sampling, data collection, and data analysis. Furthermore, the fact that data collection and data analysis occur simultaneously in qualitative inquiry contributes to its reliability and validity (Morse, et al, 2002).

Confirmability. Confirmability involves the extent to which findings are based on participants' experiences rather than the researcher's own biases or agendas (Lincoln & Guba, 1985). Personal biases can be a threat, however in qualitative research they are acknowledged and recognized as a part of the research process through the use of reflexivity.

Reflexivity is considered an essential component of qualitative research and involves not only acknowledgement of the researcher's role in the research process, but more specifically introspection, self-criticism, and an awareness of how one's beliefs and background contribute to the study (Corbin & Strauss, 2008). Therefore, my own biases (including a preference for qualitative research and a desire to work with vulnerable populations) are acknowledged and their impact on the study's design, data collection, and data analysis recognized. Reflexivity also recognizes the interactive and collaborative nature of the researcher-participant relationship. Stated simply, reflexivity "helps to situate the

research project and enhance understanding of the topic under investigation” (Finlay & Gough, 2003, p. 1).

Another possible bias in research is that pre-conceived notions or beliefs can lead the researcher to specific findings that support their own agenda (Locke, et al., 2007). I considered the extent to which my current knowledge and opinions about sex trafficking victims’ interactions with the human service providers guide my data collection and interpretation. I am sure that participants felt the same way I feel about sex trafficking – that is abhorrent and should be abolished. I do not doubt that I looked for confirmation of ideas, but am confident that I allowed the words of the participants to speak for themselves. For example, what I viewed as oppression of women, participants viewed as simply being in the wrong place at the wrong time, or being desperate enough to trust a stranger.

It is necessary to align oneself with an epistemological position or theoretical framework in order to inform one’s research. Yet, being cognizant of how this impacts one’s interpretation of others’ stories is also necessary (Mauthner & Doucet, 2003). Hence, I recognize that my previous experiences and knowledge are simply a guide to understanding and most likely do not accurately reflect what actually predisposes one to trafficking, hinders identification, and subsequently impacts survivor and human service provider interactions. Therefore, I was open to learning from the participants and based my findings on what the data I collected indicated, not my own presuppositions and biases.

Summary

As little is known about sex trafficking survivors’ interactions with human service providers in North Carolina, the design, setting, and participant inclusion criteria proved useful for capturing the viewpoints of both human service providers and survivors. This

qualitative, descriptive, and exploratory investigation provided a foundation upon which future research can be built. It addressed issues important to participants, such as privacy and confidentiality, which were maintained throughout the study. Including human service providers from a variety of disciplines added depth, richness, and understanding to the study. Ongoing data analysis provided an opportunity for fine-tuning the identified codes and themes. Findings may be applicable to others who work with survivors of sex trafficking and the study could be repeated in order to compare findings and expand knowledge. Lastly, as the researcher involved in this study, I acknowledge that my biases likely impacted the findings, but I sought to accurately bring the participants' viewpoints to light.

Chapter Four

Findings

The purpose of this study was to describe and explore aftercare services for sex trafficking survivors in North Carolina. Research Question #1 considered what needs to happen prior to the interaction between human service providers and survivors. Findings related to education and training, victim identification, and funding will be presented. Research Question #2 examined what happens during the interaction between human service providers and survivors. Findings regarding the types of services provided, human service providers' collaborative efforts, survivor characteristics, building rapport, addressing survivors' needs, as well as gaps and challenges in providing aftercare services will be discussed in this section. Research Question #3 looked at what needs to happen in order to enhance aftercare services in North Carolina, by revealing lessons learned or promising strategies developed through such interactions. Findings to be discussed include the impact of working with this population on human service providers, successful survivor outcomes, and participants' suggestions for expanding and enhancing aftercare services in North Carolina.

A note about language: there is much debate about the terminology and use of *victim* versus *survivor*. In order to access some services, such as legal remedies and compensation programs, one must be defined as a *victim*. However, many human service providers and victims themselves often prefer the term *survivor*. Others view a person who is still being trafficked as a *victim* and one who has been removed from the trafficking situation and is on

their way to recovery, a *survivor*. For purposes of this paper, I will use the latter definition of the terms. Also, *The Life* is a term that survivors of domestic sex trafficking use to describe the world of prostitution/sex trafficking. Hence, I will also use this term.

Research Question #1 – Participants’ views on what is needed prior to the interaction

Before a victim of sex trafficking can access aftercare services, he or she must first be identified. Next, a system of aftercare services must be in place that can meet the needs of the victim. This study revealed two main barriers to identifying victims and subsequently providing services to them: a general lack of knowledge about sex trafficking which hinders identification, as well as a lack of funding for appropriate, ongoing, and comprehensive aftercare services.

Education and training. The anti-human trafficking movement has been gaining momentum in the past several years, thanks in part to the media and celebrities who are bringing the problem to the forefront. One member of a community alliance put it this way, “*This is the cause of the century – how can modern day slavery NOT be the cause of the century, right? How can we say that we abolished slavery – we haven’t, it just changed.*” Yet, many Americans still believe that trafficking occurs primarily in other countries - not in the U.S., not in North Carolina, and certainly not in their town. “*The presupposition is, as in many smaller or medium sized towns, that we don’t have this problem (sex trafficking), and I see it on a weekly basis,*” according to an Assistant District Attorney who participated in the study. Hence, human service providers and survivors alike believe that there is a great need for education and training on human trafficking.

Participants (human service providers and the sex trafficking survivor) emphasized that education on human trafficking should clearly illuminate the problem in the U.S. For

example, Domestic Minor Sex Trafficking (DMST), or the commercial sexual exploitation of U.S. citizens under the age of 18, is considered to be “ *the biggest problem*” and both “*misrepresented and severely underreported,*” according to one attorney. Other human service providers agree that domestic victims in general are often overlooked and that much more emphasis is placed on foreign-born victims who are brought into the U.S. from other countries. Other ideas to expand educational opportunities to diverse audiences include “*offering CEU credits to people, because, like, they have to have an incentive to learn, they don’t always just want to go*” as an intern noted, and as a human service provider said, “*If you say ‘Modern Day Slavery’ instead of ‘sex trafficking’ it means a lot more to me - because I’m African-American*”, and to stop glamorizing pimp culture and recognize that “*Some of them (pimps) can be really scary, but they’re not master manipulators, they’re not these geniuses that can figure stuff out – they search for the most vulnerable people and they prey on them. That’s just predatory, it’s not genius,*” in the words of one shelter director.

Education for society as a whole should begin in the schools, as an intern stated, “*The more that you can start educating people in school - and that goes even to like Junior High, High School, College, professional degrees - the more you’re going to make an impact.*” Media campaigns, community groups, churches, and public meetings are other forums that may provide opportunities for educating the general public and interested parties about the problem. Human service providers, victim advocates, and others who are knowledgeable about human trafficking currently provide training, by request, for community members and community groups, as well as offering educational seminars and presentations open to the public. One FBO shared, “*We put together a large conference in January where over 200*

people came and so that was great, we've worked with churches, graduate schools, non-profits, attorneys, just a lot of different places."

Those who work directly with survivors and/or may come into contact with them should have mandatory and ongoing human trafficking training. Specifically, training should be targeted at and required for social workers, mental health counselors, health care providers, shelter staff, attorneys, judges, and law enforcement personnel. A health care provider who trains others found that, *"nurses and social workers are far more receptive (to learning about sex trafficking) than physicians. I think physicians are just so overwhelmed right now that to focus on another area of screening, they're like, 'No'"* Staff training is currently being done primarily within organizations that offer aftercare services to survivors. However, some organizations offer no training at all, and much of the training that is provided is informal or "on-the-job" training and may not be mandatory for all staff members. Additionally, agencies that are in a position to offer services to survivors are often unaware of human trafficking altogether. In the words of one Faith-Based Organization (FBO) director, *"There's still so many people who don't know (about trafficking) – and people who encounter victims on a daily basis and don't know."* Also, a case manager noted her aggravation with needing to explain what trafficking is, *"every single time" she contacts organizations such as shelters or mental health services that her clients need. "It's exhausting, they don't want to understand and they don't want to help and it really frustrates me."*

Victim identification. Proper victim identification hinges on having the education and training discussed in the previous section. Several other barriers to providing human

trafficking education, and therefore reducing the chances that victims will be identified were shared.

Law enforcement mentality. Law enforcement officers routinely arrest both adult women and minor girls for prostitution and therefore need to be educated about the federal and state laws that recognize such *offenders* as actually *victims* of sex trafficking. A Police Captain acknowledged that, “*Historically, if law enforcement has a brothel case, they just go hit it and everybody goes to jail.*”

Since 2011, new police recruits in North Carolina receive mandatory human trafficking training while at the academy, but education for current officers is at the discretion of local police departments. One city police force did implement mandatory online training for officers. However, afterward, no follow-up or group discussion regarding how to apply what was learned was provided. Those outside of the force could do trainings, however the message is best delivered by other law enforcement officers who are aware of human trafficking. As one Police Captain noted, “*If you are having a class and teaching law enforcement, it usually goes a little bit better if a law enforcement person is teaching it - we’re a tough crowd sometimes.*”

Consequently, if law enforcement charges victims with prostitution, then having such charges brought before them, juvenile judges and lawyers who are unfamiliar with human trafficking law may simply view a minor child as a criminal at worst, or troubled teen/runaway at best, and send her to a Juvenile Detention center, where she will likely remain until age 18. Conversely, men who are arrested for purchasing prostitution often just get “*community service*” as punishment, and traffickers or pimps are almost never charged at all, or charged for a lesser crime such as assault. An attorney explained,

“A minimal, very minimal number of the pimps are arrested, I mean it’s like 0.06%, where 69% of the women are arrested, so you know, that’s a huge issue, because the average age for entering it (prostitution) is 12 years old. I mean come on, these are kids, these are victims.”

One health care provider stated, *“So that’s my biggest battle right now – getting some understanding and recognition (of the problem) from prosecutors and law enforcement.”*

She added, *“I don’t care if she’s an obnoxious 16 year old, she doesn’t have the ability to prostitute herself legally and we need to be arresting all these guys and the pimp.”* She then went on to explain that the community *“can force law enforcement to change”* but noted, *“The trends I’ve seen from doing this is that law enforcement is usually two or three years behind what the community is doing.”*

However, many human service providers shared positive experiences working with law enforcement. A case manager noted, *“I do see some mindsets being changed by this training, but we need a lot more training. I can honestly say the biggest mindset change was through (building) personal relationships, which takes a lot of time.”* Likewise, a youth shelter director commented, *“My experience with law enforcement is if you give them enough information and provide some actual benefit for the police, instead of problems, they will work with you left and right.”*

Prostitution mindset. Another barrier to educating others about sex trafficking and identifying and rescuing victims is the prostitution mindset. Prostitution is often called the “oldest profession” and viewed as something women chose to do. This *“Myth of Choice,”* as one attorney called it, or the belief that some women chose to do this and others are forced, hinders the perspective shifting in our culture that is necessary in order to recognize and identify victims of sex trafficking as such. She goes on to state, *“Would any women, who*

had other opportunities in life for education, empowerment and advancement, truly, with all the world open to her, choose it? Find me that woman because I don't think she exists."

Additionally, the use of language or terminology impacts society's viewpoint: *whore*, *hooker*, and *prostitute* have a certain connotations, whereas *victim of sex trafficking* does not. Also, as a social work intern noted, "*As soon as people hear about things that they think are contentious, they tend to shut down and their willingness to help people and see someone as a victim is changed.*"

Furthermore, as a director of a FBO stated, "*People don't accept those who have been in prostitution.*" Lastly, recognizing the pimps or traffickers and johns/tricks/purchasers of sex (hereinafter referred to as *tricks* – the word used by the participant-survivor) as the true perpetrators and criminals is necessary in order to alter this mindset and align it with current laws and efforts to fight sex trafficking.

Additionally, along with educating the public and human service providers about human trafficking, the victims themselves need to be educated. They may not know about the federal or state laws that should protect them, nor do they recognize the circumstances that classify them as a victim of a crime. Hence, they do not self-identify as a victim of trafficking, which also hinders efforts to detect them and provide aftercare services to them.

As a mentor described,

"If you were to approach an actual domestic victim, a woman that's being sexually exploited, in her mind, a (sic) actual trafficking victim would probably be a young Mexican girl, or a Asian girl, or a African girl - not herself."

Furthermore, it is necessary to "*test the system*" in order to clearly identify shortcomings in the provision of aftercare services. However, this is difficult to do if victims are not being identified and entering into the system in the first place.

Funding. Human service providers and one survivor/advocate (also a service provider who is starting her own social enterprise business) noted the ongoing challenges with funding. A youth shelter director explained it this way: *“You can’t rely on a single stream. You have to have multiples all the time.”* There may be a variety of funding mechanisms available - Federal sources (Housing and Urban Development, Office of Victims of Crime), local (county level, United Way) private (churches, foundations, community members), juvenile justice programs, and grants, for example. However, finding and maintaining ongoing streams of revenue requires much effort. According to a case manager supervisor, *“We have had to put some pleas out there for other funds.”* Also, she explained that funding stipulations can hinder service delivery by noting, *“There’s money in there ...for victims although it’s not all the victims we have, you know, they have to fall within certain categories.”* For example, money may be allocated to specific survivor types – such as foreign-born. In fact, many participants stated that there is a lot more money available for foreign-born survivors than domestic ones, even though domestic survivors far outnumber foreign-born.

Other restrictions include the length of time that aftercare services can be provided, which types of services can be offered, and how much interpreters can be paid (which impacts the quality and availability of language services). A case manager who worked with foreign-born survivors said, *“These government grants only allow for \$20 an hour and...the quality interpreters - the people who are really, really good - were usually \$80 to \$100 (an hour).”* Another challenge is adequacy of existing funding. For example, one organization received a grant designed to serve 12 survivors over a period of two years – yet in the first

six months they were already serving 20 survivors and in fact, as a staff member shared, “*We had a phone call about a victim the second day of our grant.*”

Most organizations in North Carolina relied on a mix of public and private funds. However, some were entirely supported through private donations, which gave them more freedom to tailor their programs to the survivors’ needs. For example, one director stated, “*We are privately funded. Our funding comes from individuals, churches, FBOs.*” When asked if this provided leeway in providing services, she said, “*right, exactly.*”

Some aftercare service providers had much difficulty accessing health care and mental health services for survivors due to a lack of money, gaps in funding, or Medicaid eligibility, whereas others found providers who were willing to work pro bono. A shelter director said, “*The counselor that we use, she charges \$20 a session instead of, like, the \$80 or \$100 that she would normally charge.*”

Grants and other funding awards often require supporting evidence such as research findings and documented program outcomes. However, there is a dearth of published and reported information on aftercare services nationwide and service provision in North Carolina specifically. Another factor to consider is that it is difficult to study and report on aftercare services, and subsequently get the grants, and/or state and federal funding that require an established track record, because, “*We can’t produce a track record when girls aren’t being identified,*” as explained by an attorney.

Research Question #2 – Participants’ views of what happens during the interaction

Types of services provided. The realm of aftercare services needed by survivors of sex trafficking is great. Law enforcement plays a key role in identifying victims properly in order to investigate cases thoroughly so that perpetrators can be prosecuted and victims

compensated. Attorneys and others provide legal assistance to victims/survivors. They may work with a minor who has incorrectly been charged with prostitution, or help a foreign-born survivor to apply for the T-Visa – a lengthy and time-consuming process.

Types of shelters in North Carolina that serve survivors of trafficking include “*a non profit (that) has multiple programs that serve at-risk youth in the community*” including homeless/runaway shelters for children and young adults, “*a homeless shelter for women and children,*” domestic violence shelters, and trafficking survivor-specific shelters. The homeless/runaway shelter serves at-risk youth, age 10-17, and their families and is a short-term crisis shelter. Many of the children have been involved in trafficking or survival sex, but the shelter serves others as well. Homeless shelters for women and children are also available and can place sex trafficking survivors, with or without children. There are also several domestic violence shelters across the state that currently serve, or could potentially serve, survivors. Most human service providers agree that victims of trafficking have needs that are different than those of domestic violence (DV) survivors, yet one shelter director noted a DV shelter could be used for survivors, with some modifications: “*She can be safe there, she can use our basic necessities services and not engage our DV programming which is required of every other client.*” However, one case manager with another organization stated that sex trafficking survivors’ experiences are more closely related to “*victims of torture*” and systems of care should be based on proven practices for treating torture victims – which admittedly reduces the number and type of service providers who can serve them due to limited training and expertise in this area. The at-risk youth shelters, adult homeless shelters, and domestic violence shelters may serve either domestic or foreign-born survivors but also serve those who are victims of other crimes or circumstances. There are however, shelters in North

Carolina that serve only survivors of trafficking. One shelter can temporarily house either foreign-born or domestic adult survivors. Others serve only domestic survivors and are broken down by age group (12-17 and 18-25). These shelters provide long-term housing and comprehensive care to sex trafficking survivors from across the U.S.

Case management services are often utilized to help those in need. Some case managers provide services to others, such as victims of DV, as well as sex trafficking victims. However, there are case managers in North Carolina who deal exclusively with human trafficking survivors, and specifically foreign-born (due to the availability of funding that targets this population). As one case manager described it, “*We cover the state (North Carolina) and so we are on call 24/7 and we pretty much do, um, anything that is needed.*” They may accompany law enforcement on a raid and give immediate assistance to victims at the scene and also provide an array of resources by connecting survivors to others who can or may potentially offer aftercare services. These include mental health providers, medical professionals, dentists, resources to learn English, obtain job skills, get education, find housing, and pay for utilities, as well as obtaining legal status by working with attorneys to get the T-Visa. They have a long-term commitment and comprehensive, holistic approach to service provision.

Human service provider collaboration. A coordinated and comprehensive system of aftercare service provision is needed - not only to meet the needs of survivors but also to aid in the prosecution of traffickers and tricks. Prior to services being in place, victims used to disappear and the case was lost. With a system in place, they can stay in the state and potentially assist with investigation and prosecution.

Statewide coalitions. North Carolina currently has two statewide coalitions: the North Carolina Coalition Against Human Trafficking (NCCAHT) and NC Stop Human Trafficking (NCSTOP). NCCAHT is an alliance of direct service providers, law enforcement personnel, and policy advocates that was founded in 2004 to establish a statewide protocol for assisting victims of trafficking. It was modeled after other task forces across the U.S. and members meet quarterly to discuss long-term goals of direct service work. Formerly called, RIPPLE (an acronym for the items below), this coalition seeks to assist with:

- R**ecognition that modern day slavery exists in the form of human trafficking
- I**dentification of victims
- P**rotection of victims by referring them to appropriate resources
- P**rosecution of traffickers so they are held liable for their crimes
- L**iberation of victims so the healing process can begin
- E**mpowerment of victims so they may advocate for themselves

NCSTOP is a community member alliance that provides a forum for anti-human trafficking activism and connects individuals, community-based agencies, FBOs, non-governmental and governmental organizations. It follows the PAVE Model, an acronym developed by NCSTOP to describe the services they deliver: Prevention, Advocacy, Victim Services, and Education/Awareness.

Rapid Response Teams (RRTs). In 2008, NCCAHT received a grant to start Rapid Response Teams (RRTs) in North Carolina. There are currently seven regional RRTs in the state, though not all are grant supported. Their purpose is to identify and assist victims of trafficking as quickly and efficiently as possible and connect recently liberated victims to

needed services in the community. As a police officer said, “*We can get shelter and counseling, all the things we need right away.*” As such, team members are available 24/7 to provide a “rapid response” to victims’ immediate needs - within the first 24 to 72 hours after identification. In contrast to NCCAHT, RRTs focus more on direct services for victims and less on statewide policy, training, and advocacy. They may be comprised of local police and Sheriff’s departments, Federal Bureau of Investigation (FBI) agents, U.S. Immigration and Customs Enforcement (ICE) agents, shelter providers, case managers, health care and mental health providers, rape crisis center staff, social service providers, and others. Members of the NCCAHT may also serve on regional RRTs. These teams may meet monthly or bimonthly and provide a mechanism for aftercare service coordination and referral.

There are two “unofficial” RRT models – open and closed. In the closed model, the public is not allowed to attend meetings or be on the team. Membership is by invitation only and predetermined by first identifying potential survivor needs, then determining what types of organizations could meet those needs, and lastly inviting one specific agency from each type to be on the team, or as a shelter director noted, “*We are fortunate to have the same people at the table every single time, which is a huge thing in keeping the momentum going.*” These teams also maintain strict rules about confidentiality – only those who are needed on a case are contacted when a victim is identified and even they do not know who else is on a particular case while it is active. During meetings each case is reviewed, (but only with the members who were involved), lessons learned are compiled, and findings are shared with the larger group.

Conversely, open models include both aftercare service providers and community members. They seek to bring together local agencies and community partners from different

fields to address the needs of trafficking victims. Although criticized by proponents of closed models due to concerns with confidentiality and difficulty building trust with law enforcement, one member of this type of team explained, *“Every meeting we have different people – the goal is to try to get as many people there that might come in contact with a victim, or if a victim is found, they could help.”*

There are challenges, however, to maintaining and coordinating a RRT. There are no overarching federal or state guidelines for implementing and operating a RRT. Members and leadership can vary due to changes in staff or loss of funding. One team member said, *“It’s hard sometimes, working together.”* “Distrust” among members, especially when it comes to money and funding were mentioned by several participants as issues RRTs face.

“Arrogance”, or the need for certain organizations or individuals to be outwardly recognized for their work, was another criticism, as was the fear of *“being exposed,”* or as described by one member, *“They’re not actually doing anything and they don’t want anyone to know about it (laughing).”* Also, the need to be transparent while protecting confidentiality was another area of contention. For example, a survivor may need to access several service providers and how to keep each “in the loop” without divulging privileged information or giving up oversight of the case can be complicated. Also, many participants discussed the tension between professional organizations and grassroots activists. One health care provider stated, *“I do see a divide between advocacy and law enforcement at times.”* But noted that health care providers are in a position to help: *“And I do see that medical bridges that gap. We are a great mediator in those situations.”*

Additionally, another RRT member found that, *“Some people are willing to work together and some aren’t.”* While one described their RRT as *“moving in the same direction,*

just not together.” Differences in viewpoints and mission were also noted, as some religious organizations were accused (by other faith-based organizations) of pushing their faith on survivors, which was viewed as “*simply another form of trafficking*” by one member. Lastly, the amount of time required to lead and/or participate in a RRT (which is a volunteer enterprise) was viewed as significant and one team leader noted that it “*takes a lot of time to massage the relationships of RRT members.*” However, another stated that it is, in fact, those trusting and close working relationships that make a RRT successful.

Survivor characteristics. In order to interact with and serve sex trafficking survivors, it is important to understand them. One case manager stated, “*People often think of survivors as broken, used, and weak, but the [survivors] that I interacted with are some of the strongest human beings I have ever seen. I don’t know that I could have survived what they survived.*” Generally, survivors are grouped into foreign-born and domestic/U.S. citizen categories. There are certainly distinctions between the two groups, but there are also similarities. Nearly all sex trafficking victims are taught not to tell anyone about their situation. As a mentor shared, “*In our community, the African-American community, we have two distinct rules, one of them, you live and die by - that’s the “Don’t Snitch” rule. Don’t say anything.*” Whether out of a lack of knowledge about trafficking, fear of reprisal, or a desire to protect those who are exploiting them, they may not readily disclose details about their situation that would identify them as a victim who needs help. Most are resistant to working with law enforcement, at least initially. As a law enforcement officer shared about building trust, “*Yea, I mean, that’s just, that’s hard, it’s a shot in the dark. It’s more just talking, and its probably not gonna (sic) happen over the first visit, it’s probably*

something where you're gonna have to have more than one or two meetings with this person."

Most survivors have some sort of mental health concern that requires long-term counseling and possibly specialized care – anxiety, depression, low self-esteem, and/or risk of self-harm including cutting behaviors and suicide ideation/attempts. One shelter director described this scene: *"Then all of a sudden, she got the knife again, we got the knife away from her and she lunged for the pills. And that showed us we can't serve her, we can't keep her safe."*

Domestic victims of sex trafficking. As mentioned previously, DMST is a huge problem in the U.S. – one that is largely ignored. Yet, as a social worker noted, *"the American victims are a product of our society."* The average age of entry into prostitution is 12 or 13. Risk factors for falling prey to traffickers or pimps include growing up in poverty, coming from broken (primarily fatherless) homes, being removed from the immediate family as a child (70% have been through the Division of Social Services [DSS] or Child Protective Services [CPS] and North Carolina is 12th in the nation for the number of children in foster care, according to one attorney), being sexually abused as children (80-90%, according to a shelter director), and/or (as a survivor explained) living in a world where prostitution and trafficking is a way of life. Also, runaway, homeless, and street dependent youth are at greater risk of trafficking. A survivor described what happens by saying, *"You don't wake up and say, 'I want to be a prostitute.' You go looking for love to replace something else, and gravitate toward the person that gives you love and acceptance and money. Our community is centered around exploitation of each other, it is normal."*

Participants also noted that most domestic survivors they have worked with are African-American, although all races are represented. Both males and females are subject to being trafficked, but women and girls more so. A group that was described as “*beyond underreported - they’re invisible*” by a shelter director is the Lesbian, Gay, Bisexual, and Transgender (LGBT) victims, who may require specialized counseling and other services. As a shelter director noted, “*Almost all of the girls that we have seen in the past few years... have all been in juvenile detention,*” as discussed earlier. Virtually all have pimps who may directly or indirectly control them and maintain their loyalty through force or manipulation. Many hit “rock bottom” before deciding to get out of *The Life*, yet most experience relapses before leaving once and for all.

It is difficult to leave *The Life* permanently, for many reasons. There are triggers that can draw one back in – such as big moneymaking venues such as conventions or sporting events that come to town. One survivor related that it is difficult to be poor again: “*You don’t want to go back to bein (sic) broke*” or having to work at a low-paying job when she could potentially make “*thousands of dollars in one day and was driving a Mercedes Benz*” while in *The Life* - all with “*no high school diploma and no driver’s license.*” Also, tricks may still try to contact the survivors. One survivor/advocate/business owner received a text message at 3:00 am, after she had been out of *The Life* for years, from a former trick who “*literally begged me to sleep with him and said he would make a donation to my organization for \$300.*” Survivors know this is a way for them to make money. They may not see that they have options and may be fearful that they cannot succeed in other areas, but selling their bodies is something they *can* do: “*I can take my clothes off, I can have sex and make money, but I might not be able to take a GED class and pass.*” Another factor that makes it hard to

leave *The Life* is the connection with the pimp or trafficker and the feeling of being loved and wanted. One's pimp is often seen as a father figure, and/or boyfriend, protector, provider, lover, and friend. Even after leaving *The Life*, it can be very difficult for a victim to even admit to herself that her pimp was nothing more than an exploiter out for personal gain. She may tend to only remember the good things he did for her, even though the negative things far outweigh them. Additionally, it can make a young victim feel like they have value when a trick wants to buy them – they feel “*wanted and needed.*” On another note, they make look for confirmation that *The Life* is where they belong. A mentor, who works closely with survivors, noted that when a girl is in *The Life* and having trouble paying her bills, she might pray to God for help. Then the phone rings and it's a trick offering her money – and she thinks, “*Maybe that was God's way of helping me pay that bill.*”

Shelter providers who work with survivors found that the younger girls are more difficult to work with than the adults – they tend to “*glamorize The Life*” and are very “*strong-willed*”. Like other children their age, they do not have the maturity to make good decisions for themselves and “*think they know everything.*” Survivors in general need peer support and interaction to know that they are not the only one affected by this, but also do not want pity, but rather to be treated with respect. They are also “*street-smart and very good at detecting phoniness in others.*” Most are leery of handouts – “*nothing is free*” – and not sure why someone would actually want to help them. Providing care that takes these factors into account is important, as the mentor said, “*It's a totally different culture, a totally different way of looking at things. And we have to adjust to their world in order to help them.*”

Foreign-born survivors of sex trafficking. Whereas domestic victims of sex trafficking are often lured into *The Life* by pimps who romance them and buy them things,

foreign-born victims are often simply abducted or tricked into the trafficking situation. Although in some cultures parents may send their children to the U.S. to find work or to participate in an arranged marriage, the children become vulnerable to exploitation if they are undocumented or have limited access to resources and remedies. Additionally, teenagers who were born elsewhere but have attended school in the U.S. and are undocumented see “*no reason to finish high school,*” according to a shelter director who went on to explain that they may “*drop out of school and look for work,*” which makes them vulnerable to traffickers.

Once foreign-born victims are in the trafficking situation, they can be easily controlled through fear – fear of being seen as a criminal or fear of deportation and subsequent re-trafficking, as a case manager described, “*The immigration thing was enough to scare them. They didn’t need drugs or anything else to control them,*” and most importantly fear that their “*family is going to be murdered*” as a form of reprisal against loved ones back home if the trafficking victims does not cooperate. They are unfamiliar with their surroundings, the language, the culture, where to go for help, that there are laws to protect them, and service providers to assist them. Even once they enter the aftercare system, “*It takes a while, usually about a year, I’d say, to get documented*” according to a case manager, and often they often do not understand why they cannot work or go to school prior to obtaining legal status. Also, if they were able to send any money home at all while being trafficked, once that stops, families start to pressure them for money. This really “*throws things out of whack and puts them over the edge,*” according to one case manager. Overall, participants who work with foreign-born survivors find them to be “*cooperative,*” “*grateful,*” and “*appreciative.*” However, society’s views of their situation can be negative, given a lack of understanding about sex trafficking, as well as one’s personal views of “*illegal*

immigration” that may come into play. The general public may not realize that they have been brought here against their will and held captive. A CPS Investigator who worked with a victim related that she was *“tied to the bed the whole time she was here, except to go to the bathroom.”*

One subgroup of foreign-born victims described by the litigator/advocate who works with them, is the Muslim girls who are brought here under the pretense of a marriage.

“But when you’ve been matched with a 35 year old man and you’re 14, I don’t consider it a marriage”. There’s no consent involved and once they get here, they’re used for sexual purposes or as maids, and then they are cast aside and become homeless, even though there has been a legal relationship established.”

There are various reasons why this happens, one being that *“religious leaders in the U.S. come from Middle East”* and are *“always men”* and *“men are usually the contributors to the support of the spiritual centers, so they don’t want to upset the status quo”* the litigator observed. If a women seeks counseling from her mosque leaders, she is blamed for the problems and held responsible for the oppression: she is told, *“Just be a better wife ...cook better meals, take care of your house.”* Other cultural influences include the fact that family members may force female children into the situation/marriage and do not look at it as trafficking. She has no choice - she must feed her family and tends to *“panic”* if she is not married by age 21. Furthermore, in many Middle Eastern countries it is up to the parents to register the birth of a child. The litigator described this situation: *“In certain countries where education for girls is not a primary interest, they will maybe register a girl right before they want to match her in a marriage, then the age is not accurate -especially countries like Afghanistan, Pakistan, and India.”*

Building rapport. It is important to establish trust or build rapport with survivors. However, this can be challenging, as one shelter director noted, *“She is a little frightened girl*

that has no reason to trust anything that is happening around her.” Other obstacles to building rapport result from survivors needing to interact with individuals who represent titles or roles that were tricks or purchasers of sex in *The Life* – as described by a mentor who works with survivors:

Tricks, predators can come in a WIDE range, they can be all economic levels, so if a young lady is about 12, 13, 14 years old and she’s been trafficked and some of her clientele base might have been a doctor, might have been an attorney, might have been a judge, or a police officer, then once she leaves the life or somebody ‘rescues’ her out of the lifestyle and she’s sitting in front of these titles, her mind is, is a little bit different than ours – ‘I’ve met doctors before that I’ve tricked with, I’ve met police officers that I’ve tricked with, I cannot trust you’. Or ‘I’m gonna (sic) look at you like you’re a trick’. That’s so hard when you’re trying to help a woman.”

Also, uncertainties exist about putting such trust in someone else – a human service provider the survivor has never met before and whose intentions for helping are suspect in her mind. As one survivor stated, *“Unfortunately even if (my pimp) does beat me, I know what I’m dealing with. I don’t know what I’m dealing with if I work with you.”*

Yet overall, participants found that trust usually does develop within a relatively short period of time and offered suggestions as to how to form bonds. Feeding survivors is often the first step in the process: a case manager shared, *“And they were so hungry. It was two in the morning and they had been pretty traumatized and we take them to McDonald’s and we sat there for two and half hours and just talked.”* Providing for other basic needs such as shelter and clothing, along with addressing safety concerns follows. Another case manager said, *“We have shelter, food, clothing, legal - all of this together.”*

One Sexual Assault Nurse Examiner (SANE) explained that she uses the RSVP model: *“It’s like express regret for what happened, talk about their safety, (be) victim-centered, and then talk about provider competency.”* It is also necessary to be open and honest with survivors, to check in often, follow through, and not make any promises. As the

relationship develops, human service providers should ask about what the survivor likes and what her interests are. One organization required that for *“every interaction with a client, you cannot talk business for the first 10 minutes, it has to be just like enjoying their presence, you know.”*

While in the trafficking situation, victims cannot usually make decisions or choices. Therefore, presenting options to survivors is crucial – not only choices about what direction she wants her life to take, but even *“down to choosing which sheets they get to put on their bed, what they are having for supper”* according to a shelter provider. This is seen as empowering for survivors and useful in establishing trust.

Gaps/challenges. There are various gaps or challenges related to providing aftercare services to survivors of sex trafficking. These include issues with funding, access to services, interpretation, legal concerns, and the provision of health care.

Funding. Participants identified several shortcomings with regard to funding. The first is that there is no dedicated funding for American citizens who are trafficking victims beyond what is normally offered - such as Medicaid, food stamps, housing assistance, etc. As one participant shared, *“We need so many more services than what we have today.”* However, trafficking survivors may not meet all the eligibility criteria for these programs and as a result, it can be difficult to provide services to them. A health care provider who works in a hospital setting noted that, *“We just write it off.”* Also, a domestic shelter providers noted, *“The minors can get Medicaid, but the adult survivors, 18 to 25, they can’t qualify for Medicaid, so we have to try to get everything donated.”* Additionally, a youth shelter director made this point: *“So these government grants,... they don’t pay for anything – the*

basic bare minimum - like rent on a crappy (sic) apartment, but it wouldn't pay for furniture or clothes. So we're like, 'We're gonna put a naked victim in an empty apartment?'"

In regard to foreign-born survivors, a case manager explained,

"There's an eligibility letter that we want people (law enforcement) to sign, saying that to the best of their knowledge this is a victim of trafficking. We need it for grant-related purposes in order to open the case officially, and spend money on the client and sometimes there are certain law enforcement agents who don't feel like they have the authority to sign that. And we go, 'No, it's not legal, it's not binding, it's just – just sign it, if you think you know (it's trafficking), just sign it.'" And they're like, 'No,' so it takes a little bit of time."

Access to Services. Restrictions on and limitations in aftercare services can make caring for survivors challenging. For example, there is a continual shortage of beds and shelter in North Carolina for survivors of trafficking. Also, when working with domestic minors there is a 72-hour window in which to locate a parent or guardian and receive permission for the minor to enter care, or if no parent or guardian is available, to contact CPS and have the minor signed over to the provider organization's care. *"Seventy-two hours to take custody is not a great window, especially if it's Friday and there may be a parent out there who is looking for the kid."* Furthermore, *"We have to have a legal guardian sign them into care within 72 hours, otherwise we are kidnapping (them), you know,"* explained a youth shelter director. This is especially challenging *"if the parents are difficult to find or perhaps involved in the trafficking at some level,"* she continued.

Aftercare service provision across the state varies, as described by an intern:

"An issue that we have is that North Carolina has rural and urban areas and reaching out into all these different facets. And some areas are more resource-rich...plenty of resources, well, probably not enough, but way more than you would find out in the mountains or out on the coast and people are more trained to look for it in this area and those other areas could really use a lot more help and support and they do want help and support."

Shelters may have restrictions on age, how long someone can stay, or who they can take (domestic versus international survivors). Domestic violence shelters may require their residents to attend certain programs that may not be applicable to survivors of trafficking. Furthermore, shelters and other organizations need to serve *all* of their clients and the high-need trafficking victims can make this difficult.

Interpretation. Language interpretation was identified as a major area of concern for those human service providers who work with foreign-born survivors. While some agencies, such as the police department, stated “*We have a lot of people who have multiple language skills, and predominantly when we’re seeing these cases its Hispanic and we do have a lot of people who speak Spanish*” as well as access to other resources like the Language Line, most agreed that affordability and high-quality interpretation was nearly impossible to find. A case manager observed that getting interpreters was “*one of the hardest problems that we had.*” Availability is another issue – often, in order to be able to access victims, case managers or non-governmental organization (NGO) representatives may be given only one hour to get to the scene of a brothel raid, with an interpreter (day or night). One case manager blames the difficulty in finding an interpreter on the loss of one case:

“I know one story for sure that if we would have been able to trigger the interpreter a little bit sooner at the scene, I think she (the victim) would have come with us. But...it was two hours later that we finally got a Mandarin interpreter on site...(and) she backed right out and was like, ‘Bye.’ So, interpretation is a big deal.”

Another challenge involves using interpreters who are also community members, especially in tight knit groups. One organization noted, “*We had one situation with someone who spoke Urdu and we went through nine interpreters until we found one that they (the victim) didn’t know, or that didn’t know their trafficker.*” The need for interpretation can hinder efforts to build trust and keep distance between the survivor and aftercare service

provider. Poor quality interpretation can lead to misinterpretation – which has legal implications and can even lead to safety breaches. For example, a health care provider explained that one interpreter allowed the victim to call her family – without her knowledge and not knowing that *“it was her family that was trafficking her.”* Hence, her safety and the safety of those around her was compromised. Another survivor closed her case and when questioned as to why stated that she was told (by the interpreter) that she was required to do so. Also, it can be vitally important to the survivor that the same interpreter is used consistently, as a shelter director explained, *“There was a barrier there when they sent a different interpreter on the third (counseling) session. This was a big deal with the client,”* yet expecting 24/7 availability of individual interpreters puts *”too much pressure”* on them.

Additionally, even though the survivor and interpreter may speak the same language, word usage, accent, and cultural differences can make understanding difficult. For example, a case manager found, *“ Another problem is using Spanish, if maybe someone was from Guatemala and we used a Honduran interpreter, a lot would get lost in translation”*.

Providers often resort to the use of the Language Line, a telephone call-in service that offers interpretation in numerous languages. However, obscure dialects may not be available.

Another problem revolved around company policy as a case manager related,

“We would not let anyone use our interpreters but us. So if we come to a scene and we are talking to the client with a lawyer, police officer and us, the lawyer and police officer have to get their own interpreters and they can’t use ours. That was probably the biggest disagreements we ever got to with law enforcement because it would be awkward.”

Legal. Issues with the T-Visa were noted by those who work with foreign-born survivors. According to one attorney, the T-Visa is not used as often as it might be: *“The government can approve up to 5,000 visas annually, but the most they have ever written in*

one year is 157.” There is a lot of work involved in getting a survivor certified. An attorney explained, “It takes a long time, it’s a pretty extensive project. I mean with me, working with one survivor for a year, and meeting with her every week, to get her story, to make sure every gap is filled.” Also, an FBO director said,

“Once they get their T-Visa, there is federal funding available to them, so the gap is also there between identification and getting that T-Visa. Then at the end of three years (after certification), when they get ready to apply for their permanent residency, there are all kinds of fees for that. They have to go to a certain doctor; it’s \$350 to go to this doctor. That has to be paid by someone and most of the time the client doesn’t have the money to do that.”

Health care services. Participants, including health care providers who work directly with survivors, found that many health care providers are not familiar with human trafficking, do not know how to screen for or recognize signs of trafficking, and do not know what to do if a victim is identified. *“A lot of them are finding out from us, as they go”* a case manager said. However, they also shared that those who are given an opportunity to be educated about the topic are generally quite interested in the care of survivors and actually *“go above and beyond”* in providing services to survivors, as another case manager noted. Yet, some expressed concern over the extra time screening may take and the need to have a system in place for referral and consultation, *“I don’t have 20 to 25 minutes to spend delving into this. And if I have identified it, what are the resources in my community?”* However, a litigator observed, *“I think one thing, that women are all going to eventually going to come in contact with the hospitals. They are going to deliver babies or get sick, or have a wound that cannot be healed in the home.”* She went on to say, *“I think the hospitals need to be prepared to identify these women, have translators, and ask them the right questions so they will give them the right answers. If you give them the opportunity, they are going to talk.”*

Those organizations that were able to find pro bono and readily accessible health care services were few. Most identified barriers to getting health care for survivors such as “*The Health Department won’t do physicals for anyone who’s not in DSS custody anymore*”, or “*They (victims) have to have a physical and TB testing within seven days of admission.*” Paying for services was also an issue: “*There are some (health care providers) who will step up and say I will do it pro bono. But we try to be realistic...’ cause (sic) we know that’s a huge commitment,*” according to one volunteer. Yet, a case manager said, “*There’s no way that they (victims) can pay for (health care services) and there’s no way we can pay for that either. So, we’re trying to work with them (hospitals) and figure out what can be done.*” Furthermore, gaps in Medicaid eligibility, as previously described, complicate access to care and even with Medicaid coverage, finding providers who accept Medicaid is another problem. One participant said, “*That’s another thing, oh gosh, Medicaid. If this could change, it would be amazing.*”

Survivors have a number of health concerns. A FBO director noted,

Their health has been neglected, so when they come (to the shelter) they always have cavities, and they need glasses and contacts, everything, like, they have anxiety, they might need meds, they might have, like Irritable Bowel Syndrome from stress, breakouts, like they need to go to a dermatologist, their hair falls out, they’re just so skinny, everything.

Finding dental services was noted to be even more difficult by another FBO director who said, “*We haven’t found any dental to say, ‘Call me.’*”

Mental health services are also difficult to access. Although some counselors offer discounted or pro bono counseling as mentioned previously, due to the unique and long-term needs of survivors, they cannot commit to a large number of clients. Lack of training was also a problem as one human service provider noted, “*But, they (mental health counselors)*

were very honest and would say ‘I’m not qualified to deal with this. I could do more damage than good, ‘cause (sic) I’m not trained’ and I appreciate that, but the problem was, how many people ARE trained?’

Law enforcement was criticized for taking victims to a mental health facility unnecessarily, instead of finding a more suitable emergency placement. One shelter director said,

“They will just put them in a psych ward, where they really don’t belong, and they’re just pumping ‘em(sic) full of meds and they’ll come to us from the mental health place and they have all these meds and we gotta take them to a psychiatrist, and she’s like, ‘No, they don’t need to be on this, or on this.’”

A case manager supervisor emphasized the importance of mental health care but acknowledged that accessing mental health services *“was always our biggest failure.... and it was really difficult to match a good therapist with a client but when we got that match, we could see leaps and bounds of success in our program.”*

Research Question #3 – Participants’ views on what is needed to enhance aftercare services

Human service providers have learned a lot from working with survivors of sex trafficking. They have identified the impact such work has on providers, what successful outcomes look like, and the lessons learned or promising strategies that are needed to improve aftercare services for survivors.

Impact on human service providers. Virtually all human service providers acknowledged the impact of working with survivors of sex trafficking on themselves and their lives.

Effect on Worldview. Some human service providers were NOT shocked to learn that human trafficking existed; a victim services director said, *“I’m someone who thinks it’s a*

bad world. I do not think this is a child-friendly place. Humans are very difficult.” A SANE nurse shared, *“I have worked with this patient population...for 15, 16 years, so I already had my opinions pretty well formed.”* Yet, she continued, *“About four years ago, I realized, ‘oh my god, these kids that I’m seeing are DMST victims.’”* Likewise, a FBO director said, *“I thought it was really horrible and I was amazed that it still existed right here in my own country.”* For one case manager, learning about human trafficking made her *“angry at the injustice and how these things can happen to people.”* Several female participants mentioned that it changed their view of men and affected their relationships with others: *“It’s affected my marriage in multiple different ways”* and *“It changes how you view sex.”* Another described it this way: *“It’s a trust thing and feeling like there is something in men that at some point a button can be switched and all of a sudden self control and logic just go out the window.”* Others felt that learning about human trafficking *“changed the direction of my life”* or *“gave purpose to my life.”*

Vicarious Trauma. Bearing witness to another’s suffering can be traumatizing in itself. Nearly all human service providers acknowledged being impacted by the stories and struggles of survivors. One health care provider said, *“There are patients that stick with you that you just don’t get over,”* and spoke of *“the images – they’re very intrusive, they’re upsetting.”* Also, an attorney stated, *“If you were just to let yourself lay down and wallow in it with them, which is tempting sometimes, you might not get back up again.”* However, one participant who had been working with at-risk youth for many years found that

“Over the years I’ve realized that it’s somewhat condescending of me to have all of this feeling for some particular kid’s situation, because in a way it’s just my judgment that it’s a terrible situation, and it may be, but it’s also that kid’s life and they don’t need me feeling all over their life, you know.”

Another said, “you can’t feel everything like it’s the first time,” but did admit that once in awhile something would come up that surprised her - “the things you aren’t expecting.” A case manager described her reaction: “*I don’t feel like I got traumatized at all by working with victims. But, I think the reality of the demand and the apathy to address it, and the perverted heroism of addressing it, those three things really affected me in a negative way.*”

But most agreed that they had been affected by the job. A case manager acknowledged, “*I feel more screwed up the more I get into this*” and an advocate revealed, “*You know, I never took antidepressant medication until I started dealing with these women.*” Another participant actually became “*physically ill*” when a case did not turn out as expected and one provider talked about “*coming face-to-face with the atrocities*” of survivors’ circumstances.

Self-care. All participants were aware of the need for self-care, yet as a FBO director noted, “*One of the areas I’ve really failed on is taking care of myself.*” Also one supervisor would advise a staff member to “*go home early*” or “*take a day off,*” but overburdened herself by saying, “*I’ll take care of it.*”

Setting boundaries was discussed as a way to take care of oneself. A shelter director noted that sometimes you have to “*walk out of a burning building*” and a police officer shared, “*I’ve got other interests outside of law enforcement that allow me to decompress if I need to.*” An intern noted that it “*took time to actually identify areas where I can find peace and strength or just kind of let off steam.*” Still others found the work itself to be both “*interesting*” and “*therapeutic*” and shared that “*I firmly believe that this is where God wants me and so I believe that God gives me the strength and the wisdom and the ability to do what*

I do” or, as another said, “I mean God broke my heart about what was going on, then just worked in my life to move me to do something about it. I could not do this without Him. It would be way too hard.” One director offered a different type of assistance to her staff; “We started providing our staff with counseling and we’ve also gotten some mentors just to come and support our staff – take them out to lunch, we’ve had a couple staff retreats...gave them gift baskets, free massage gift certificates.” Another supervisor said her organization had “no questions asked” mental health days so that staff could take a break when needed and a SANE nurse supervisor shared, “Twice a year we get together, we have lunch, and we do self-screening for vicarious trauma.”

Some human service providers talked about getting support from others: one case manager stated, *” Something that really does keep me going is the fact that my coworker and I ...support each other...(I don’t) feel like I have to come into the office having it all together, we have breakdown moments together and we check in with each other constantly.”* Family was mentioned as well, but one participant explained, *“I have my husband and he’s incredibly supportive, but he doesn’t get it, you know.”*

As a result of the vicarious trauma and limited self-care opportunities for human service providers who work with survivors of sex trafficking, burnout can occur. Several providers mentioned that the *“shelf life”* for working in the field is only *“three or four years,”* after which time it was suggested that providers *“take a break”* from this type of work.

Safety. All providers of aftercare services who participated in the study were quite concerned about personal safety – for both themselves and their family members. As one said, *“Who we are is confidential, our office location is confidential. They (victims) don’t come to our office, we go to them”* and *”We all drive company vehicles.”* Also, several

providers spoke of instances in which they had been in “scary situations” and one “received death threats.” Another shared this story about:

“...picking up a client for the first time at their house and finding out they were living in the middle of nowhere. He (a law enforcement officer) told me to get on a road, and then it was going to turn into a gravel road, and then it was going to turn into a dirt road, and then I was going to turn where it really wasn't a road and I had no cell phone reception and I come to a trailer and it's like, very beat up and it was just a very nerve-wracking situation.”

Additionally, an intern explained that “being aware that the work you're doing could put the people you love in danger is hard” and a FBO director said, “I have taken off all of my information from the Internet, my home address, all of that, and I do not bring clients to my home. That's our policy.” Additionally, one health care provider exclaimed, “I need to know my nurses aren't going to get shot or attacked.”

Successful outcomes. What human service providers define as successful survivor outcomes varies widely. Outcomes also differed somewhat for domestic versus foreign-born survivors. For example, one shelter provider who served domestic minors who are prone to relapse, stated “I feel like everyday that they're here is a success.” Other views of success include: “I think that success is when she leaves our program and we know she's not back in The Life, that's she's safe,” as well as “she can make better decisions about herself and her body and her value and her worth, you know.” Another viewed success as “being able to be self-sufficient and really thriving on their own and establishing this new life in freedom.” A case manager worked to help survivors “have something to hold onto and live for.” A human service provider who works with youth described success as, “Reuniting with the families, if there is a family to reunite with, getting them connected to services, getting them into family therapy, getting some of these issues resolved is almost always the best outcome” and one who worked with foreign-born only said, “I think a successful outcome is definitely getting

their T-Visas,” while yet another found that “*connecting with their local community*” was beneficial. However, some providers believed that foreign-born survivors were more motivated to achieve these goals than domestic survivors, who may “*rely more on ‘the system’ for assistance.*” However, providers who worked with both types of survivors stressed the need for self-direction in setting goals “*because your job is to consult them on their choices, not take care of them,*” according to one case manager.

Maintaining relationships after the survivor is independent was often encouraged and valued. Participants talked about hearing from former survivors who have ventured out on their own and achieved their goals. The survivor/advocate noted, “*She checks in with me everyday, she’s like, ‘I’m in school, I got a job.’ That’s what makes you want to keep doin’ (sic) it.*” Yet, one case manager had a different take on success: “*Success in a case management program is when a client no longer needs you and they don’t realize that you helped them.*”

Lessons learned/Promising strategies. As a mentor surmised, “*It’s not necessarily that you need all these organizations, you need more effective people. Its quality versus quantity.*”

Interaction with community/grassroots groups. Many human service providers discussed obstacles to interacting with others who wish to care for victims of human trafficking. One said, “*There are a lot of people who want to help - bleeding hearts - but there’s a lot of unrealistic expectations or mindsets around it.*” Another noted, “*I think there’s a lot of agencies popping up, like, people are coming out of the woodwork opening organizations*” and someone else added, “*A lot of people are really impatient and they just want to get things off the ground.*” One supervisor had a different view, however: “*We have*

been able to learn how to work together with the interdisciplinary practices and the value from that and where not to cross the line,” while adding, “People feel like ‘they’ (grassroots organizations) shouldn’t be any part of the task force because ‘they’ don’t have any professional guidelines.” Her solution: “I think the better approach is for those groups that are willing to learn and grow and become more professional, to just bring them along, (but) it takes extra time and effort to do that.” All participants emphasized that survivors need very specialized care and it takes a coordinated and experienced team to care for them. According to a community group organizer, people want to start rescuing victims and put them in their house. Her reaction to this is, “Oh my god, please don’t do that – it’s totally dangerous and illegal.” She further explains, it takes many months or years to reintegrate into society: “Rescue does not guarantee the right road to recovery.”

Volunteers. Some organizations use volunteers to help with service provision. However, one FBO case manager found that “*When it came down to it, we couldn’t keep volunteers because they weren’t interested in sitting four hours in a doctor’s office – they wanted to run into a brother and save a baby.*”

Outreach. Outreach efforts currently underway include “*outreach to women in adult entertainment - we already have two ladies going into the strip clubs ...and one of the ladies met the man who owns most of the strip clubs in this area and he’s encouraged the managers to let us in,*” as well as several “*call centers where they (outreach workers) call girls (advertised for sexual services) on the Internet and Craigslist.*” Another effort included “*reaching out to immigrant communities.*” The survivor/advocate is providing “*jail outreach*” to women charged with prostitution (currently 23 have been identified in just one North Carolina city), “*talking to the young ones*” in schools, and forming a “*survivors*

support group where they talk about their issues, 'cause (sic) a lot of these girls go through these problems, but we don't' say anything about it. The biggest thing is getting(sic) them to talk about it." A provider who works with youth suggested "There needs to be greater outreach with kids in the middle. By kids in the middle I mean, there are kids in *The Life* and they're in *The Life*. Then you got people who want out and they are done, they want out. Then those kids in the middle - we need a place for them." In order to reach out to them, she proposed, "a sort of drop-in center that doesn't compromise the safety of other people and all of that."

Survivor/Peer support. A survivor of sex trafficking explained why she became a survivor advocate: "When I started reaching out to other young women that were going through the same things I went through as a youth, then you know, it became clear to me that I needed to be a voice and talk about these issues that are affecting young ladies." By working in her organization, survivors are "learning a trade in the process of being creative - to express creativity and talk about their issues." Her mentor also explained that other victims and survivors look up to her as a "role model" and see that she "ventured out into the world, its ok." Yet, she wondered, "OK am I doing this right, am I gonna (sic) see a difference in what I'm doin' (sic) or am I just wastin' (sic) my time? " They both see their purpose as "*Survival for Survivors*" and focus on "teaching them to use your mind and not your body."

The mentor attributes the survivor's success to "a whole lot of people that just came together and just believed in her. 'OK, were gonna (sic) encourage her.' If we did that with more victims, I think we'd have more success rate, and less relapses." However, he stated that he firmly believes that the peer support is "most important" link. When the survivor

received that text message from a former trick at three in the morning, she explained what happened: “I just forwarded the text to a couple of girls and said, ‘I still go through this, too, do not think you guys are alone. ‘Cause (sic) I still go through this, too’. Her mentor added, “And you won’t be able to call folks at three o’clock in the morning. You can only call another survivor. She had her sisters and they were up and like, ‘Girl, stay strong’ - you can’t do that with a social worker. You can’t do that with a mental health therapist.”

Working with survivors. Human service providers who work with survivors of sex trafficking had advice for others who may do so in the future. A health care professional advised,

“Be careful of becoming emotionally invested. This is a complex issue that has a lot of different layers, and you really need to prioritize. Health care professionals want to fix it right now and if we can’t we get very frustrated. It’s a hard lesson to learn. What does this patient want me to do? It’s not my agenda.”

Such advice also includes a list of *Do’s* and *Don’ts*:

Table 2. Advice for Human Service Providers.

DO:	DON’T:
Be honest about what you can accomplish	Be judgmental
Get to know the survivor as a person	Impose your belief system on survivors
Be able to work under pressure	Pity survivors
Get help – you cannot do it alone	Make promises
Keep cases open indefinitely	Blame survivors
Base the service plan on their goals, not yours	Neglect your own needs

Future Plans. There are several initiatives being discussed or currently underway that may help North Carolina to enhance aftercare services for survivors of sex trafficking. *“The U.S. Attorney’s office is apparently supposed to be pushing it this year – human trafficking. So they’re starting to put together...federal task forces...and where the feds go, the money goes”* as one police officer put it. A FBO that works with foreign-born survivors revealed these plans: *“We just trained mentors to work with our clients...to walk beside them”* and just got approval for a shelter that is *“gonna (sic) be specifically for victims of trafficking.”* A shelter provider for domestic victims shared, *“Our goal and hope is to continue to open additional facilities.”* A SANE nurse said, *“I want to develop a curriculum specifically to human trafficking for forensic nurses.”* Other efforts include creating *“very detailed training guides and resources for people that want to do this kind of work.”* One participant said, *“We’re going to start a poster campaign where people will hang up the National Human Trafficking hotline at different sites, targeting specific areas in the hospitality industry ‘cause (sic) there’s a lot of trafficking that occurs there”* and added that they will also be *“looking at truck stops.”* A somewhat different approach includes *“looking at what’s going on in different states and how some service providers are far more progressive in what they’ve learned and how they’ve reached out”* in an effort to improve service provision in North Carolina. Still another is *“trying to figure out how to utilize volunteers.”* With respect to self-care, one FBO is considering *“how to implement more official self-care”* such as accessing a minister, including couples in therapy, and journaling. Efforts to pull together a *“statewide strategic plan”* are underway as well as compiling a *“comprehensive resource guide.”* One director spoke of several *“fundraising events in the next six months”* that were scheduled. An advocate is working on a cultural competency

brochure about Muslim women who are in “*arranged marriages*” – it will be distributed to health care providers who are likely to encounter this population. Lastly, a community alliance member shared, “*This year our focus is on educating lawmakers because they don’t even know it’s a problem and also making them aware that community members care about this issue (sex trafficking) - because nothing is going to change unless there’s pressure from the ground.* “

Summary

Participants provided much insight into the interactions between themselves and with survivors of sex trafficking. Major findings highlighted the need for education and training in order to assist with proper victim identification, as well as the need for comprehensive and ongoing program funding. The types of services currently being offered and human service providers’ efforts at collaboration were discussed, as were the gaps in service provision and challenges to meeting the needs of survivors. Lastly, human service providers shared the impact working with survivors has had on their lives, described successful survivor outcomes, and offered their suggestions for expanding and enhancing aftercare service provision for survivors of sex trafficking in North Carolina.

Chapter Five

Discussion and Conclusions

The study's findings are presented in relation to the guiding framework, postmodern feminism. This type of approach is very useful for qualitative inquiry, in that it provides a unifying framework, expands the ways in which questions can be framed, and influences how data are interpreted and presented. Furthermore, this paradigm allows for the investigation of topics that are important to researchers and women in general, but can be contentious. In essence, it does not turn away from sensitive or emotional topics, and sex trafficking is clearly both a sensitive and emotional topic. Also, its usefulness extends beyond expanding the knowledge base in that it seeks to incite political and social change – something clearly needed with regard to sex trafficking. Only through the acquisition of knowledge and understanding can the plight of women be improved, and using a postmodern feminist approach to conducting research with human subjects is one way to achieve this aim.

First, a discussion of how postmodern feminism is reflected in the study design and findings is presented. Then, conclusions are drawn, an expanded conceptual model is offered, implications for nursing education, research, and practice discussed, limitations of the study identified, and directions for future research shared.

Discussion

Women have historically been oppressed, devalued, and exploited (Acker, Barry & Esseveld, 1983) and sex trafficking perhaps provides the greatest example of such oppression

and exploitation. Feminist researchers are not only committed to contributing to knowledge, but also to transforming the status of women, and including women as research subjects in studies is one way to do so (Conduit & Hutchinson, 1997). Hence, this study design focused on the inclusion of both female survivors of sex trafficking and human service providers who interact with them, most of whom were women. Like feminists, study participants agreed that gender inequality exists, that illuminating the injustices women face can incite action, and that empowerment and emancipation of women will transform society. Feminist research has moved beyond simply examining women's experiences to a more purposeful, outcome-driven goal for research endeavors – to improve the lives of women. This study found that sex trafficking is deeply rooted across all levels of society and it will take a multifaceted approach to eradicate it. In order to improve women's lives, coordinated and intensive efforts are needed to address demand for commercial sex, prevent those who are vulnerable to exploitation from becoming victims, correctly identify those who do fall prey to trafficking, provide appropriate and comprehensive care for survivors, and prosecute offenders.

Postmodernism favors small, local, and individual stories that elucidate the specific and personal aspects of the human experience (Agger, 2007). Yet although these “mini-narratives” offer only a limited, context-dependent view on a topic, they can be powerful forces in providing insight and effecting change. Also, a postmodern feminist paradigm provides an avenue for the voices of diverse researchers and participants to be heard. This study clearly included a diverse group of participants: ages ranged from the 20's to the 60's, education levels varied from High School to Masters Degrees, races included Caucasian, African-American, and Hispanic, and both males and females were represented. The

participants came from various backgrounds, worked in very different fields, and had differing epistemological viewpoints. However, while it is acknowledged that no absolute truth or objective reality is sought in qualitative research, the stories of the participants clearly identified several key aspects of sex trafficking survivor/ human service provider interactions.

Conceptual Model

The conceptual framework presented in Chapter Two was revised and expanded in order to more accurately reflect the findings of this study (see Appendix I). A Postmodern Feminist research paradigm provided the structural foundation for the original framework, as described in Chapter Two. Factors that contribute to the vulnerability that leads to being trafficked are discussed in Chapter One; such vulnerability then places one at risk for exploitation and sex trafficking, as described in Chapters Two and Four. With the proper tools in place, victim identification occurs and leads to interaction with human service providers. These interactions are directed at meeting the immediate, ongoing, and long-term needs of sex trafficking survivors.

Modifications made to the original framework include adding *Exploitation* to the Sex Trafficking component due to the fact that exploitation was identified as a key aspect of trafficking, deleting Detrimental Health Effects as this was no longer a focus of the study – it was replaced by Victim Identification that *was* a central focus and also required in order for interaction with human service providers to occur. Such interactions form the foundation for the lower half of the model. This section incorporates Macy and Johns' (2011) Framework for a Continuum of Aftercare Services to Address International Sex Trafficking Survivors' Changing Needs. Although their framework was designed for foreign-born survivors, most

of the components apply to domestic victims as well (Immigration Advocacy and Language Services likely would not). The parentheses surrounding the lower half of the model were added to emphasize that these components are superimposed on interactions with human service providers.

Conclusions

Human service providers cannot effectively interact with survivors of sex trafficking without the knowledge, resources, and mechanisms in place to do so appropriately and efficiently. Three focus areas were identified: 1) effective collaboration between human service providers, 2) proper identification of victims, and 3) appropriate and comprehensive service provision.

Effective Collaboration. This study found that the basic structures for coalition building or forming partnerships are in place in North Carolina. As discussed previously, state-level efforts include NCCAHT, an alliance of direct service providers, law enforcement personnel, legal services, and policy advocates and NCSTOP, a community member alliance that provides a forum for anti-human trafficking activism and connects individuals, community-based agencies, FBOs, non-governmental, and governmental organizations. Regional efforts to collaborate are centered around the seven RRTs that currently exist in the state, shown in Figure 2 (Asheville, Charlotte, Triad, Triangle, Fayetteville, Greenville, Wilmington). Their purpose is to identify and respond to victims' immediate needs by connecting them to appropriate resources.

RRT, such as NCSTOP, but should not participate directly in the RRT due to concerns with efficiency and confidentiality. Ideally, each region should have both a RRT and access to a community alliance association so that professional organizations and community groups or individuals can both address the problem, just from different (non-competing) angles.

Expanded Victim Identification.

Victims of sex trafficking are often misidentified as prostitutes; hence, victims are charged with a crime and placed in juvenile detention or jail while tricks and pimps remain unpunished. Improper identification has various detrimental effects. It helps perpetuate the mindset that the victims are the criminals and those who exploit them do not deserve to be punished. It also denies them access to victim compensation and restitution. Such criminalization of victims also further embeds them in *The Life*, as opportunities for education are lost, legitimate job opportunities squelched, and self-esteem shattered. Furthermore, human service providers cannot “test the system” of service provision or get appropriate and consistent funding if victims are not being identified and accessing services.

In order to increase proper identification of victims of sex trafficking, community education and awareness must be enhanced, human service providers, legal, and law enforcement personnel must be trained, organizational policies and procedures must be created, outreach efforts must be expanded, and laws must be strengthened and applied appropriately and consistently. If community members are unaware that the problem exists in their area, they are not able to recognize the signs of trafficking. Therefore, educating the public about sex trafficking enhances awareness and increases the likelihood of victim identification. Those who interact directly with victims of trafficking (such as law enforcement and direct service providers) as well as those who may potentially come into

contact with them (such as health care providers, social service agencies, religious organizations, etc.) need specialized, comprehensive, and ongoing training. Training can be given by those familiar with the topic and should be mandatory. Organizations can then take what is learned in the trainings and design policies and procedures that will assist with identification (such as screening tools) and provide resources and recommendations for treatment, referral, and follow-up. Many victims of sex trafficking may not know that there are mechanisms in place to assist them. Therefore, outreach efforts are crucial in identifying and rescuing victims and should be expanded. Lastly, the laws themselves, as well as how they are applied, affect victim identification and offender prosecution. Federal laws do recognize trafficking, but there are gaps in North Carolina's laws that need to be addressed. However, even if the laws are in place, it does not mean that they are adequately and consistently applied. Law enforcement personnel, attorneys, and judges all need to be knowledgeable of the laws regarding sex trafficking in order to assure proper identification and prevent improper sentencing of victims.

Comprehensive Service Provision.

Appropriate, effective, and consistent aftercare services for survivors are needed in order to meet their immediate, ongoing, and long-term needs. As supported by this research and described by Macy and Johns (2011) emergency needs include safety, emergency housing, basic essentials (food, clothing), emergency medical and mental health care, legal intervention, and interpretation services (if applicable). Ongoing needs include continued medical and mental health care, safety, transitional housing, and if applicable, legal assistance and interpretation. Long-term needs also include job and life skills training, permanent housing and language skills, if applicable. Effective collaboration, as described

previously, is needed in order to coordinate and provide for the many and unique needs of sex trafficking survivors. Ensuring that the right types of services are available, that they can produce positive outcomes, that they are adequately funded, and consistently available is challenging. Additionally, a combination of the correct application of laws, a coordinated response, and adequate services are needed to ensure success.

Implications for Nursing Education, Practice, and Research.

Health care professionals, such as nurses, are in an excellent position to identify and care for victims of sex trafficking – but only if they are aware of the problem in the first place. Therefore, education and training on human trafficking in general, and sex trafficking specifically, should be mandatory for all nursing students. Additionally, continuing education on the subject should be required for all nurses and workplace orientations should include information about trafficking as well as organizational policies and procedures related to screening, victim identification, and referral to appropriate resources.

Nurses who work in Emergency Departments, schools, refugee centers, churches, health departments, community health centers, abortion and family planning clinics, as well as other locations may encounter potential victims of sex trafficking and need to know how to approach such patients, how to recognize warning signs, how to use screening questions effectively, and what to do if a victim is identified. They can also advocate for the rights of victims at the local, state, national, and global level. They can work directly with law enforcement (as a SANE or forensic nurse) to ensure that evidence is collected properly. They can provide physical care or ongoing mental health counseling to survivors of sex trafficking. Nurses can also offer case management services to survivors, lobby for changes

in state laws, and address the demand side by educating young men and boys about commercial sexual exploitation and healthy interpersonal relationships.

Nurse researchers can contribute to the knowledge base on human trafficking by investigating the many facets of the issue. Nursing research is needed in order to understand the problem, learn how to decrease demand for sexual services, identify promising practices for treatment of victims, and assist in the long-term recovery and reintegration of survivors into society.

Limitations

Although this study provides an insight into the issues and circumstances surrounding sex trafficking survivor and human service provider interaction in North Carolina, it also raises more questions. It does not include an examination of models of collaboration that have been proven effective in other locations or other applications. It also does not look at how organizations, such as law enforcement, translate and incorporate new laws and procedures into practice – likely an important piece in victim identification efforts. Additionally, the findings may not be applicable to other states or other organizations.

The views, opinions, experiences, and suggestions of human service providers who agreed to participate in this research may differ from those who met the inclusion criteria but chose not to participate. Survivors' experiences and interactions with human service providers were primarily described from the providers' viewpoint. Although the focus of the study was on human service providers, one survivor was included in order to add richness and understanding to the study. However, due to this limited number of survivor-participants (n=1), findings related to survivor interviews may not be representative of all survivors, especially those who are in the early stages of recovery or those who do not work with other

survivors. Therefore it is not known how survivors overall would view the availability and applicability of service provision.

Future Directions

Research on various aspects of human trafficking is expanding. However, more research is needed overall and research that focuses specifically on all facets of aftercare service provision will expand knowledge and support the development of promising practices. Case studies should be used to examine organizations in detail to reveal which factors favor collaboration with other providers and interaction with survivors and which do not. Looking at states that have stricter trafficking laws than North Carolina would be useful to determine the effectiveness and utility of such legislation, as well as guide future policy initiatives. Also, program monitoring and evaluation is needed to differentiate between successful and unsuccessful approaches to service provision. Lastly, all aspects of anti-human trafficking efforts, from addressing demand, preventing exploitation, prosecuting offenders, identifying victims, to working with survivors should be explored in detail.

Appendix A

Email Script

Dear _____,

My name is Susan Young and I am a doctoral student in the School of Nursing at the University of North Carolina (UNC) in Chapel Hill. I am recruiting participants for my dissertation:

Sex Trafficking Survivors' Interactions with U.S. Human Service Providers

I am hopeful that your organization can help find participants for my study! Please review the specifics below and contact me with any questions. A recruitment flyer is attached for your use, if applicable. Thank you in advance for your assistance.

Purpose of the Research Study: The purpose of this qualitative study is to explore and describe sex trafficking survivors' interactions with the U.S. human service providers either while being trafficked or afterward.

Significance of the Problem: As victims of sex trafficking continue to be identified and rescued, a coordinated continuum of aftercare services is needed, with both short-term and long-term involvement with survivors. Research is needed to better understand the interactions of survivors with human service providers in order to develop effective programs and services for survivors, to enhance their well being, and to increase knowledge about trafficking. Both survivors and those who work directly with them are in the best positions to provide insight into the physical, mental, legal, and social needs of survivors and the challenges they face.

Participant Inclusion Criteria - Survivors: Adult females who were victims of sex trafficking but have escaped from/no longer involved in the trafficking situation will be recruited for participation in this study.

- In order to fit the definition of a sex trafficking survivor, they will need to have been involved in sex trafficking / commercial sex / prostitution either 1) through the use of force, fraud, or coercion if over 18 at the time of involvement, or 2) when under the age of 18.
- Each participant must have had at least one encounter with the U.S. health care system, social services department or other community agency that provides victim services, either while being trafficked, or more likely, afterward. This could include a visit to a clinic, urgent care center, public health department, or emergency department, mental health counselors, case managers, shelter providers, legal aid, law enforcement, or other community agencies that provide victim services such as DSS, FBOs, or NGOs, for example.

- Participants should be over the age of 18 when consenting to the interview, but may have been trafficked as a minor.
- They may be U.S or foreign-born, but English-speaking.

Participant Inclusion Criteria – Human Service Providers:

- Current or past employees/volunteers (such as medical professionals, case managers, executive directors, outreach coordinators, shelter providers, mental health counselors, attorneys, law enforcement personnel) with a health care facility, social service department, or other community agency who have directly worked with or are currently working with survivors of sex trafficking.
- General information about working with survivors will be sought. No personal information on specific survivors will be collected.

Time Commitment: The initial (face-to-face) interview will last one to two hours. One to two follow-up sessions for clarification or fact-checking may be needed. Therefore, the total time commitment per participant is between two and four hours.

Compensation: Each participant will receive a \$25 gift card to Wal-Mart, Kmart or Target after completion of the initial interview.

Confidentiality: Confidentiality of participant’s identity and disclosures will be protected and maintained throughout the study and afterward.

Location: To be determined and mutually agreed upon by researcher and participant. A safe, public location with private meeting facilities is preferred. I am able to travel to meet participants.

Referral / Contact Information: If you or your organization knows someone who may be interested in participating in this research study, please contact:

Susan Young, PhD Candidate, RN
University of North Carolina
School of Nursing
Chapel Hill, North Carolina
919-966-6169
ysusan@email.unc.edu

Do you work with Survivors of Sex Trafficking or Forced Prostitution?



We are recruiting human service providers who work with sex trafficking survivors for a University of North Carolina Research Study.

Let your voice be heard!

Help us improve service provision for victims of sex trafficking.

To participate you should be:

- **A current or past employee of an organization that works with survivors of sex trafficking/forced prostitution**
 - Examples include medical professionals, case managers, executive directors, outreach coordinators, shelter providers, mental health counselors, attorneys, law enforcement, NGO or FBO staff -community agencies that interact with sex trafficking survivors.
- General information about working with survivors and collaboration with other organizations that assist them will be sought. No personal information on specific survivors will be collected.

During the study you will participate in a private interview about your interactions with survivors of sex trafficking. Your information will be kept **confidential**.

You will receive a \$25 gift card for your participation.

For more information, please contact Susan at: (919) 966-6169 or ysusan@email.unc.edu.

NEED IMMEDIATE HELP? The National Trafficking Hotline is available 24/7 for confidential help and information about sex trafficking: 1-888-3737-888.

UNC Study
Contact Susan at:
(919) 966-6169
ysusan@email.unc.edu

UNC Study
Contact Susan at:
919-966-6169
ysusan@email.unc.edu

UNC Study
Contact Susan at:
919-966-6169
ysusan@email.unc.edu

UNC Study
Contact Susan:
919-966-6169
ysusan@email.unc.edu

Have you or someone you know been a victim of Sex Trafficking or Forced Prostitution?



We are recruiting women who have been a victim of sex trafficking or forced prostitution for a University of North Carolina Research Study.

To participate you should be:

- **Female, Currently over 18**
- **A past (not current) victim of sex trafficking/forced prostitution**

- This means someone talked or forced you into prostitution, or lied to you about the type of work you would be doing for them, or profited from your involvement in prostitution.

- **Able to speak English**
- **AND** you need to have **visited a U.S. health care facility, social services department or community agency** that assists victims either while you were involved in sex trafficking/forced prostitution or afterward.

Let your voice be heard!

Help us design a better system of care for victims of violence.

During the study you will participate in a private interview about your interactions with medical providers, case managers, or others who work with survivors of trafficking. Your information will be kept **confidential**.

You will receive a \$25 gift card for your participation. For more information, please contact Susan at: (919)-966-6169 or ysusan@email.unc.edu

NEED IMMEDIATE HELP? The National Trafficking Hotline is available 24/7 for confidential help and information about sex trafficking: 1-888-3737-888.

UNC Study
Contact Susan at:
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ysusan@email.unc.edu

Appendix D

Follow-up Telephone Script: Human Service Providers

Hello, my name is Susan Young. I am a doctoral student at the University of North Carolina in the School of Nursing. I am doing a research study in order to learn about what happens when a survivor of sex trafficking interacts with a U.S. human services provider such as a health care facility, social services department or other community agency that works with survivors.

I recently sent you a letter /email about the study. I am calling to follow-up to find out if you have identified any potential participants and to answer any questions you may have about the study.

I am interested in talking to women currently over 18 years old who have been involved in sex trafficking, also known as commercial sex, or prostitution, but are no longer in that situation. I am also interested in interviewing service providers such as medical professionals, case managers, executive directors, outreach coordinators, shelter providers, mental health counselors, attorneys, or law enforcement who are currently working with survivors or have done so in the past.

Based on this description, do you know of anyone who would qualify for this study – either survivors or providers?

If yes, would you be willing to ask them if they would be interested in participating in the study or give them my contact information?

There will be one face-to-face interview and up to two follow-up interviews by telephone. Interviews will be recorded and all information will be protected and kept confidential. Participants will receive a \$25 gift card to Wal-Mart, Kmart, or Target after completion of the first interview.

If you know of someone who may be willing to participate, please contact me. My telephone number is 919-966-6169 and my email is ysusan@email.unc.edu.

Thank you for your assistance. Please let me know if you have any other questions.

Appendix E

Follow-up Telephone Script: Survivors

Thank you for contacting me. My name is Susan Young. I am a doctoral student at the University of North Carolina in the School of Nursing. I am doing a research study in order to learn about what happens when a survivor of sex trafficking visits a U.S. health care facility, or a social services department, or other community agency that provides victim services.

I am interested in talking to women currently over 18 years old who have been involved in sex trafficking, also known as commercial sex, or prostitution, but are no longer in that situation.

In order to qualify for this study, you would have to have been involved in prostitution before the age of 18, or if over 18, then someone (such as a pimp or trafficker) would have needed to have done things to force you or talk you into prostituting. You would also have had to visit a health care facility, social services department or other community agency that provides services to survivors of trafficking, either while being trafficked or prostituted, or afterward.

Based on this description, would you qualify for this study?

If yes, would you be willing to participate in the study?

There will be one face-to-face interview and up to two follow-up interviews by telephone. Interviews will be recorded and all information will be protected and kept confidential. You will receive a \$25 gift card to Wal-Mart, Kmart, or Target after completion of the first interview.

There is no specific benefit to participating in this type of study although some people have found that participating in research that helps others makes them feel good. You will also be helping us to understand what types of services survivors need and how to get help to them.

I will ask you questions during the study about your visit or visits to health care facilities, social service departments or community agencies. It may be upsetting or difficult to talk about past painful experiences.

You should know that participation is voluntary and that you can stop the interview at any time.

Can you meet at _____ on _____?

May I call you the day/week before to confirm our appointment?

Do you have any questions about the study now?

If you have questions later, please call me at 919-966-6169.

Appendix F

**University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants
Social Behavioral Form**

IRB Study # 11-0544

Consent Form Version Date: 1-16-12 (Human Service Providers)

Title of Study: Sex Trafficking Survivors' Interactions With U.S. Human Service Providers: An Exploratory and Descriptive Study

Principal Investigator: Susan Young
UNC-Chapel Hill Department: School of Nursing
UNC-Chapel Hill Phone number: 919-966-6169
Email Address: *ysusan@email.unc.edu*

Faculty Advisor: Diane Kjervik
UNC-Chapel Hill Department: School of Nursing
UNC-Chapel Hill Phone number: 919-966-4269
Email Address: *kjervik@email.unc.edu*

Funding Source and/or Sponsor: The Linda Mathews Fund

Study Contact telephone number: 919-966-6169
Study Contact email: *ysusan@email.unc.edu*

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this research study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study

at any time.

What is the purpose of this study?

The purpose of this research study is to better understand how sex trafficking survivors interact with human service providers in the U.S.

You are being asked to be in the study because you currently interact with or have interacted with sex trafficking survivors as a human service provider.

How many people will take part in this study?

If you decide to be in this research study, you will be one of approximately 12 to 15 people in this study.

How long will your part in this study last?

An initial interview will last between one and two hours. One to two follow-up sessions for clarification or fact-checking may be needed. Therefore, the estimated time commitment for participating in this research study is two to four hours.

What will happen if you take part in the study?

Prior to the first interview, I will obtain your consent or agreement to participate in this research study. You can ask me questions about the study and talk about any concerns you may have about being in the study.

During the interview, I will ask you questions about your experience(s) working as a human service provider with sex trafficking survivors. You may take a break at any time and stop the interview if it is too difficult to continue.

Our conversation will be (audio) recorded with your permission and I will type what is said onto my computer afterward. If there is something you would like to say “off the record”, please ask to have the recording turned off during the interview. If you do not give permission to be recorded, I will make handwritten notes of the interview and type them into my computer afterward.

I may contact you by telephone for a follow-up interview. I will ask you more questions about your interactions with sex trafficking survivors and you may add anything that you had forgotten to talk about in the first interview. I may also contact you by telephone after I begin looking at all of the interviews to ask your opinion about my findings.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. This study will

advance the scientific knowledge base and benefit sex trafficking survivors, as well as those who work with trafficking victims. You may not benefit personally from being in this study.

What are the possible risks or discomforts involved from being in this study?

We do not anticipate any risks or discomfort to you from being in this study

How will your privacy be protected?

Every effort will be taken to protect your identity as a participant in this study.

Handwritten field notes will be made during the interview process and kept in a binder. They will be transported in a locked bag from the interview site to my office. This binder, along with all other physical records, will be stored in a locked filing cabinet in my office at UNC when not in use. Computer data (such as interview transcripts, summary sheets, data files) will be password-protected and/or encrypted. All data will remain solely in the researcher's possession throughout the research study.

Participants **will not** be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

How will data be collected and stored?

Digital voice (audio) recordings will be kept in a locked filing cabinet in my office at UNC after being typed onto the computer, along with any handwritten notes or other documents related to the study. These will be kept until the study is completed, after which time they will be destroyed. Information such as your name and contact information will also be secured, but kept apart from any data collected to help protect your privacy.

Initial the line that best matches your choice:

OK to (audio) record me during the study

Not OK to (audio) record me during the study

You may request to have audio recording devices turned off at any point during the interview.

What if you want to stop before your part in the study is complete?

You can withdraw from this study at any time, without penalty. The researcher also has the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

Will you receive anything for being in this study?

After the first interview is complete, you will be receiving a \$25 gift card to Wal-Mart, Kmart, or Target for taking part in this research study.

Will it cost you anything to be in this study?

There will be no costs for being in the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, concerns, or if a research-related injury occurs, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Title of Study: Sex Trafficking Survivors' Interactions With U.S. Human Service Providers: An Exploratory and Descriptive Study

Principal Investigator: Susan Young

Participant's Agreement:

I have read (or had read to me) the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. A copy of this consent document has been offered to me.

Signature of Research Participant

Date

Printed Name of Research Participant

Person Obtaining Consent/Principal Investigator

Date

Appendix G

**University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants
Social Behavioral Form**

IRB Study # 11-0544

Consent Form Version Date: 1-16-12 (Survivors)

Title of Study: Sex Trafficking Survivors' Interactions With U.S. Human Service Providers: An Exploratory and Descriptive Study

Principal Investigator: Susan Young
UNC-Chapel Hill Department: School of Nursing
UNC-Chapel Hill Phone number: 919-966-6169
Email Address: *ysusan@email.unc.edu*

Faculty Advisor: Diane Kjervik
UNC-Chapel Hill Department: School of Nursing
UNC-Chapel Hill Phone number: 919-966-4269
Email Address: *kjervik@email.unc.edu*

Funding Source and/or Sponsor: The Linda Mathews Fund

Study Contact telephone number: 919-966-6169
Study Contact email: *ysusan@email.unc.edu*

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this research study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study

at any time.

What is the purpose of this study?

The purpose of this research study is to better understand how sex trafficking survivors interact with human service providers (such as medical professionals, case managers, executive directors, outreach coordinators, shelter providers, mental health counselors, attorneys, law enforcement) in the U.S.

You are being asked to be in the study because you visited a health care facility, department of social services, or other community agency that works with sex trafficking survivors in the U.S. either while you were being trafficked or afterward.

How many people will take part in this study?

If you decide to be in this research study, you will be one of approximately 12 to 15 people in this study.

How long will your part in this study last?

An initial interview will last between one and two hours. One to two follow-up sessions for clarification or fact-checking may be needed. Therefore, the estimated time commitment for participating in this research study is two to four hours.

What will happen if you take part in the study?

Prior to the first interview, I will obtain your consent or agreement to participate in this research study. You can ask me questions about the study and talk about any concerns you may have about being in the study.

During the interview, I will ask you questions about your experience(s) with human service providers either while being trafficked or after you left the trafficking situation. You may take a break at any time and stop the interview if it is too difficult to continue.

Our conversation will be (audio) recorded with your permission and I will type what is said onto my computer afterward. If there is something you would like to say “off the record”, please ask to have the recording turned off during the interview. If you do not give permission to be recorded, I will make handwritten notes of the interview and type them into my computer afterward.

I may contact you by telephone for a follow-up interview. I will ask you more questions about your visit(s) to human service providers and you may add anything that you had forgotten to talk about in the first interview. I may also contact you by telephone after I begin looking at all of the interviews to ask your opinion about my findings.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. This study will advance the scientific knowledge base and benefit other sex trafficking survivors, as well as those who work with trafficking victims. You may not benefit personally from being in this study.

Some participants report that being involved in research helped them by allowing them to tell their story and potentially to help others, however there is no anticipated or specific individual benefit to participating in this research.

What are the possible risks or discomforts involved from being in this study?

Participation in this study may make you relive the negative stereotyping associated with sex trafficking, social isolation, feeling unsafe or uncomfortable, and being traumatized by your experiences. Also, there is some risk of identification as a sex trafficking victim if there is documentation or observation of your role in the study by others (for example in a shelter setting), which could be embarrassing or emotionally distressing.

It may be difficult or uncomfortable to talk about past experiences that are traumatic and painful. You may have immediate and lasting emotional and/or physical discomfort from being in this research study. Also, there may be uncommon or previously unknown risks. You should report any problems to the researcher.

I have identified community resources so that I can provide you with a list of therapeutic support services, if needed.

How will your privacy be protected?

Handwritten field notes will be made during the interview process and kept in a binder. They will be transported in a locked bag from the interview site to my office. This binder, along with all other physical records, will be stored in a locked filing cabinet in my office at UNC when not in use. Computer data (such as interview transcripts, summary sheets, data files) will be password-protected and/or encrypted. All data will remain solely in the researcher's possession throughout the research study.

Participants **will not** be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

How will data be collected and stored?

Digital voice (audio) recordings will be kept in a locked filing cabinet in my office at UNC after being typed onto the computer, along with any handwritten notes or other

documents related to the study. These will be kept until the study is completed, after which time they will be destroyed. Information such as your name and contact information will also be secured, but kept apart from any data collected to help protect your privacy.

Initial the line that best matches your choice:

OK to (audio) record me during the study

Not OK to (audio) record me during the study

You may request to have audio recording devices turned off at any point during the interview.

What if you want to stop before your part in the study is complete?

You can withdraw from this study at any time, without penalty. The researcher also has the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

Will you receive anything for being in this study?

After the first interview is complete, you will be receiving a \$25 gift card to Wal-Mart, Kmart, or Target for taking part in this research study. Any costs for parking or transportation will also be reimbursed.

Will it cost you anything to be in this study?

There will be no costs for being in the study. If parking fees or bus fares are paid, they will be reimbursed to you. Childcare expenses will not be covered.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, concerns, or if a research-related injury occurs, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

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Principal Investigator: Susan Young

Participant's Agreement:

I have read (or had read to me) the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. A copy of this consent document has been offered to me.

Signature of Research Participant

Date

Printed Name of Research Participant

Person Obtaining Consent/Principal Investigator

Date

Appendix H

Examples of Semi-Structured Interview Questions: Human Service Providers

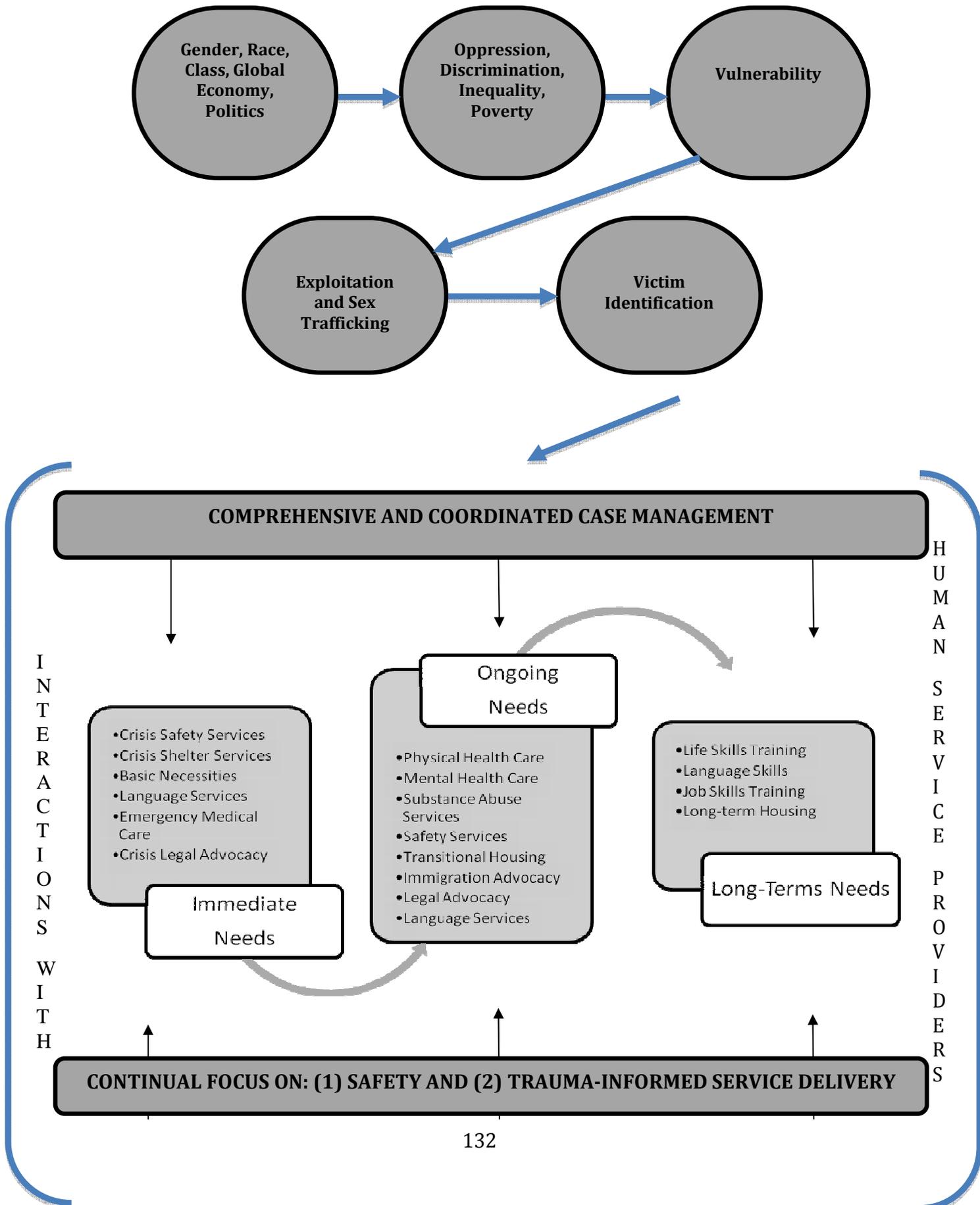
- Describe the type of organization you work for and general services offered.
- Please describe your level of education, credentials, training, and experience working with victims.
- What are the organization's policies and procedures, if any, related to caring for victims of trafficking?
- What would you do if you were meeting with a client and s/he revealed for the first time during the visit that s/he is a victim of trafficking?
- Were you involved in creation of those policies and procedures?
- When and how did you first learn about human trafficking?
- How are survivors identified and/or referred to the organization? Are screening tools used once a victim presents for care?
- Do you work with other types of clients? Describe.
- What is the approximate number of trafficking cases you have seen? Do others in your organization work with victims, how many have they seen?

- What services are offered by your agency for victims of trafficking and what needs are being met? (For example, case management, social service coordination, community outreach, education, job assistance, shelter and basic needs, emotional support, legal assistance, interpretation, medical care, dental care, mental health services, substance abuse help, childcare, transportation, safety planning, etc.)
- What services are not offered for victims of trafficking and what needs are not being met? Are referrals made to other organizations when you cannot help them?
- What are the immediate / short-term needs of victims? (Physical, mental, social, legal, basic needs, etc.)
- Long-term, ongoing needs?
- What is your role in managing these needs?
- Can you describe a time when needs were met successfully and a time when they weren't?
- How do your perceived needs align with the survivors' perceived needs?
- Is there ever conflict between the survivor's needs or priorities and yours, and how are those addressed? Please provide an example.
- If applicable, how are survivors empowered to manage their own needs or make their own decisions?
- Do you feel that you are helping? Why or why not?
- What do you do to build trust with your clients? How effective is that?

- Where do survivors go first, second, ...so on for help? How do they know where to go? Where does your organization fall in this sequence?
- How do you decide to refer survivors to others, to whom do you refer most often? Do you follow up?

- Are there usually informal support resources for survivors – family, friends, religious contacts, etc.?
- In your opinion, what impact are human service providers' services having on survivors? Suggestions for improvement?
- Describe current collaborative efforts / interactions with other agencies, the type of relationships and whether they are effective or not, in your opinion? Do you think the survivor would agree with your assessment?
- What is the working relationship among organizations like? Is it adequate or what is needed to improve collaboration and coordination of services?
- What are the barriers or challenges faced when caring for victims?
- How does service provision differ for trafficking victims versus other populations?
- What are your personal strengths and the strengths of the organization you work for in dealing with survivors?
- What do you think would improve community resources for survivors?
- How could agencies better get the work out to survivors in the community about their services?
- What is your organization's impact on the community - Is the organization involved in public education / awareness / prevention of trafficking, etc.?
- Are there plans for future service provision, staff training, collaboration with other agencies, etc.?
- What else can you tell me about working with survivors and/or other organizations that do so?

Appendix I: Revised Conceptual Model



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