

SOCIAL SERVICES FOR THE DMST POPULATION:
A QUALITATIVE STUDY

A Thesis Presented to the Faculty
of
California State University, Stanislaus

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

By
Elisabeth Smith
May 2016

CERTIFICATION OF APPROVAL

SOCIAL SERVICES FOR THE DMST POPULATION:

A QUALITATIVE STUDY

by
Elisabeth Smith

Signed Certification of Approval Page is on file
with the University Library.

Dr. Katie Galvin
Assistant Professor of Social Work

Date

Dr. Jane Rousseau
Assistant Professor of Social Work

Date

© 2016

Elisabeth Smith
ALL RIGHTS RESERVED

DEDICATION

This thesis is dedicated to my all my family members because without your love, prayers, and support I would not be the woman I am today. Special thanks to my Mommy, thank you for your unconditional love, I love you. Daddy, thank you for always being available to listen to my cries and struggles. You encouraged me even when I wanted to give up. I am truly a Daddy's girl, I love you.

ACKNOWLEDGEMENTS

Firstly, I would like to start by giving thanks to God for making a way and getting me through my toughest times by giving me the strength to endure.

(Philippians 4:13).

I would like to acknowledge all of the participants in this study. You are truly inspirational and make a difference in the world. Without you this thesis would not be possible.

To my thesis chair, Dr. Katie Galvin, and thesis reader Dr. Jane Rousseau for guiding me through this journey.

Finally, I would like to thank my friends, fellow graduate students, and colleagues who supported me throughout my education process through your words of encouragement, advice, and support.

TABLE OF CONTENTS

	PAGE
Dedication	iv
Acknowledgements	v
Abstract	viii
CHAPTER	
I. Introduction	1
Statement of the Problem	1
Purpose of the Study	3
Assumptions/Hypothesis	5
Significance of the Study	5
Reflexivity	6
Definition of Terms	6
II. Literature Review	8
Overview	8
Risk Factors and the DMST Population	9
Psychological Factors and the DMST Population	12
Cultural Factors and the DMST Population	16
Social Services and the DMST Population	18
Service Providers and the DMST Population	19
III. Methodology	24
Overview	24
Design	25
Sampling Plan	26
Instrumentation	27
Data Collection	28
Data Analysis Plan	28
Protection of Human Subjects	29
IV. Results	30
Overview	30
Experiences Prior to Sexual Exploitation	31

Experiences during Sexual Exploitation.....	37
Needs of the DMST Youth Coming out of Sexual Exploitation.....	43
Suggestions for Service Providers	50
Summary	58
V. Discussion.....	59
Overview.....	59
Major Findings and Relation to Existing Knowledge.....	59
Implications for Social Work Practice.....	63
Limitations of the Study.....	65
Recommendations for Future Research.....	65
References.....	68
Appendices	
A. Interview Questions	73
B. Informed Consent.....	75

ABSTRACT

Domestic Minor Sex Trafficking is a complex form of oppression that is affecting children and adolescents on a national and transnational level. In the United States statistical account of minors who are involved in the commercial sex trade varies due to the secretive and brutal nature of this criminal act. Due to the difficulty in studying sex trafficking, results regarding the knowledge of service providers and best treatment services are minimal. Referral to appropriate services and treatments are important for post trafficking recovery and adaptation to society. This study explores through qualitative research information gathered from six service providers who have experience working with the DMST population.

CHAPTER I
INTRODUCTION

Overview

Human trafficking is a crime that both nationally and internationally generates 32 billion dollars per year (Hom & Woods, 2013). The U.S. Department of State estimates that annually, approximately two million children are exploited by the sex trade (Retrieved from www.state.gov). Human trafficking is the commercial exploitation of humans for profit and can be classified into two categories: labor (domestic and agriculture) and sexual (prostitution and sexual exploitation) (Retrieved from www.traffickingresourcecenter.org). Further, human trafficking is broadly defined as the use of force, fraud, or coercion for the purpose of exploitation. In the specific case of human sex trafficking, recruitment, harboring, transportation, provision, or obtaining a person for a commercial sex act in which the act is induced by force, fraud, coercion, or performed by a person who is legally a minor under 18 years of age (retrieved from www.traffickingresourcecenter.org). Under federal law, any minor under the age of eighteen who is involved in commercial sex trafficking is considered a victim of sex trafficking regardless of whether the trafficker used force, fraud, or coercion (Polaris, 2015).

Sex trafficking is a significant domestic problem here in the United States. Youth in the United States are particularly vulnerable to becoming involved in human domestic sex trafficking (Compton, Hardy & McPhatter, 2013). The average age for

a victim to enter into sexual exploitation is between twelve and fourteen years old with some victims being as young as five years old (Koltra, 2010). The number of youth currently at risk for sexual exploitation within the United States ranges from 200,000 to 300,000 and a yearly estimate of incidents of exploitation of minors is roughly 199,000 (Compton, Hardy, & McPhatter, 2013). Research also shows that one out of every three teens on the street will be lured into prostitution within the first 48 hours of running away from home (Retrieved from www.trafficking.org).

Domestic minor sex trafficking (DMST) can include the survival sex/rape or exchange or acceptance of sex acts in order to meet a basic need such as food and shelter and any other survival purposes. Runaway teen girls are especially vulnerable and an easy target for traffickers here in the United States. Nationally, between 450,000 and 2.8 million children and youth run away from home each year and a significant number wind-up commercially sexually exploited (Johns & Macy, 2011). In 2000, Congress passed the Trafficking Victims Protection Act (TVPA) which acted as a protective step towards combating perceptions of minors as willing participants in their own exploitation (Compton, Hardy, & McPhatter, 2013). This federal law stated that regardless of whether force, fraud, or coercion occurred, minors under the age of 18 are considered *victims* of sex trafficking.

There is a significant supply and demand component with regard to minor sex trafficking. For example, the sale of child pornography is a 3 million dollar per year industry in which 55% of child pornography comes from the United States (Retrieved from www.trafficking.org). In addition to child pornography, traffickers also profit

from exploiting children in areas of escort and massage services, strip clubs, and convention-related activities that involve tourism or nonlocals (Compton, Hardy, & McPhatter, 2013).

Globally, people with few resources are vulnerable to human trafficking. This is especially true in countries where women and girls have fewer rights. Although low socio-economic status can affect all members of a particular society, women are often more vulnerable due to the lack of power they hold in terms of household decision making (Poudel & Smyth, 2002). Further, in countries with high rates of poverty, women often face higher levels of discrimination related to job and educational opportunities (Poudel & Smyth, 2002). For these reasons, families in countries with low socio-economic status and high rates of poverty can be vulnerable to the trafficking of their female family members.

Accurate statistics in the area of minor sex trafficking are difficult to obtain. Some researchers attribute this to the elusive criminal nature of sexual exploitation (Compton, Hardy, & McPhatter, 2013). Other researchers point to the secretive nature of the problem and the lack of sufficient attention to trafficking (Koltra, 2010). Many researchers believe there are many more minor victims being exploited than are reflected in the current available estimates. This study aims to bring more knowledge to the area of sex trafficking of minors.

Purpose of the Study

Based on Cecchet & Thoburn's (2014) work and consistent with social work practice, this study utilized a systems approach. According to Germain &

Gitterman's Life Model, the relationship between people and their environment is reciprocal: each influences the other over time through changes (Payne, 2005). This lens was employed in the present study to better understand service providers' views related to identification and referral of those in the DMST population as well as availability and accessibility of appropriate services to meet the needs of the DMST population.

The purpose of this study is to (1) explore how those in the DMST population are identified and referred for services in the Central Valley and to (2) assess availability and accessibility of appropriate services for the DMST population within the Central Valley. A review of the literature shows that within the context of human sex trafficking, dilemma lies in the ability of the front-line workers to identify and refer victims to proper services. The majority of the current literature around human sex trafficking is not focused on ways in which U.S. based service providers can best assist survivors in a way that ensures thorough and conscientious attention to their needs (Johns & Macy, 2011). Front-line staff includes clinicians, case managers, medical workers, or volunteers of organizations who work with victims of human sex trafficking.

A qualitative study conducted between 2011 and 2013 of programs funded by the Office for Victims of Crime at the U.S. Department of Justice explored the service needs of DMST clients. The study reported findings of three government funded programs that identify and serve victims of human sex trafficking. Narrative interviews of program staff were conducted based on their experience with victims

and evaluated. The study noted that reasons for needs not being met included lack of availability of services and young people's reluctance to utilize services (Gibbs et al., 2015). This study aims to address this gap.

Assumptions/Hypothesis

The major assumption regarding what this study might reveal is that there are a lack of quality services in the Central Valley area for the DMST population. The researcher hypothesizes that service providers will be knowledgeable in terms of how to identify a victim but will experience difficulty properly referring to appropriate services due to lack of services geared specifically to help the DMST population.

Significance of the Study

It is hoped that the results of this study will have implications on micro, mezzo, and macro levels of social work practice. Specifically, the results of this study will help to reduce misidentification (or lack of identification) of minors who are currently or have in the past been involved in the sex trafficking industry. Additionally, following Twigg (2012), identifying immediate needs (emergency shelter, emergency medical care, basic physical needs) ongoing needs (medical care, legal aid, mental healthcare) and long term needs (life skill training, job/education training, and permanent housing) of those in the DMST population will help organizations to develop programs and approaches that best meet the needs of this population. On a more macro level, results from this study can be used to advocate for increased funding towards efforts both within the Central Valley and across the State of California to specifically address the needs of the DMST population.

Reflexivity

Reflexivity is the awareness that all knowledge is affected by the social conditions under which it is produced; it is grounded in the social locations and the social biography of the observer and the observed (Hesse-Biber & Leavy, 2011). This concept is relevant to the present study. The perspective of the researcher in regards to human sex trafficking comes from experience working as a case manager in the foster care system. The researcher has worked directly with victims of human trafficking and through that experience has developed some level of insight regarding the experience of victims. The researcher characterizes her perspective as empathetic and compassionate towards victims and with an interest in spreading awareness about the atrocious nature of sex trafficking. The researcher is aware of the ways in which her own insight and assumptions can have an impact on this study. The researcher adhered to the purpose of this research study during all phases including study design, data collection, data analysis, reporting results, and drawing any conclusions. In addition to consciously adhering to the purpose of this study, the researcher “checked” herself with her thesis chair throughout the process.

Definition of Terms

Human Trafficking: The act of forcing a person through force, fraud, or coercion to exploit the victim for forced labor, sexual exploitation, or both (www.oag.ca.gov).

Sex Trafficking: The act of forcing a person through force, fraud, or coercion to exploit the victim for sexual exploitation. This term is used interchangeably with *sexual exploitation*.

The Life: The time period and experiences during commercial sexual exploitation.

DMST: Domestic Minors of Sex Trafficking

CSEC: Commercial Sexual Exploitation of Children

Social service providers: Social service providers are those who work directly with victims who are currently involved in or who have a history of being commercially exploited sexually.

Survivor: DMST victim who has exited a life of sex trafficking.

CHAPTER II

LITERATURE REVIEW

Overview

This chapter explores existing literature on the Domestic Minor Sex Trafficking (DMST) population. Specifically, this chapter has three goals. First, it will examine existing research on the characteristics and factors that put some girls at risk for becoming involved in sex trafficking. Next, this chapter will identify the psychological implications for trafficked youth. Finally, this chapter will explore ways in which societal norms also have an impact on the way services are provided for individuals of the DMST population. According to the U.S federal law on Victims of Trafficking and Violence Protection Act (VTVPA) of 2000, sex trafficking is defined as a commercial sex act induced by force, fraud, coercion, or in which the person induced to perform such an act is under the age of 18 (Koltra, 2010). Traffickers can be either male or female. They are defined as persons who profit by receiving cash or other benefits of value in exchange for the sexual act of a sex trafficked victim by another person (Compton, Hardy, & McPhatter, 2013).

To give a sense of the demographics of those who have been trafficked, research shows this population comes from diverse backgrounds and includes variation in ethnicity, age, and socio-economic backgrounds (Hom & Woods, 2013). The ethnicities of girls who are commercially exploited varies depending on the geographic area in which the girl lives. In general, however, the ethnic backgrounds

of these girls tends to resemble the ethnic makeup of their communities (Rand, 2009). In a qualitative study of service providers of the DMST population conducted by Hom and Woods (2013), informants acknowledged that sex trafficking survivors come from all ethnicities, ages, and backgrounds and each interviewee reported common traumatic events or risk factors that many of their clients experienced before being trafficked. Further, children and adolescents are the most vulnerable to becoming involved in sex trafficking here in the United States. The average age one becomes involved in a life of sex trafficking is between twelve and fourteen years old, but some minors will be trafficked at an even younger age (Compton, Hardy, & McPhatter, 2013). Compton et al. (2013) also report that most adult women who are in prostitution actually entered the sex industry as minors. On the basis of two studies that focused on commercial sexual exploitation and prostitution, at least 70% of adult women involved in prostitution were introduced into the commercial sex industry before the age of eighteen (Koltra, 2010).

Risk Factors and the DMST Population

Research with social service providers who have worked with the Domestic Minor Sex Trafficked (DMST) population shows that there are often common traumatic events and risk factors that occur in a young girl's life before she becomes involved in trafficking. Risk factors such as poor school performance, negative family interactions, low socioeconomic status, negative or limited peer relations, and repeated family abuse or neglect have been identified as increasing a young girl's risk for commercial sexual exploitation (Rand, 2009).

As reported by Lloyd and Orman (2007), between 70 and 90 percent of DMST survivors have a history of child sexual abuse (Bolin & Countryman-Roswurm, 2014). Furthermore, sexual abuse puts minors at a 50% likelihood of entering into the sex industry as compared with minors who do not have a history of sexual abuse (Hartinger-Sanders, Johnson, & Trouteaud, 2016). Such childhood abuse serves as a form of ‘boot camp’ for the DMST population. With a history of sexual abuse, the child is already ‘trained’ for her perpetrator, which teaches the child not to have boundaries for her own body and to believe that she is valued only for sex (Bolin & Countryman-Roswurm, 2014).

Girls who have a history of sexual abuse are likely to have emotional and psychological problems that increase their vulnerability on the streets (Rand, 2009). This vulnerability is pertaining to the “venue” form of street-based sex trafficking. “Venue” trafficking is when an individual from the DMST population is required by their trafficker to walk the streets to solicit buyers. It is estimated that between seventy and ninety percent of female victims of sex trafficking were sexually abused before they were recruited into the sex industry (Compton, Hardy, & McPhatter, 2013). According to Rand (2009), sexual abuse is the dominant risk factor for sex trafficking. When left unaddressed, the silence around sexual abuse causes vulnerability for becoming involved in a life of prostitution. The early violation of the child’s body and the lessons learned from the perpetrator, such as the suggestion that keeping secrets is okay and that the girl’s body has value only for sex, results in behaviors that set the stage for exploitation (Rand, 2009).

Familial dysfunction also poses a high risk factor for becoming involved in sex trafficking. Many young women who are trafficked have a history of abuse within their families, with rape often being one of their first sexual encounters (Hom & Woods, 2013). Based on their qualitative research study, Hom and Woods (2013) reported that minors and young women who were trafficked were previously used by their family members and friends of the family as sex objects, being rented out of their own house, or being raped by a foster parent.

Certain negative family dynamics may impact a youth's ability to access outside help (Gerassi, 2015). In addition, traffickers at times can be family members or family friends, which complicates the dynamics of the situation. According to the U.S. Department of Justice, fourteen percent of sex trafficking cases involved family members of the victims (Gerassi, 2015). Other family dysfunction includes violence, mental illness, and familial or personal drug dependency (Rand, 2009). Other problems within the home that are associated with preceding entry into sex trafficking can include familial IPV (Intimate Partner Violence), drug use, lack of supervision, food, medical care and love (Hartinger-Saunders, Johnson & Trouteaud, 2016). Negative family experiences in the home increase the likelihood of running away from the family environment. This familial dysfunction often lead to a young woman or girl, "...running away from home and eventually being recruited by a pimp," (Hom & Woods, 2013).

Other risk factors for this population include being a runaway, homeless, or street youth. Housing instability puts youth at a high risk for being trafficked. In a

qualitative study of four Midwestern states, more than one –third of homeless youth described experiences of trading sex for food, money, or shelter. The youth described coercion or manipulation being used in the exchange for their basic needs (Gerassi, 2015). The National Runaway Switchboard (2005) reports that one in three RHSY (runaway, homeless, and street youth) will be forced or coerced into sex trafficking within the first 48 hours of leaving home and living on the streets (Bolin & Countryman-Roswurm, 2014). Bolin & Countryman-Roswurm (2014) also report that homeless youth are more likely to engage in earlier sexual intercourse, have multiple partners and participate in other sexual risk behaviors, such as survival sex or exchanging sex for money, drugs, shelter, food, or clothing.

Foster youth are especially vulnerable to becoming involved in sex trafficking. Children involved in the foster care system often have a family history of abuse and/or neglect. Many sexually exploited women and girls qualitatively report themes of isolation and lack of connection and resources often stemming from the child welfare system, foster care placements, and abandonment (Gerassi, 2015). The lack of connection to a stable, loving family contributes to the fact that foster youth are at high risk for becoming part of the DMST population.

Psychological Factors and the DMST Population

The DMST population experiences a high rate of mental health challenges. The psychological impact that human sex trafficking has on its victims is tremendous. Due to the brutal nature of sex trafficking, survivors are in need of intense psychological services. Research shows that mental health issues associated

with sex trafficking include PTSD, substance misuse, depression, and anxiety at a higher rate than women who suffer from other forms of exploitation (Abas et al., 2010). Survivors of human trafficking face an increased risk of mental illness based on the trauma they have experienced (Yakushko, 2009). Many of the survivors suffer from post-traumatic stress disorder, dissociative disorder, and substance-related disorder (Compton, Hardy, & McPhatter, 2013). This is due to the repeated abuse such as rape, torture, and physical assault that comes with being trafficked. This repeated emotional and physical trauma distinguish sex trafficking crimes from other types of sexual crimes. Further, due to the specific form of abuse they have experienced, survivors often display signs of distrust, depression, shamefulness, low self-worth and feelings of hopelessness (Yakushko, 2009).

Substance overuse is a central component in the world of trafficking. Macy and Johns (2013) report that during the time of exploitation, many of the victims are forced by their traffickers to use substances. In some cases, substances are used as a method of control and this, in turn can lead to addiction. Many survivors continue to use substances after their trafficking experiences in order to cope with their psychological trauma (Macy & Johns, 2013). Some evidence suggests that the patterns of drug use in combination with sexual exploitation is impacted by the age at which a victim is first exploited. A 2010 study conducted with sexually exploited women in Minneapolis found that adult women who began trading sex for money as minors were more likely to abuse substances after being sexually trafficked, whereas the women who began trafficking as adults were more likely to abuse substances

before being trafficked (Gerassi, 2015). Further, a consequence of substance abuse can include involvement with the criminal justice system. Sexually exploited women are most often arrested for prostitution or crimes relating to illegal substances (Gerassi, 2015). Substance misuse and abuse can become a consequence or outcome of being trafficked that often continues even after the sexual exploitation stops.

Many in the general public wonder why the girls do not leave the life of sex trafficking and often times return back to their traffickers (Rand, 2009). According to Rand (2009), most girls in the DMST population do not view themselves as victims and it is not until much later that they realize the extent of the abuse and violence they suffered while being trafficked. Most girls will express resentment of others and loyalty to their pimp after exiting a life of sex trafficking when they are arrested or approached with the offer of help. Rand (2009) also demonstrates that brainwashing and identification with the pimp parallels a phenomenon known as Stockholm syndrome, which can be relevant explanations for girls who refuse services and remain loyal to their trafficker. Stockholm syndrome is a situation when a hostage emotionally bonds with their captor in an effort to save their lives or make the ordeal more tolerable (Adorjon et al., 2012). Rand (2009) describes the “choice” of a life of child sex trafficking as a choice of “voluntary slavery,” a condition which signifies both the appearance of a choice and the overwhelming coercion that exist behind that choice.

Some trafficked girls and women do not suffer from “extraordinary” situations of abuse; however, assault, coercion, and threats to harm them or their family

members are very common (Abas et al., 2010). Many of the tactics used to control those being trafficked are considered to be torture (Abas et al., 2010). Due to the torturous environment of repeated and prolonged traumatic events, victims have little ability to predict their health and safety. For example, the victims are often unable to predict where they will sleep, which and the number of 'clients' they will accept, and if they can use sexual protection such as condoms to protect their physical health (Abas et al., 2010). Due to this lack of predictability and control, there is often an intense and prolonged psychological reaction. This intense trauma increases the chance for PTSD and other mental health issues for survivors. Further, survivors of sex trafficking often develop a significantly altered or damaged worldview (Compton, Hardy, & McPhatter, 2013).

Rape and sexual assault are part of the daily experience of the DMST population and, from a physical standpoint, can lead to sexually transmitted diseases, forced abortions, and infertility (Cecchet & Thoburn, 2014). This level of complex trauma often endured by victims increases the likelihood that they will struggle with their mental health. Complex trauma is one of the reasons why survivors of sex trafficking have different mental health needs from other victims of sexual assault. Evidence shows that a single traumatic event often causes psychological harm; however, when an individual experiences repeated and prolonged abuse, the affect is much more complex (Gerassi, 2015). When a survivor comes into care, they are often referred to therapist with experience treating cases of child sexual abuse. However, Fong and Cardoso (2009) report that the histories and treatment goals for

children who have been sexually abused by a single perpetrator are different from those for sexually exploited children who have had multiple perpetrators.

Typically, in the context of human sex trafficking, a victim as had to endure extreme life-threatening conditions. As a result, survivors deal with the ramifications over their lifetimes. The physical impacts can include self-harming behaviors, sexually transmitted diseases, severe physical injuries and other somatic symptoms (Abas et al., 2010). Additionally, mental health rehabilitation is a very crucial part of the recovery process for a survivor. Yahushko (2009) reports that typically individuals of the DMST population experience symptoms similar to those that have been reported by people who experienced torture, psychosomatic reactions, psychological reactions, psychoactive substance abuse and dependence, social reactions, and psychological consequences of STDs or injuries from the life of sexual exploitation. Psychological rehabilitation is frequently highlighted as being vital to victims' healing and integration, but only seems to receive minimal attention and resources (Yahushko, 2009).

Cultural Factors and the DMST Population

There are multiple reasons as to why sex trafficking occurs. Hardman (1997) argues that the problem lies in how our society values and devalues women. Many scholars and sociologists believe that the U.S.'s patriarchal society is the cause for exploitation of women. They argue that our society gives permission for men to have unrestricted access to women (Hardman, 1997). Scholars who support this feminist theory believe that part of the equation that leads to sexual exploitation of women

includes financial and power differentiation between genders. As an example, women receive lower wages than men for doing the same work. Statistics show that women on average earn 77 cents to the dollar that men earn (Hardman, 1997). Some researchers believe that statistics such as these make women more vulnerable to human sex trafficking due to their increased likelihood of living in poverty in comparison to men.

To better understand how culture might influence the sex industry, it is important to take into consideration how women are portrayed in the media within the American culture. In Hollywood and in the music industry, women are often degraded and sometimes only portrayed as sexual beings who exist to please men (Retrieved from www.gems-girls.org/ GEMS, 2014). The media has a great influence on attitudes and behaviors in relation to violence against women. Researchers suggest that countries with major commercial sexual exploitation industries have cultures of tolerance that allows sex trafficking to continue and grow (Kolka, 2010). According to Kolka (2010), each country has its own level of tolerance in order for sex trafficking to exist and this is shaped by factors such as history, language, and laws within that society.

Here in the United States, trafficking and prostitution are glamorized within the media and this contributes to the normalization of sex trafficking. This glamorization comes in the form of television shows, clothing, songs, video games and other forms of entertainment that are embedded in the daily life of American youth (Koltra, 2010). The glamorization of pimping and prostitution has contributed

to the normalization and tolerance for sex trafficking and violence against women (Gerassi 2015). According to Gerassi (2015), the explicit and exploitive song lyrics that include “pimp and ho” parties and other verbal expressions, video games, and television shows such as “Pimp my Ride” provide a social context for the acceptance of sexual exploitation of women and girls.

Sex trafficking is also about economics and therefore based on supply and demand. Thousands of people would not be trafficked if there was not a demand for it. Gerassi (2015) identifies three main components for the system to work. First, there are customers. Second, there are traffickers who exploit the powerless. Finally, there is a culture that tolerates or promotes sexual exploitation. Traffickers are driven by greed within a thriving sex industry and due to the popular demand, traffickers turn to vulnerable populations, such as children, and use them as a commodity.

Social Services and the DMST Population

There has been some research conducted regarding the types of services that are most effective based on the specific needs of DMST population. A survivors’ need will change over time based on their stage of recovery. Macy and John (2010) report that a survivor’s needs when initially free from a life of sex trafficking will differ from their needs when they begin to recover, and those needs again change as the survivor begins to establish independence and reintegrate into the community. According to this research, it is critical that there be a continuum of care for a survivor from the DMST population.

The needs of survivors ranges from immediate to ongoing and long terms needs. Immediate needs include immediate safety, emergency shelter, basic necessities, language interpretation, emergency medical care, and crisis legal advocacy (Macy & John, 2010). Other immediate needs can also include emergency mental health care and emergency substance abuse services (Twiggs, 2012). Soon after the immediate needs are met, the next step is to establish ongoing services that will help a survivor to gain stability in their lives. Ongoing needs include services for physical health, mental health, substance abuse treatment, safety services, and legal advocacy (Macy & Johns, 2010). Longer term needs were identified by Twigg (2012) as life skills training, job skills, and family reunification. Twigg (2012) also identified enrollment in higher education and GED/vocational programs as long term needs for survivors.

Service Providers and the DMST Population

Sex trafficking is an emerging topic within the United States and has increasingly been recognized as a multi-layered form of oppression (Hartinger-Saunders et al., 2016). Evidence supported information about the best practices in responding to these victims' needs has not been sufficiently generated and disseminated (Rand, 2009). According to Hartinger-Saunders et al. (2016), there is currently a lack of a systematic response for those from the DMST population. This is a problem because it puts those from the DMST population at risk for going unidentified and therefore for continued abuse. Service providers are mandated reporters and are required to report issues of child abuse, which includes reporting

incidences of commercially sexually exploited children. Service providers include those who provide services related to child welfare, child advocacy, juvenile justice system, criminal justice system, domestic violence, mental health, and homelessness. Without adequate training on the DMST population however, service providers will often come into contact with a victim and not know it (Hartinger-Saunders et al., 2016).

Few treatment and social service programs are equipped to address the complex needs of children who have been involved in sex trafficking and who may have been tortured, raped, drugged, trafficked and endured physical abuse (Cardoso & Fong, 2008). According to Rand (2009), human service and law enforcement professionals are not adequately trained to handle the psychological and legal ramifications associated with the DMST population. Concerns associated with child sex trafficking bring systematic challenges that the United States has yet to understand and subsequently, to adequately respond. According to Rand (2009), the lack of training of human service and law enforcement professionals contributes to the lack of coordination of systems relevant for this population.

Without educated service providers, those in the DMST population will continue to go unidentified. Bolin & Countryman-Rosworn (2014) argue that there is an urgent need for social workers (e.g direct care providers, researchers, policy makers, and funders) and other justice and social service providers to become educated on the risk factors, nature, and extent of DMST. Many service providers are unaware of the unique needs associated with this population. Service providers

typically have a poor understanding of human trafficking, misidentify survivors, lack competency in minimum standards of care for survivors, and fail to provide care such as housing, vocational support, trauma-focused therapy, addiction treatment, and comprehensive medical care (Cecchet & Thoburn, 2014).

The ways in which a service provider identifies a victim of sex trafficking can affect the services provided. The views on how to define the DMST population vary depending on the service provider or social service agency. Some service providers view the DMST population as a group that has chosen to become involved in criminal acts of prostitution, while others view the whole notion of DMST as a human rights issue and believe that young people involved are victims who have been mentally, physically, emotionally, and sexually abuse (Bolin & Countyman-Roswurm, 2014).

In a 2016 study that examined the viewpoints of mandated reporters regarding the DMST population, sixty percent of the providers believed some adolescent females “choose” to be prostitutes (Hartinger et al., 2016). This study included service providers such as social workers, health care workers, mental health professionals, law enforcement, teachers and childcare workers. Hartinger-Saunders et al. (2016) also showed a number of mandated reporters who still approached the commercial sex acts of minors from a criminal perspective rather than from a victim perspective. The study shows the ambiguity in viewpoints of service providers in regards to the DMST population. It also shows the importance of increasing the knowledge base of service providers’ regarding the complex trauma experienced by children and adolescents who have been trafficked. The 2016 study highlighted ways

in which beliefs and viewpoints of those in the DMST population can influence a service provider's decision to report. Overlapping contrasting terms such as prostitution, survival sex, sexual exploitation, and sex work yield confusion and challenges to identifying victims (Gerassi, 2015). By law, sexual exploitation of a person under 18 years of age is considered to be sex trafficking regardless of whether force, fraud or coercion has occurred.

According to Cecchet and Thoburn (2014), effective treatment for the DMST population requires a systematic type of care. The best way to view the variety of factors that relate to sex trafficking is through a systematic lens that includes the individual, family, and community culture (Cecchet & Thoburn, 2014). In relation to human sex trafficking, systems theory focuses on the intrapersonal, interpersonal, and environmental factors that pertain to the experiences of minors. Effective treatment requires holistic, empowerment-promoting care (Gerassi, 2015). Further, in order for service providers to be effective, they must possess an awareness of culture and provide a holistic approach to treatment.

Service providers must also understand cross cultural issues in terms of race and gender. They must be competent in the knowledge in which certain populations of people are marginalized and ways in which the marginalization of people make them vulnerable to certain types of exploitation and oppression. Factors such as racism, sexism, and classism become structural barriers that continue to oppress those who are politically, economically, or culturally disadvantaged, primarily women and girls who are oppressed by their race and class in addition to their sex (Gerassi,

2015). Research suggests that survivors from the DMST population might be reluctant to use some social services based on feelings of shame about their sexual experiences associated with being trafficked as well as shame about their substance problems (Macy & Johns, 2013). Additionally, Gerassi (2015) argues that it is important for service providers to be aware of the added discrimination for various identities related to race and culture and how these added layers of discrimination can affect survivors' help seeking behaviors.

CHAPTER III

METHODOLOGY

Overview

Sex trafficking of minors within the United States is a widespread problem of growing concern. In the literature, estimates of how far reaching the problem of sex trafficking of minors is vary depending on the funding source for the study, the methodological approach, the geographic location, etc. (Gibbs et al., 2015).

Literature shows that human sex trafficking is a widespread dilemma. The problem of sex trafficking of minors affects all classes, races, genders, and sexualities (Gibbs et al., 2015). Further, Federal law states that minors under the age of eighteen who are involved in the sex industry are automatically considered victims of sex trafficking regardless of whether force, fraud, or coercion occurred (Gibbs et al., 2015).

This study used a qualitative, exploratory approach in an effort to better understand how Domestic Minors of Sex Trafficking are identified and referred for services and to assess the availability of services appropriate for this population. The study included interviews from human service provider who have experience working with the DMST population. Specifically, the two research questions that guide this study are:

1. How are those in the DMST population identified and referred for services in the Central Valley?

2. How available and accessible are services appropriate for the DMST population in the Central Valley?

Design

This study used a qualitative exploratory design. Data was collected through semi-structured interviews with open-ended questions. Participants include 6 service providers who currently work with or have in the past worked with the DMST population.

An exploratory research design was used to focus on the DMST population within the Central Valley region. The existing research on this population is often fragmented and fails to offer comprehensive guidelines to providers (Macy & Johns, 2011). The researcher in this study inquired about identification and service referrals for the DMST population within the Central Valley region. Exploratory studies are appropriate whenever a researcher is breaking new ground, they can always yield new insight into a topic for research (Rubin & Babbie, 2005).

A qualitative exploratory design allowed the researcher to specifically gather data pertaining to service providers' perceptions in regards to identification and referral processes as well as availability and accessibility of appropriate services for the DMST population. The design helped the researcher to gain a greater understanding of how the participant's experiences and services provided have a direct impact on the DMST population. Additionally, it allowed for uncovering important directions for future research studies.

Participants in this research study included social services workers who currently work or have in the past worked with those in the DMST population. For purposes of this study, those included in the DMST population are minors who have been sexually trafficked at least one time in their life. There are two criteria for service providers to be included in the study: (1) they currently work or have in the past worked for an organization in the Central Valley region of California and (2) they have worked in a direct service capacity (clinicians, case workers, social workers, medical staff, and volunteers) who come into contact with the DMST population within their scope of practice.

Sampling Plan

A non-probability sampling method was used to recruit participants for this study. The benefit of non-probability sampling for social inquiry is that it easily allows the researcher to access a population of participants that are otherwise limited or not possible to access (Rubin & Babbie, 2005). Because it is anticipated that the participant population might be difficult to access, this sampling method is appropriate.

Participants will have or have had at least two DMST victims on their caseload. Participants in this study consisted of individuals who work in the social service field. As stated previously, study participants consisted of mental health clinicians, child welfare or foster agency social workers, and volunteers who work for an organization that directly provides services for DMST victims. The attempt to include a wide range of professionals in the study is in an effort to get a broad

understanding of experiences of services providers working with the DMST population.

Because it was anticipated that the study population will be difficult to identify and access, a snowball sampling method was utilized. Snowball sampling is appropriate when the members of a special population are difficult to locate (Rubin & Babbie, 2008). The researcher began the study with several participants who she is already connected to, who meet criteria for participation, and who are available. These participants then recommended other social service providers who met criteria for this study, and the researcher followed up with the recommended participants in order to continue with additional interviews.

Instrumentation

The researcher conducted a set of semi-structured, informal interviews. Each participant was interviewed using a one-on-one format utilizing semi-structured, open-ended questions. The semi-structured manner of the interview process helped to enable flexibility in data collection. Flexibility allows for follow-up on important, unanticipated responses (Rubin and Babbie, 2008). The researcher took notes and auto recorded each interview with the permission of the participants.

The semi-structured interview guide consisted of a total of 21 questions (see appendix A). The interview guide is separated into four areas of inquiry. These areas include (1) general information (i.e. what organization is the participant affiliated with); (2) characteristics of the DMST population within the Central Valley; (3) current identification and referral processes; and (4) current services provided to the

DMST population. It was not necessarily expected that all 21 interview questions would be answered within a session. The goal was to have participants generally cover each area of the guide. However, the researcher understood that there needs to be flexibility and that areas might not be covered in the same order during each interview.

Data Collection

The plan was to have most of the one-on-one interviews conducted in a room at the CSU Stanislaus library. Location of the interviews were determined and confirmed upon agreement of the participant. Data was collected through audio recording and notes from each interview session. The timeframe for collecting data was approximately six weeks beginning in the month of March. Each interview session took approximately sixteen minutes to one hour, depending on the participant.

Data Analysis Plan

In order to analyze the data collected from interviews, the researcher typed out each interview verbatim based on the audio recording. The transcription was a simple process from oral to written language. The second step included data exploration and data reduction. The researcher explored important information and familiarized herself with the data. In this phase, the researcher also coded the data by extracting meaning and categorizing. This helped the researcher locate key themes, patterns, ideas, and concepts that may exist within the data (Hesse-Biber & Leavy, 2011). During the next phase of data analysis, the researcher interpreted the data, drew general conclusions and presented explanations of the findings. During each phase of

this process, the researcher did her best to practice objectivity towards gaining an understanding of the participants' viewpoints. In short, the researcher gathered data, summarized, identified and explained major themes that related to the research questions and other additional findings (Hesse-Biber & Leavy, 2011).

Protection of Human Subjects

Each participant was given a hard copy of an informed consent for the research study (see appendix B). The informed consent is a review of the study and a detailed description of what the participant agreed to. The consent form explains the participant's right to decline or withdraw from certain questions or from the entire study without penalty of any kind. The consent also explains the participant's right to confidentiality. The participant was also provided with contact information for the researcher, advisor, and university IRB if needed for questions.

The researcher conducted interviews upon consent of participants. The interviews took place at a location of the participant's choice. The researcher sought permission to auto record the interviews and take notes in an effort to collect accurate data. Individually-linked personal identification and employment information was not revealed at any point during research study (including dissemination of findings). All information obtained from the participants was kept in a locked location.

CHAPTER IV

RESULTS

Overview

The purpose of this study was to better understand how those in the DMST population are identified and referred to social services within the Central Valley. The study was also done to assess the types and availability of services for the DMST population within the Central Valley. This study included in-depth interviews with six service providers who have specific experience working with the DMST population. All interviews were conducted during the month of March, 2016 and ranged from fourteen to fifty-nine minutes in length. The two overarching research questions that guided this study were:

1. How are those in the DMST population identified and referred for services in the Central Valley?
2. How available and accessible are services appropriate for the DMST population in the Central Valley?

Each of the six participants in this study have direct experience working with the DMST population at their current place of employment. Five of six participants were female and one was male. Two of the participants were therapists who worked for the same nonprofit organization. One of the two therapists also had the job title of Agency Director. One of the participant's role was as a Chaplin/substance abuse counselor at a juvenile detention center. Two other participants worked with a local

nonprofit that specifically works with the DMST population; one as a director over volunteer staff and the other was a full-time volunteer intern. One participant was a county child welfare social worker.

The findings from this study are arranged into four sections. The first section relates to experiences of victims that precede entry into a life of sex trafficking. This section includes themes such as risk factors, cultural influence, and exploitation of vulnerability. The next section includes experiences of individuals from the DMST population during the time of being actively exploited. Themes in this section include controlling tactics by trafficker, trauma bonds, new identity formation, and multiple assaults. The third section identifies needs for youth who come out of a life of sex trafficking. This section includes themes such as referrals, building a healthy community, relapse rate, self-disclosure, wrap around services, and other specific goals. The last section of findings includes suggestions for service providers who specifically work with the DMST population. Themes in this section include an environment of safety, choices for clients, community collaboration, and education.

Experiences Prior to Sexual Exploitation

The first findings in this section describe the specific events experienced by those from the DMST population before they became involved in sex trafficking – as reported by participants. Themes reported by participants included risk factors, media influence, and vulnerability.

Risk Factors

One common theme that emerged from participant interviews was the identification of similar risk factors that those from the DMST population faced prior to entering into sex trafficking. Risk factors are aspects of a victim's life that initially leave her vulnerable to becoming involved in sexual exploitation. Each of the participants in this study acknowledged that victims have a variety of experiences, and can come from all different types of backgrounds. However, they each identified common traumatic themes or risk factors that seem to contribute to a victim's vulnerability to exploitation.

Negative Family Experiences and/or Involvement with Foster Care

One factor that was common in participant responses was the little or complete lack of family support prior to exploitation. Individuals within the foster care system are included in this section due to the often negative family experiences with their biological families prior to being placed in foster care. Several of the participants reported that most of the victims they work with do not have a healthy environment with family support. Service providers stated that many of their clients came from the foster care system. The following three excerpts are from three different interviews with service providers and illustrate this point:

Foster care. I think any place that a child does have solid family support that tends to be in the foster care arena and a lot of my experience was primarily in that population initially. And that is how I became aware of human trafficking was because I often saw girls who can away or girls who were feeling that they didn't have any way to make money or support themselves or take care of themselves. Sometimes they would kind of be a little more easily manipulated into trafficking.

So the particular populations girls that are foster in foster care, girls that are

coming out of the group homes, girls with no strong family or no strong male role model in the home, family members that have substance abuse or trauma with the mom or the main caretaker or siblings or other family members that are involved in criminal activity or other high risk behavior.

If we look at the foster care system, unfortunately have some of the system let downs I mean so many of them are at high risk or potential at being left homeless or run away. I think they're especially susceptible and vulnerable to getting involved in Domestic Minor Sex Trafficking just because you need a roof over your head, you need a meal you know and you're going to be looking for those very basic survival needs. And of course somebody comes along, you know, and they offer you these things for sure. So I would say our foster youth population is or homeless youth. I think that probably about covers it.

One participant articulated that even though a girl might not come from particular negative family experiences or be involved in the foster care system, there is still a lack of family support that can make her vulnerable to entering into sex trafficking. This participant identified a variety of family backgrounds along with other potential risk factors that could precede entry into sex trafficking.

So those that have had any past abuse or trauma, those that are in foster care or group home settings, or there could be recruitment of other girls or boys that have been trafficked, the truancy and being AWOL from school, not having a stable or supportive family where there's a gap that needs to be filled with by someone else like a boyfriend or finesse type of pimp. So it doesn't necessarily mean that they have to come from a broken home. There are those that get sold the dream or get told that they're going to have nice things or someone that's going to give them safety and stability. So traffickers definitely know if there's a void and they'll know how to fill that just by getting to know a victim.

Family History of Abuse

Several of the participants stated that individuals from the DMST population have a history of abuse within their families. This history of abuse can range from

physical and sexual abuse to neglect, and IPV (intimate partner violence) between caregivers. Several of the participants specifically identified previous sexual abuse as a dominant risk factor for their clients having entered into sexual exploitation.

Sexual abuse. You can almost say 100 percent because typically that sends them into this place of not valuing or having good boundaries around their sexuality. Then it's a little bit easier for them to have a boyfriend and then the boyfriend starts encouraging them to have sex with others in exchange for things. It's easier for them to go that route.

What we realized is that when people are educated about sex trafficking obviously this is a horrible time period that they've experience that they've had its horrible. But that's only a chapter of their story. That there is so much that lead up to that that's why they found themselves in this horrific situation. So sexual abuse is very prominent in victims of sex trafficking prior sexual abuse. I would say that that's probably the biggest thing.

Based on participants' experiences working directly with the DMST population within the Central Valley, participants identified contributing factors, in addition to previous sexual abuse, that put young girls at risk for being sexually trafficked. Another participant specified the following common factors:

Sure, poverty, fatherlessness, gang activity, domestic violence, substance abuse in the family, history of trauma background within the family. Those are just the big ones.

Further, modeling of healthy relationships from caregivers is important for children and can affect the outcome of future interpersonal relationships. This participant discussed how trauma or neglect in the family background of a young girl can cause her to learn to become comfortable with unhealthy people.

So majority of them are that trauma background. They were sexually abused,

there was poverty, and there was domestic violence. So they didn't learn healthy relationships, just general neglect, either drugs or absence of parents, so that they were searching for someone to give them.

Media Influences

Societal influences was a theme articulated by two of the participants. This included society's view on women in regards to sex. Cultural influences through the media have an impact on the youth who see certain things such as the exploitation of women in our society as glamorous. Two participants discussed the ways in which the majority of women are portrayed in the media and how they are perceived by others as symbols of sex in our society.

Our culture says it's empowering to be naked and be sexy and to be sexual at when you are in junior high. From the time I mean elementary kids that this is what the girls are being brought up.

It's easier to take your clothes off and get a dollar and all this money versus actually picking up a job or going to school putting that work in instead of being viewed as attractive and sexy you know, those types of things. So it's really the images I mean there are young girls kind of that mindset that we are showing them, it's really getting real flipped around and it's quite sad honestly quite sad.

Vulnerability

Participants discussed manipulative tactics that were used by traffickers to lure victims into a life of exploitation. These tactics played on young girls' vulnerabilities with the goal of eventually influencing her to enter a life of sexual exploitation. One participant gave an example of the length and time a trafficker will invest in a potential victim.

The average age of a victim is twelve to thirteen years old. So definitely the

vulnerabilities of just being a teenager the hormones that go along with it, again learning how to have those healthy relationships. Any vulnerability a trafficker is going to use that to their advantage and they're very smart and they're very manipulative and they will take time days and weeks and months to play into that, to where they earn their trust and any vulnerability is if that's their ticket.

Another participant specified that those involved in sex trafficking are not only from low socio-economic backgrounds, but rather from all types of backgrounds. This participant reported that some girls can come from affluent backgrounds, but are not getting their emotional needs met within their households.

Even for more of someone like a upper middle class, it could be something like an emotional need that's not being met that they could get met either through what they believe this pimp could offer or something like that.

The need for love and attachment was often repeated as an emotional need that victims lack prior to being trafficked.

Some participants reported that although individuals from the DMST population come from all backgrounds, girls from backgrounds that did not have many material possessions were especially susceptible and vulnerable into entering a life of sex trafficking. One thing that attracts victims, especially those who are living in poverty, is the money aspect. In regards to money, one participant reported, "...it's lucrative it just keeps going and going. And so that aspect of it is lots of reasons why, you know, a lot of victims do kind of get sucked into it because they see it is fast money and its quick money and its easy money." Another participant reported something similar and reported that it is important to realize some girls are lured into the glamour associated with having money and nice things. "I remember talking with

this one girl who was proud of her Gucci bag, her high heels, and her fur jackets and the cars they're driving because that's what was important to her.”

Experiences during Sexual Exploitation

The time of sexual exploitation includes the process and strategies used by the trafficker to gain compliance and control over victims during the time they are being trafficked. The term “The Life” pertains to experiences of the DMST population while they are being actively sexually trafficked. Five out of the six participants used the term “The Life” to describe and explain the specific time period of being sexually exploited. Themes that emerged from this part of the data include controlling tactics that traffickers used to make the victims become compliant, travel, drug use, and the evolution of a new identity.

Tactics Used by Traffickers to Control Victims

According to participants in this study, there are a variety of control tactics that traffickers use to control girls in order to continue to sexually exploit them. These tactics include both non-violent and violent approaches. Participants who reported controlling tactics that they were utilized by traffickers in order to keep victims dependent and reliant on them while being exploited.

Non-violent

The first type of tactic that several of the participants described included non-violent controlling tactics. One participant described the “Romeo” type of pimp. This type of pimp initially becomes romantically involved with a girl during their time of exploitation.

And the Romeo pimps are more of the charming, they fall in love say things like “you know you are my girl, just do this this one time.” Buying them things and truly you know the girls fall in love.

Traffickers use a young girl’s desire for love and attachment to manipulate the girl into doing sexual acts with others for money. Another participant reported ways in which that manipulation works for the benefit of the trafficker:

They become vulnerable and fall victim of a Romeo boyfriend where he comes in and has all the right words to say and ‘I love you.’ Maybe that’s the first time she ever was told that ‘I love you’ or ‘I’ll take care of you.’ And that’s why it’s so easy for her to feel safe in this person’s arms even though they are abusing her, they are manipulating her, but that’s the only safety and constant that she may know.

One participant reported psychological control tactics that cause a victim to continue to stay in sexual exploitation even if her trafficker is not physically forcing her to stay. This participant discusses some of the psychological abuse that a trafficker can inflict on a victim.

You can’t do this, you can’t do this. You won’t ever be successful, you’ll never find a job, how dare you. You made me angry, I had to do what I had to do type of things and all this and you see this women start to buy into these lies, right. And they become so convinced and almost fall in love during this exploitation process which can be particularly difficult to kind of unravel later, especially when you encounter them afterwards or sometimes even during it.

This participant was describing some of the negative thoughts that victims have based on what their trafficker has said to them in order to get the girls to think they do not have the ability to survive without him/her.

An example of manipulative tactics used by traffickers is the denial of basic necessities during the time of exploitation. This participant reported the phenomenon

of Stockholm syndrome in which someone being sexually exploited wants to please their trafficker and emotionally bonds to them (Adorjan et al 2012).

Often times it's a matter of survival you know if we look at things like Stockholm syndrome some of those things are mimicked often times too during the exploitation process where a person has a need, you know. Maybe this girl has a need for safety or for comfort or for food and then that need over time keeps getting denied and denied and denied and that with either violence or force. And then sometimes the person bites into that lie that their need is no longer important and they have to suppress that need and instead what becomes important is pleasing the person who is enslaving them.

Depending on the duration of exploitation, most victims are in survival mode and do what they can to please their trafficker. To someone being exploited, surviving and pleasing their trafficker replaces any other needs the victim might have. According to the same participant from the excerpt above, a victim's need for safety, love, or another lack has been denied during exploitation and they must then, "...take on this new role and in that role they need to survive," and put their needs away for survival. Again, falling in love with their trafficker is often part of this process. This participant's theory on Stockholm syndrome can start off as denial of physical needs and then turn into a psychological aspect or issue.

Violent

Participants identified that violent tactics are used by pimps to control victims. Interviews with participants revealed that this violence could consist of victims being physically attacked by their trafficker. One example of a type of physical force used is rape. A participant described the use of rape as an initial "breaking process to get girls use to the life." Another participant described some of the experiences of

physical and sexual assault that individuals often endure during their time of being exploited. This participant explained a former client's experience.

You know, they get raped, assaulted, abused they get left places. If they get sick their health care goes down. I've had one girl that was trafficked out of the closet, she had her head shaved, she was trafficked for a couple weeks and then after the two week period, they decided she was too high risk to turn loose so they took her naked in the trunk of a car and took her out to the country to burn her.

Drug Use

Participants also specified that drugs are often introduced to the girls for the sole purpose of encouraging drug dependence and therefore dependence on their trafficker. Drug use is either forced on the individual by the trafficker or the victim uses drugs as a way to cope with the constant trauma that occurs during the time of exploitation. There are times when the breaking process consists of physical force along with forced substances. The same participant reported:

Sometimes drugs are used as a means of control and so a girl will be injected with drugs and then beaten raped, those kinds of things. Sometimes even gets hooked on the drugs and then sometimes she goes back to the drugs which is the place of the pimp. So it's a means of control for some.

Another participant also reported how the use of drugs depends on the individual and traffickers will use both violent force and manipulative tactics to control victims.

A lot of the times there's the substance abuse where they get addicted to something whether that's on their own to disassociate or to cope with the trauma, or that the trafficker is giving them that and then withholding it to make them do acts they're forcing them to do.

Travel

Traveling is also another thing that happens during exploitation. Traveling during the time of being sex trafficked was described by several participants as times when traffickers would move girls to other cities in order to keep exploiting them. Participants also reported the motive of traveling is essential to go to areas where there is the likelihood of customers such as truck stops and hotels off a freeway exit. Sexual trafficking is treated like a business with the aspect of supply and demand. One participant specified that the Central Valley was a huge spot for human trafficking due to the Intersection-5 and the 99 corridor.

So that gives you a channel directly from Canada to Mexico and so girls are trafficked through here from all over but they are moved often from being able to make connections and feel like they can get out. So they are moved often and they will have different routes that they'll work between the northern and southern parts of the country through here and then also the bay area and back to the Central Valley.

It was reported that traveling was used as a way to keep the trafficked girls dependent, disoriented in their location and isolated with no community. This is done so victims do not have a chance to get out of being sex trafficked. Traveling from different locations also decreases their likelihood and possibility of seeking and receiving help from law enforcement. One participant stated

Traveling is also pretty common to not stay in one place so it's a lot more difficult for law enforcement to catch you if you've been in several different counties in the matter of just a few weeks. So that's something you also see during that time of exploitation.

Due to constant movement, a girl who is involved in sex trafficking has a low risk of building connections to a community of people that could potentially help her. It also makes it difficult for a victim to locate safe places or people to turn to if she is not familiar with the area.

New Identity

A change in identity was another theme participants use to describe what happens to some DMST victims during sexual exploitation. During the time of exploitation, many of the victims are given a change in identity either by their trafficker or as a way to cope and survive.

A participant reported that all of the DMST clients she has worked with has have been given a new name by their traffickers. She described, for example, a girl might be given the name Amber rather than Nicole.

What traffickers do is it's a part of mind control. They do that to make you someone else to tell you you're this person, you're only good for this and to break them, like break their spirit, their person. And almost they almost lose that depending on how long they're in there. And then they have to come back and try to regain Nicole. And when they're young, it's like 'I want to be that innocent child and go back to being naïve.' But it's like how do you do that when you've already experienced so much?

In this case, the participant describes the new identity as a means to control a young girl so that it is hard for her to remember who she was before a life of being trafficked.

Another participant, who is also a survivor of sex trafficking herself, described the new identity phase of being trafficked as a way that made it personally

hard for her to initially gain a life of normalcy.

It's changed me probably more than any experience I have ever been through, you know. Well not easy to come back, you know. And when you like change your identity or everything about you. How you act, you know it's hard to get that back. You know, it's really hard.

This participant reported that many of the girls identify with a life of sexual exploitation, which makes it hard to go to the previous life they had before.

Identification with being trafficked is based on the duration of time they were exploited. To other victims a new identification during exploitation was a way to cope through the trauma. The participant reports that the new identity was made in order to “survive and get through.”

Needs of DMST Youth Coming Out of Sexual Exploitation

The experiences of survivors from the DMST population after exiting a life of sex trafficking are based on the professional experiences of the six participants in this study. These “aftermath” experiences consist of consequences from the trauma of sexual exploitation. Subthemes reported include particular service needs and other goals for the DMST population.

Referrals Based on Needs

According to participants in this study, needs of those coming out of a time of being sex trafficked include medical needs, mental health needs, housing needs, and access to employment opportunities. Several participants reported the needs are assessed by listening to the client and figuring out what resources will best fit their unique needs. One participant stated that listening to the survivors is very important

in order to determine and refer to appropriate resources. “We really do just talk with them you know like honestly they know their needs just as much as we do. Well, sometimes more.” Another participant described how important it was to build rapport with her client by “listening to them and going a little bit out of the box.” This service provider reported that “out of the box” meant doing things out of the normal routine of things for a client such as making services personal and relatable. These participants stressed that it was important for them to build a professional relationship with their client.

Medical Care

Participants reported medical care as an immediate need for a girl once she is identified as being part of the DMST population. One participant stated that medical care is the first service to which she will refer her DMST clients.

Making sure that they receive regular medical care is an important piece for them. It helps them learn how to take care of their bodies. Their bodies have been a tool for someone else. So it helps give them back some power.

Their medical needs coming out of this. Especially depending on what really happened during their time of being trafficked. Sometimes those medical needs are very immediate and need to be taken care of as soon as possible. And so getting them hooked up with like a doctor or physician.

Housing/Placement

Placement was listed by the service providers as an immediate need for the DMST population. Many survivors are homeless or do not have supportive homes to go back to. According to the service providers in this study, a survivor’s living situation needs to be a safe environment from which a survivor can gain support. One

participant stressed the importance of adequate housing for this population.

That can be a really big challenge because often times they don't have the family support or an issue like this can often make other family issues erupt. So you have kind of a big mess so making sure that they have safe housing and options if their plan falls through.

Two of the service providers specified that it was best for DMST survivors to be in a "live-in" program with a variety of wrap around services available. They stated wrap around services were ideal for DMST programs because everything is available to for survivors at one site.

Yeah we need probably more long term live in program with people who are qualified at a high level of care so you know all those people who either really good service providers, Chaplains that know how to give trauma informed care, therapist who work on site and also specialty groups that come in and help them with the different areas that they need to kind of be able to get back into society. Whether that's job training or social skill training or part of you know, things that are coming out of trafficking.

One participant reported that the "live-in" programs with wrap around services were a benefit to survivors because they not have to be referred out to several different places at one time.

It's a great place and so places like that where just wonderful. They don't have to go to ten other people to get help for one thing you know. 'I can be comfortable in that home. I can get all this done.' And that's not to say it's completely the answer, but that definitely is a big you know part of the equation you know.

The service provider in the above quote was talking about her experience working with girls who are clients of a specific "live-in" program that works only with commercially sexual exploited children in the Central Valley. The home is equipped with onsite workers that go directly to the girls instead of the girls being referred out

for services. The participant reported that homes for the DMST population typically make it easier for the girls as they are trying to get their life back to normal.

Some of the survivors are referred out of the area and to places that are better equipped to service their needs. One service provider reported that these live-in places are “equipped for long term emotional and spiritual and the drug and alcohol treatment side of working with girls who come from trafficking backgrounds.”

Mental Health

Mental health services were reported by the service providers as being an ongoing need due to the trauma that is endured by survivors during their exploitation. All participants reported that mental health was a definite need for the DMST population. Service providers reported that even though it was an important need, the client must be ready to receive the services.

I think counseling is huge but that's not always necessarily what they want for what they think that they need for this moment in time so it's definitely available and I think the sooner they can get on that process will be helpful for them. But again that's not what they always want and we're not going to force them to do it.

Mental health services were recommended by the service providers in order to help with the symptoms that come with being trafficked. Many of the victims of human sex trafficking suffer from symptoms associated with PTSD (Post Traumatic Stress Disorder) and or dissociative disorders.

Mental health care. They often have such high levels of dissociation. Drug use so substance abuse help can be important. Those resources that are going to woven in to how they are coping. Substance abuse is also another symptom

of the aftermath of sex trafficking. Substance misuse and abuse was often used during the life as a way to cope. For some survivors, that negative coping skill often continues even after exiting the life. This services provider mentioned that drug treatment was a way for them to cope with the trauma. Another service provider also reported the importance of mental health counseling for survivors.

So we definitely refer them to individual counseling, small group counseling and then live-in programs if that's something that they're willing to do.

Still another service provider also described the importance of counseling in order to help a client cope with mental health symptoms due to trauma.

Realizing that they have been through a traumatic situation and that we are all going to respond differently to that. And then learn how to readjust and to continue with daily functioning in a way that is productive rather than being a hindrance. Because often times these things, this trauma can be pretty intrusive upon our daily functioning and so helping them re-adjust to life post trafficking incident can be something that I as a service provider can help with for their mental and emotional needs.

Lack of Services

Several of the service providers reported a lack of services available that are specifically geared toward the DMST population. Awareness regarding the existence of this population within the Central Valley is just beginning to evolve. One participant reported that there is a lack of aftercare services available for those transitioning out of a time of being trafficked.

So one thing is interesting to watch in the field is that when we started working with WP like 4-5 years ago, there wasn't a lot in the aftercare of human trafficking survivors. There was a lot of prevention. So there actually isn't working on the other end because that is the harder end when they come out and what do we do with them now, and how do we help them reconnect with regular life. There is not a lot even though this is a big spot to being able to move through.

Another participant emphasized the need for “live-in” services that are specifically aimed at supporting survivors of sex trafficking. Having services available to survivors where they live has been effective. This participant reported that a “live-in” program with qualified staff for wraparound services was most beneficial and here in the Central Valley “we are just not there yet.”

Lack of services for the DMST population is detrimental to the recovery process of a survivor. The lack of adequate services can also cause a survivor to relapse and increase the possibility of returning to her trafficker. One participant discussed feelings her clients have felt when they encounter multiple service providers and none of them can competently help them with their needs.

That's not healthy for them, that's not healthy to say let me hear what happened to you and then not be able to provide services cause a lot of the times we're not equipped yet to provide those services. So I've had girls tell me ‘I'm telling everyone my story and it's not helping, it's re- traumatizing and there's no one to help.’ And that can be a huge step back. And that can cause for them to leave, to run again, because you know right now we are unfortunately behind the times to offer restoration to victims and give them what they need.

Goals for the DMST Population

Multiple goals for the DMST population were identified as critical to recovery. According to participants, goals must be set immediately after a girl has exited out of sex trafficking in order to help survivors avoid relapse back into a life of exploitation. One participant specified that it was “on average a girl will return to her trafficker about six to thirteen times” and “there is a lot of this transient of back and forth.” One participant discussed the difficulty in finding the exact duration of time a

victim is in exploitation due to repeated relapsing and moving back to her trafficker.

All of the participants in this study reported that the duration of time a girl is trafficked depends on the individual situation and the time varies widely. Recovery is also based on the individual. Each person has individual goals that will be best for them on the path to recovery. Overall, there were certain themes that service providers identified in terms of goals for a survivor to attain a life of “normalcy.” The number one goal identified by participants for survivors of the DMST population was the building of healthy relationships.

Healthy Relationships

Building and maintaining healthy relationships is essential for DMST youth who have successfully exited out of sex trafficking. Healthy relationships with a good support system is one of the key factors that prevent relapse. Participants reported that it is important for survivors to be in a family-like setting in order for them to build relationships and find a sense of acceptance and belonging that they unfortunately might have found while they were involved in sex trafficking.

Based on one participant’s opinion based on working with the DMST population, she feels as if the girls she worked with were looking for a community to belong to. “A lot of me feels they went into this because something was lacking and a lot of times it's a relationship. They found a family, they found a sister, a boyfriend, a dad or whatever.” She was referring to the emotional needs that initially draws many of the girls into “The Life”. It is important for service providers to foster connections to help their clients fill that “familial” need.

A sense of community is important for every individual within our society.

The longing for a community or family to belong to is the reason some DMST survivors were initially vulnerable to being sexually exploited.

Our girls need mentoring and you know families safe families they can invest time and money in to helping them really relive a safe childhood because without safe people investing in them and almost a level of spiritual adoption and being involved in their life, they don't thrive by themselves without being part of a unit.

The DMST population is in need of safe people that are going to be able to build consistency in their lives and model healthy relationships for them.

Study participants emphasized that survivors must find healthy relationships that are outside of their “formal” relationships with human services professionals. Even though service providers are in a unique position to model what healthy relationships look like, they are not able to be a consistent, long-term relationship for the client. One participant reported:

...go to that relationship so if it's a stable parent, aunt, uncle, coach, teacher someone that they feel like is consistent and going to be there regardless of how many times they mess up or how many times they run, I think that's what we try to nurture if that's their relationship with their social worker then try to nurture that and or another service provider but at some point, you know, I hope it would extend to a community person or a casa someone where they don't rely on the system because systems fail.

Suggestions for Service Providers

The last major theme that emerged from this study involves suggestions for those service providers who are working with the DMST population. These suggestions include setting a positive environment and allowing survivors to make

choices of their own. Participants also had suggestions regarding the importance of community collaboration and educating service providers.

Environment of Safety

Service providers emphasized the importance of providing an environment of emotional safety as individuals from the DMST population are used to not living in a safe environment, and safety was not a primary concern while they were in the time of exploitation. Participants were specifically referring to a safe environment that includes emotional safety in order for self-disclosure to occur.

In terms of emotional safety, service providers reported that in order for a survivor to self-disclose as having been trafficked, there absolutely must be a feeling of safety. One participant discussed the process of self-disclosure and how it typically happens. Self-disclosure “doesn’t come out for a long time until some safety is built up in the therapy room. When you have complicated trauma like that, assessment is a very slow process. You want to find the therapeutic window.” When a client can feel safe and secure with her service provider, it is then that she can begin to disclose about her time of being sexually exploited. Due to the trauma of being exploited sexually, survivors experience a significant lack of trust and safety. Many of the girls have defenses that are up due to the environment of trauma they were exposed to when being exploited. Another participant also reported that safety was necessary in order for a client to disclose their abuse. “Once they feel safe enough to disclose that information, that’s part of the process.”

Patience/Consistency

Patience is a valuable trait to have as a service provider who works with the DMST population. Providers who work with this population must understand and recognize the guarded-ness of survivors and safely, patiently, and over time allow their client to disclose. One service provider reported, “So you have to find that window and that takes a long time to be able to do that safely.” Providers must wait for when their client has built up enough trust to talk about their life experiences. Another service provider stated, “Like I said, I definitely think that they need somebody who's patient to kind of do life with them and to help them find resources in their community that they can get plugged into.”

Consistency is another trait in a service provider that is important for a DMST survivor to feel. In regards to consistency, one service provider reported:

I think they need to know that someone is consistently going to stay and not ‘we changed the court order or we changed to an ongoing FRFM worker.’ So I like that in the sense that we got to maintain that relationship and build on it.

While working with individuals from the DMST population, service providers will be helpful if they are flexible and accepting when an individual comes back to receive services after relapsing back into exploitation. This can be frustrating for some providers and feel like there is no progress being made towards change. The high relapse rate causes there to be in-and-out a life of sexual exploitation. Service providers should be open to working with survivors, non-judgmentally, when they return from the life after initially receiving services.

A lot of people get frustrated working with this population cause they do relapse sometimes or they do yell at you and cuss at you and then don't want to talk to you for a couple weeks or whatever a lot of teens do that. But in general, it's like I'm still here.

It is essential that survivors have consistent contact with healthy people to come back to when they are ready. One participant reported that there is a pattern of constantly going back-and-forth from sexual exploitation to treatment. "I see that need for patience and be willing to see that pattern and be willing to put up with it for their benefit so that's a big need I think."

Maintaining a consistent relationship with a survivor is essential to the recovery process. Participants suggested that service providers work toward finding a stable, consistent community for their client outside of the social service agency. In order for a survivor to be successful, mentorship and a family-like setting are important. One participant discussed the significance of having a stable community and emphasized that the system is not always available for constant stability like an outside community.

So if it's a stable parent, aunt, uncle, coach, teacher someone that they feel like is consistent and going to be there regardless of how many times they mess up or how many times they run". It's important for service providers to help clients find a stable community as well. Service providers must be there to accept clients and be that community of stability. It is preferred that that community is outside of the system.

Non-Judgement

It is important that service providers display a non-judgmental attitude while working with the DMST population. Society as a whole already has a negative view of those who have been involved in sex trafficking. There is a negative stigma

associated with being part of the commercial sex trade, regardless of whether or not it was a choice. Also, survivors often face stigma that comes with coming out of a time of sexual exploitation. It is important for service providers to be objective and not judgmental.

And then we also know to expect that there is a point where they may go back and to be ready to accept them back when they do come back. So setting up that non-judgmental space for them is hugely important where they know 'Hey if you go that's okay, come back when you are ready' and knowing that there is no judgement for them taking off again. That is a really important thing for us to communicate to them so that they don't feel shame when they leave.

Another participant reported the following in regards to being non-judgmental:

If they do leave they run then it's like it's good to see you glad you're safe like what happened tell me. Because they are going to fall back, and I mean I don't want to say like relapse is part of it, you know. Cause I mean like some of them quit cold turkey or whatever but those that don't, it's not like I'm not going to be there next time. I'm just going to say like 'what happened? What could I have done? What could you have done? Could you have called someone? And any safety plan and runaway plans? You're going to run, where are you going to go?'

Service providers can let their clients know that there will be someone here for them when they come back.

Choices for Clients

The importance of allowing a client to choose for themselves from the social services that are available to them was reported as being significant. Just by having the ability to say yes or no to certain services can be empowering for survivors. One participant discussed the way in which he refers his clients for services. According to this participant, there must be a willingness to receive services before a referral is

made. The following three excerpts illustrate this point:

Just the factors are if they've been involved in it and of course they have to want the services, they have to say yeah I want to take the help for it.

So you need to be able to give them options for what they want. So if it's counseling, give them several options for counseling. If it's housing, give them several options for housing. They haven't had choices for a long time. And so giving those choices supporting them in their decisions even if it's not what you necessarily believe what is best for them. But it is really important for their process of recognizing that they can make choices and they have that ability. So it's kind of empowering for them. So I would say whatever services you give, give them choices.

Something you think you're great at and you can build on that. Like 'I'm really good at this and no one can take that away from me.' Because a lot of this was controlled they were not in control. And now they can say 'this is what I'm good at' and 'this is part of me' and 'you know I'm going to work on that until I find something else I am great at or find what I want to do in life' or whatever it is.

Participants specified that it is important to give the client back the control of their own lives that was taken from them before and during sexual exploitation.

Community Collaboration - Community Education

Community collaboration and education is another suggestion that service providers made in order to make sure the DMST population is effectively served. According to participants, all service providing agencies and the community as a whole needs to be aware of the prevalence of sex trafficking. Additionally, participants emphasized that the community and agencies within it also should have solid plans to prevent sex trafficking from happening.

Now we as an organization don't go out and rescue girls, we work with law enforcement service other service providers and partner after they've come out

but we do provide tips for first responders.

So families that are aware or communities that are aware of what our young girls are doing or who they're hanging out with is incredibly important.

So they're literally torn because we're squares outside of The Life, and we don't know The Life we can't understand, we don't have personal experience to know that life.

Youth Education

Participants reported that youth are very vulnerable and impressionable. The importance of educating teens and preteens on human trafficking was emphasized by some of the service providers as a preventative measure.

Sometimes, especially the younger girls, who are thinking that they are in a relationship with this guy they don't want to recognize that they are being trafficked. Sometimes it is education and we educate and then we can see if they are a part of that population because if they don't they are not going to accept the help.

Two participants also reported the need for children to be educated on issues that pertain to their safety such as sex trafficking.

So how do we become so responsible and take the time to educate them. We let them know there is crazy people out there. There are people who want to hurt you and trafficking is only an example of that.

If we can educate them when they're that young then they really are empowered to make a choice and to make a change. And we saw victims come forward just last week in the junior high campus. So the vulnerabilities of being young, impressionable especially if they have a broken family but it really can be anybody.

Education of Services Providers

Participants point to the importance of educating service providers so they know how to identify survivors. Due to the complex trauma that victims experience during the time of exploitation, it is important that service providers understand the

type of services that are needed in relation to the specific kinds of trauma that survivors have experienced. If a provider is not aware of the services needed, they are not going to be effective in referring or treating a survivor who is on a journey of recovery.

We have educated our staff. We have our staff go through the WP training as much as we can where we teach anyways. We have them go through that and learn a lot about what human trafficking is so that we know when it is in front of us that those are the things we look for.

Knowledge about complex trauma is especially helpful when working with the DMST population. One participant discussed the importance of competent counselors who know about trauma and how to help survivors cope with mental health symptoms specific to this population. She described the variety of agencies that her nonprofit organization is connected with in order to attempt to meet the needs of survivors.

We connect with them and Wellspring counseling and having that trauma informed care where they are educated in human trafficking they understand this trauma and now there these girls are just trying to think “how do I go to my math class at MJC when these images and thoughts and this you know all this anxiety and depression is still happening”. How can she go along with now a normal life? You know, she is just trying to be a normal girl now.

Participants explained the collaboration of different types of social services that a survivor will need to access and the importance of those agencies working together for the benefit of the client. “The counseling piece, medical, law enforcement, shelter, you're looking for people who can be positive support system for them.”

A supportive community with members who work together is essential

towards diminishing the effects of sex trafficking on communities and to help former victims on the road to recovery.

Now we're just building on what can we do now to get there, which is also a community thing. Cause we need our community involved, our faith based organizations involved, our I don't know other agencies to collaborate all involved. Which we have a lot of people sitting on our task force but now we need movement and action.

Summary

This research focused on exploring how those in the DMST population are identified and referred for services. The major findings from this study consist of understanding the experiences of victims prior to, during, and after a life of sexual exploitation. The findings also reveal suggestions for service providers who work with the DMST population in order to assist with their recovery process.

Each of the three overarching finding areas have several themes associated with them that correspond to the timelines of prior to, during, and after involvement in sex trafficking. The themes for prior to sexual exploitation include risk factors, cultural influence, and vulnerability. Themes revealed for during sexual exploitation include being controlled by the trafficker and forming a new identity. Findings corresponding with “the aftermath” include referral to services based on needs, lack of services, and overall goals for the DMST population. Lastly, suggestions for service providers consisted of providing an environment of safety, being patient and consistent with the client, nonjudgement, providing choices for the client, community collaboration, and education of service providers.

CHAPTER V

DISCUSSION

Overview

The purpose of this study was to explore how those in the Domestic Minor Sex Trafficking (DMST) population are identified and referred to social services within the Central Valley. Additionally, the aim was to ascertain how available and accessible these social services are. This study included in-depth interviews with six service providers who had previous or current experience working with the DMST population. This chapter discusses the overarching findings from this study, connects the findings to research questions, and compares and contrasts the findings with existing research. This chapter also identifies limitations of the study,

Major Findings and Relation to Existing Knowledge Risk Factors

Participants revealed common risk factors that often precede involvement in sex trafficking. These risk factors include negative family experiences, involvement in the foster care system, and a history of sexual abuse. What follows is a discussion of how this study's findings compare and contrast with existing literature.

Participants in this study reported that negative family experiences were risk factors for the DMST population. This was consistent with findings from Countryman & Roswurm (2014). Their study found a correlation between familial abuse and neglect, problematic relationships with caregivers, poverty, and drug and alcohol use in the home with the risk of the DMST population. A study from Rand

(2009) also found that family dysfunction such as violence, mental illness, and familial or personal drug dependency places adolescents at an increased risk for commercial sexual exploitation.

The present study found that children who were involved with the foster care system were especially vulnerable to sex trafficking. Participants reported that foster care minors were prevalent in the DMST population due to the lack of support and functional family systems. This is in alignment with a qualitative study from Gerassi (2015), which found that girls of the DMST population reported themes of isolation and lack of connection and resources stemming from the child welfare system, foster care placements, and abandonment.

A history of sexual abuse was also found to be a significant factor for individuals from the DMST population. Service providers reported that sexual abuse was prevalent in almost all of the individuals they had experience working with in regards to the DMST population. These findings are consistent with research from Compton, Hardy, & McPhatter (2013), which found that it is estimated that 70-90 percent of female victims of sex trafficking were sexually abused before they were recruited into the sex industry. Additionally, findings from Rand (2009) revealed that sexual abuse is the dominant risk factor for those in the sex trafficking population.

Appropriate Referrals

Participants reported that there are particular service responses that are more effective for the DMST population. Medical care, mental health, and housing or placement were the primary areas identified by participants as critical for those

coming out of sex trafficking. Participants reported that a survivor's needs are based on the individual and will change over time. This is in alignment with the research from Macy and Johns (2013), who found that a survivor's needs when initially free from a life of sex trafficking will differ from their needs when they begin to recover, and those needs again change as the survivors began to establish independence and reintegrate into the community. Participants within this study reported that immediate needs such as medical and housing were initially referred for an individual of the DMST population. Participants also stated that ongoing needs such as mental health and longer term needs such as education and job training were referred to survivors as needed. These findings were also consistent with Twigg (2012), who reported that needs go in the order of immediate, ongoing, and long term needs.

Participants reported that identifying a victim and subsequently being able to refer that person to appropriate services largely depends on self-disclosure. The length of time it takes a survivor to self-disclose depends on when the DMST survivor feels safe enough to disclose her situation, and it is important for service providers to provide that environment of safety. Though there was little in the literature that specifically addressed disclosure, Gerassi (2015) articulated that it is important for service providers to be aware of marginalized groups within the DMST population and how marginalization can affect their reasons for seeking help. Participants reported that it is important for service providers have an awareness of the environment they provide for their clients so they can accurately assess the needs of their clients.

Availability and Accessibility of Services

Availability and accessibility of appropriate services for the DMST population is essential for the pathway to a life of recovery. Participants reported there was a lack of social services that specifically catered to the special needs of the DMST population within the Central Valley. These findings were in alignment with Hartinger-Saunders et al. (2016), which found that there is a current lack of systematic care for the DMST population. Rand (2009) also reported that there is currently a lack in evidence supported information in regards to the best practices for responding to the needs of the DMST population. Participants in this study also reported that there is currently a need for specific appropriate aftercare services.

Participants in this study emphasized that it is important for service providers to be educated about sex trafficking and ways that they can help aid their clients' recovery process. Service providers' knowledge and competency regarding sex trafficking directly related to how they are able to meet the needs of their clients who have been trafficked. Existing research indicates that the lack of available services for the DMST population is due partially a lack of education on the topic within the social services community. Findings from Hartinger-Saunders et al. (2016) show that without adequate training on the DMST population, service providers will often come into contact with a victim and not know it. This research is consistent with the findings from the present study in which participants explained the need for service providers to be trained on the DMST population in order to refer their clients to appropriate services.

Major findings revealed that a variety of services in addition to a solid support system is most appropriate for the DMST population. Participants reported that it was important for individuals of the DMST population to be surrounded with a lasting support system. Participants reported a holistic approach to service delivery is most effective. Research from Gerassi (2015) shows that effective treatment requires holistic, empowerment-promoting care. In addition, a study from Cecchet & Thoburn (2014) explained that the variety of factors which relate to sex trafficking is best viewed through the systematic lens that includes the individual, family, and community culture.

Implications for Social Work Practice

The findings from this study provide meaningful knowledge about sex trafficking for direct social work practice. Sex trafficking is a multi-layered form of oppression that affects the micro, mezzo, and macro levels of society. It is an issue of human rights and violence that has a substantial impact on its victims. This makes sex trafficking a significant concern for social work practice. It is the social worker's ethical obligation to challenge social injustices. Under the NASW social work code of Ethics, social workers are to, "...pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people," (NASW 2008).

On a micro level, social workers are a key access point for services to the DMST population. As outlined, service providers have different perspectives in regards to the DMST population. Some service providers view individuals from the DMST population as criminals and not victims. It is important that social workers

understand the psychological impact that sex trafficking has on victims in order to both identify and then best meet the needs of their clients from this population.

In terms of accurately identifying those who have been trafficked, social workers should obtain knowledge on when and how to ask certain questions in order to identify victims while providing a safe environment for disclosure by maintaining nonjudgement. As revealed through the in-depth interviews, once a victim has disclosed that they have been trafficked, it is important that the social worker set aside any judgement and pre-conceived notions they might have and continue to listen to their client in order to be able to refer their client for appropriate services.

Social workers can aid in a mezzo and macro level of practice through community collaboration, education, and advocacy. Social workers should collaborate with agencies on local, state, federal and even international levels in order to be able to systematically identify and subsequently provide services that specifically cater to the needs of the DMST population. This can be done by partnering with law enforcement, clergy members, attorneys, policy makers, community organizers, and other leaders. In addition, social workers can educate communities on sex trafficking in order to promote awareness and prevention. Advocacy and lobbying on a state and national level is essential for a change in policy pertaining to the DMST population as well as policies against buyers or traffickers.

Limitations of the Study

There were several limitations to this study. One limitation was that due to time constraints, the sample size was smaller than originally planned. Another limitation was that participants were from Stanislaus and Merced counties and therefore the study did not include the perspectives of service providers in any of the other counties that are part of the Central Valley. Areas within the Central Valley that were not included in this study are north Sacramento and surrounding metropolitan area, metropolitan area of San Joaquin county and counties south of San Joaquin area. Next, participants included two clinicians, two nonprofit organization staff, one juvenile hall staff, and one child welfare social worker. The study is not inclusive of other service providers who would possibly encounter the DMST population such as medical staff, law enforcement, and legal aid personnel. Thus, the results of this study can only apply to the professions in which this study consist of. Using a larger sample size could result in data that is more representative of service providers from even more professions who work with the DMST population across the Central Valley.

Recommendations for Future Research

The findings of this study are important and contribute to the existing literature by understanding perspectives of social service providers who work with the DMST population in the Central Valley. Future research should include other type social service professions. Also, future research should include the survivors from the DMST population and their perspectives related to social services that have

been provided to them. This is important because quality social work practice operates on a strength based perspective and values the idea that the client is the expert of their own experience.

Additional focus areas of future research should include examining social services for the DMST population within other geographical areas. This can include other counties within the Central Valley, counties statewide, and other cities nationwide. Another area of focus for future research should include interviews with DMST youth from particular backgrounds. For example, this research was limited to service providers who have experience working with female youth of the DMST population. Future studies should also include social services that cater to adults, males, transgender youth, or immigrant populations who have been involved with human sex trafficking. Finally, this study focused on service providers who work with victims exploited within a street-based venue of sex trafficking. Future studies should also explore sex trafficking through other venues such as residential brothels, fraudulent modeling and dancing agencies, fake message businesses, escort services, pornography industry, or other forms of commercial sex work.

REFERENCES

REFERENCES

- Abas, M., Hossain, Light, M., Watts, C., & M., Zimmerman, C. (2010). The relationship of trauma to mental disorder among trafficked and sexually exploited girls and women. *American Journal Of Public Health, 100*(12), 2442-2449. doi:10.2105/AJPH.2009.173229
- Adorjan, M., Christensen, T., Kelly, B., & Pawluch, D. (2012). Stockholm syndrome as vernacular resource. *The Sociological Quarterly, 53*(3), 454-474. doi:10.1111/j.1533-8525.2012.01241.x
- Cecchet, S. J., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma: Theory, Research, Practice, And Policy, 6*(5), 482-493. doi:10.1037/a0035763
- Countryman-Roswurm, K., & Bolin, B. L. (2014). Domestic minor sex trafficking: Assessing and reducing risk. *Child & Adolescent Social Work Journal, 31*(6), 521-538. doi:10.1007/s10560-014-0336-6
- Estimations of the Impact of Human Trafficking. (2016). Retrieved January 13, 2016 from <http://www.trafficking.org/learn/statistics.aspx>
- Fong, R., & Cardoso, J. B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation And Program Planning, 33*(3), 311-316. doi:10.1016/j.evalprogplan.2009.06.018

- Get Educated. Get Involved. (2016). Retrieved January 13, 2016, from <http://www.gems-girls.org>
- Gibbs, D. A., Walters, J. H., Lutnick, A., Miller, S., & Kluckman, M. (2015). Services to domestic minor victims of sex trafficking: Opportunities for engagement and support. *Children And Youth Services Review, 54*(1-7). doi:10.1016/j.chilyouth.2015.04.003
- Hardman, K. J. (1997). A social work group for prostituted women with children. *Social Work With Groups: A Journal Of Community And Clinical Practice, 20*(1), 19-31. doi:10.1300/J009v20n01_03
- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia: Journal Of Women & Social Work, 28*(1), 8-18. doi:10.1177/0886109912475172
- Hartinger-Saunders, R. M., Trouteaud, A. R., & Matos Johnson, J. (2016). Mandated Reporters' Perceptions of and Encounters With Domestic Minor Sex Trafficking of Adolescent Females in the United States. *American Journal Of Orthopsychiatry, 86*(1), 1-11. doi:10.1037/ort0000151
- Hesse-Biber, S.N., & Leavy, P. (2011). *The Practice of Qualitative Research*. Thousand Oaks: Sage Publications, Inc.
- Hom, K. A., & Woods, S. J. (2013). Trauma and its aftermath for commercially sexually exploited women as told by front-line service providers. *Issues In Mental Health Nursing, 34*(2), 75-81. doi:10.3109/01612840.2012.723300

- Human Trafficking. (2015). Retrieved January 13, 2016 from
<https://oag.ca.gov/human-trafficking>
- Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*,
55(2), 181-187. doi:10.1093/sw/55.2.18
- Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking
survivors: Informing U.S. Service and program development in an emerging
practice area. *Trauma, Violence, & Abuse*, 12(2), 87-98.
doi:10.1177/1524838010390709
- National Association of Social Workers. (2008). *Code of ethics of the National Association
of Social Workers*. Washington, DC. NASW Press.
- National Human Trafficking Resource Center. (2016). Retrieved January 13, 2016,
from <http://traffickingresourcecenter.org/>
- Payne, M. (2005). *Modern Social Work Theory*. United Kingdom: Palgrave MacMillan.
- Rubin, A., & Babbie, E. R. (2005). *Research methods for social work*. Pacific Grove, Calif:
Brooks/Cole.
- Rubin, A., & Babbie, E. R. (2008). *Research methods for social work*. Pacific Grove, Calif:
Brooks/Cole.
- Twigg, N. M. (2014). A description of services provided by U.S. rehabilitation
centers for domestic sex trafficking survivors. *Dissertation Abstracts
International*, 74,
- Yakushko, O. (2009). Human trafficking: A review for mental health professionals.
International Journal For The Advancement Of Counselling, 31(3), 158-167.
doi:10.1007/s10447-009-9075-3

United States Department of State (2014) *Special Interest Topics*. Retrieved on
January 13, 2016 from <http://www.state.gov/j/tip/rls/tiprpt/2014/226646.htm>

APPENDICES

APPENDIX A

INTERVIEW GUIDE

Intro

- What type of agency are you employed in and/or volunteer for?
- Where is this organization located?
- What is your profession or role within this organization?
- Can you give me an idea of the prevalence or volume of youth you have worked with who are part of the Domestic Minor Sex Trafficking (DMST) population?

DMST Population in the Central Valley

- Given your background and experience, can you tell me about what you see as contributing factors that put young girls at risk for being trafficked?
- Is there a particular population or populations you see as being at higher risk for sex trafficking?
- Can you give me an idea about the length of time/duration that victims who you have been involved with have been trafficked?
- Where are some of the places you encounter victims of human sex trafficking?
- In your experience working with the domestic minor sex trafficking (DMST) population, what are some of the experiences of victims before exploitation?
- What are some of the experiences of victims during exploitation?
- What are some of the consequences/outcomes that you have seen occur during the aftermath (exiting) stage of being exploited?

Referral Process

- Can you tell me some of the ways you as a service provider are able to identify a victim involved in DMST?
- What are the factors that determine if and when a potential DMST victim is in need of services?
- Is there a particular assessment tool that you and/ or your agency will use in order to refer someone who has been identified as a part of the DMST population?
- Based on the need of a DMST victim, what types of services would you recommend referring your client to and why?
- Are there organizations within the community that you feel are equipped to address issues associated with this population? Can you give me any examples?

Services

- Can you tell me your role as a service provider when you are working with a minor who has been sexually trafficked?
- Based on your experiences working with this population, what do you see as service needs specific to this population?
- How are these needs different from service needs for other victims of sexual assault? Are they different?
- In your view, what types of services work best (are most effective) specifically for this population?
- What are the goals of particular services for the DMST population? Why are these goals important?

APPENDIX B

INFORMED CONSENT

California State University, Stanislaus: *Master of Social Work Program*
Information Sheet for Non-Medical Research
Service Providers for Human Sex Trafficked Victims

You are invited to participate in a research study conducted by a graduate student, Elisabeth Smith, from the CSU Stanislaus Master of Social Work Program to fulfill requirements for a Master's degree in social work. This study explores (1) how those in the Domestic Minor Sex Trafficking (DMST) population are identified and referred for services in the Central Valley and (2) the adequacy and appropriateness of services to meet the needs of this population in the Central Valley. You must be 18 years of age to participate in this study. Your participation is completely voluntary. **If you volunteer to participate, you may withdraw at any time without consequences of any kind. If you are reluctant to answer any of the interview questions you may refuse to answer and still remain in the study.**

If you decide to participate in this study, you will meet with the researcher at a location of your preference (i.e your office, nearby coffee shop, etc) and you will be asked questions related to your knowledge of the DMST population and services available to this population in the Central Valley. The interview will last roughly one hour and will be audio recorded.

The information collected will be kept confidential and protected from all inappropriate disclosure under the law. The only two people who will be able to link the data to individual participants are the researcher and chair for this thesis. All data will be kept at a secure location.

There are no anticipated risks to you for your participation in this study. Although there may not be any direct benefit as a result of your participation in this study, there might be a sense of reward that you may feel from sharing your knowledge that is crucial for improving services to the DMST population in the Central Valley.

Please take as much time as you need to read this consent information sheet. You may also decide to discuss this information with your place of employment or organization in which you volunteer in. You will be given a copy of this form.

If you agree to participate, please indicate this decision by signing below. If you have any questions about this research project please contact me, Elisabeth Smith, at (209) 277-0717, or my faculty sponsor, Katie Galvin at (209) 667-3453. If you have any

questions regarding your rights and participation as a research subject, please contact the IRB Administration by phone (209) 667-3493 or email IRBAdmin@csustan.edu.

Sincerely,

Elisabeth Smith
MSW Student, CSU Stanislaus

I have read and understand the information provided above. All of my questions, if any, have been answered to my satisfaction. I consent to take part in this study. I have been given a copy of this form.

Signature_____

Date_____

Name (printed)_____

Date_____

Signature of person obtaining
consent_____Date_____

Printed name of person obtaining
consent_____Date_____

In addition to agreeing to participate, I also consent to having the interview audio recorded.

Signature_____Date_____

Name (printed)_____Date_____

Purpose of this Study

We are asking you to participate in this study because we are attempting to learn more about the experience of human sex trafficked victims and ways in which they can receive quality social services.

Completion and response to the interview questionnaire will constitute consent to participate in this research study.

You will be asked to participate one of the social service providers that has experience with the Domestic Minor Sex Trafficking victims (DMST). This interview will take approximately one hour and the location will be determined

according to your preference. It may be conducted in your office, nearby coffee shop, or other locations you prefer. You will be asked questions related to how you identify and refer services to the DMST population.

Potential Risks and Discomforts

There are no anticipated risk to your participation in this study. If you feel discomfort at responding to some questions, please feel free to ask to skip a particular question.

Potential Benefits to Subjects and/or to Society

You will not directly benefit for participating in this research study.

This research will not provide a benefit to you. The overall goal of the research study is to reveal the experiences of the DMST population through the professional experience of social service providers. The finding may provide better understanding of ways in which service providers can identify and provide quality social services to victims of human sex trafficking. Thus, it may give outlook to those who currently or will work with victims in the future.

Payment/Compensation for Participation

You will not receive any compensation for your participation in the research study.

POTENTIAL CONFLICTS OF INTEREST

The investigators of this research do not have any financial interest in the sponsor or in the product being conducted.

PARTICIPATION AND WITHDRAWAL

You can choose whether or not to participate in this study. The researcher may withdraw you from the study if circumstances arise which warrant doing so.

ALTERNATIVES TO PARTICIPATION

Your alternative to participation is to not participate in the research study.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue your participation without any penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study. If you have any questions about your rights as a study subject or you would like to speak with someone independent of the research team to obtain answers to questions about the research. In the event if a research staff cannot be reached please contact the University Institutional Review Board (IRB) Mary Stuart Rogers Building MSR 160 (209) 667-3493.

IDENTIFICATION OF INVESTIGATIONS

If you have any questions or concerns about the research, please feel free to contact the graduate student or faculty advisor.