THE ELOPEMENT PROCESS OF ADULT SURVIVORS OF SEX TRAFFICKING DURING ADOLESCENCE

by

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ABSTRACT OF THE DISSERTATION

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There is a limited understanding in the literature about the elopement process from DMST from survivors. The multiple case study design was used to illuminate the subjective experience of four females’ survivors who endured sex trafficking during adolescence to gain a better understanding of the barriers that prevented their elopement and factors that allowed them to elope their trafficking situation. The qualitative study employed semi-structured interviews and elicited texts. The thematic analysis identified: One major theme, ‘Out of the War’, two related themes, ‘The War’ and ‘Conquering the War’. The first related theme ‘The War’ had two sub-themes ‘Seeking Safety’ and ‘Barriers to Elope’. The second related theme ‘Conquering the War’ had two sub-themes ‘Readiness to Elope’ and ‘Elopement Victory’.

Results from the multiple case study design uniquely positioned the voices of survivors as experts in expanding knowledge about the elopement process. The results revealed a non-linear process, a Maze, not explored in the literature before. The maze illustrates the elopement process as experienced by the survivors. The maze affords a deeper look to the effects of the barriers to elope for knowledge development in nursing practice, policy and research, and provides insights for a future assessment tool measuring readiness to elope.
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Chapter 1: Introduction

Human trafficking (HT) is the fastest growing crime in the world, and behind drugs, is the second-leading illegal enterprise globally, and affects more than 12.3 million people worldwide (Chohaney, 2016). In 2000, a wide range of public health practitioners and researchers globally undertook ways to understand HT and thus, how to prevent it (Trafficking Victims Protection Act [TVPA], 2000). In 2017, Trafficking in Person (TIP) report identified HT and adopted a resolution declaring HT as a leading public health problem (U.S. Department of State, Office to Monitor and Combat Trafficking in Persons, 2017). Additionally, the Polaris Project, the national anti-human trafficking organization, analyzed more than 32,000 cases of HT from December 2007 to December 2016, using its hotline and ‘BeFree’ text line. Polaris established a classification system to acknowledge the heterogeneity of HT that identified 25 types of HT in the United States (Anthony et al., 2017). The report about types provides a way to improve research and recommend policies that implement safeguards for the HT population.

The United States describes HT as a form of modern-day slavery that involves the “recruitment, transportation, transfer, harboring, or receipt” (TVPA, 2000 Sec. 102) of individuals after obtaining their consent through ill-fated ways (recruited, forced, and /or manipulated) traffickers have control over their activities for the purposes of exploitation (Fedina et al., 2016). Greenbaum (2017) offers a broader definition of HT as a violation of essential human rights that involves “the recruitment, harboring, transportation, provision, obtaining, soliciting or patronizing of a person for the purpose of a sex exploitation, forced labor, and/or debt bondage” (p. 14).
Currently, the research designs, methodologies, and data for HT prevalence around the globe is inadequate and inconsistent, and changed over time with better understandings about HT (Roe-Sepowitz et al., 2014). In 2007, the U.S. Department of State projected that nearly 800,000 people are forcefully transported across international borders every year, with 50% being children below 18 years of age (Corbett, 2018). Of all of the trafficked cases, 80% are women, and 70% of these women are HT in the sex industry (U.S. Department of Health and Human Services [DOHHS], 2003).

The 2000 TVPA is the first comprehensive federal law to directly address HT. The sex trafficking definition is “the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age” (TVPA, 22 U.S. § 7102 (11)). The definition protects children less than 18 years of age, if a child performs a commercial sex act, the age of the child is the proof of force, fraud, or coercion in HT. There are no exceptions to the law protecting children. All children have protection globally under laws where no gender, cultural, race, or socioeconomic representation stops the rescue of children from the commercial sex trade (U.S. Department of State, 2013).

The commercial sexual exploitation of children (CSEC) is a crime that committed in secret globally. Nonetheless, sexual exploitation in the United States is a public health concern, specifically known as domestic minor sex trafficking (DMST) (Goldberg et al., 2017). In the U.S., for youth under the age of 18, the definition of DMST is the fraudulent, forceful, or coercive enticement to engage in transactional sexual practices
(Tidball et al., 2016). The U.S. DOHHS (2003) also confirms that when the victim is below 18 years of age, sex trafficking arises when commercial sex is transactional, induced by fraud, force, or coercion. Commercial sex is transactional sex, defined as all forms of sexual acts that involve the reception or giving of valuables to any involved person. Examples of transactional sex occur in the form of pornography, prostitution, live-sex shows, massage parlors, stripping, military prostitution, mail-order brides, and sex-tourism. Transactional commercial sex necessitates sexual practices that are meeting the personal needs of the child as survival sex, where the young person is a casualty of felonious exploitation in exchange for payment in the form of shelter, food, money, or any other valuable commodity, such as drugs (Choi, 2015; Nichols & Heil, 2014).

Exact numbers are unknown and recent studies have additional scrutiny because they approximated between 150,000 and 300,000 children are at risk in the U.S. commercial sexual exploitation based on old data (Hargreaves-Cormany & Patterson, 2016; Corbett, 2018). Annually children experience risk of being exploited, and studies identify the age for entry into DMST is 12-15 years old (Gragg et al., 2007; Smith et al., 2009; Varma et al., 2015). Regardless of multiple estimates of children in commercial sex, in 2003, the United Nations estimate about one million children enter the global sex trade each year, while the United States put the number at “200,000 to 400,000” at risk for DMST (U.S. Department of Justice, Office of Juvenile Justice & Delinquency Prevention, 2010; Estes & Weiner, 2001; Fong & Cardoso, 2010 p. 313). According the U.S. Department of State (2019) 77% of trafficking victims are exploited within their country of residence. Furthermore, the National Center for Missing & Exploited Children (NCMEC) reported that child sex trafficking occurs in all 50 U.S. States (National Center
for Missing & Exploited Children, 2020). Nonetheless, racial, cultural, socioeconomic, the hidden nature of the crime, and ethnic preconceptions, as well as research methods concerns, likely prevent the researchers from identifying victims.

Due to growth and developmental milestones, adolescent 12- to 14-year-olds are highly susceptible to victimization, and are more vulnerable to manipulation and deception (Greenbaum, 2014). The research also recognizes that some children have higher risk than others, possibly due to family chaos, criminogenic communities, and individual factors (Chohaney, 2016). Individual factors including childhood experiences with physical assaults, sexual abuse, neglect and other child maltreatments have higher risk of DMST (Institute of Medicine & National Research Council [IOM & NRC], 2013), and have similar risk for DMST as children from dysfunctional families who experience domestic violence and parental substance abuse (Goldberg et al., 2017). Children who use drugs, or have mental health issues, or who experience Foster Care under Child Protective Services have higher odds of DMST (Cole et al., 2016). DMST risk increases in populations of runaways, group home-based children, and homeless children, since they often experience environmental settings characterized by poverty, impaired parental supervision, child abuse, and neglect (Perkins & Ruiz, 2016).

The current research on trafficked adolescents demonstrates experience with all types of environments (nationality, gender, chaotic families, and socioeconomic levels) (Jimenez, et al., 2015). The U.S. Department of Justice reported that from 2008 to 2010, 40% of child victims experienced sex trafficking; of those, 90% were females, and about 54% were 17 years old or younger (Banks & Kyckelhahn, 2015). Victims were racially diverse and comprised of 22% whites, 21% Hispanic/Latinos, and 35% Black/African
Americans (Banks & Kyckelhahn, 2015). Victims were U.S. citizens or permanent residents, and fewer than 20% were undocumented or qualified aliens (Banks & Kyckelhahn, 2015). Studies have reported that 37–50% of sex trafficking victims come into contact with healthcare providers while they are being trafficked but they often go unrecognized (Baldwin et al., 2015; Family Violence Prevention Fund, 2005). These proportions persist in the pediatric population: 43% of adolescent patients with confirmed evidence of sex trafficking had seen a health care provider (HCP) within 2 months of being identified (Varma et al., 2015); 82.5% had been engaged with the healthcare system within the past year (Hornor & Sherfield, 2018).

The research supports the notion that adolescent victims of DMST suffer permanent physical and psychological outcomes from the coercive and repetitive abuse in the DMST environment. These physical and psychological forms of abuse threaten the various aspects of normative adolescent development, and the damaging effects progress into adulthood (Chung & English, 2015). In addition, children and adolescents are neither psychologically nor emotionally equipped to respond to repeated and prolonged experiences of complex trauma during their captivity (Hardy et al., 2013). The brain development is continuous with benchmarks for growth. Adolescence experiences a growth in neuroplasticity (the brain’s ability to change throughout an individual’s life) beginning in puberty and continues throughout life. The goal of adolescence is to facilitate their independence in society as an adult, where the brains’ plasticity is continual throughout the lifespan. In trafficked adolescents, high levels of psychological stress produce changes in the neurochemistry and structures of the brain, including the frontal, parietal, and temporal cortices, which affects cognitive growth, memory, and
emotional perceptions about their decision-making skills. Combined, the continual stress increases vulnerability to normal development with social stress having adverse effects on their mental health (Fuhrmann et al., 2015; Levine, 2017). The notion that DMST involves all aspects of the adolescent experience provides opportunity to explore and understand the stunted growth and development.

Typically, adolescents exercise their independence by occasionally challenging authority and breaking societal and family rules. More independent than children, adolescents stay at places without adult supervision, which decreases the levels of direct parental supervision. The reduction in parental supervision combined with cognitive developmental struggles with identity, self-esteem issues, and inadequate life experiences increase adolescents’ vulnerability to trafficking (Reid & Piquero, 2014). Adolescents are not young adults, and they remain minors, dependent on parental or guardian supervision, in conflict with the normal development of seeking independence. Adolescents lack the physical and mental capacity to fight traffickers, and often lack credibility among adults, and are readily accessible (Cole & Sprang, 2015).

Adolescents often present themselves as mature adults. Reid (2014) explains that, at times, service providers fail to recognize the presence an adolescent with psychological and biological traumas from sex trafficking experiences. Hence, researching adolescent DMST victims and their complex trauma is important to improve understanding and interventions about their lived experiences.

**Problem Statement**

DMST is a significant public health problem, where the research uses qualitative and quantitative methodologies to explore pathways into sex trafficking, identifying risk
factors, and patterns of vulnerability in an effort to improve awareness and implement interventions to properly identify and treat adolescent victims. However, the reality is that many victims go unnoticed by professionals and systems. The result is DMST victims do not experience rescue until adulthood, which leads to long-lasting physical and psychological negative health outcomes. Therefore, recognition of the DMST victim in systems and affecting the elopement process by understanding how and when sex trafficking victims elope, may bring understanding and innovative interventions to explore new ways of facilitating rescue at an earlier age.

**Phenomenon of Interest 1: Elopement Process and Survivorship**

Existing studies indicate that DMST victims endure a number of negative medical and psychological conditions, but there is a gap in the research about the experience of DMST. The research supports the medical and psychological impact of DMST on the survivors while in the trafficking environment but magnified is the harm occurring as DMST victims attempt to leave the trafficking circle (Baker et al., 2010; Evans, 2020; Gonzales-Pons et al., 2019; Hammond & McGlone, 2014; Wachter et al., 2016). Researchers proposed the notion of a post-exit phase posing an immense challenge of problematic and complex difficulties for the survivors (Wilson & Butler, 2014). Moreover, the shortage of specialized intervention programs to address the physical, psychological, emotional, social, spiritual, and economic needs of survivors results in their subsequent re-entry in CSEC (Chung & English, 2015).

To date, research gaps exist about DMST victims who succeed in exiting the sex trade. A study examining trauma and its aftermath for DMST victims, as told by frontline service providers, found that although the perspectives from service providers
offered a valid picture of the needs of sex trafficked survivors, there is a gap in the literature chronicling survivors’ voices (Hom & Woods, 2013). Since 2000, articles to chronicle the elopement process emerged (Baker et al., 2010; Evans, 2020; Gonzales et al., 2019; Hammond & McGlone, 2014). However, the studies did not document individual experiences about the elopement process, which is necessary to develop a comprehensive, tailored, and holistic approach to the reintegration in society to begin recovery. They did develop a linear approach to classifying stages to elopement (Baker et al., 2010; Evans, 2020; Gonzales et al., 2019; Hammond & McGlone, 2014) from victim narratives but did not disentangle the DMST voices about the challenges and successes in the elopement process.

The acknowledgement of the survivors’ perspectives is absent. As experts of their own experience in the elopement process, there is a sense of autonomy and control over their care revealed (Hom & Woods, 2013). Muraya and Fry (2015) review of the literature on aftercare services provisions to DMST victims explored the victims’ desire to leave DMST was the most influential personal factor to be investigated for the development and implementation of a standard of care provisions in the recovery phase of survivors. Macy and Johns (2011) conducted a review of the literature relevant to the aftercare of trafficked survivors and uncovered a significant demand for a variety of aftercare services to address survivors’ changing needs as survivors move from initial elopement to safety, to recovery and independence. A qualitative study with 15 survivors described a theme of “creating opportunities within constraints” (Le, 2017), which explained the notion of escape from DMST, but not the barriers threatening the victim’s
chances of survival outside DSMT. Thus, the literature seeks to understand the survivors’
elopement as a linear process or through an aftercare of services perspective.

Research with six survivors and based on the personal experiences revealed
abilities to persist and escape from their traffickers (Cecchet & Thoburn, 2014). Among
the six in the study while involved in sex trafficking, motherhood provided an exit from
the sex trade because of their desire to keep and provide a better life the baby. Of the
participants who had multiple abortions, the refusal to have another abortion was also an
important factor. Mental health was also a motivator to exit the trafficking circle’s violent
lifestyle, as victims described their inability to endure severe numbness and detachment
from their feelings. Other factors also influenced decisions to leave. Participants credited
a personal belief in a higher power, claiming a perspective of resilience, gaining the
courage to take steps to change their lifestyle, and to ultimately leave the sex industry.
Consequently, Hodge (2014) credited the aptitude of survivorship necessary in
restoration. The interconnectedness is an important therapeutic message in the healing
process allowing for control and autonomy while promoting trust and safety of survivors.
The term “survivorship” in HT literature is defined in terms of crisis services as the
 provision of immediate needs such as food, shelter, and safety (Macy & Graham, 2012).
Beyond those initial supports, little attention is given to the long-term effects and needs
of survivors in the recovery process. Exploring the survivors’ lived experiences about the
elopement process from their current environment of safety has the promise of disclosing
their resourcefulness and problem-solving characteristics in enduring complex trauma.
The analytical insight into meaning of their elopement experience is a constructed and
reflective qualitative multiple cases study analysis. Therefore, understanding survivorship
as it relates to the elopement process provides an opportunity for comprehensive insight that is person-centered, validating survivor voices, and placing the survivors’ self-identified needs at the center of the healing process.

The Phenomenon of Interest 2: Recollection of Memory

The inclusive view into the experiences of DMST require access to survivors, the experts of their trauma and victimization. Access with support for the recollection of memories builds on the view of the context of DMST and the sequencing of events leading to their escape from DMST. Studies about increased level of stress identify increasing stress hormones, which affect the strength of declarative memory consolidation (Van der Kolk, 1994). Recalling traumatic memories promises triggering of unpleasant events, as occurs in the case of DMST victims. Thus, recollection of memory from DMST survivors has the potential to traumatize. The reactions to the in-depth inquiry of DMST experiences are as traumatizing as if the interview occurred at the time of their exploitation.

Traumatic events impact young adults’ memory recollection, and researchers found that, over time, the memories recall of traumatic events in young adults happened with a detailed accuracy (Nachson & Slavutskay-Tsukerman, 2010). The findings in another study found that negative events can trigger a systematic, detail-oriented processing mode, which leads participants recollecting memories with accuracy but were cautious with questionable information (Nascimento et al., 2016). In the same study, positive events had association with a liberal processing mode, which is prone to reconstructive errors. Therefore, the use of reconstructed memories from DMST
survivors of trafficking supports the proposed study to explore the gap in knowledge about the process of elopement.

**Purpose of Research**

The purpose of the proposed study is to explore the process of DMST elopement through the recollection of memories from adult survivors.

**Foundational Assumptions**

Assumptions of the study include identification of themes unique to the trafficked population of never-served vulnerable persons and testing of future interventions to facilitate the elopement process specifically for health care providers, law enforcement officials, and social advocates.

The assumption is that an individual’s identity, social status, or circumstances of victimology have no bearing on their rights to safety, avoiding exploitation and trauma from HT. In response, there is an assumed moral obligation to protect the human rights of vulnerable populations, including DMST. A human rights-based approach (HBRA) guided the study, recognizing that slavery, exploitation, and violence associated with trafficking are human rights violations (Schwarz et al., 2016).

Within the framework of HRBA the research explores two additional assumptions. The first, *Life Course Theory* examines how historical effects, social timing, and social relationship impacts the victims’ capacity to elope their victimization and second, the *Theory of Coercion*, which looks at the coercive tactics used by the traffickers to inflict fear and continuance bondage of the victims to trafficking experience that impacts the elopement process. These two assumptions inform the body of research proposed.
Significance of Study

The sex trafficking of minors is both a national and global health issue requiring further exploration. The negative impact of DMST spreads beyond the individuals, and while obviously damaging children first and foremost, DMST also affects society at large as well (Barnitz, 2001; Kalergis, 2009). There remains much to learn about the victim’s pathology and the internal responses to a persistent abusive environment (Raghavan & Doychak, 2015). Given the extent of the problem and the purpose for inquiry, a qualitative multiple case studies approach is best-suited to answer questions related to the psychosocial underpinnings of DMST adolescent victims’ experiences. The multiple case studies also promise to inform the researcher about their decision(s) to begin the elopement process, as well as to obtain a comprehensive understanding of the effects of their victimization. With a human rights-based approach (HRBA), consideration that the crime effects all persons, regardless of social determinants, but there are experiences that increase the risk of DMST vulnerability. The HRBA framework places the victim of trafficking at the center of any credible action, and thus requires an analysis of human rights violations in the trafficking cycle. Every person, regardless of their socioeconomic status, gender, and age, has the right to live free in the U.S. The study is innovative in distinguishing the population of sex trafficked adolescents from other intentionally traumatized victims by giving them a voice in the research. The expectation is that data generates the necessary knowledge to form a basis for identification and incorporation of interventions to aid in the elopement process, specifically identified by the sample population of trafficked participants. Furthermore, the proposed study aids in the early
validation steps of a screening tool for use to identify past or present victims of sex trafficking and to provide the foundation for future research.
Chapter 2: Literature Review

DMST is a complex phenomenon that involves the exchange of sex with a child or an adolescent (less than 18 years of age) for something of perceived value (e.g., money, food, shelter luxury items, drugs) (Hurst, 2015; Swaner et al., 2016). Despite increasing research and intervention efforts in recent years, DMST remains a prevalent but hidden problem in the United States (Le et al., 2018). Statistics are elusive because of the criminal nature of the activity, lack of a centralized database, differences in interpretation of definitions, under recognition of exploited persons by authorities and underreporting by victims themselves (Greenbaum, 2018). It is important to note that victims as well as survivors of HT refer to their trafficking life experiences as “the Life,” 1 which provides a destigmatizing communication medium void of shame and stigma (Judge et al., 2018).

Chapter two provides a critical review of the literature, explains the context of the study, and systematically presents current evidence about exit pathways of DMST victims. Specifically, the review includes its purpose, background of the phenomenon of interest, related phenomena, theoretical framework, and the research question. For this scoping review, the PI searched PubMed, MEDLINE, PsychInfo, and CINAHL databases for research articles from 2000 to 2019, scoping exit pathways and survivorship. The search yielded limited results. Therefore, the PI broadened search terms to include grey literature, specifically articles related to survivors’ support services from trafficking and the elopement process from cult/gangs.

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1 “The Life” participants’ verbatim expressing their trafficking lived-experiences.
There is significant increases in DMST research, as evidenced by the 2013 seminal report *Confronting Commercial Sexual Exploitation and Sex Trafficking of Children in the United States* (IOM & NRC, 2013). There is increasing understanding about the causes of DMST but lacking is information about the elopement process from trafficking. The gap in evidence is an opportunity to explore further causal relationships and potential points for intervention in DMST.

**Purpose of the Literature Review in Qualitative Research**

A scoping literature review involves the systematic location and assessment of scholarly sources of information relevant to a specific sphere of research; the objective provides a foundation for the works related to the area under investigation (Dunne, 2011). A qualitative design offers an in-depth picture of a phenomenon in a natural setting with close interactions with the population of interest (Creswell, 2013). Enabling the population of interest to share their stories to understand the context of the phenomenon studied using a qualitative approach to explore a phenomenon, achieve a holistic or complex understanding (Creswell, 2013). A literature review serves a wide range of purposes in qualitative inquiry (Dunne, 2011). Literature reviews helps the researcher identify the current thinking, provide relevant insights, identify theoretical frameworks and review appropriate research methods and strategies to frame the newest best question accordingly. Literature reviews identify critical design and methods errors, and improve study quality, thereby improving credibility and trustworthiness of the methods. Conversely, some academicians argue literature review creates biases (Denzin & Lincoln, 2018). Nevertheless, literature reviews are necessary to define the phenomenon
clearly and scoping literature reviews focus on a unique aspect of the phenomenon under study.

**Background of the Phenomenon**

While many people in the United States, are under the illusion that sex trafficking of children is mostly an international phenomenon, the reality is that it is in our own backyard affecting children of all races, genders, and socioeconomic status. In June of 2003, the FBI in conjunction with the Justice Department Criminal Division’s Child Exploitation and Obscenity Section and NCMEC, launched the *Innocence Lost Initiative*; the combined effort aimed to address the growing problem of DMST in the United States (U.S. Department of Justice, 2019). DMST is prevalent in the United States and found in all strata. The underlying associations in DMST include poverty, gender discrimination, war, organized crime, globalization, greed, traditions and beliefs, family dysfunction, and the drug trade (Capaldi, 2017). The scoping literature review identifies the following: entry and exit risk factors to DMST, intersection between health and child sex trafficking, sex-trafficked individuals’ experiences, sex trafficking awareness and prevention. The elopement from sex trafficking scoping literature review includes: elopement process as an aftercare, difficulties to elopement, and recollection of memory. Limitations in the evidence resulted in an additional literature review of related phenomena of the exiting process in cults and gangs due to similar victimization tactics by its leaders, which improved understanding about the elopement process.

**DMST Entry Risk Factors**

DMST is a public health concern in the U.S. There are many articles identifying early risk factors for DMST. Clawson et al. (2009) identified a higher risk for sex
trafficking in runaways, homeless, and throw-away youths in the U.S. Further, the authors defined the following as high risks for sex trafficking: 11-14 years of age, female, low socioeconomic status, African American, and a prior history of child maltreatment. Additionally, the identification of five more potential risk factors includes early sexual initiation, running away, juvenile crime, school problems, and early drug use where the only statistically significant risk factor and mediator for involvement in sex trafficking was early sexual initiation (Wilson & Widom, 2010). Ahrens et al. (2012) supported that youth who have a history of child sexual abuse, and have been in the foster care system have a higher risk for vulnerability to exploiter manipulations and entrapment in DMST. More detail from the Ahrens et al. (2012) study found a relationship in the youth who a history of child sexual abuse and the engagement of transactional sex, and in the same study, females (not males) showed increased engagement in DMST within a year of emancipation.

Adding to understanding, Countryman-Roswurm and Bolin (2014) found that adolescents who were under the care of child welfare services, foster care, and/or the juvenile justice system were at a higher risk for sex trafficking as well. Edberg et al. (2014) conducted a qualitative study exploring the typology of the trajectories (defined by their lived-experiences) in DMST using interviews. Edberg et al. (2014) found several contributing risk factors for sex trafficking and common patterns to their vulnerability, including poverty, increased crime, family instability and disruption, domestic violence, lack of a stable home environment, and exposure to pimps as part of the community environment. In addition, shared were patterns of vulnerability, defined by victims as
extensions of their existing criminogenic environment. Hence, vulnerability increases with environment and circumstance for risk of trafficking at an early age.

A literature review on minors’ vulnerability to sex trafficking found that a dysfunctional or unsafe family environment were categorical risk factors for sex trafficking among runaway adolescent victims (Choi, 2015) and identified actual circumstances in the categories. They included domestic and intimate partner violence, family conflict, parental abuse of drugs or alcohol, being in a single parent or divorced parent home, the death of a parent, and abuse and neglect (Choi, 2015).

Other studies at the time focused on and increased understanding about the risk of being compelled into DMST in the U.S. The studies informed risks that include: involvement in survival sex (Countryman-Roswurm & Bolin, 2014); social relations with those who were trafficking agents (Fedina et al., 2016; Reid, 2011); challenges in school prior to engaging in sex work (Cole et al., 2016; Reid, 2011); conflicts with parents (Goldberg et al., 2017; Reid 2011); serving time in juvenile confinement, which doubled the risk of being sex-trafficked (Hargreaves-Cormany & Patterson, 2016; Perkins & Ruiz, 2016; Reid, 2014); and having intellectual disabilities (Reid, 2018). Ghafoori and Taylor (2017) found increasing odds of DMST when female, White and Hispanic, homelessness, being young in age, lacking social support after attempting to leave prostitution, not trying to leave prostitution. Thus, one can conclude that in order to diminish DMST, exploring the different environments surrounding the DMST victim is a good research strategy. To that end and understanding traffickers look for vulnerabilities, Anderson et al. (2014) recommended exploring known and similar factors, such as poverty, lack of supportive love, substance abuse and/or addiction, lack of authority, and physical power.
Economic vulnerability, poverty, in its purest form is the inability to meet human needs, which include food, shelter, and clothing. These conditions create structural disadvantage related to race and gender that exists in governments, organizations, and communities (Gerassi et al., 2019). The FBI identified various DMST hubs in the United States in Atlanta, Oakland, and Minneapolis (Walker, 2013). Thus, in urban areas with DMST, there is intersection with poverty, race, and misogyny (Walker, 2013).

Furthermore, factors that accompany poverty include breakdown of the family when there is stress and violence, a characteristic of the urban inner-city; multigenerational lack of viable education; and the lack of skills and living wages, forcing some in the inner-city to participate in illegal activities to acquire food, shelter, and clothing (Bales & Lize, 2005). Living a life of glamour and respectability is made possible with the fast money from pimping and the women who become prostitutes do so in an environment where there a breakdown of sexual barriers (Bales & Lize, 2005). In these normed impoverished environments of violence and stress, women become objects, reinforcing the concept of female as commodity. Regardless of age, for the community to equate females with income, the body becomes an object and a viable tool for food, shelter, or clothing. Unlike other commodities, human beings’ bodies often create high-profit and low risk. Sex is repetitive without using up the commodity, and the capital investment is minimal (Bales & Lize, 2005).

**The Intersection between Health and Child Sex Trafficking**

Increasing numbers of DMST victims in the U.S. are seeking medical care (Goldberg et al., 2017; Swaner et al., 2016). Notably, DMST has association with sexually transmitted infections, including HIV/AIDS, sexual and physical assault,
unplanned pregnancy, post-traumatic stress disorder (PTSD), suicide ideation, and depression (Abramovich, 2005; Wilson & Widom, 2010). Unfortunately, the impacts of intersection for the DMST victim are challenging because there is a lack knowledge and awareness in the healthcare systems about DMST clinical features. The current literature recommends research into prevention by identifying risks through the health indicators of HT, such as a prior history of foster youth homes and involvement in the juvenile justice systems (Varma et al., 2015).

Goldberg et al. (2017) performed a retrospective analysis of DMST victims (n=41) in order to inform clinical presentations of persons in DMST. The authors noted that in the year before exiting DMST, of the participants who sought medical care (80%), most went to emergency facilities (63%) and many to outpatient clinics (35%) (Goldberg et al., 2017). The confirmation that DMST victims are seeking care indicate that they have behavioral and the physical health needs. Goldberg et al. (2017) highlights the missed opportunities and the importance for knowledgeable healthcare staff to become aware of the medical manifestations of DMST and use the clues as a way of identifying and recognizing children who are at increased risk of DMST.

The Goldberg et al. (2017) study found significant DMST victim mental health needs that were in part due to captive traumatic experiences as children. Landers et al. (2017) found that despite the increased demand for mental health care for DMST victims, there is a dearth of literature that examines their experience and behaviors, including substance abuse. The mental health needs of DMST victims in juvenile court programs were not met although the youth participated in a standardized intensive trauma-informed therapeutic intervention program. Related is the Reid et al. (2017) study that compares
adverse childhood experiences (ACEs) to youths involved in the juvenile justice. They found the female youth were twice as likely to have experienced child sexual abuse prior to the trafficking experience, and importantly, the risk was eight times greater for boys.

**Sex-Trafficked Individuals’ Experiences during DMST**

The literature on sex trafficking indicates that trafficked individuals are highly vulnerable to severe psychological distresses. The abusive environment endured by trafficked persons potentiates the development of psychological disorders, including Post Traumatic Stress Disorder (PTSD), depression, and anxiety. The victim is often overwhelmed with feelings of helplessness, hopelessness, and intense shame (Chung, 2009; Newby & Guinness, 2012; Zimmerman et al., 2006). Further research confirms PTSD, depression, anxiety, and substance abuse are the most common psychological symptomology among trafficked women and children (Cechett & Thoburn, 2014; Chung, 2009; Coonan, 2004; Hom & Woods, 2013; Hossain et al., 2010; Newby & McGuiness, 2012; Yakushko, 2009; Zimmerman et al., 2006; Zimmerman et al., 2008).

In a mixed method study by Zimmerman et al. (2006) from the Centre for Research on Gender Violence and Health on trafficked persons health found that 56% of the participants (n=207) reported symptoms of PTSD at the time of the first interview. Symptoms of PTSD included re-experience of traumatic events, recurring nightmares, psychological arousal, and avoidance and numbing. Importantly, permanent elopement in aftercare demonstrated that the PTSD symptoms decrease as time increases. In a different study, Zimmerman et al. (2008) found that 57% women (n=192) trafficked in Europe met PTSD criteria on Harvard Trauma Questionnaire. Furthermore, in another study of European asylum seekers (n=29), HT demonstrated a complex trauma with greater PTSD
as evidence by the comparisons of 3 groups. The human trafficked persons (n=9) had higher and more persistent traumas than participants who experienced torture (n=9) or domestic violence (n=5) (Kissane et al., 2014). Extended captivity, forced prostitution, and persistent victimization equated with severe and chronic trauma (Smith et al., 2009), introducing a complexity not seen in other traumatized populations.

Complex trauma is trauma that occurs repeatedly and increases over time having a direct association with HT (Courtois, 2008). Individuals experiencing complex trauma often experience depression, anxiety, self-hatred, dissociation, substance abuse, despair, and somatic complaints (Courtois, 2008). Higher risk for self-destructive, risk-taking behaviors, and re-victimization influence healthy interpersonal and intimate relationships (Courtois, 2008). A culture of exploitation where sexual exploitation began early in life, and abusive families were a common experience among individuals with DMST experience (Hom & Woods, 2013). The early sexual abuse of children and violent families add to the complex trauma found in research. Zimmerman et al. (2006) found that 60% women (n=207) assessed reported experiences of physical and sexual violence before being trafficked.

Trafficking victims are vulnerable to developing hazardous behaviors. Substance related disorders are one and attributed to the lived experience of their toxic environment. Traffickers and pimps use drugs to control the trafficked individual (Shelley, 2012). A series of interviews with American women (n=25) in-or-recently-eloped from DMST in the US and their key informants (n=88) (social workers, attorneys, organizations), found that the participants (52%) reported their dependency on substances as the factor preventing them from leaving trafficking (Raymond & Hughes, 2001). Conversely,
trafficked women and children also report using substances to help them cope with their trafficking situation (Deshpande & Nour, 2013).

Individuals who experience sex trafficking also experience responsibility for their situation (Zimmerman et al., 2006). These feelings include guilt, shame, and worthlessness (Chung, 2009; Newby & McGuinness, 2012; Zimmerman et al., 2006). Zimmerman et al. (2006) reported that 78% of trafficked women (n=207) reported a sense of worthlessness that persisted across time. The women also reported “feeling contaminated and dirty” (Zimmerman et al., 2006, p. 102). Feelings of shame are closely linked to stigmatization from others (Zimmerman et al., 2006). In addition, recently emancipated survivors commonly had suicidal thoughts (Zimmerman et al., 2006; Zimmerman et al., 2008). Zimmerman et al. (2006) posit that the suicidal ideation appeared to have association with feelings of hopelessness, helplessness, and exhaustion.

Research with persons with the lived experience within and exiting sex trafficking have severe and long-lasting of mental health concerns (Hardy et al., 2013).

**Sex Trafficking Awareness and Prevention**

Using the Ecological Systems Model (ESM), Cecchet and Thoburn (2014) used narrative analysis to identify emerging themes from transcripts to categorize narratives. Similarly, McIntyre (2014) used a conceptual analysis based on ESM. Both focused on elements that facilitated victim survival, allowing exiting and re-integrating into the community. They found the victims’ insecure attachments as a factor that places the person at risk of DMST at the micro-level; self-doubt about relationships as an attribute escalated emotional insecurity at the meso-level; and exposure to settings that desensitized sex work enhanced their chances of being recruited to DMST at the macro-
level. The findings inform that the child survivors of sex trafficking’s experience and social environment predisposes children to DMST.

Corbett’s (2018) qualitative study with survivors (n=13) explores themes that assist youths in exiting DMST. Although the study did not report saturated descriptions of participants or their interview transcripts verbatim, the analysis resulted in four survivor recommendations – active listening, encouragement, non-judgement, and not leaving when working with the victims and survivors of DMST. The recommendations highlight the need for survivors’ voices centered on their experiences in research when exploring the limited number of after-care services, practices, and commitment by service providers (Twigg, 2017).

McIntyre (2014) recommends that once a survivor of sex trafficking identification occurs, commence re-integration immediately. Re-integration refers to the “the process of recovery and socio-economic inclusion following a trafficking experience; it includes settlement in a safe and secure environment, access to a reasonable standard of living, mental and physical well-being, opportunities for personal, social and economic development and access to social and emotional support” (Surtees, 2010, p. 24). Using the ESM, McIntyre (2014) and Bush-Armendariz et al. (2014) identify social workers’ role as central and essential to the re-integration process. The rationale is in the social worker education, which begins with assessment of the individual’s circumstance (micro), family (meso), and their community (macro). The SEM provides a framework to explore the comprehensive and complex DMST patterns. The SEM framework creates perspective for effective plans for re-integration of survivors, with emphasis on the social
background (such as reconciliation and reunification with family) and economic independence (jobs training) (Curran et al., 2017; McIntyre, 2014).

The U.S. State Department identified and assisted 44,000 trafficked persons, both adults and children, within the U.S. in 2014 (Schwarz et al., 2016). The development of programs by various government and non-government organizations are directed at reducing sex trafficking of children. Some programs support research focus on the need for increased awareness of sex trafficking in both urban and rural settings, understanding anyone, regardless of their socioeconomic status, race, and gender, are in “the Life” of sex trafficking, and that the normal guy next door could be a trafficker (Houston, 2015).

Those in contact with the most vulnerable are personnel in law enforcement, social service and health care. Child Protective Services (CPS) has contact with DMST victims from diverse settings, including homeless shelters, domestic violence centers, child advocacy shelters, foster or group homes, or in healthcare settings. Hence, McMahon-Howard and Reimers (2013) recommend enhanced efforts and increased resources are essential for educating all professions on the issue of DMST (such as law enforcement, public health, social workers and service providers) (Ijadi-Maghsoodi et al., 2018; Sapiro et al., 2016).

Another sex trafficking awareness study for non-trafficked adolescents (n=11) found that respondents who participated in interventional programs embraced protective measures, including improved self-esteem, increased awareness, increased knowledge, and improved sexual relations. The findings trend toward support of psychoeducational programs for youth who may experience success in reducing odds of being forced into DMST. The limitation was the sample was very small (Murphy et al., 2016).
Titchen et al. (2017) surveyed two groups of medical professionals (practicing physicians and medical trainees) to explore their awareness of DMST and if the DSMT awareness was essential to their medical practice. The differences in the two groups (81\% vs 69.2\%) were statistically significant (p<0.0008) and trend in healthcare toward awareness is increasing (Titchen et al., 2017).

**Elopement Process as an Aftercare**

There is little evidence about the elopement process or survivorship within the context of sex trafficking. Clawson and Goldblatt Grace (2007) studied reentry for survivors of DMST. Their findings included insights about the elopement from sex trafficking and the process of reentering society following traumatic events. Girls trafficked domestically often experience spiritual, physical, psychological, and emotional repercussions because the trauma has association with sexual exploitation. While there is no general consensus on the number of DMST victims in the U.S., the researchers acknowledged that the effects of DMST on the victims is devastating.

Research is building on the process of survivorship/elopement from sex trafficking. The trend in research addresses the crime’s effect on survivors. Bennett-Murphy’s (2012) child trafficking case study discovered that the survivor’s exit process often were haunted by traumatic memories, and they often struggled to reconnect with themselves, their voices, and their past social connections, such as family. Similar to Corbett’s (2018) findings, in a qualitative study of female survivors (n=13) of sex trafficking, necessary was an exit process that breaks the cycle, such as by reframing of self, outside “the Life” with positive family connections, and embracing the term survivor. Le (2017) research in Vietnam of female HT survivors (n=15) reported that
reconstructing the sense of self was a critical aspect of recovery and resilience. Landers et al. (2017) found that addressing only the predisposing factors is inadequate and puts survivors at risk of re-entry into sex trafficking, necessitating comprehensive survivor rescue programs. Thus, a victim of trafficking who finds a sense of self-belonging and comprehensive services outside the trafficking life are methods for intervention, aiding in the recovery process.

Using SEM, Cecchet and Thoburn (2014) explored trauma and resilience of individual (micro) survivors (n=6) and found the exit process facilitated by reporting motherhood (pregnancy) and identification of increasing mental illness symptoms (PTSD, suicide ideation, anxiety). Also found was safe relationships and increased self-worth were necessary (meso). Stable life experiences were essential to have social and emotional support outside the culture of the sex industry (macro). Macy and John’s (2011) systematic review of aftercare services found that comprehensive case management was necessary to address survivor’s safety, confidentiality, and coordination of services. Fittingly, the Hom and Woods (2013) pilot study of front-line providers (n=6) found that engagement during “healing the wounds” was essential for rescue, recovery, and reintegration in society by offering comprehensive culturally sensitive trauma interventions. To facilitate a life outside sex trafficking, the building evidence promotes comprehensive programs addressing physical and mental health care, life skills, substance abuse rehabilitation, and legal services. When there is a lack of comprehensive services, Amenta-Buelna (2017) uncovered a high rate of recidivism because there were ineffective comprehensive trauma interventions. Therefore, the research is clear and informs programs and providers about how to prevent, identify, and support elopement.
**Difficulties to Elopement**

Research indicates psychological and physical factors influencing leaving the system of trafficking, which is complex. The trafficked individual’s internal psychological experience is a significant barrier to exiting the system of trafficking. In a study conducted in an aftercare agency in Los Angeles California with female sex trafficked survivors (n=12) and key informants (n=6), Baldwin et al. (2011) uncovered feelings of shame, embarrassment, guilt, hopelessness, helplessness, and issues of trust. These feelings inhibited trafficked individuals from disclosing their trafficking situation to health care providers. Victims do not identify themselves or initially attempt to exit their trafficking situation due to a strong attachment to their trafficker (Newby & McGuinness, 2012; Sanchez et al., 2019; Wilson & Butler, 2014). Sex trafficked persons may not identify themselves as needing help due to intense shame and guilt about the nature of their experience (Baldwin et al., 2011; Newby & McGuinness, 2012). Zimmerman et al. (2008) opines that many people with trafficking experience have feelings (self-disgust and painful humiliation) regarding the sexual acts, even if coerced and entrapped in slave-like situations (Zimmerman et al., 2008) and feel responsible for their situation (Baldwin et al., 2011). Shame is closely linked as is perceptions of stigmatization, where self-loathing and shameful thinking became a norm with anticipation of rejection by others (Zimmerman et al., 2008). Trafficked persons use silence as a defense and coping mechanism because remaining silent feels less humiliating than disclosing the situation to outside sources (Baldwin et al., 2011).

The literature emphasizes the trauma bond acting as a barrier to exiting DMST. However, some victims question the attachment toward one’s trafficker as a motivation
to stay within the system of trafficking (Hom & Woods, 2013; Sanchez et al., 2019). In a study conducted with sex trafficked females (n=100) in Chicago, two-thirds (68%) report being in a romantic relationship with their pimp where almost a third (32%) did not interpret their relationship with the pimp as romantic (Raphael & Ashley, 2008). The trafficker’s ploy often emphasizes that no one other than the trafficker cares for the trafficked victim (Hom & Woods, 2013; Sanchez et al., 2019), confusing the victim about emotional attachments. Debilitating fear mixed with anxiety is another barrier to exiting DMST. In another study, the majority of participants reported fear of violence from their pimps as a primary barrier to exiting the system (Raphael & Ashley, 2008). Fear included fear of being increasingly physically harmed, of where to go, and of how to have basic needs met once escaped (Raphael & Ashley, 2008). Communicating the reality of their situation to individuals outside “the Life” is difficult for victims and likely due to feelings of helplessness and hopelessness regarding their safety and of their families (Baldwin et al., 2011). Debilitating fear and uncertainty coupled with one's inability to trust outside the trafficking environment limits decisions to exit.

Drugs are used as a method of entrapment for the trafficked person (Hom & Woods, 2013). Once addicted to drugs, encouraged, and coerced by their traffickers, barriers to exiting DMST compound. The trafficked individual’s continual need to fuel the addiction becomes an obstacle to leaving trafficking. Support for the notion of addictions as a barrier is reported Raymond and Hughes (2001). In their study, the informed sex trafficking experts (n=128) reported 92% of trafficked women in the US used drugs or alcohol to numb themselves and cope with their situation (Raymond & Hughes, 2001). Drug dependencies and a need to fulfill the drug craving prevented the
women from leaving their trafficking situation sooner (Raymond & Hughes, 2001). The researchers opined that an addicted individual experiences a stronger barrier to elopement, as they stay in the brothel and the trafficking situation for the drugs (Raymond & Hughes, 2001).

Sex trafficking creates systemic isolation from society at large. Trafficked women are commonly misidentified as sex workers and as willing participants engaging in illegal activity (Coonan, 2004). Victims report experiencing different reactions from others, for example sex trafficked individuals are reacted to as prostitutes and prosecuted and the coercive trafficker is not charged (Rafferty, 2008; Smith et al., 2009). The themes of systemic isolation include categories e.g., mistrust of others, guarded behavior, and systemic loneliness, fear, and isolation.

A lack of recognition by health care providers in emergency departments is an organizational barrier to exiting the system of trafficking (Chisolm-Straker et al., 2012; Smith et al., 2009). In a study about the role of emergency medicine in combating modern day slavery, Chisolm-Straker et al. (2012) found that 97.8% of 180 emergency department employees reported never receiving formal training about the clinical presentation of trafficked persons, and 95% reported never receiving training about health risks and treatment of trafficked persons. Predictably, the majority of respondents reported a lack of confidence in their ability to identify a HT victim (Chisolm-Straker et al., 2012). In another study, an analysis of health and non-health sector respondents (n=277) across eight cities worldwide, including two in the United States, Konstantopoulos et al. (2013) found that all cities reported having a weak and limited response to the health of sex trafficking victims. Konstantopoulos et al. (2013) stated,
“The health system’s inability to identify [individuals] as victims of trafficking, while multifactorial, also leads to the failure in recognizing the full extent of their health and mental health needs at the time of presentation” (p. 1200). In the study, authors opined that health care providers were ignorant about, reluctant, or disinterested in addressing sexual violence, exploitation, or sex trafficking (Konstantopoulos et al., 2013).

Occurring at all levels, first responders’ mis- and under-identify persons trafficked, whether during street arrests and delinquent crimes, with the homeless and runaways, and in emergency departments (Smith et al., 2009). Only recently healthcare systems addressed the need for training, in part due to the Justice for Victims of Trafficking Act (2015) that mandates, and funds various federal departments legislated to address anti-trafficking initiatives for first responders (Atkinson et al., 2016). The initiatives include awareness about HT and signs of trafficking. Specific amendments include training members of the Department of State and all ambassadors on the key problems, methods, and warning signs of HT. Funding now exists from the Department of Health and Human Services for medical school pilot programs to assess the level of knowledge in the health care community, and training in the identification of HT victims. Research about health care providers’ mis- and under-identification of trafficked persons (Chisolm-Straker et al., 2012; Le, 2018; Smith et al., 2009) and the subsequent policy initiatives helped improve awareness and response in emergency departments.

**Recollection of Memory**

The phenomenon of memory recollection among survivors of traumatic experiences is important to increase our understanding about the trafficking experience and offers insight about the elopement process in DMST. Kensinger (2007) found that
negative emotion enhanced not only the subjective vividness of memories, but also the likelihood of accurate recall about certain details of the event. Thus, past events permeated with emotional relevance produce clarity about traumas through emotional modulation of traumatic experiences, providing researchers’ knowledge about memory retention. A study of young adults (n=17) experiencing a terrorist explosion (Tel Aviv Dolphinarium discotheque) evaluated accuracy of memories of the traumatic event and found accurate recall two years later (Nachson et al., 2010). In this study, the researchers found that victims remembered peripheral and central details most accurately. Moreover, when victims considered the explosion as an important event, their declarative memory had more personal facts and they recalled details when prompted with specific questions.

In understanding traumatic events’ impact on persons with direct involvement, their emotional arousal did not impair their memories’ accuracy. Correspondingly a study about students (n=120) from Blaise Pascal University, France found that a threatening situation, emotional arousal enhances temporal memory (Cocenas-Silva et al., 2012). Therefore, long-term memory of any trauma is better when there is an emotional context.

Other studies compared trauma with and without emotion. Nascimento et al. (2016) explored college students’ (n=42) autobiographical memories of their graduation ceremony. They explored emotional explanations, perceived frequency, and accuracy of the memory. They concluded that negative events trigger a systematic, detail-oriented processing approach that promotes accurate recollection of memories. In contrast, students with positive events had a liberal processing approach, and they found reconstructive errors in memory. Incidentally, Bennett-Murphy (2012) studied the effects of the trauma of HT on a survivor’s autobiographical memory. Specifically, he used the
case of a child who survived HT. The analysis used insights from trauma theory applied to observations about HT survivors, which included awareness that there is cumulative trauma over time; victims will not speak about their traumas, and victims do not trust others. Acknowledging memories that are personally meaningful and relevant to their present life of the survivor is important to understand their lived experiences. Future research that obtains and acknowledges emotional information about past traumatic events using different modalities of treatment helps create empathy to explore the personal impact.

**Related Phenomena: Process of Elopement from Cults and Gangs**

The elopement process for sex trafficking victims is not fully understood because there is little empirical evidence. To achieve the literature review, the researcher explored parallel situations where there is an elopement process as a significant concern for survivorship. Victimization by cults and gangs mimics the sex trafficking experience in that there is secrecy, violence, dominance and power, rules, and psychological abuse and instability. Like former members of gangs and cults, challenges of escaping or eloping have unique barriers that produce an anguished decision about elopement as there are life-threatening consequences similar to the survivors of sex trafficking.

**Exiting Cults**

An inclusive view of the exit process from cults is drawn from survivors who are experts of their own experiences in a post-cult recovery. Durocher (1999) assessed cult survivors’ insights about group support. The research used a qualitative method to investigate the survivors’ involvement in cult activities and their post-cult recovery. A small sample (n=4) from a Montreal-based support group reflected half of the participants
selected were male, were at least 21 years old, and exited the cult three or more years ago. The analysis revealed that cult survivors experienced a difficult adjustment period after leaving the cult. The participants postulated that in order to separate from the cult, there was a violent separation, and escapees felt a spiritual rape, damaged, violated and used where self-worth and identity were barriers to full recovery. Once separated, they reported that a reorientation of thoughts and ways of life helped them look at the world differently. Durocher also found that the cult survivors needed time to recuperate from heavy cult involvement, not to mention recovery of lost time, money, possessions, talents, and skills.

An exploratory investigation evaluated the perceptions of self-identified Spanish former cult members (n=101) from different abusive cults. The study explored member views about their past experiences and the reasons they left their respective cults (Almendros et al., 2009). The qualitative study focused on exiting and examining psychological distress in the individuals. Almendros et al. (2009) further studied respective methods of leaving, and whether they received any form of help from relevant cult-awareness organizations. Their data analysis revealed that leaving a cult is a complex phenomenon, based on participants’ descriptions of bonding to a mystical power that transcends ability to leave. However, of the participants who left, some reported leaving due to disenchantment and awareness of deceit and manipulation by group leaders. Hence, the perception of the cult member is an important strong influence if there is to be a successful break from the bondage in the exiting process. Researchers found no difference in the exit motives of three groups who left voluntarily, whether through
positive interventions, those who left after personal reflection, and those who were counseled to leave (Almendros et al., 2009).

Similarly, Coates (2013) studied the qualitative descriptions of life history narratives to identify themes from ex-members (n=23) who managed to successfully negotiate their personal reasons for disaffiliation (exiting) from one of eleven distinct cults. The analysis demonstrated disillusionment and doubt were important roles in disaffiliation (exiting). The analysis revealed further that emotional exhaustion, burn out, yearning for authentic, self-direction and autonomy were themes for disaffiliation. Coates also reported that disaffiliation is a steady process of development, and builds over time. In this study, the ex-cult members’ disaffiliation took place when the cult’s activities were interrupted and when alternative societal resources were available, such as access to a new opportunity in the community. Consequently, disaffiliation as a process resulted in a resolution to escape the stress of the cult’s social demands.

Matthews and Salazar (2014) qualitative study on the recovery experiences of female (n=15) and male (n=1) ex-cult members sought to determine the implications of their recovery experiences for the purpose of providing counseling services. The authors relied on constructivist grounded theory with a social justice-focused framework for insights from the women and one male. They explored the experiences and treatment needs of second-generation cult survivors by examining cult life, their decision to leave, the process of leaving, and societal reintegration. The analysis revealed a patriarchal society with assigned gender roles, which led to women’s subjugation both at home and in the church. An environment of subjugation resulted in female feelings of worthlessness, powerlessness, and low self-esteem. More research is necessary to explore
male experiences. The authors opine that cults remove members from the outside world, encouraging dependency with obedience and submission to cult authorities and their religiosity, psychological, emotional, physical, and sexual abuse in the name of the cult (Mathews & Salazar, 2014). Additionally, the respondents felt judged, guilty, and angry because of the manipulation, abuse, and control tactics of the cult. The result of the cult environment cultivated rebellion toward authority, maladjustment in the outside world, spiritual loss, confusion, with feelings of betrayal after disaffiliation. Cult members divulged continuous guilt and anger because leaving was a lengthy process, with difficult to manage persistent emotional and practical challenges, despite an exhilaration with freedom from the cult environment.

The research about cults explores different models and paradigms to understand the exiting process, beneficial to cult survivors. Counselors use an empowerment model, helpful when working with female cult survivors (Dahlen, 1997). In particular, the author used the empowerment model to explore power dynamics between cult leader and members. The recommendations include methods to avoid recreating power dynamics in therapeutic exploration of a women’s sense of personal power and self-worth. Importantly for the therapist is the notion that the cult environment destroys personal power, creates an altered sense of self, and destroys personal relationships, which influences the family’s dynamics and interferes with career goals. The author pointed out that balance of power necessitates empowerment, achieved at the personal, interpersonal, and social levels. Empowerment also leads to advocacy for us and others. The empowerment model explores the exiting process through acceptance and validation of the person’s lived experiences, creating context for the development of feelings and
decisions made in the cult environment and allowing responsibility for healing and survivorship.

Kent and Szimhart (2002) explored de-programming by relying on the 4 theoretical frameworks to explore exiting: (a) Educational model explaining informed decision making about their alliance to the cult; (b) Conservative model reflecting about religious upbringing to reestablish faith; (c) Skepticism model distinguished rational thinking; and (d) Liberal model revealed a spiritual or transpersonal flexible approach to the cult member’s needs. Using the models, the exploration of exiting in historical and cultural context, researchers reviewed methods used in the 1970s and 1980s, which included detaining and abducting members of cults against their will, followed by haranguing them for an extended period of time. They found that family and friends lacked emotional distance and cult experience necessary to support the victims with disaffiliation. Early deprogramming methods were unsuccessful, and the authors recommended social and psychological interventions to begin the process of breaking relationships with leaders, the cult group, and cult environments, thereby helping victims exit.

**Exiting Gangs**

Two studies also explored the elopement process from gangs (Decker et al., 2014; Berger, et al., 2017). Decker et al. (2014) used Ebaugh’s *Exiting Role Theory* to inform former gang members’ (n=260) disengagement and found that the successful exit process included validation of a new role, specifically to prevent them from drifting back to the gang environment. The significant factors identified included enhancing positive social ties outside the gang culture, decreasing ties with individuals involved in criminal groups,
extreme exposure to violence, maturation, and a successful break away from the constant pull to gang life. For many, conformity to gang life is broken with a specific event, such as coming in contact with a family member who is supportive of the new role.

The other study focused on assessing the desistance process among influential ex-gang members (n=39) (Berger et al., 2017). Using Grounded Theory Berger et al. (2017) identified the push and pull factors associated with desistance and described the nature of the extended desistance process for gang members. Influential are the push and pull factors associated with gang membership. The push factors relate to the gang itself and consequences of being a gang member, including personal and vicarious victimization (stabbed or shot personally by peers and rivals) (85%), fear of incarceration or being threatened by other criminal justice charges (82%), burnout or feeling fed up with the street lifestyle (37%), and disillusioned with the gang itself (35%). The pull factors relate to the world outside the gang and included parenthood (42%), upholding family responsibilities (35.5%), religious and cultural awakening (30%), and marriage or committed relationships (20%). The researchers reported that push factors had a greater impact on desistance than pull factors, showing that outside influences for the individual member are not sufficient for desistance. Authors also identified the stages of desistance process, which includes triggering from a crisis, a traumatic event, and need to uphold family responsibilities; contemplation following a unique presentation of an opportunity to leave the gang, e.g., incarceration, caring for a family member, spirituality; exploration from exposure to an alternative lifestyle including evaluating the consequences of exiting

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2 Desistance is language from criminology research. Criminogenic populations demonstrate a previous pattern of offending and choose to abstain from crime.
3 Desistance process is a life-long journey, influenced by circumstances, their cognitive processing and choice.
the gang; planning exiting, but hidden from the gang, and a maintenance plan to remain out of the gang (Berger et al., 2017). Research promotes the notion that exiting is a difficult process, particularly in the early stages, and accompanied by a deep sense of emptiness and loss.

**Theoretical Framework**

Though not required for all qualitative studies, theory shapes thinking about research, helping define concepts, guiding research questions, and directing data analysis. No single concept explains the spread of human trafficking in the U.S. Instead, the complex nature of the crime has roots in awareness about human rights and the impact on numbers of people worldwide (Schwarz et al., 2016). The awareness forms policy and legislation to pursue a HRBA. Anti-trafficking groups in the USA acknowledge and define that slavery, exploitation, and violence associated with human trafficking are human rights violations. The healthcare sector has opportunity to interrupt of exploitation of human trafficking as it is happening. The interruption protects the rights of vulnerable populations of victims and provide a structure to address the needs beyond mere identification (Schwarz et al., 2016). Furthermore, using a HRBA approach creates a context to use theory and frameworks to address the elopement process from sex trafficking by centering on the uniqueness of this unseen and vulnerable victim population.

Theoretical foundations inform nursing research and practice, often borrowed from other disciplines that offer a unique perspective about a phenomenon of interest to nurses and other disciplines. Although, no single theory offers a comprehensive perspective about the elopement process from DMST, operating from a HBRA
framework provides a foundation for exploration of theories. Two theoretical perspectives, Elder’s life course theory (1994) and Biderman’s theory of coercion (1957) provide theories to understand elopement from DMST. Relational propositions from Elder’s life course theory suggest that events do not occur in isolation, but rather that experiences in one situation and at one time influence an individual’s environment and affect later experiences in multiple contexts (Rice et al., 2017). Further, Elder highlights human development as a lifelong process with an interdependence of experiences. Elder (1994) breaks down the principles into social relationships (human lives in social relationships with relatives and friends throughout life); historical effects (an environmental consequence where social change affects an individual’s successive life patterns); and social timing (the incidence, duration, sequence of roles, relevant expectations, and beliefs based on age). For example, the social relationships are family, an important socialization agent that greatly affects children’s and adolescents’ behavior in the context of family. Outcomes over time suggest historical effects relevant to human development. Social timing influence personal traits, and cultural and geographic environments based on the age of the person. Therefore, the social relationships, historical effects and social timing influence the life journey, playing a significant role in the formation of protective mechanisms that are useful in breaking the cycle of violence and crime. Reid (2011) used the life course theory to examine victims’ vulnerability factors in North America, exposing varied life course dynamics in sexual exploitation, distinguishable by victim type, life stage, and age of onset. The findings uncovered vulnerability identified by principles of life course theory include harmful social control processes (social relationships – dysfunctional family and child maltreatment; historical
effects – runaway and abandonment; social timing – adolescent developmental stage and need for acceptance and love permitted traffickers’ coercive entrapment tactics), all common among domestically trafficked persons.

Chohaney (2016) used Elder’s life course theory to integrate negative familial influences during childhood and adolescence (historical effects), developmental stage (social timing), and personal traits (social relationships) in adolescents’ vulnerability to DMST. The findings validated significant risk factors in DMST, which include the decision to engage in survival sex, running away, and peers/family members’ influence in the sex trade. Elder’s life course theory explains poor decision-making skills and lack of awareness about available assistance as major influencers of the adolescent’s decision to elope from DMST.

Biderman’s theory of coercion provides a framework with methods, effects or purposes, and variants of actions to maintain control of victims. Unlike Elder, Biderman uses non-relational propositions as methods of coercion, including:

- **Isolation** deprives victims of all social support.
- **Monopolization of perception** fixes victims’ attention on immediate predicament.
- **Induced debility and exhaustion** weaken mental and physical ability to resist.
- **Threats** cultivates anxiety and despair.
- **Occasional indulgences** provide positive motivation for compliance.
- **Demonstrating omnipotence** suggest the pointlessness of resistance.
• *Degradation* makes the cost of resistance more damaging to self-esteem than is to surrender.

• *Imposing trivial demands* develop habits of compliance.

Thus, theory of coercion provides a way to examine the intimidating conditions experienced at the hands of the trafficker. One qualitative study found that trafficking survivors reported experiencing all of the non-related propositions of psychological coercive tactics. They revealed degrading conditions, and their surrender to their trafficker in the absence of physical force or restraints. Illustrating chronic stress experiences influence social and personal coping resources while trapped in trafficking environments, and research exposed the trafficking experience as contribution to survivors’ acute and chronic health problems (Baldwin et al., 2015).

The non-relational theory of coercion complements the relational life course theory, bringing a framework and methods to help distinguish social relationships with person/trafficker and ongoing, nonstop coercive abusive methods that diminish efforts to escape. Thus, theoretical application of research guides nurses and other healthcare providers in the care of victims and/or survivors. The HBRA framework provides an ethical foundation for trauma informed care, in that every person, regardless of their socioeconomic status, has the birth right to live free of slavery. Knowledge and awareness of the intersection of biological conditions and psychosocial experiences that include violence, immaturity, and psychological coercive methods portend entrapment. Victims yearn for escape but fail to ask for assistance because their past CM and coercion experiences are barriers. All trafficking experiences negatively impact victims’ potential for rescue and survivors’ hope for recovery. Although the life course theory and theory of
coercion are not nursing theories, they provide conceptual frameworks of a multi-faceted combination of life course assessments and methods of coercion. Figure 1 describes the theoretical framework.

Figure 1

*Theoretical Framework*

**Human Rights Based Approach (HRBA)**

**Fosters Understanding**

**Summary**

In summary, there is applicable literature to DMST elopement, related elopement process in cults and gangs to inform this study. Survivors are the authorities of their own victimization and provide insights into the trafficking life. A new understanding promises to undo DMST victims remaining unnoticed in healthcare settings, in spite of having
unique attributes of DMST risk factors. Risk factors include the intersection of health and child sex trafficking, experiences of sex trafficked individuals, difficulties with elopement, elopement aftercare, and recollection of memory. Further exploration is justified to understand sex trafficking through awareness and prevention, and disseminate the barriers to DSMT elopement. With the emphasis on health care providers identifying trafficking victims without supportive research, the literature review provides the corollary in gangs and cults where relational and non-relational theoretical frameworks guide distinctions within and among the narratives proposed. Exploring survivors who successfully exited and remain out of the life is a strategy to explore both relational and non-relational experiences. Recollection of the lived experience is a method to obtain insight. Investigating survivors’ experiences leads to the development of targeted interventions and treatment services for adolescent sex trafficking victims. The means to formulate questions through recollection of memory of adult survivors offers a multi-perspective approach for researching the elopement process.

The elopement process in trafficking remains in its infancy. Using the HRBA framework and applying theoretical frameworks for understanding the lived experience of DMST creates a foundation for biological, psychological, social, and spiritual intervention. Using the life course and theory of coercion to expose influences during adolescence informs providers about the influence of changes in family structures, socioeconomic status, and employment from a young age across a life trajectory. Furthermore, the multiple complex interactions between sex trafficking victims and their traffickers’ methods of psychological coercion portend predictable health and mental health challenges to elopement. The relational and non-relational theoretical models
promise to enhance understanding about a victims’ exposure to sex trafficking, the risk factors, violence, and vulnerability, effects of trauma and assault, and resources for their reintegration in society.

**Research Question**

What is the elopement process for adult survivors of sex trafficking during adolescence?
Chapter 3: Methods

In the United States the term domestic minor sex trafficking (DMST) describe a phenomenon that is the engagement of a child, less than 18 years of age, in any sexual activity that involves the exchange of something of perceived value such as money, food shelter, luxury items and/or drugs (Greenbaum, 2018). The average age of entry into DMST is 12-14 years old (Hargreaves-Cormany & Patterson, 2016; Corbett, 2018). Although many studies have attempted to predict an exact number of children at risk in the U.S. annually, there are no reliable estimates on the number of people in the commercial sex industry and how many of those people are under the age of 18. In addition in a study conducted by the Department of Justice in 2016, it was found that the number of youth in the sex trade is likely closer to 9,000-10,000. However, this study states that by its estimates the number could be as low as 4,457 youth or as high as 20,994 youth (Swaner et al., 2016). Although, this is an alarming number and one can argue that adolescent victims are an undeniable group of survivors, yet they pose challenges in research, such as age, informed consent from parents or guardians, over-interrogation of youth due to their lack of abstract thinking (growth and development) and concerns that research participation may further exploit youth (Le, 2018). Hence in this instance the adult survivors who were trafficked as adolescents may provide a better way to collect primary data with rigor and responsiveness.

Much of the literature on DMST has focused on the entry pathways to sex trafficking, little attention, however, has been paid to the elopement process (getting out of trafficking), and perspective of survivors. Additionally, the survivors’ experience, experts of their own victimization, has not been well explored especially in terms of the
elopement process. The elopement process is fairly a new phenomenon, and little is known about the social processes involved and how the phenomenon presents. The basis of discovery and identification strategies that document exit pathways in research using the voices of survivors remains untapped, and little is known about the causes and/or decisions that influence a person’s escape from trafficking (Cecchet & Thoburn, 2014). Hence, the elopement process of sex trafficking victims as a phenomenon presents as a complex process that is both multidimensional and multiperspectival; one that needs to be investigated using a qualitative research method because it allows the researcher to connect with the participants and see the world from their viewpoint (Creswell, 2013). Therefore, it is the goal of this study to step into the survivors’ shoes, those who have been victims of sex trafficking during adolescence, to understand the perspective of the adolescent victim and explore the process of elopement from sex trafficking.

Although research on this phenomenon is limited, prior qualitative studies have explored sex trafficking through adolescent’s pimping relationships and how urban youth perceive these types of relationships (Anderson et al., 2014) and the role of female pimps in the U.S. (Roe-Sepowitz et al., 2014), adjudicated juveniles involved in sex trafficking (Hargreaves-Cormany & Patterson, 2016; Perkins & Ruiz, 2017), on-line market for sex trafficking (Tidball et al., 2016), narrative of survivors about their experience as a trafficked child (Cecchet & Thoburn, 2014), factors influencing the exiting from sex trafficking (Corbett, 2018), commercially sexually exploited youths’ healthcare experiences, barriers and recommendations (Ijadi-Maghsoodi et al., 2018), the experience of trafficking survivors receiving post victimization services and aftercare services (Busch-Armendariz et al., 2014; Twigg, 2017), and the professional experiences working
with sex trafficking youths (Cole & Sprang, 2015; Sapiro et al., 2016). Most of these studies lack a defined qualitative approach of study and rather used “qualitative inquiry” approach that makes the readers unable to question the trustworthiness of studies and challenges the transferability of findings to other study settings and/or participants.

**Research Design**

This study uses a case study design to explore the experiences of adult survivors of sex trafficking during adolescence. Understanding the process of elopement involved in sex trafficking and how the victim’s response shapes the process can help in understanding the victims’ survivorship needs. Also, it may provide a way to develop interventions and strategies to help victims’ empowerment to discourage further acts of victimization from taking place, and/or help victims search for ways to free themselves from their trafficking circumstances. As a research method, an exploratory multiple case study provided a way to understand, compare, and identify concepts within and across survivors’ experiences with the elopement process from trafficking. Hence, it allowed for the development of a conceptual framework guided by the similarities and differences between the cases on this research study.

Case study methodology emerged from detailed ethnographic studies of individuals and cultures undertaken in anthropology and social science in the early twentieth century (Merriam, 2009). Case study methodology centers on occurrences, activities, or other precise events as a mean of comprehending a phenomenon through the individuals who have experienced it (Harrison et al., 2017). This inductive method requires the researcher to examine a phenomenon from many different angles and uncover new insights to old, new, and emerging patterns. The themes uncovered are
divided into categorical data, important for future researchers studying the same phenomena. Induction allows the researcher to answer how or why queries without dominating over research phenomenon or individuals (Yin, 2018). Thus, allowing the uncovering of beliefs and meanings to define an action, the examination of logical as well as non-logical features of behaviors, and for an understanding of how the combination of logic and emotion can influence a persons’ response to events (Denzin & Lincoln, 2018).

The use of exploratory multiple case study approach was selected because it best matches the research question and purpose. Although, there are different approaches to case study, each approach shares some common characteristics. Exploratory multiple case study encompasses searching patterns and commonalities in the data. This type of case study offers avenues to explore the research phenomenon and to construct ideas for forthcoming research (Harrison et al., 2017; Yin, 2018). It allows for the research study question to be answered in a complete, detailed portrayal of a phenomenon, to get a holistic view from the participant’s perspective (Yin, 2018). This approach provides a way to give a voice to people who are marginalized, disadvantaged, excluded, or vulnerable (Denzin & Lincoln, 2018). The outcome of an exploratory case study approach is not to establish typicality but rather to provide knowledge of the unknown that is grounded in the cases (Denzin & Lincoln, 2018). Vogt et al. (2012) denoted that case studies abandons all generalizations because the cases create meaning of what is typical, unusual, or expected in a particular group as an opportunity to shed light on their similarities as well as their differences. Hence this type of research methodology allows for the understanding the degree to which certain phenomenon is present in a given group or how it varies across cases.
Streb (2010) described exploratory case studies as intuitive. Intuitiveness in case studies is also one of the biggest advantages when studying a phenomenon not yet recognized. Furthermore, a multiple case study methodology was chosen for this study based on the notion that realities are not objective, but rather influenced by social interactions and the meaning that individuals find in these interactions. It provides a way to explore the attributes of the phenomenon through the exploration of cases to allow critical reflexivity. Henceforth, the exploration of similarities in patterns, processes, and meanings of the elopement process among survivors of adolescent sex trafficking through the recollection of memories by adult survivors, offers an interpretative and truthful understanding of the phenomenon (Yin, 2018).

Lastly, another advantage to multiple case studies is its flexibility with regards to data collection. Collection of data using multiple methods is encouraged (Yin, 2018). Interviews, observations, and artifacts are the most common form of data collected in case study research and allow for triangulation. Yin (2018) describes fundamental elements that are found in all case studies as the case, a bounded system in space and time, studied in context, and in depth. Overall, the flexibility of a case study method is the most attractive benefit of the methodology (Tracy, 2010). Thus, exploratory multiple case study was the best research design for this study because it seeks to answer the research question of this research study.

**Description of the Setting**

In this qualitative study, the recruitment of the sample took place at a non-profit organization in the state of New Jersey. The New Jersey Coalition Against Human Trafficking (NJCAHT) was formed in 2011 and is made up of over 150 diverse groups in
the state, which include nonprofits, faith-based organizations, government agencies, academics, law enforcement entities, and direct service providers. The NJCAHT works to serve as the hub of community efforts statewide in order to increase coordination and visibility. Its mission is to unite New Jersey communities and abolish HT. Permission and a letter of agreement was obtained from the NJCAHT director to disseminate the research study among its members (see Appendix E). In order to build connections and promote active participation, the researcher became an active volunteer and member of the NJCAHT two years prior to the beginning of the study. In addition, a survivor of sex trafficking who is a forensic psychiatric nurse assisted in the recruitment process through her affiliation with the National Survivors Network. A recruitment script was provided by the Principal Investigator (PI) (see Appendix O).

**Research Sample**

Purposive sampling was used in order to recruit participants for the proposed study. Purposive sampling is a non-probability sampling technique that aims to enroll participants who have experienced the specific phenomenon in the study and are willing to talk about it. The sample participants were recruited from three states, New York, New Jersey, and Philadelphia. The inclusion criteria were: (a) 18-55 years of age; (b) non-gender specific; (c) sex trafficking survivors who experienced victimization during their adolescent years; and (d) English-speaking. Taking into consideration the significance of the history of victimization in this population, the participants also satisfied these additional criteria: (a) have been out of trafficking for at least 2 years; (b) have no immediate mental health issues (can be in treatment); (c) agree to speak about their experiences; and (d) participants must have attended at least one year of a survivorship
program or post-rescue program, in order to minimize potential psychological harm due to the nature of interview questions. If any participant demonstrated evidence of severe emotional distress, or if they voiced significant concern about retribution for their participation, they were excluded from the study.

There is no specified sample criterion for multiple case study, saturation of concept relationships determined the needed sample. Therefore, a proposed sample size of four participants should be sufficient to achieve saturation and in-depth portrait of cases (Creswell, 2013).

**Recruitment Procedures**

Recruitment letters (see Appendix K) along with study’s flyers: (a) organization (see Appendix L); and (b) participant (see Appendix B) along with the inclusion criteria (see Appendix M) was mailed to the organization directors for the recruitment of participants to be distributed to direct service providers in order to obtain feedback on potential participants based on their eligibility status. In addition, a survivor of sex trafficking who is a forensic psychiatric nurse completed the Collaborative Institutional Training Initiative Program and assisted in the recruitment process of survivors. Her direct link to the National Survivor Network/Survivors Alliance and survivors’ camaraderie (in the trafficking experience) was essential for the recruitment purposes. Flyers explaining the research study were provided to her along with the PI contact information for potential participants to call (see Appendix B). Additionally, snowball recruitment was used by informing participants within the survivor network to spread information about the research to potential survivor connections.
**Screening Procedures**

Once participants were identified by service providers, the PI determined if participants fitted the eligibility criteria using the screening interview guide (see Appendix A). To determine participant’s eligibility, the PI set up a phone screening eligibility meeting which lasted about 20-30 minutes. During the phone interview the researcher obtained participant’s address and the following forms were mailed via priority mail with specific instructions (see Appendix R) to fill out forms, label tags were used to avoid confusion (sign here, read completely, return): 1) A narrative script of the study was provided to each participant (see Appendix C); 2) Informed consent; 3) Health Insurance Portability and Accountability Act (HIPAA) release form (see Appendix D) authorized the PI to contact each participant’s psychological therapist or counselor and obtained her/his contact information. Each participant provided name and contact information of their psychological therapist or counselor along with her/his personal contact information for follow-up purposes in order to participate in the study. 4) Beck Depression Inventory (BDI-II), (see Appendix E) a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck et al., 1996). The BDI-II took approximately 10 minutes to complete and evaluated key symptoms of depression and suicidality. The individual scale items were scored on a 4-point *Likert scale* (0=least, 3=most), with a total summed score range of 0–63. Higher scores indicate greater depressive severity. Interventions such as referrals and assistance was set in place as a safety plan for score values of the BDI-II (see Appendix F); 5) Demographic Form (see Appendix G). In addition, an instruction note (see Appendix R) was provided along with a list of local referral service providers (see Appendix P), a sample of questions for
2\textsuperscript{nd} part – semi-structured interview (see Appendix H), a copy of certificate of confidentiality (see Appendix S), a self-addressed stamped envelope (for the return of the forms) and a $50-dollar gift card was enclosed. Each participant was informed that he/she could include any elicited text, pictures or drawings along with the forms, this was optional.

In addition, participants were informed that upon receiving the forms, the PI would contact her/his therapist or counselor to safeguard that the participant was deemed emotionally suitable to participate in the study. Each participant’s therapist was informed over the phone of the participant’s BDI-II score and the PI obtained a joint participation decision, the time and date of semi-structured interview was shared and a follow-up call would be made to the participant within 24-48 hours post interview to ensure the participant remained emotionally and physically sound and answered any concerns and questions regarding the study. If a participant’s therapist or counselor deemed that the participant was not capable to participate in the study, then the participant was not included and a brief explanation was given regarding her/his ineligibility to participate and to follow-up with her/his therapist or counselor.

**Data Collection**

During 1\textsuperscript{st} part of study, participants who were interested in the study and positively met the eligibility-screening criteria (see Appendix A) were invited to participate. A virtual face-to-face using WebEx platform was used for the in-depth semi-structured interview. After greeting the participant, the PI reviewed the study’s narrative script (Appendix C). The PI addressed any concerns and answered any questions, furthermore the PI obtained a verbal confirmation for the informed consent signed by
participant. The participant was made aware again of their right to refuse to answer any question and/or to stop the interview if he/she felt uncomfortable. Each participant was made aware that the semi-structured interview would be approximately 60 – 90 minutes long with few breaks in between. The PI used these breaks to assess the participant’s well-being mentally and physically. The semi-structured interview (see Appendix I) was recorded using the WebEx platform and a digital recorder. The semi-structured interview was started with this simple introduction of the language used and the participant’s own language preference: “We are going to have a conversation, I want to go over some language that will be used for this interview, when talking about “sex trafficking”, what would be the preferred term for you? What about for “your trafficker” what would you want me to call her/him? I will use “provider” when I refer to “nurses, doctors and social workers” is that ok? Also, I want to make sure that you know that if you become uncomfortable at any time we can pause and/or stop the interview. There will be times during the interview that I pause to check how you are doing and if you need a break. These are meant to provide you with a break and have no reflection on your answers”. Each participant was mailed a $50 dollar gift card for their participation and a follow-up phone call was made by the PI within 24-48 hours to make certain that the participant’s mental and physical well-being was intact. The PI answered any questions or concerns about the study and notified each participant that within 3-4 weeks a final interview will be scheduled to verify the PI’s understanding of the participant’s experience.

At the beginning of the phone conversation, the investigator described the research study and role of the participant using the study’s narrative script (see Appendix C). The PI took time to explain to each participant the content of the forms that were
mailed and needed to be returned in the self-addressed stamp envelope: 1) Informed consent; 2) HIPAA release form (see Appendix D); 3) BDI-II tool (see Appendix E); and 4) Demographic form (see Appendix G). Additionally, if any participant wanted to share any personal elicited text such as inserts from a diary, photos, and/or drawings about her/his trafficking experience (voluntary) was welcomed. The 2\textsuperscript{nd} part (semi-structured interview) and 3\textsuperscript{rd} part (member checking) of the study were conducted virtually using WebEx platform for those participants from NJCAHT at the organization location to support a safe environment and accessibility to emergency counseling if the interview process caused any mental distress to the participant. For those participants from the Survivors Network/Survivors Alliance the virtual interview was conducted in the safety of their home. Follow up phone calls were made within 24-48 hours. At the conclusion of each part of study, the PI thanked the participant for sharing her/his time and compensated each participant with a gift card as follows: $50 – 1\textsuperscript{st} part, $50 – 2\textsuperscript{nd} part, $100– 3\textsuperscript{rd} part. 

**BDI-II Tool**

The Beck Depression Inventory Second Edition (BDI-II), a 21-item self-report instrument (see Appendix E) was used to assess the existence and severity of symptoms of depression. Each of the 21-items corresponded to a symptom of depression which then was summed to obtain a single score for the BDI-II. There was a four-point scale for each item ranging from 0 to 3. Cut score guidelines for the BDI-II was adjusted based on the characteristics of the sample, and the purpose for use. In this study, the BDI-II was used for measurement of depression and suicidal ideation. The result score was shared with each participant’s therapist or counselor prior to scheduled interview. The score results
were calculated as follows: 0-13 was considered minimal range, 14-19 was mild, 20-28 was moderate, and 29-63 was severe.

**Demographic Data Form**

Demographic data collected included age, gender, race, level of education at time of interview, age of entry to trafficking, location where trafficking happened, educational level at entry to trafficking, type of recruitment, location of exit from trafficking, educational level at exit from trafficking, age of exit from trafficking, years survivorship program, type of services provided in survivorship programs (see Appendix G).

**Semi-Structure Interview**

The 2nd part, the interview took place in a private room at the participant’s home or organization location in order to minimize distraction and to protect confidentiality. Each participant underwent an in-depth, semi-structured interview for 60-90 minutes using an interview guide (see Appendix I) with 15-20 minute breaks to accommodate for possible mental and emotional strains commonly exhibited among HT survivors. Probes and clarifying questions were asked. Each interview was audio and web recorded in order to facilitate an accurate transcription. In addition, upon conclusion of the interview, the PI immediately recorded details of each interview and significant statements in order to dig into implicit, unstated, and condensed meanings using descriptive and analytical field notes.

**Member Check Interviews**

Each participant completed the final 3rd interview within 3-4 weeks from semi-structured interview. A narrative script of this interview (see Appendix N) was mailed along with $100 dollar gift card. Again, a WebEx platform was used for the interview that
lasted about 20-30 minutes. The PI confirmed during this interview that the analysis of data and findings were totally based on the participant’s experience. It also allowed the PI to reflect on her own biases, exploration of disagreement to afford true insights of the participants’ elopement process. A follow-up phone call was made within 24 - 48 hours after the interview to make sure each participant’s mental and physical well-being was intact and answered any concerns and/or questions. The member check interview offered an interactive method of understanding between each participant and the PI. After analyzing the in-depth semi structure interview’s transcription of each participant, the PI focused on confirmation, modification, and verification of the initial data analysis of the individual participant’s experience and the emerging findings.

**Documents and Text Elicited**

Participants voluntarily shared any excerpts from diaries or journals, photos, or drawings to further provide an in-depth insight about her/his trafficking experience. These documents offered another layer of data to analyze in this case study and a holistic view of each participant trafficking experiences.

**Field Notes Writing**

*Descriptive/Process Field Notes*

The PI used descriptive field notes about the subjects and their verbal and non-verbal observations during each interview via Rutgers WebEx. It allowed the PI to easily recall specific details. The process field notes were done after each interview session, which stimulated an intellectual workspace for the PI’s viewpoint and allowed her to take a step back and ask, “what is going on here?” and “how can I make sense of it?” (Denzin & Lincoln, 2018, p. 429). Furthermore, descriptive/process field notes created an audit
trail that identified the decisions and established confirmability of the research study’s findings.

**Analytical Field Notes**

Denzin and Lincoln (2018) points out that analytical induction assists the researcher in terms of discovering and exploring ideas, making comparisons of arising codes, teasing out distinctions, and weighing and locating categories in relation to one another. The PI used the analytical field notes during data collection and analysis that created an interactive space to refine or limit the developing explanation of the elopement process in the interplay of induction and deduction to the process of discovery.

**Reflective Journal**

A reflective journal was maintained throughout the whole study. The PI was able to express and acknowledge her feelings to explore personal thoughts about the information obtained during the interviews. Due to the nature of the methodology and the PI’s strong forensic background with victims of crime, the reflective journal allowed for reflexivity and acknowledgement of biases, thus it provided a medium for reflection on how the PI’s biases might impact the inferences and analysis of data. In the journal, the PI compared thoughts, feelings, and subjective knowledge of victimization with the data being obtained. The PI utilized the journal in order to acknowledge her own interests, positions, and assumptions that may influence what she may consider either important or unimportant during the research process.

**Data Analysis**

A transcription of an interview raises the ease of analysis and renders richer data (Saldaña, 2015). Although a transcribing company was used for this study, the researcher listened to the entire interviews several times while creating notes (field notes) and
verified the correct transcription of the interviews. The transcribed verbatim interviews were uploaded using NVivo 12 qualitative analysis software on a Rutgers’ encrypted computer.

The underlying logic of a qualitative study using a Multiple Case Study Approach method is in its exploratory, inductive, and emergent process in terms of making comparative decisions (Yin, 2018). In this light, the analysis can be seen as a process of data transformation through diverse analytic procedures in an effort to make meaning of raw data (Miles et al., 2014; Saldaña, 2015). The data collection and analysis took place concurrently and were part of an ongoing process that required the ability to question and to have creativity, which developed as the PI made sense of the data and allowed for changes in interview guide. In other words, there was no separation between the data collection and the data analysis.

Essentially, the re-examination of the data was done through constant comparisons of analysis as is needed in order to answer the research question that guides a study (Glesne, 2016). The goal for qualitative researchers, per Glesne (2016), is to code the interview into themes, patterns, and processes; to make comparisons; and to build conceptual explanations which answer the questions sought out in a study. Constructing different levels of coding allowed the researcher to produce a coherent analysis of the survivor’s interviews, observations, and documents in order to firmly ground the analysis in the data.

The analysis of each case interview was merged around particular themes through a within-case thematic analysis to determine some tentative conclusion about these within case patterns (Knafl et al., 1988). This allowed the PI to continue to examine the data to
define any replicative relationships among the case studies. Furthermore, the PI explored how each case perspective of the elopement process was presented for similarities and differences through a cross-case analysis. Out of this analysis emerged findings that were grounded in the participants’ lived experiences. The cross-case analysis allowed the identification of themes. Patterns and themes were identified by examining the number of entries per code. Next, related codes were categorized into thematic families. In this case, the individual codes were considered sub-themes and the families represented the overarching themes that emerged from the data analysis. It allowed for all plausible interpretations of the elopement process and was focused solely on it. Additionally, excerpts such as journal writings, drawn pictures, podcast, and magazine article were examined and compared with semi-structured interview data.

**Coding**

Careful reading and re-reading of the text was a critical step in the construction of the codes that emerge during the study. An iterative method of field notes and observations were kept together with transcriptions to allow for further reflection and additional insights into the data. Coding of each individual interview provided a constant comparison of individual concepts and grouped themes across case interviews to generate a description of the phenomenon (Fereday & Muir-Cochrane, 2006). The first phase of coding was initial coding using line-by-line, word-by-word, and incident-by incident, a strategy that prompted the researcher to study data closely and think about rival explanations based on case descriptions and descriptive framework (Yin, 2018). It allowed the PI to think about the material in new ways that may vary or be the same across all cases. In the analysis, a thorough reading of the individual transcripts—and
writing analytical field notes for each—were significant to describe the overall thoughts of the researcher in terms of how the participant described his or her experience. The second major phase in coding was a within-case theme coding and a cross-case theme coding, allowing the PI to explore the similarities and differences among the participants. Lastly, codes for emerging assertions and generalizations of all cases were done to inform the findings. The analysis promoted a categorical aggregation to establish themes and patterns. As the recruitment process continued and subsequent interview transcripts became available, the PI expanded the iterative process to include descriptive/process/analytical/ field notes, reflective journal, and coding processes to explore the similarities and/or differences among the case studies.

Hence, the PI explored all of the transcripts as a collective body, to determine whether comparison across coding, theme development within each case and a cross case of multiple cases was relevant to the sample. Throughout the process of emerging codes and theme development, the PI found the data led to the exploration of similarities and differences among cases to develop naturalistic generalizations. A template for coding a case study assisted the PI throughout the study (See Figure 2)
**Variation**

Methodologically speaking from a multiple case study approach, the construction of themes was guided by an in-depth portrayal of the cases. According to Creswell (2013) the in-depth portrayal of cases will allow the researcher to remain close to the data allowing for emerging assertions and generalizations grounded on the cases. Thus, the cases illuminated and defined new boundaries and relevance of the phenomenon, the elopement process that allowed for variation in the findings.

**Trustworthiness**

While conducting qualitative research, the researcher needed to develop trustworthiness and validity. The four ways identified to accomplish trustworthiness in
Credibility

Credibility was established using rich descriptions from participant’s experiences. In qualitative research, credibility is associated with confidence in the truth of the findings and involves carrying out steps in order to demonstrate the believability of the findings (Creswell, 2013). Indicating that the findings are trustworthy in that they reflect participants’, researchers’, and readers’ experiences with the phenomenon and provides truthful perspectives. Furthermore, credibility in case study approach asserts that the explanation of the concepts provided is only one of many plausible interpretations of the data (Yin, 2018).

Cope (2014) states a study can be credible if those individuals who are sharing the same experiences easily recognize the descriptions of experiences of participants. Several techniques were used in the study to enhance credibility: 1) reflexivity; 2) audit trail; 3) interpretative convergence; and 4) member checking. Reflexivity provided attention to the researcher’s perspective and position to the investigation, and was essential in terms of minimizing bias, especially due to volunteer status and the professional background of the PI. In order to further minimize bias, the researcher maintained positionality memos (Moore, 2012) for self-exposure and self-awareness. From a postmodernism stance, reflexivity demands that the researcher interrogate her/his self-regarding the way in which research efforts are formed and presented around social connections that form our own lives (Denzin & Lincoln, 2018). Hence, reflexivity is a useful trustworthiness tool. However, even after minimizing bias as much as possible, some amount of perspective
was inherent in qualitative research due to the high level of the researcher’s involvement with the participants and the data.

Audit trail—consisted of raw data, field notes, memos, and any synthesis products—were used in order to enhance transparency and therefore support the credibility and dependability of this study (Lincoln & Guba, 1986). Auditability was maintained by a thorough record of the methodological decisions within the study, and descriptive field notes were the best record of these decisions, as well as, the thought process behind these decisions.

Analytical/Process field notes are essential to case study and are not just notes, but rather are research tools (Yin, 2018). In this study, they provided a trail of thoughts about how research decisions were made, how data emerged from the interviews, and how categories were identified and described. Thus, this information assisted the PI in terms of explaining the development of the overall concepts and ensuring that the findings accurately reflected the participants’ voices, and not the biases and presumptions of the researcher (Creswell, 2013).

Additionally, excerpts of the audit trail were shared with the dissertation committee members to establish a cross-checking or interpretative convergence. Certain codes were changed, limited, and expanded based on discussions. Interpretative convergence on this study allowed the PI to become more aware of the role and dynamic interpretative relationships between the concepts, participants, and data. This assessment of convergence was not aimed at a perfect match coding, but rather a general consensus that the given description(s) were grounded in the data in order to promote the credibility and the trustworthiness of the findings (Saldaña, 2015).
Lastly, member checking was used in this qualitative design in order to ensure the credibility of the findings through the feedback from participants. During member checking interview, the PI shared emerging theme findings with participants to ensure that the co-construction of the concepts was truly based on the participant’s experience, and that its meaning was fully captured (Creswell, 2013).

**Dependability**

Dependability was evident in the detailed documentation of the expected and unexpected findings. These findings ‘fit’ the data and provided a clear basis for documenting new knowledge regarding the elopement process.

**Confirmability**

Confirmability refers to the ability of the researchers to demonstrate their findings are those of the participants and not from their own biases (Cope, 2014). Confirmability was done through member checking and by providing quotes from participants that supported the emerging themes. Confirmability was supported by a clear internal logic that was evident across the cases, purpose, methods, findings, and conclusions.

**Transferability**

In a qualitative research is important for a study to have transferability, or to be applicable in other settings or groups. In this study transferability was met by the facility to duplicate the study in other locations. Transferability was also evident by the usage of multiple resources of data (triangulation) that addressed the research question being investigated and the findings documented. Hence, triangulation of thick description and rich descriptive data by the researcher enables the reader to make an informed decision about transferability (Creswell, 2013). Along with the findings, this study offered rich
descriptions of the participants’ experiences, as well as the context of those experiences, demographic data, and descriptions of the research setting. These descriptions activated the readers’ senses, inviting them to experience “the Life” of the participant vicariously and, as such, the descriptions provided the reader with a better understanding of the experiences being shared. This allowed for the transformation of knowledge not separated from our viewpoints, instead dynamically contributing in its production as part of the whole.

**Protection of Human Subjects**

Human subject protection approval was obtained from the Institutional Review Board (IRB) at Rutgers University (the PI’s place of education) prior to recruitment. Strategies were planned and implemented in the study to ensure informed consent for study participants and voluntary participation, minimize study-related risks, and maximize benefits of the study. Strategies were also incorporated to protect the participant’s privacy and confidentiality.

**Informed Consent**

The capacity and willingness to participate in the study without coercion were safeguarded prior to consenting, due to the nature of the participant’s history of victimization. Informed consent for the interviews, as well as for the audio recording of the interviews for transcription purposes was obtained. The informed consent included information about the purpose of the study, the requirements for participation, the potential risks and benefits of participation, strategies to protect participants’ confidentiality, mandatory reporting requirements, a certificate of confidentiality (see Appendix S), and contact information for the PI and institutional officials. In addition,
participants were informed that her/his participation was completely voluntary, her/his time commitment for each part of the study, and her/his right to refuse to participate or withdraw from the study at any time.

In addition, since the researcher recruited from recovering organizations at the NJCAHT that provide services to survivors, participants were informed that her/his participation will not impact their receipt of services. Each participant’s organization therapist or counselor were included in the study; she/he was made aware of the date and time of the semi-structured interview and BDI-II score. Additionally, a shared agreement with the therapist or counselor on the participant’s capability to participate in the study was obtained in order to protect the well-being of the participant. For those participants from the Survivors Network, the participant’s therapist or counselor was informed of the date and time of the semi-structured interview, BDI-II score results was shared and agreement on participation was obtained. In an event that the participant’s therapist or counselor was not available, the PI would contact the National Human Trafficking Hotline 1(888) 373-7888, the toll-free hotline is answered live 24 hours a day, 7 days a week, 365 days a year by specialized trained and experienced advocate and trained in HT.

At the beginning of the appointment, the investigator described the research study and the role of the participant. Each participant received an alphanumeric ID (see Appendix J) to be used for all forms of data. All raw data—including audio files and field notes—were stored in a secure encrypted Rutgers University Computer at an office in the School of Nursing and was only be accessible by the PI and/or committee chair. In addition, any identifying information such as the informed consent form, HIPAA release form, and the alphanumeric assignment sheet were kept in a locked separate cabinet at
the secure office at the School of Nursing, only accessible to the PI. The secure office was located at 180 University Avenue, Room 212, Ackerson Hall, Newark, NJ 07102.

**Benefits of the Study**

This study did not have a direct benefit to the participants but rather it enhanced our understanding of the elopement process from trafficking, thus leading to an early recognition of trafficking behaviors and victimization, and prompt intervention strategies. However, sharing one’s personal trafficking experiences gave the participants an outlet through which to be heard, and resulted in a reflective experience that allowed the participant to see their trafficking experience in a new way (Le, 2018). The participants were allowed to use a pseudonym/nickname, only recognizable to them, which offered a way to acknowledge their trafficking journey and participation in the study. In addition, the PI compiled a referral list of HT resources for each state (NY, NJ, and PA) and a copy was given to each of the participants.

**Potential Risks for the Study**

Risks associated with the study included potential concerns that were emotional and psychological in nature. Participants were informed that they may experience some uncomfortable emotions or stress while discussing the sensitive topic of trafficking. The PI acknowledged the complexity of trauma that occurs repeatedly and cumulatively to these survivors while in captivity and the possibility of it resurfacing and causing re-traumatization. Precautionary strategies were taken into consideration to diminish re-traumatization of survivors by allowing the participants to have choice and inclusiveness during study, such as their right to stop the interview process at any time, allowing for
breaks every 15-20 minutes during the interview process, and the ability to verbalize any concerns or questions at any time.

Additionally, each participant filled out the BDI-II for depression and suicidality as a screening strategy to ensure her/his emotional state was sound to participate in the study. The PI created a table for interventions based on the BDI-II score and shared the score with participant’s therapist or counselor to ensure the well-being of participant was optimal at every step during the study. The PI, an experienced forensic nurse certified in trauma-informed care, was available to provide emotional support during and after the interview process. Furthermore, the PI recognized that the trauma-informed care approach encompasses a systemic way of responding to victims/survivors of trafficking while understanding that the physical, social, and emotional impact of trauma is individualized and can also have an impact to the professionals who help them.

Each participant was aware of her/his right to stop the interview process at any point. In addition, the researcher maintained strong observational skills during the interview process to assess for possible distress and re-traumatization. A referral list was compiled for each state New York, New Jersey, and Pennsylvania to include local psychological providers (therapist) along with a national list of service providers, for continued emotional and psychological support for those participants in need of further counseling. In addition, the PI was committed to safeguarding each participant’s psychological well-being and conducted follow-up phone calls within 24-48 hours after 2nd and 3rd part for the study.

The PI worked closely and promoted an active participation from each participant’s therapist or counselor from the initial screening and during the study. The PI
ensured that each participant’s therapist or counselor contact information was obtained prior to the 2nd part – semi-structured interview. An affirmative participation agreement between the PI and participant’s therapist or counselor was obtained. For the NJCAHT participant, her/his therapist or counselor was required to be present and available within the organization during the interview meeting. For the Survivors Network participant, her/his therapist was made aware ahead of the date and time of the interview, just in case the participant became distressed and needed follow-up emergency counseling. If at any point the PI was not able to contact the participant’s therapist or counselor, the PI along with the participant would call the National Human Trafficking Hotline to ensure the safety and well-being of the participant.

Strategies were in place for the protection of participants’ confidentiality. A certificate of confidentiality (COC) with the National Institutes of Health was obtained (see Appendix S). The COC protected identifiable research information from forced disclosure to anyone else who was not connected with the research. The exception of this COC was: 1) current child abuse, 2) current intention to hurt self or others.

Vicarious trauma was another potential risk due the emotional residue of exposure that the PI might endured from interviewing the participants. Hearing and analyzing their trauma stories, the PI can become an active witness to the pain, fear, and terror that participants have endured. For this reason, the PI maintained a separate reflective journal for her personal feeling not related to the study. In addition, the PI had counseling sessions with her private therapist (Martha Hicks (732) 834-9882) during the study. Dr. Patricia M. Speck, a senior forensic nurse, part of the PI’s dissertation committee was accessible for debriefing sessions if needed.
The PI was cognizant that paying research subjects in exchange for their participation is a common and, in general, acceptable practice. The compensation for participation in this study was fair. The participant received compensation at 3 different times (1\textsuperscript{st} part - $50, 2\textsuperscript{nd} part - $50 and 3\textsuperscript{rd} part - $100) and a gift card record was maintained (see Appendix Q). Furthermore, the compensation was reasonable and did not create an “undue influence” or offer undue inducement that could compromise a prospective participant’s risks or affect the voluntariness of his or her choices.

Privacy and Confidentiality

Written informed consent, HIPAA, BDI-II were kept separate from data collected. Each participant was given an alphanumeric code that connected demographics with transcribed interviews that was stored securely within a locked cabinet in the designated office room at the School of Nursing. The PI was the only person with an access key to the locked cabinet. Demographic data was uploaded to NVivo 12 and paper documents data were shredded for further protection of confidentiality. The de-identified data was stored in a different locked cabinet at the designated office at the School of Nursing. Descriptive/process/ analytical field notes were electronically written and uploaded into NVivo 12 software in the encrypted secure Rutgers computer at 180 University Avenue, Room 212, Newark, NJ 07102.

All identifying information was never exposed in the audio interviews, which were transcribed by a professional transcription service. Transcription files were stored in the secured encrypted computer in the researcher’s office at the School of Nursing (180 University Avenue, Room 212, Newark, NJ 07102) when not being utilized for the completion of the study. Printed copies of transcripts used for manual coding purposes
were de-identified and stored in a locked filing cabinet. Audio files and written transcripts contained only the alphanumerical ID. No demographic or identifying information were included in audio files or written transcripts. The demographic forms, interviews, and personal elicited text were identified using the alphanumerical ID assigned to participants during consent.

**Summary**

Due to the lack of current knowledge about the elopement process of sex trafficking victims, a multiple case study approach was particularly useful for this research. This qualitative research approach provided a rich description and search to answer the question of how and why. Case studies are used when studying a person’s lived experience within a bounded period of time. Additionally an exploratory case study is used when the researcher wants to know what is not known. The qualitative exploratory multiple case study was chosen because the research allowed for the exploration of the elopement process from adult survivors of sex trafficking during adolescence, experts of their victimization, to generate the necessary knowledge to form a foundational basis for identification and incorporation of interventions to aid in the elopement process of adolescent victims. Participants were recruited using recruitment flyers sent to NJCAHT service providers and eligibility was confirmed by the PI. Survivors were also recruited through a research assistant’s (a survivor of sex trafficking) connection with the National Survivors Network. An informed consent was used for the interview process and the participant information was kept confidential. Data collection was done through Rutgers WebEx platform with audio and video recording and mailing forms. It included multiple methods of data collection, interviews, elicited text,
descriptive/process field notes, analytical field notes, and a reflexive journal. Interview questions explored the elopement process, and the data from these interviews were analyzed in order to establish themes and patterns. Data analysis involved reading and re-reading transcripts of digitally recorded interviews, coding of the data allowed the uncovering of findings related to the phenomenon, the elopement process, using NVivo 12 analytical software. In order to establish validity and trustworthiness of the data the following were used: reflexivity, thick description, audit trail, interpretative convergence, member checking, and transferability
Chapter 4: Context and Informants

Historical and Sociocultural Context of Research

The context of domestic minor sex trafficking (DMST) cannot be understood without knowledge of the growth of the trafficking industry. There is a saturation of growing awareness globally about what is victimization, who is a victim, how is a victim made, and where are the locations of victimization. Regardless, family chaos, poverty and economics, racism, and/or government actions, including war, create vulnerability to HT in childhood. Throughout ancient and current world history, slavery exists and continues to this day to beaguer the children vulnerable to exploitation. The 1776 birth of the United States allowed slavery and citizens fought a Civil War to stop it. At the same time, citizens and the government tolerated indentured service, today know as labor trafficking. One of the first anti-slavery laws in the U.S. was the White Slave Traffic Act of 1910 (also known as the Mann Act, 18 U.S.C. § 2421 et seq.), which made the transportation of women across state borders for the purpose of "prostitution or debauchery, or for any other immoral purpose" (Mann Act, Section 2421) a felony crime. The legislation’s primary intent was to address prostitution, immorality, and sexual activity for the purposes of prostitution of adults and minors, whether male or female (Mann Act, Section 2422). Women of color were often blamed, arrested, incarcerated, where the Mann Act initially excluded minority women and children. In 1927, an amendment to the Mann Act eliminated discrimination of persons of color (Langum, 1994). Decades after the Mann Act legislation in the United States (US), the United Nations (UN) addressed human modern-day slavery at the United Nations Convention (2000) against Transnational Organized Crime (United Nations, 2000).
During the time period when the study participants experienced DMST (1990s), there was emerging understanding (noted in the paragraph above) about the complex nature of the crime of HT. At the time, trafficking was not defined, but linked with illegal migration, contemporary slavery, and violence against women. The 1990s thinking made it difficult to grasp the totality of the crime of HT. Consequently, global legislation in the 1990s did not apply in the US, and there was little international cooperation or coordination among law enforcement and other relevant agencies (Bales & Lize, 2005). The impact on trafficking victims in the 1990s was failed identification and absence of safety measures in all systems where victims intersect (Bales & Lize, 2005). The term trafficking was not used, and in its place was language such as *voluntary prostitution*, *human smuggling*, and a type of *illegal migration*. The disciplines responsible for intersection with trafficking victims in justice and health systems failed to identify trafficking victims. Researchers called the population “never-served” (Speck et al., 2008) “hard-to-reach” or “hidden” population (Bales & Lize, 2005). Like other vulnerable groups stuck in silos (undocumented immigrants, prostitutes, drug users, and persons with sexually transmitted infections), the trafficked persons’ behaviors were often illegal and/or stigmatized. The impact on victims was association or membership became personally and potentially life-threatening with immediate and ongoing effects of physical and psychological coercion (Sanchez et al., 2019). Many, if not most, victims of trafficking were either unable or unwilling to access social services (Weiner & Hala, 2008).

In 2000, the UN governing body adopted the *Palermo Protocol*, an international instrument to prevent, suppress and punish trafficking in persons, especially women and
children (United Nations, 2000). The Protocol defined trafficking in persons and was the first legally binding international treaty addressing transnational organized crimes (Office of High Commissioner Human Rights, 2020). The Protocol changed the context for understanding the phenomena of HT in this study. The US federal response was the adoption of the *Palermo Protocol* and using the proclamations to frame comprehensive HT legislation in the US. The *TVPA, 2000* laid the groundwork for the US federal response (U.S. Department of State, 2020). In October 2001 after 9/11, the legislation was amended to establish the Department of Homeland Security (DHS) and US Immigration and Custom Enforcement (ICE) (History.com, Editors, 2019). The mandate was for the two federal organizations (DHS & ICE) to work with The International Criminal Police Organization (INTERPOL) to curb HT and other transnational crimes (including drugs). In summary, the passage of the TVPA in 2000 provided funding to implement Palermo Protocol, explain associations not heretofore understood about trafficking victimization, and created structure for multidisciplinary comprehensive interventions and cooperation internationally.

Since the genesis of TVPA legislation, US Congressional reauthorizations occur routinely. In 2003, the enhanced the protection and prevention for trafficking victims; in 2005, enhanced prosecution of trafficking in persons offenses; in 2008, provided assistance for trafficking victims; in 2013, enhanced state and local efforts to combat trafficking in persons; and in 2017, introduced training and education of school officers, improved support for missing and exploited children, and enhance services for trafficking survivors (U.S. Department of State, 2020). Policy from research drives the
reauthorizations with new evidence and emerging evidence supports the current research associated with the phenomenological context of exit from DMST.

Sadly, the legislation is inadequate to address the broad spectrum of human slavery in the US. The book, *Slave Next Door: Human Trafficking and Slavery in America Today* (Bales & Soodalter, 2009) stated the opinion of:

[Slavery] is America’s greatest burden; the true eradication of slavery could be America’s greatest triumph. Ending slavery in America would also be a victory for all humanity, for slavery has dogged our steps from the beginning of history. Nothing shows this better than the interweaving of slavery into the tapestry of civilization. (p. 251)

Society for millennia used slavery as commodity and spoils of war. Today, modern-day slavery is known as HT and sets the stage and context for the study of phenomena of DMST. HT is an umbrella term used to refer to both sex and labor trafficking where over 25 typologies exist (Anthony, 2017). The domestic minor sex trafficking (DMST) in the United States today includes any child under 18 years of age. Often these children are citizens or permanent residents, emigrants, or persons without papers in the U.S. illegally, victimized outside and within US borders, exploited as prostitutes. The contextual phenomenon includes traffickers with *the intent* to exploit and enslave a person through a myriad coercive and deceptive practices (Sanchez et al., 2019). The traffickers’ practices create barriers that inhibit the elopement process (e.g., punishment is greater than the risk of elopement), diminish the trafficked persons self-esteem (e.g., attacks on emotions), and promote a toxic milieu (e.g., addiction to “‘the Life’”), thereby hindering elopement (e.g., exiting). The elopement process is described
in the literature; however, the survivor’s voice of the DMST elopement experience is not documented. *Multiple case(s)* is the study design that uses qualitative analysis to uncover identified themes about adolescent sex trafficked experiences described by adult survivors’ voices explaining their experiences with the elopement process. Additionally, their participation was a personal motivation, where their voices and experiences contributed to uncovering the commonalities and differences in the elopement process. The implication is development of possible present and future strategies in rescuing DMST victims. The multiple case(s) research design promotes data collection through a semi-structured interview. In this study, four volunteer survivors stated personal motivations to participate, and expressed a DMST experience in the Tri-State area (New Jersey, New York, or Pennsylvania).

**Introduction to the Participants**

The sample consisted of five recruited participants. There was one dropout after verbal consent but before written consent, where the participant was verbally engaged, but without follow through in study guidelines. The study protocol was implemented over a 10-month period. The participants met the eligibility criteria: (1) 18 years or older, (2) able to read and speak English, (3) willingness to talk about trafficking experience, (4) at least two years out of trafficking, (5) provide contact information of therapist or counselor and/or post-exit or survivorship program, (6) access to a computer or a smartphone, and (7) trafficked in the tri-state area during their adolescent years. All of the participants were biological females; however, there were no male volunteers and gender identification was not a criterion. Exclusion criteria included (1) < 18 years, (2) non-English speaking; (3) unwilling to talk about trafficking experience, (4) < 2 years out
of trafficking, (5) unable to involve therapist or counselor, (6) without access to a computer or smartphone, and (7) trafficking outside the tri-state area during their adolescent years. Four completed a Demographic Questionnaire, BDI-II tool, and HIPAA release form.

Sample Demographic Data

There were four participants who completed consents and the PI contacted their psychological support professional. The final sample was female participants (N=4) ranging in age from 34 to 52 years (Mean = 42.5 years). Seventy-five percent of participants (n=3) identified themselves as White and 25% (n=1) identified themselves as mixed. Demographic data is presented in Table 1.

Table 1

Sample Demographic Data

<table>
<thead>
<tr>
<th></th>
<th>Lisa</th>
<th>OG</th>
<th>A3</th>
<th>Mel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>52</td>
<td>38</td>
<td>34</td>
<td>45</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
<td>White</td>
<td>Mixed</td>
<td>White</td>
</tr>
</tbody>
</table>

The age of entry to trafficking ranged from 12 to 17 years (Mean = 15.4 years). Educational level at entry into trafficking was 75% High School, and 25% 6th grade. Type of recruitment was ploy,\(^4\) where 50 % through runaway and waiting boyfriend (ploy-john\(^5\), 25% through modeling ad (ploy-john), and 25% other through “music industry

\(^4\) Definition: showing skill in achieving one's ends by deceit or evasion in a plan or action designed to turn a situation to one's own advantage, and in this case the business of DMST (Cambridge Dictionary, 2020).

\(^5\) Ploy-john is the trafficker.
entourage” (ploy-john). Trafficking location included 50% was Pennsylvania, 25% was New Jersey, and 25% was New Jersey and New York. Pre-entry demographic data is presented in Table 2.

**Table 2**

*Pre-entry Demographic Data*

<table>
<thead>
<tr>
<th>Age of Entry</th>
<th>Location of Trafficking</th>
<th>Education Level at Entry</th>
<th>Type of Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa</td>
<td>12</td>
<td>6th Grade</td>
<td>Runaway/Boyfriend</td>
</tr>
<tr>
<td>OG</td>
<td>16</td>
<td>High School</td>
<td>Modeling Ad</td>
</tr>
<tr>
<td>A3</td>
<td>16.5</td>
<td>High School</td>
<td>Music Entourage</td>
</tr>
<tr>
<td>Mel</td>
<td>17</td>
<td>High School</td>
<td>Runaway Boyfriend</td>
</tr>
</tbody>
</table>

The location of exit from trafficking included 25% Pennsylvania, 25% Ohio, 25% Hawaii, and 25% Florida. The age of exit from trafficking ranged from 18 to 44 years (Mean = 30.8 years). Educational level at exit from trafficking was 50% some college and 50% (n=2) High School dropout. Years in survivorship programs ranged from 0 to 8 years (Mean = 3.4 years). The services obtained through survivorship programs ranged from group housing, support groups, trauma care, and survivors’ retreat. The education level at the time of interview revealed two had Associates Degree, one had some college and one had High School diploma. Participants reported years in sex trafficking ranged from 1 to 32 years (Mean = 15.4 years). Exit demographic data is presented in Table 3.
### Table 3
**Exit Demographic Data**

<table>
<thead>
<tr>
<th></th>
<th>Lisa</th>
<th>OG</th>
<th>A3</th>
<th>Mel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location of Exit</strong></td>
<td>Pennsylvania</td>
<td>Fairfield County, Ohio</td>
<td>Hawaii</td>
<td>Florida</td>
</tr>
<tr>
<td><strong>Educational Level at Exit</strong></td>
<td>Associate Degree</td>
<td>Some College</td>
<td>High School Dropout</td>
<td>High School Dropout</td>
</tr>
<tr>
<td><strong>Age of Exit</strong></td>
<td>44</td>
<td>36</td>
<td>25</td>
<td>18</td>
</tr>
<tr>
<td><strong>Years in Survivorship “Program”</strong></td>
<td>8</td>
<td>3</td>
<td>2.5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Educational level at Time of Interview</strong></td>
<td>Associate Degree</td>
<td>Some College</td>
<td>High School Diploma</td>
<td>Associate Degree</td>
</tr>
<tr>
<td><strong>Years in Captivity</strong></td>
<td>32</td>
<td>20</td>
<td>8.5</td>
<td>1</td>
</tr>
</tbody>
</table>

**Qualitative Research Method for Multiple Case Studies Sampling**

Purposive sampling in qualitative research methods assists the researcher in the examination of volunteer participant experiences who have personal knowledge of the phenomenon under investigation. Random or probability sampling was not used, which is the dominant technique used in quantitative research (Creswell, 2013). The basis of the qualitative research sampling strategy promotes the likelihood of participants’ ability to provide rich descriptions of their lived experiences, unique to the DMST vulnerable population. The strategy for anonymity included an alphanumeric assignment, which occurred on the researcher’s consent date. Also, participants choose a pseudonym unique to them to validate their journey by choosing to see their experience in print. The
pseudonym is only identifiable to them. IRB required time between consent and 
interview, which was used to gain therapist or counselor approval.

Pre-Entry into “the Life” of DMST

Historical Context of Child Maltreatment

Child maltreatment (CM) affects one of seven minors each year (Center for 
Disease Control and Prevention, 2020). With up to 674,000 victimized and substantiated 
cases in 2017, the rate is 9/1000 children (Child Trends, 2019). Since CM prevalence is 
directly related to the capacity to investigate the reported incidents, non-reports or minor 
incidents are hidden from authorities and their statistical methods. Therefore, the 
incidence and prevalence of CM is unknown. Despite state and federal legislative efforts 
intended to protect DMST victims, more U.S. citizens are victims of sex trafficking 
within U.S. borders than are foreign nationals (Hughes, 2007). Specific factors increase 
vulnerability in minors, and they include experiencing CM (Deshpande & Nour, 2013), 
and leaving homes where addiction was present (Raphael, 2004). Others run away and 
prefer living on the streets (Deshpande & Nour, 2013). In the context of childhood 
growth and development, the contribution of pre-entry CM to an individual child’s 
vulnerability is clear. Regardless, the CM pool of vulnerable minors is large, and it is 
estimated that 200-400,000 American youth become DMST victims each year (Office of 
Juvenile Justice & Delinquency Prevention, 2014). Vulnerable minors are often the target 
of traffickers using a variety of ploys to capture the minor for DMST. Once initiated into 
DMST, the plan to elope is initially non-existent (e.g., developmental awareness). 
Understanding the prodromal experiences in a minor’s life is essential in understanding 
the context of the participant entry pathways, and consequently, they all volunteered their
story of entry into “the Life.” In the current study, the entry information informs the researcher about internal and external barriers to any or all exit strategies and experiences disclosed by the participants. Although the focus of this study was on the exiting, all participants reported an explanation of the entry process. Importantly, the thematic analysis used participants’ terms, which varied, promoting the participants own verbatim about their experience. Following their disclosure, in an encouraging supportive trauma-informed environment, the participants revealed personal lived-experiences, how life circumstances that led them to DMST.

**Pre-Entry Dysfunctional Family**

Three of the participants talked about the experience of having a dysfunctional family during childhood, e.g., a precursor to entering DMST.

Lisa described how her childhood sexual abuse by her babysitter cousin, the lack of emotional support from her mother after disclosure about the sexual abuse, and physical abuse by her father led her to run away from home:

> He [her cousin] started molesting me at the age of 2, but... he started giving me gifts to keep me quiet at the age of 5 till I was 12... and that is when I runaway... because my mother would not do anything about it and he was getting marry and the woman had a kid, and he was still trying to get in bed with me, but he was doing that from 2 to 12 but he was gifting me from 5 on because verbally, I could say things. So, he was giving me toys, candy, clothes. [During the same time, I was] taking physical beats from my dad.

Mel explained how she became involved in DMST after leaving an abusive environment,
[Mel calls her parents “adoptive parents”] Their son was the one that was sexually abusing me when I was a child for a while… I ran away from home to get away from an abusive adopted [adoptive] brother. I didn't run away from home to be rebellious, right, so there were reasons to the things that were happening, it wasn't just me running around being a rebellious kid.

A3 described her situation at home with her mother as having “crappy” boyfriends.

So, it was kind of like, what situation is better to go home? ...and be stuck and to deal with at the time ...like my mom had a really, really bad, like ...boyfriend. He was crappy. And, so... when I did call home, when I was able to call home, I would hear the stories of what he was doing. So, it was kind of like that. I really want to go back to that?! ...or, like what.

Pre-Entry Economic Necessity

“OG” revealed that her mother’s sudden death was a factor in her decision to answer a modeling advertisement. Contributing was “OG’s” lack of life experience, and she entered DMST:

When I was sixteen, I lived with my mom and her husband at that time. They had a bar and they sold it and moved to another location, and during that time I got involved with an older man... he was middle 20’s, [and] during that process she [her mother] had moved back – and during all that she was in a car accident and she was killed. At that time, I moved back home... I think with my cousin and my brothers. I didn’t have the social ... umm... I was very shy, I didn’t have very
personal and social skills and so when that happened, I didn’t have any financial resources for myself for anything. And at that time, I think I had answer a personal ad on the newspaper saying they wanted models – like that...ways to make money... and all that – and at that point, I was linked to a woman named Linda through the phone. ...and technically what it was? ...it was an escort service! I did not know that!

She furthers explain, “I went from living with my mom to nothing... just... just the lack of living skills.”

Lisa explained how being a runaway, cold in the streets, not having money led her into DMST:

It is rare, I remember being cold and tired. I remember walking from Philadelphia to where my family lived in NJ...in the snow... in a summer outfit with the back cut out of it ...in flats with the front of the flats ripped open in the f---ing snow. I could not have been no more than 13... I met someone ...and went to a motel with him... did a day for him so that I could sleep!

Pre-Entry Addiction 6

“Lisa” is sixteen and described how her addiction and drug seeking behaviors exposed her to people at a concert, and her boyfriend or as she calls him, “love of her life,” befriended her, helped her find drugs, exposing her and subtly encouraged her to participate in DMST. She recorded, “and I just... my drug addiction took off! The rest of

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6 Addictions have association with CM and early deficits in psychological development, common in CM trauma literature; and while only one participant revealed addiction, others expressed psychological trauma and became addicted to manage their pain (uncovered in Chapter five) (Dube et al., 2001; Dube et al., 2003; Dube et al., 2006)
my life just ... I tried to finish school – I got my GED and I ... it just ... it just became a nightmare. I just went from one [john] to the next... tricking.”

The participants’ pre-entry histories were typical of vulnerabilities in DMST persons reported in other studies. Previous studies identified family disruption, running away, addiction, poverty, coercion, and force as reasons for entry (Chohaney, 2016, Deshpande & Nour, 2013, Goldberg et al., 2017, Perkins & Ruiz, 2016). In context, dysfunctional family with subsequent “running away” were the strongest factors for entering DMST. It is important to note that all of the women verbalized a prior history of child sexual abuse that violated their boundaries, and their adolescent stage of development diminished their ability to foresee the danger signs before entry to DMST. Addiction and economic necessity played a role in the entry to DMST in this sample. Although the participants’ entry histories are not necessarily unique, they do provide the context for understanding their individual journeys to elopement from DMST, the topic of this dissertation.

**Description of Audit Trail**

The PI checked and transcribed all semi-structured interviews for accuracy, transferred recorded participant narratives, and coded transcripts into a secured locked office with the encrypted computer housing NVivo12 software. The PI read and re-read the transcripts along with the descriptive field notes. The PI wrote analytical field notes regarding emerging themes and codes. Weekly meetings were held with committee members, including forensic and qualitative expert member, Dr. Speck, and biweekly meetings with Dr. Lindgren, a qualitative expert selected to review transcripts, descriptive and analytical field notes, discuss codes. Both Drs. Speck and Lindgren helped identify
emerging themes and contributed to the conceptual diagrams. Additionally, meetings were held with Dr. Btoush, Dissertation Committee Chair to discuss the progress of research study. When analyzing data, an in-depth portrait of cases revealed a schema to provide a clear picture of case context and descriptions, within-case theme analysis, cross-case theme analysis for similarities and differences, and opportunities for assertions and generalizations (Yin, 2018).

The PI conducted participant validation through *member check* using the interviews during the final portion of the study. The participants validated PI narratives reflecting the comprehensive nature of their journey, the variety of trauma experiences, and the challenges associated with the elopement process.

*Methodological triangulation* occurred with the comparison of data triangulating each case narrative. Each case interview had a separate analysis. The conduction of *within-case thematic analysis* identified emerging themes. *Cross-case thematic analysis* explored each case perspective about their elopement process, identifying similarities and differences. Additionally, analysis of journal writings, drawn pictures, podcast, and magazine article were compared the excerpts to the semi-structured interview data, also provided by the participants. Cross-analysis of date exposed a convergence of themes from multiple data sources. Through *interpretative convergence*, the PI functioned as an instrument and analyzer, which formed a shared understanding between qualitative expert committee members, translating the body of data and thematic convergence into a coherent structure in a unified whole. The audit trail process formalized powerful thematic narratives, validated by the participants. Then the narratives *created meaning*
from the data, with dependability and trustworthiness from the qualitative analysis and conclusions.

**Summary**

Chapter four chronicles the historical context of DMST in the US and provides a backdrop for understanding the pre-entry CM experience in a *multiple cases studies research*. The historical context and evolution in understanding the DMST trafficking experience, the research focused on the DMST survivors, where semi-structured, voluntarily provided, individual case interviews revealed their lived experiences. From the *multiple case studies research* and the qualitative analysis for dependability and trustworthiness in the context for entering DMST included vulnerability from CM, expressed during adolescence, placed the minor at risk and in contact with a trafficker in the Tri-State area of New Jersey, New York, or Pennsylvania. Each participants’ disclosure included a pre-entry and entry narrative. In the context of the decade of entry, understanding the continual emergence of evidence that framed policy and subsequent legislation, and understanding the unique vulnerable populations’ experience in pre-entry and entry into DMST is necessary to create context for the study about the elopement process. The remainder of the study focuses on the elopement from DMST, which is unique to this vulnerable DMST population.
Chapter 5: Description and Discussion of Themes

Chapter five presents themes produced from the data. The data collected during participant interviews revealed varying themes from the descriptions of the experiences in DMST and the elopement process. Elopement is an extremely complex, multi-faceted process for victims of DMST. Although all the participants eventually eloped from DMST, many stated that they returned to “the Life” when circumstances changed, or barriers presented hardship during their efforts to elope; and they returned to DMST as the easier solution to the situation. The coercive entanglement with “the Life” did not leave room for the participants to consider acting on their thoughts to elope or even develop active consciousness to plan for elopement, uncovered in this study. Attribution for the ambivalence is immaturity and their prior, pre-entry, CM history.

Additionally, participants’ immature life experience weakened awareness of opportunities to elope, and revealed different sub-categories of barriers that included enhanced fear of negative outcomes for self, and diminished feelings of safety in their environment of “the Life.” Thus, dangers to physical (potential death) and mental health (self-efficacy) became barriers to participants’ attempts to elope. As participants matured developmentally, the increasing experience in “the Life” weakened barriers and elopement was possible with systems’ support. During the ongoing discussion with the study’s committee subject matter expert, Dr. Speck proposed the notion that elopement is not a one-time decision, but rather is a process, influenced by an ever-changing myriad of complexities and opportunities, which are a function of one’s development and life-journey experiences; for instance, a traumatized persons’ life journey is fraught with barriers that are intrinsic and extrinsic. This study uncovered and reinforced the notion of elopement as non-linear growth and development process for the youth trapped in
DMST. The barriers to elopement experienced during one’s traumatic life-journey, whether intrinsic and or extrinsic, create a damaging vicious cycle that impedes external strategies or opportunities for elopement from DMST. Physical and mental barriers force the DMST victim in a cyclic never-ending hopeless struggle of elopement followed by re-immersion into “the Life.”

The cyclic re-immersion has the related theme as *The War* as a coercive and contrived category of barriers, created by the traffickers. The sub-themes identify *barriers to elope* and *seeking safety*, such as re-location and unfamiliarity (*safety*), branding the person as a commodity (*labeling*), creating invisible captive chains (*trust*), and use of systems by the trafficker (*silos*), and a powerlessness to elope (*hopeless*). The sub-themes have characteristics of *individual, interpersonal*, and provider *silos* that with analysis provided saturation through descriptive sub-categories. The constant and complex trauma environment distorted DMST victims’ motivation to elope, the initiation of an elopement scheme, and determination to persist in the elopement process. Disclosed experiences of DMST adolescents’ elopement process uncovered that their growth and development while in “the Life” matured. With enhancing positive identity and supportive social networks, the DMST victim increasingly became aware of coercive nature of “the Life,” and their increasing desire for sleep, safety, and no johns. Their immaturity reflected the adolescents’ inability to describe a goal of elopement, but all shared their thoughts about attempting to leave, even if they could not envision or describe what they hoped for in their new life because they had no experience in a life without trauma.
The War sub-themes and characteristics describe the non-linear transition from experiences while in “the Life.” The discovery of the study’s themes and confirmation of the subject matter expert’s experiences in the field led to development of a labyrinth and authentication after analysis of data by the PI. In essence, the labyrinth explained the DMST victim’s growth and development that occurred despite of difficult, non-linear, maze-like journeys to permanent elopement. Knowing the obstacles that impede elopement of adolescents from “the Life.” Figure 3 visually describes the labyrinth of complexities of The War as a maze. The War maze provides a visual depiction, recognizing named and unnamed complexities of capture, “the Life,” and barriers to the non-linear process of elopement. The War maze development also provides a framework for identifying thematic sub-categories for categorical analysis of the data. The War maze also provides opportunities for identification of additional themes, sub-themes, and categorical data for future analysis with larger studies.
Conquering the War maze visually describes the cyclic maneuvers necessary to elope from the labyrinth, uncovering the participants’ efforts and experiences, conquering barriers with maturity and experience to choose from numerous alternatives before permanent elopement from “the Life.” Following analysis of the data, sub-themes and sub-categories emerged to saturate the lived experience of Conquering the War. Sub-themes uncovered with analysis included readiness to elope and elopement victory. The sub-theme of readiness to elope had sub-categories of awareness of trafficking, safety, and maturing out of “the Life.” The sub-theme of elopement victory had sub-categories of individual, interpersonal, and survivor needs. Figure 4 Conquering the War maze provides a graphic of the cyclic opportunities for permanent elopement from “the Life.” It highlights key factors that assisted the participants with the elopement process and
provides avenues for interventions. The *Conquering the War* maze development provides a framework for identifying thematic sub-categories for categorical analysis of the data. The *Conquering the War* maze also provides opportunities for identification of additional themes, sub-themes, and categorical data for future analysis with larger studies.

**Figure 4**

*Conquering The War Maze*

The study uncovers a non-linear elopement process, a labyrinth of barriers and environments to afford understanding of the complex traumatic experiences of DMST victims as well as possible facilitations and strategies to ensure permanent elopement. To understand the involvedness of the maze and to guide the reader, the PI delineated the participant’s subjective lived experiences of the elopement process as one major theme (*Out of the War*), two related themes (*The War* and *Conquering the War*), and four sub-themes (*seeking safety, barriers to elope, readiness to elope, and elopement victory*).
emerged. The PI assigned verbatim descriptions to saturate the themes, related themes, sub-themes, and sub-categories accordingly. In seeking to answer the overarching research question about the elopement process, the PI uncovered that the DMST survivors’ view the elopement is a complex cyclic lived journey with many pathways and multiple barriers to their goal of leaving “the Life.”

**Major Theme: Out of The War**

Life in itself is a myriad of conflicts and wars. War is not a detached domain from the rest of society but rather an inevitable milieu in human experiences, full of the best and worst of human nature (Greene, 2007). During war, one cannot effectively fight unless the person identifies the enemies, occurring only through careful awareness of the signs and patterns that reveal hostility (Greene, 2007). Wars are not won by just declaring it, but rather with strategic course and refined maneuvers, revealed by the participants.

The major theme was *Out of the War*. The term *Out of the War* explains the process of mastery of their DMST circumstance and formation of the plans to elope. The participants talked about developing a practiced strategy for elopement and tested their strategy until mastering the war milieu. Taking steps toward elopement is a process where confidence improves and talent in mastery of the environment increases, thereby providing internal peace and creation of winning strategies while still in “the Life” ...but, also for life after DMST. As explained uniquely by each of the participants, to win meant to elope and be *Out of the War*. The two related themes include: “The War” with two sub-themes, “Barriers to Elope” and “Seeking Safety” and “Conquering the War” with two sub-themes, “Readiness to Elope” and “Elopement Victory” as demonstrated in Figure 5.
Related Theme 1: The War

*The War* is the lived experience in DMST. Several of the participants explained that exiting the war was a test in survival. Some survive and others perish as they journey towards the final exit from the war. Lisa spoke about how it took her years to make the final exit. She said, “I was thinking about it for many years… every time I got arrested, I thought about it. But did I have a real way out? Not really…. just kept going back to the person I was living with.” For Lisa, thirty-two years passed before she was finally able to break away from DMST and be “out of the war.” The PI used Lisa’s language to explain the experiences documented by all of the participants. While not using the same language as Lisa, they all described a conflict, and for all, to conquer the war was a battle necessary to make the final exit.
OG described exiting the war as an unimaginable undertaking:

There were so many times, I try to convince myself you know…I am not going to do this… ummm…. I am going to go legit. I am going to stop to live from other people [saddened voice]…. but my mind was not there… my mind was not ready to leave in any type of legit civilian situation, so I just kept going back because I believed that is where I belong!

Mel explained that being trafficked was life ending and her death is described as “I was just going to be dead out there be another… dead runaway girl… you know.” A3 had an inner war, seeing the exit process “as a circle,” never ending with no hope of escape.

The women participants used language and a desolate tone in their descriptions of their individual journeys. The women uttered their unique experiences similarly, which described the process of elopement, also defined by them as out of the war. To the PI, clarity about the language development remained unclear but was thought to be influenced by the survivors programs. Using their unique experiences in their words, the participants spoke about the numerous barriers and significant events that influenced their decision to elope from DMST. The next section uses the participants’ narratives that express specific difficulties in the elopement process, resulting in the identification of two sub-themes – barriers to elope and seeking safety.

**Sub-Theme 1: Barriers to Elopement**

The interviews identified three integrated distinctive barriers to elopement – individual, interpersonal, and structural silos. The three interconnected barriers with their characteristics were and have cross-barrier impact. Cross-barrier implies that regardless of the strengths in the individual, interpersonal, or structural silos, the other
interconnected barriers were enough to influence the participants’ journey experience preventing elopement until all barriers were no longer influential. At that point, the participant matured out of “the Life” and elopement was possible. Figure 6 outlines the barriers of elopement while in “the Life.”

**Figure 6**

*Sub-Theme 1: Barriers to Elopement and the Sub-Categories*

<table>
<thead>
<tr>
<th>Individual Barriers</th>
<th>Interpersonal Barriers</th>
<th>Provider Silos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shame and Guilt</td>
<td>Lack of Family Support</td>
<td>Lack of Attention</td>
</tr>
<tr>
<td>Worthless and Hopeless</td>
<td>Intimate Partner Violence</td>
<td>Lack of Trust</td>
</tr>
<tr>
<td>I was my Trafficker</td>
<td>Coercion</td>
<td>Labels</td>
</tr>
<tr>
<td>Addiction</td>
<td></td>
<td>Lack of Support</td>
</tr>
</tbody>
</table>

**Individual Barriers**

The individual barriers are interrelated to and integrated with interpersonal and professional silos. In the individual barriers, five descriptive sub-categories emerged from the participant’s verbatim stories, unique to each, to illustrate their lived-experiences: *shame and guilt, worthless and hopeless, no life skills, I was my trafficker, and addiction.*

**Individual Sub-Category 1: Shame and Guilt**

Several women hung their heads down, and uttered deep feelings of shame and guilt over their involvement in DMST. Often their feelings prevented them from seeking the
supports necessary to elope. Lisa explained her guilt about her inability to reconnect with her children until she finally exited “the Life.” “I let him [son] go. He asked me once why I did not get him? And I told him, why I would take him away from something better to something worst!!.. He has a whole family, he lives well and I was in and out …. I.... was not stable at that time.” Lisa felt immense guilt about things she did to her children while in DMST. The internal chaos prevented Lisa from reaching out and with a saddened and teary response, she said:

Am I going to be able to live in this world in my head?...knowing all the things that I have done? ...And not want to shoot myself in my head! ... There are days that I can visually see all the things that I have done to my children, myself, and others and I want to rip my heart out!.... So that is probably the biggest piece, cause it is knowing what you done to yourself and knowing what you done to other souls!

OG talked about her shame by explaining that she was unable to see herself as part of society, which prevented her from seeking help. She told the PI that:

I withdrew from society in general just because… I was feeling ashamed of what I was doing… And I just was feeling sick of what what I was doing…cause once I knew what was really going on! ….reality set in! … then I became not myself… I…I became a non-person… Which is what I was kind paid to be!… in a way.

Mel experienced shame about her relationship with her trafficker, which made her feel that being trafficked was her fault, saying:

I think there was just a lot of shame for me…and feeling like I did something wrong. I… falling in love with this guy… so I think having somebody separate that fact, that I was in a relationship with this guy. You know… an understanding
that I was 17!... He was 27 and he was playing a game, a game I knew nothing about.

**Individual Sub-Category 2: Worthless and Hopeless**

Some of the participants related feelings of worthlessness and hopelessness. The feelings often led the participants to abandon elopement efforts and continue their involvement in “the Life.” OG explained how placing herself in disturbing circumstances became a vicious cycle preventing her from eloping. Her words clarify the hopelessness with each failure as, “I got myself in situations or… found myself in situations that repeated the trauma…So every time that I went back, I felt more worthless, hopeless, powerless…[later] I felt very felt very hopeless, very powerless [opens eyes widely] very… ummm… lost.” She continues on another section, “I was convinced that I was not worth do anything else… this was what my life was going to be for the rest of my life, and so all the choices I made even in my personal life,… kind of reflected that.”

Both Mel and A3 had similar explanations about feelings of *worthlessness and hopelessness*. The feelings created doubt about a way out “the Life.” Non-existance was a term describing Mel and her thinking about elopment. The label “runaway bad kid” placed an addiiton burden that obscured her worth as a human being in her mind, and created a barrier to seeking help:

I felt worthless back then [teary] …I just didn't feel like I existed… I didn't matter… you know… nothing I said matter. I was still just kind of a runaway bad kid… you know… so that's how I was looked at! And then you know, I became 18 ummm… so at that point I'm an adult right?... So I'm just an adult making bad decisions now, so that's kind of how I felt …for sure!
A3 disclosed a muted response to hopelessness, explaining her hopelessness as, “Yeah…very hopeless…there was no one… like...” A3 experienced complete submission to “the Life” and to her purpose in life, which was DMST.

**Individual Sub-Category 3: I was my Trafficker**

Several women expressed that being in “the Life” was an addiction, specifically to the lifestyle. The addiction manifested while experiencing the constant traumatic exposure of being sold, loss of their identity, and an awareness that they became ‘*my own trafficker.*’

In a loud tone, Lisa described herself as her own trafficker: “I was my first trafficker because I did what I wanted to. I kind of did everything, so…. I did it for my traffickers so why can I do it for myself... then as I got older I realized that you could get things out of men by doing some things and it became a whole thing.”

OG also spoke about an inability to elope, e.g., going in and out “the Life,” and she also became her own trafficker. “I was in and out in and out…because I became my own trafficker…I don’t know if I make sense or not”. She further explains that her humanness was gone and her worth was to be sold, “I thought that… I didn’t see my worth as a human at all… because that is what everybody presented to me…. my worth was to be sold… that is what I was good for… that is what I did.”

A3 explained she was also addicted to the lifestyle. She said she was “playing the game,” becoming her own trafficker:

I was hooked on to that lifestyle so…it was more or less that lifestyle was a drug, like, …cause I was already….ummm…I was really really good at talking to people. I feel like it was more or less… a therapist than a sex worker in some ways where I had relationships with people… where they just wanted to hang out
with me… or they just wanted to chill …or …you know, things like that. So it was like it was more or less like an addiction!

A3 further describes being addicted to the lifestyle, known as a prostitute, and she sold herself. She had respect on the streets and a sense of belonging, known as the “bougi ho.” She shared an excerpt, a magazine article, with her branding [tattoo] and her trafficking name, and she said, “I was a trafficking victim, but to that world I was “*T*” … (see Figure 7) and I was a known prostitute! and I was known not only with the pimps, like, they respected me!”

**Figure 7**

*Branded – Tattoo*

Tuesday December 2 2014 [Redacted] was in high school and could have gone to college. Instead, she got into a life of prostitution. (The Press of Atlantic City / Ben Fogletto)
**Individual Sub-Category 4: Addiction**

Two out of the four women described how *drug and alcohol addiction* prevented them from exiting DMST. Lisa spoke of the vicious cycle of addiction and prostitution, also called “tricking,” where drug use and addiction prevented her from eloping. “So it all intertwined selling drugs, getting high, tricking… It all came together umm …when I needed to pay a bill or feed my drug [habit] and my boyfriend”. OG explained how she used drugs and alcohol as a mechanism for coping, numbing the pain of the lifestyle. She said, “but one of the main things back then…was…was my addiction came really hard early…because how do you cope with that lifestyle!... I just kind of fell off.”

**Interpersonal Barriers**

The integration of interrelated interpersonal barriers occurs during individual experiences. Terms used by the participants identify interpersonal descriptive sub-categories, unique to each, and illustrate their individual lived-experiences: *lack of family support, intimate partner violence, and coercion.*

**Interpersonal Sub-Category 1: Lack of Family Support**

The four participants described how the *lack of family support* in the core environment influenced their acquiescence into “the Life,” with no thought of elopement in the beginning. Lack of healthy [maternal] support was a significant factor for their compliance in DMST, regardless of the destruction and desolation of their self-esteem.

Lisa described her mother’s lack of support after disclosure of sexual abuse by her cousin. She then ran away from home, became hooked on drugs, and was sex trafficked. She began to question her fitness as a mother, with no way of elopement:

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7 Tricking slang term for sex act, used in participants verbatim.
Not having a relationship with my mother…umm… there was a lot of things going on home…going to my mom and telling her what happened with me my cousin and her not stopping it!...[later she verbalizes] But I was fucked up…. and the thing was I did not know how to be a mom because my mom was not a mom to me!… I was fucked up, I was a junkie…I was a prostitute…I was a drug dealer…. I was not fit to be a mother!... I wanted to do all those thing… In my heart I wanted to do all of them [crying]… I was incapable of doing them any of them, I loved her [daughter]…. But I still loved all my kids…I… I was fucked up!

OG explained how her mother’s death when she was 16-years-old, left her without familial and financial support. She felt powerless, unable to elope from DMST:

So at that age, what work experience did I have?... so I was trying to contribute…unfortunately, I found a very notorious way of doing that.

Later OG further explains:

Like I didn’t have any relationships, like other people… had families, other people had friends. I did not have any [sad voice]….My world was being in that hotel room, so even the lack of interpersonal skills, and the lack of social skills…ummm…and don’t even know, you don’t know where to start? But not been able to care for yourself, financially at that age and then going to that life where you are getting money…well percentage of it to live on…

A3 clarified a lack of communication from her mother as a lack of support. She was alone, without assistance, and unable to elope from DMST saying, “It was more of a communication… I feel like she didn't know how to like handle me…Oh!…I don't know… I feel like for me… I don't feel like she was there for me!”
Mel described her adoptive family’s lack of support, influencing her belief that the events in her life were her fault... and she deserved, in a way, to be trafficked:

I was just a bad kid… you know… ummm… my family were very… all very strict individuals… so when I started running away from home… it was you know…this new rebellious type of thing …and …that's kind of the label I ended up with is ‘the rebellious teenage kid’ that can't choose the right men… He was 27 years old… I was 17!... So I had no clue what he had in ...stored for me, right?... you know.. and …and …so those are the things that people need to …you know… understand that is shaming!...that…that makes somebody else feel bad about something that happened to them...Yes! I ran away from home… yes… I was angry…you know... but that doesn't mean that what happened to me was right!!!.... you know, that it was not OKAY.... you know!

**Interpersonal Sub-Category 2: Intimate Partner Violence**

The four participants described how their significant others’ (ie. pimp, boyfriend) physical abuse prevented them from exiting DMST. Lisa illustrated how her partner [her trafficker] physically abused her when she would forget to tell him her location. The lapse in communication about her location created an environment of toxic fear and an inability to elope, she said, “when I would disappear…he stomp my head against the floor… ummm…gave me 17 stiches, threw me down the stairs! while I was pregnant.”

OG spoke about her boyfriend’s physical violence that permeated their relationship, creating a barrier to thinking about elopement in her personal life and a resultant hopelessness to escape:

So all the choices I made even in my personal life kind of reflected that… but the main point for me, in 2014 was being in a personal relationship with a man… that
was a member an outlaw biker club and he knew about my lifestyle, he knew whatever…and it was very physically abusive [sad face] to the point that ended with him trying to kill me literally…and…at that point… I was into a very ugly and traumatizing relationships in my personal life as well…because… I already dealt with it in my personal life, but.. I was living a double life … like, I was trying to live a normal life but I had all these going on!

A3 explained her thinking after her first beating at the hands of her trafficker – she acquiesced to the traffickers’ rules, which created a barrier to elope from DMST:

I got my first beating and it wasn't like the best thing…just anything, when I was with the monster [trafficker], because most of the time I didn't want to sleep with him. So it was always that …because he was just huge and disgusting and I just didn't like him and then when he sent me the other guy… he would really beat all of us for no reason… all the time. Like… if you slammed his Mercedes Benz too hard and stuff…you … you couldn't look at black guys…. you couldn't do certain things… couldn't eat at certain times…. like… everything was like his way or no way... so it's like you had to kind of really…ummm… until you learn how to abide by his rules! he made sure like he embedded it into you! from like… hitting you… I guess.

A3 further explains how leaving was not a thought after her first elopement because her trafficker re-captured her from school. After that, she was fearful for her life:

No it wasn't a thought... It was… like… I don't know…So, I think a lot of times, it was just avoiding getting beat up. So that was more important to me than… like… anything else because getting away and go …like… they made it seem like it was
like one of those gang type things, where like you can never leave, like… they always come and get you... so as I… him actually following through and coming back to get me, like… after I was already taking away from him…. That was just like, what's the point?... like.

Mel spoke about her boyfriend’s [trafficker] physical violence in that the violence perpetrated a fearful environment and negated any thoughts about leaving DMST:

He will use violence… if I didn't make enough money that night, he would use violence …if I was caught looking at somebody that I shouldn't be looking at, he use violence …for any reason he can find, really …but yeah…I mean I…I was really kind of cocky…you know smart mouth that I wasn't putting up with a lot even back then… and I had to learn to kind of start playing his game because the physical and the sexual abuse was really severe from him…So he wanted to break me, that is what he wanted to do, that was… that was like his goal.

**Interpersonal Sub-Category 3: Coercion**

*Coercion* was unique in the participants’ experiences, and they related different forms. There was physical or emotional coercion directed to minimize the thoughts or plans of elopement from DMST. Lisa described how having a boyfriend relationship with her trafficker(s) created an emotional coercion that kept her in trafficking. Along with her drug addiction, the emotional coercion generated an unbreakable barrier. She said, “it was all persuasion... ‘I am going to change,’ it was always a mind game. It was not sex traffickers as pimps, but they were sex traffickers as boyfriends... they were drug addicts. They were NOT [Lisa’s emphasis] pimps – but in relationships-types. I am going to change ... I love you.”
OG explained her coercion as a grooming process where the trafficker maintained the impression that being sold for sex was a great opportunity:

She [trafficker] was always making it seem that this was the greatest opportunity of my life! This was something not everyone can do, and that also was what the men would say… the men that she would send to see me and that would grab my mind. I was so special, nobody can be, not everybody is wanted this way [touching her ear and opening her eyes]… ummm… she was never really… ummm… I don’t know how to put it… ummm… like she was never difficult to deal with.

A3 talked about her trafficker’s threats as a form of coercion, which was serious physical harm scattered with calculated use of kindness:

so when he came back, I was just like I'm ready to go and then… that is when like he pulled out a gun was like, no you're not going nowhere… I know your family stuff like that and of course, like I was really, really scared… [later] So it was kind of like, I treat you like really, really, really good [kindness like buying ‘stuff’] …but at the same time if you messed up like I'm going to treat you really bad to let you know that you can't mess up!

Mel explained how being locked in a room and away from the other girls created a feeling of abandonment and isolation. She was unable to trust other people and she relied on her trafficker, who used coercive intimidation. The bond was unbreakable, which resulted in no hope of eloping:

I kind of figured out there was not a lot of ways for me to get out… ummm… but you couldn't trust the other girls around you because they would tell on you, but I,
I could not figure out how that was going to happen [elope]. I was in a humongous city [NYC], I've never been before,… so I have no idea how that was going to happen.

**Professional Silos**

The *professional silos* are barriers that are interrelated and integrated into the individual’s interpersonal experiences. In *professional silos* participants articulated descriptive sub-categories, unique to each, to illustrate their lived-experiences: *lack of attention, lack of trust, labels, and lack of support*.

**Profesional Silos Sub-Category 1: Lack of Attention**

The participants described professionals’ *lack of attention* as a barrier to their elopement process. A3 explained how as a DMST, her intersection with law enforcement and jail clinics was the genesis for her righteous-indignation and thinking about professionals who during her encounters were unreceptive to her needs for rescue, even demonstrating a benign neglect. She reminisced:

But when you get in position where you get you think you're getting arrested…and they're going to save you and they don't, or you have to go to the clinics, and they know that you're underage and they're still testing you and they see you with your pimp and they don't help you!... like what are you?… what are you supposed to think?….. it was more or less like every time you go to jail you get tested, like… like… I don't know how it is out here… but in the west coast every time you go to jail you get tested for like STDs and like, AIDS of course, and like it's just routine, like, after rounds, like, after a while they are like ‘oh you're here again,’ ‘you're back’ …or… ‘Oh, I just test that you yesterday, so I don't have to test you this week… I'll test you in a month’… like that.
Mel explained her arrest by law enforcement in New York City as a system, not a resource for rescue:

I thought that, you know, when I got arrested, that they were going to ask questions or do some more investigation, but they didn't… they just kept me overnight, put me in front of the judge and send me out…. so, I just figure out, they didn't cared… you know.

Lisa describes how her encounter with emergency room personnel was useless:

The one time he [her father] did because I swallowed a whole bottle of pills, a whole bottle of Excedrin… so they [parents] had to take me to the hospital. They [healthcare provider] asked some questions …then they [healthcare provider] let me go in New Jersey. I know they [healthcare provider] asked… but I never saw a social worker …Nope… nothing… no one bothered.

She further describes how other professionals failed her too, saying “I think so…. I know that when I was a teenager I was not heard at all, not by my family, by the police, and …I allowed these different men to mess my fucking mind.”

OG describes her appointment at a Gyn Clinic. She sought help for her unplanned pregnancy, and the routine questions promoted a lack of attention about her DMST experience, and the outcomes was shame about her situation:

Yeah, obviously I had to go the Gyn Clinic…to the doctors like that… when they ask me ummm… I didn’t speak up or say anything…I…when I… the first time I said anything was when the issue of who the father was? …came into question, like birth certificate… ummm…. child support… I didn’t know what to say… because what do you say? [sarcastic]… I really did not want to say, they
[provider] were watching me…. that I really don’t know who the father of my child is ….because of that nobody wants to say that.

**Professional Silos Sub-Category 2: Lack of Trust**

The *lack of trust* was an interrelated barrier between professional silos and individual. Participants spoke about their encounters with professionals [healthcare, social worker, and law enforcement]. Participants denied information and forfeited their possible elopement due to mistrust in the professional’s ability or willingness to help. Prior involvement informed and validated the lack of trust, which is the barrier to elopement.

A3 described how her encounter with the police as being very damaging:

> I mean…especially the cops they proposition you, like, if you want to get out of jail, or you don't want to go to jail. You got to do this favor for me… you got to do this. So it was more, it was a lot of that like, more, out of 10 like, it was a lot of that…a lot of them trying to make an example of you.

OG talked about her clients who were professionals, but also in the trafficking client circle, led her not to *trust* anyone:

> Not really… cause it was a trust issue… because if you think about it…a lot of my clients throughout that time were people in the health profession, in the law profession, religion …ummm… in positions that you were supposed to trust these people…and are the same ones that are buying you for sex….so trust is a big issue, being able, that you can open up to somebody is a big issue…ummm… it makes it really hard, you think it would be so simple but it is not.

Mel did not trust law enforcement because arrested in New York City as an everyday routine:
The day …it was an afternoon, there was maybe six or seven other girls. We all got arrested on one street corner, and I thought at that point, okay, I'm going to be able to escape from him [trafficker] but instead, you know, they [police] just put us through the system quickly and put us back out the next morning. It was like this was just kind of a normal everyday routine in their work…And and that was just the way it was. So I think at that point I realized I'm not going to get out alive!.... this is just the way things are going to be for me so.

**Profesional Silos Sub-Category 3: Labels**

*Labels* by others was a barrier to elopment and participants spoke about their thinking – no way out from DMST. A3 described *labels*, such as “prostitute” kept her in “the Life”. She said, “they [police] looked down on you because they didn't look at you as trafficking. They just looked at you like another prostitute.” OG spoke about *labeling* and the impact – she did not matter as a person. “…because I tried to have him prosecuted and the basic consensus was that it did not matter because I was just a whore and so I did not matter and that was it.”

Lisa explained her *label* as a “prostitute” kept her in “the Life”. “I kept going back and was sold by a junkie, be a prostitute, and continue to live this life.”

Mel described labeling as impactful and she shared a voluntary written excerpt (see Figure 8) about how labeling diminished her self-esteem, creating a barrier for her:

> Yeah, I was labeled a habitual runaway ummm And so that just kind of ...you know, ...and the in the legal sense of the word, you know, the police don't really take anything serious when it came to me because I'm a habitual runaway and then you know …it …you add in all of the anger that I had… and that's kind of
the label I ended up with is "the rebellious teenage kid that can't choose the right men."

**Figure 8**

*Labels*

---

My name is Mel Wells. I am a survivor of childhood sexual and physical abuse, sex trafficking, and Domestic Violence. I am the proud mother of two boys, ages 25 and 22, and a daughter that is 23 years old. I am the Grandma to one 3-year-old girl. The past few years, I have been working on sorting through and really starting to heal from all that has taken place in my life over the past 30 plus years. I have not always been willing to be vulnerable and share my story, or even attempt to fully acknowledge all that has taken place in my life. I spent many years living under this label that was placed on me at an incredibly young age. The label of a habitual runaway, with anger issues.

Let me start at the beginning, and give you a small summary… I was adopted, at 6 months of age. My parents also adopted another boy, who is 3 years older than I am. It started around 8 years old, when my adopted brother and his friends started sexually and physically abusing me. Back then, things like that were kept within the family, even if it was reported, the victims were often made to still live within the home, with the abuser. At least that is what happened to me, and to my God Sister, after she was sexually assaulted by her Dad, a secret she entrusted me with, at age 12. When I did share the secret, she was still made to live with her Dad in the home with her. By the time I was 15 years old, I was incredibly angry. I started running away from home, hanging on the streets of Denver. At the age of 17, I was a seasoned run away running the streets of Denver and Colorado Springs. And a typical teenager with the know-it-all attitude. By this time, I had completely moved out of my adopted parents’ home. I met the man that would sweep me off my feet, at age 17, while running around the streets of Denver selling drugs, drinking and raising havoc. He was 27 years old, but that made no difference to me. I met his whole family, even sleeping on their covered porch at their home sometimes, and other times he would get me a nice Motel room. His sister would often take me on shopping trips too and would often do my hair. I fell hard for him, I trusted him, and I was convinced we would be together forever. It was 5-6 months into our relationship that he asked me to join him on a road trip to Jersey City/New York to visit his cousin/relatives.
I was 17 and excited to take this amazing road trip with the man I planned on spending the rest of my life with. So, I did.

My life changed the same night we rode into Jersey City. I remember looking up at this huge apartment house and thinking how beautiful it all was.

I still remember the address of the house, that was something I replayed over and over in my mind while I was there, and even all these years later.

It was that same night, my nightmare begun.

I will spare some details, for the sake of this writing, however I was eventually arrested in New York City for prostitution and realized that the police were not going to help me at all.

I was brought in with 7 or 8 different prostitutes, all of them ranging in different ages, and we were sent through a system and I was set out the very next morning.

I learned young that the police were not trustworthy, as you can see.

There was definitely a higher power protecting me during my time in New York, and then being taken to Florida to pick up another 16 year old girl, is when I was able to “get away” because he was arrested on NCIC warrants from Colorado.

At the young ages of 15,16,17, I had NO clue what sex trafficking was. I had no idea what grooming was. And it would take me reading another Survivors story 27 years later to understand what happened to me was wrong, and I did not ask for it, or deserve it! I went on to have three kids, by three different men. Two of them were extremely abusive, and one of them I have a permanent restraining order against.

I never knew self-love, self-care or that I was even worthy of that.

I was taught that speaking up did not matter, even at the young age of 8.

In 2000, I became a single parent to my three kids, and for the next 17 years I did everything possible to build a good life for my kids and provide them with the protection I never had.

At the age of 15, I noticed my oldest son was struggling with a lot of things that I did not understand. I desperately tried to get him help. Only to be turned away or not taken serious at all.

At age 18 ½, my son spent over thirty days a psychiatric unit and was diagnosed with schizoaffective disorder, this started our 5- year journey with my son who quickly became addicted to Meth, and then heroin.

I will not spend too much time on all that we went through to get the help my son desperately needed, because this included him wanting to live on the streets of Denver with the homeless population, sleep by rivers in the park, and yes, even hold up signs on the sides of highways to get money.

It was not just the drugs driving his behavior, it was the voices in his head telling him he was worthless 24 hours a day, 7 days a week.

He was never violent with anyone, but he was on a self- destructive path that I could not fix.

We were relieved when he broke the law, and we thought we could finally get a judge to help us with my precious boy, who turned into someone I did not recognize any longer.

But to everyone else, he was just a piece of shit homeless junkie.

It took a lot of pushing, praying and prodding to get my son tested for being and At-Risk adult, who needed so many supports our family could not give him.
He was tested and placed on the housing first voucher. He was on that waiting list for two years when his name came up for this Supported housing voucher. I was so relieved when they found him an apartment, although it was on East Colfax and Peoria. They promised a wide variety of supports and we were so ready for this turning point for my son.

In September 2017, he moved into this apartment on the bottom level of a place filled with other people on similar vouchers. On December 30, 2017, my son was shot four times by someone that had already robbed him once, and our cries for help to get him moved out went unheard by all. My son did survive the four gunshot wounds that could have taken his life, and I am proud to say that he is now 1 year and 5 months sober, living independently with support services.

In 2018, we found out that my son carries a 5 generational mental health condition. His Father, and four other generations of men on his Dad’s side all suffer from the same illness. Bi-polar and Schizophrenia and they all self-medicated with the same drug.

You may be asking why am I sharing all of this?
Because of “Labels”.
Part of my healing journey is to share my story, in hopes to make a change in someone else’s life.
This letter is to ask you to remember my story and remember my son’s story when you are out there working with people in public, or prosecuting a case of abuse/trafficking/assault, or you see that angry runaway kid, or that homeless junkie on that street corner.
Each one of us has a story, and each one of us can be confined by the labels that are quickly placed on us in Society.
I was never an angry runaway kid that choose the wrong types of men. I was, however, the victim of sexual abuse that was not dealt with, and I was groomed by the man that I rode in the car with to Jersey City.
My son was not a homeless junkie, he was however a young man dealing with a serious mental illness that we were desperately trying to get help for, long before he turned 18.

I appreciate you taking the time to read a small part of my ongoing journey. I hope it can help in some small, or big way.

Mel

Professional Silos Sub-Category 4: Lack of Support

A lack of support was a common theme among participants. All participants spoke about a lack of support from a interpersonal view to exit from “the Life.” Lisa lamented that ‘if only’ there were a supportive person:
If someone would of just listened and got me some help…someone that I could really talk to… maybe….. I would of, maybe I would of stay [home]! Maybe if someone would of intervene and fixed what was really going on [at home]…what was going on… that I felt I was safe maybe I would of not left and maybe none of this would ever happen… maybe…. I would not been sold for drugs, for food, for a place to sleep.

Lisa further explained barriers that made her journey to leave “the Life” harder, until there was actually a way out – elopement took Lisa 32 years. She informs the author about interpersonal and professional silos barriers by explaining the support and methods necessary for elopement. She said, “having the ways [support] to get out and the means [methods], makes a big difference… it takes a lot mentally, and physically to get out … it takes…takes a lot.” OG talked about interpersonal and professional silo barriers where people who are supposed to support and help with methods are not compassionate. The lack of compassionate support was a barrier for her, delaying her elopement. She said, “there is a lot to say about compassion… not being greeted by someone that is supposed to help in a way that they make you feel as the most disgusting thing they ever encounter.”

Sub-Theme 2: Seeking Safety

Adolescence is a developmental milestone (Erickson & Erickson, 1997). A characteristic of adolescence is independence (Erickson & Erickson, 1997). Government programs are barriers to identification of DMST when adolescents are emancipated (Speck et al., 2018). The risk of DMST increases as youth enter adolescence (Dutto & Painter, 1993; Greenbaum, 2014; Sanchez et al., 2019; Varma, et al., 2015). Entrapment
occurs when adolescents become more independent in relationships, their families, and the community. Prior history of adverse childhood experiences creates a neurobiological change that potentiates deficits in self-protection (Cole et al., 2016). The adolescent’s inexperience and naiveté increases susceptibility to sexual coercion and entrapment into DMST (Estes & Weiner 2002). Hence, the adolescent frequently seeks a rescuer for safety, and if that person is an abuser [trafficker], the cycle of victimization from childhood into adolescence continues where methods of coercive bonding become a barrier to elopement (Sanchez, et al, 2019). The participants reported the sub-theme seeking safety. The presence of safety was an influential factor for elopement. To fully comprehend the sub-theme seeking safety, the participants re-counted their lived experience from their childhood, using the concepts of adolescence (e.g., the developmental age) and specific victim needs (e.g., positive support, look beneath, follow-up, and understand the ‘why’) during captivity. Figure 9 describes the seeking safety sub-theme.
Figure 9
Seeking Safety

Developmental Age

DMST interrupts identity formation in the adolescent, resulting in role confusion, which in turn diminishes self-esteem and destroys healthy boundaries (Hopper, 2017; Ueda, 2017; Sanchez, et al., 2019). Adolescents reporting DMST verbalize that the high rates of physical and emotional abuse in their home along with their developmental age impedes a return home (Cole et al., 2016) where their world is untrustworthy and unsafe. Adolescence characteristics include the pursuit of belonging – belonging to a society and fitting in (Reid 2014; Sanchez & Pacquiao, 2018; Sanchez et al., 2019; Varma el at., 2015). Failure to establish a sense of identity in society leads to role confusion (Countryman et al., 2014). OG describes the challenge of adolescence, which is a testing one’s self without purpose, by saying, “I felt like an empty page and I was just letting someone tell me who to be and what to be.” Mel expressed the vulnerability of the developmental age and lack of knowledge and experience. She said, “I didn’t know who,
at that age I didn’t know who to ask for help…I didn’t know how to ask for help…I was not able to put into words, what was happening!”

Lisa explained her molestation as a child as the catalyst to drive her away from the safety of her home and she expressed:

I was molested from a young age and [that]cause me to leave home early…I left… I don’t know if it was just that or the financial problems with the family and not having a relationship with my mother…ummm… there was a lot of things going on home.” [sad tone].

OG spoke about her mother’s sudden death as a loss of safety, not only with a person but the protection she enjoyed in the enviornment. She said, “it was culture shock for me, going from the lifestyle from…when my Mom was alive to then me being there!”

In addition, OG spoke about the impact of her developmental age by saying, “That made it hard being at that age [opens eyes with a smirk] that was a very young age… I didn’t know anything about life at that time.”

OG revealed insight about her developmental age and she couldn’t ask or even perceive how to ask for help:

Cause like I said, there became a point, I couldn’t exactly tell you when it was…ummm… it had to be back in my younger years because nobody stays in that lifestyle that long because they want to….that my mind was broken, I did not know how to fix it, I didn’t understand all that….this is that, this is all what it is, this is what is going to be…[later] back then being so young what could anyone do to help me!
A3 related how her developmental age characteristic of seeking independence favored the testing of high risk behavior, “So it's like I wanted to be out… when I wanted to be out until… I was already out and I was already… you know…sneaking out doing little things.” She continued to explain that she was not believed because of her risky behaviors:

I think I was more or less scared and I didn't think that my mom would like…I don't know... I just didn't think anybody would believe me, like, you know, I mean, I've already been through stuff… I was already kind of like troubled and everything like that… I've already caused enough… So at the time I was just like, you know, I probably have to, like, protect them or nobody's going to believe something like that… I don't know.

Mel expressed how her trafficker [boyfriend] duped her with lies, leading her to believe that their relationship was a romantic and safe lifelong relationship:

I did not know any of his intentions…of course…I had no clue, you know, I knew about prostitution but not about sex trafficking!... so when he…when I met him and I met his family, you know, I was under the impression…I was going to be spending my life with this man and I trust with him in that, you know, in that role as my boyfriend.

Adolescent Victim Needs

The participants identified adolescents safety needs to assist in the DMST elopement process using interview questions to discuss exiting needs. The researcher asked, “if you could change that?, or what sort of things they [professional] could have said to you? To prompt you to get help or ask for help.” The participants identified
essential elements necessary for the elopment process based on their perspective, looking back at their adolescent experience in DMST. After analysis, the most important descriptive sub-categories identified by participants’ as needs were positive support (e.g., “listen,” “protect,” “ask”), look beneath (e.g., “be aware,” “do not judge”), follow-up (e.g., “don’t give up”), and understand the why (e.g., “her experience is the only experience,” “hard to understand,” “her [uninformed] decisions,” “I’m not like you”).

Adolescent Victim Needs Sub-Category 1: Positive Support

Lisa explained how the absence of positive support from her family when she was a child affected her life. She disclosed:

Yeah… I would of say if someone would of just listened… Just listened…no one asked, no, no, no one listen to me [long paused]…I think if someone would just have taken the time to listen…just as if my mom and grandma would of listened to me at the age of 5, when my cousin was touching me, that way,[sexual act] he should not been babysitting me [protection], I would not be put in a position to be abused and… would of never been traumatized in the first place!... But no one ever, third child in line, I was pushed and shoved… No one ever… that is why I am so loud when I talk now! Because I want to be heard!

OG described positive support as her inability to tell [listen] what was going on [judgement], which influenced her decisions about elopement:

But even having that knowledge… the way you are being treated by people…judge by people kind of make it questioned it… being able to tell somebody [listen], and telling them something and first of not being judged for what you are saying… ummm… which that could mean privacy for what you are telling them… ummm… and then not using the information you are telling them
and make you… ummm… the non-victim like making you the perpetrator!

[Aware]

A3 suggested *positive support* as a question, “Are you ok?... how are you? …Are you okay, but like in a different way, like, to know that they're comfortable [with what you are about to say].”

**Adolescent Victim Needs Sub-Category 2: Follow-Up**

OG emphasized the importance of not giving up and *follow-up* with a DMST adolescent victim. She touched on several important verbatim terms when she said for providers to:

Actual[ly] following through, if they are going to help you and not throwing you around, that does make sense?... Having an actual interest and actual connection… having a connection, not just shoveling through social organization stuff like that… if they were talking about it obviously stay with them, be persistent, and follow-up with the person. If they are not being voluntarily with information, if you can tell that somebody is being traumatized, somebody is being sexually abused, don’t just look the other way! [look beneath]... don’t make them feel less important [judgemental], be very open… if I was there and I knew there were people to help me… ummm… be kind [protection], give me information [support], *follow up* with a text or a phone call, back then we did not have texts… just knowing that someone is not just saying something for just that time but actually care and not forgotten! *Follow up*… don’t just look the other way, don’t make them feel less important [judgemental], be very open.
A3 described *follow-up* as being aware of the the guy, like, the red flags, you know underneath, like, taking that extra mile.” Mel explained beign aware of the person and asking questions were needed to *follow-up*:

I was wearing barely any clothes…ummm…extremely high high heels and I was 17 years old, like, shouldn't you ask some question?... Any question, like, what are you doing here? …where is your family?...What's happening?... Nothing, nothing, and I mean, I know, like it was just kind of this whole system, how they had that worked, you know, they bring in seven, eight girls at a time, you know, put them through and then send them back out...

**Adolescent Victim Needs Sub-Category 3: Understanding the Why**

Understanding the why requires knowledge of the complexities of adolescence and DMST, where the victim has a predictable albeit traumatizing life, where the internalization of the *why* by the DMST victim is an impossible question to answer after elopement. A3 spoke about the the personal lack of understanding about the *why* and its relationship to DMST elopement:

So why would you even want to go back to nothing? Like, you know what I mean? So like I had friends out there, and I had like a schedule, and things that were going on. So, I don't know leaving didn't seem… like, I don't know. I can't even describe it. I get asked that all the time, but I think that's the hardest question for any trafficked person like, why didn't you leave? or why did you stay? I think after a while, like, I don't know you just your mental, your emotions. Everything is… like, you don't think about escaping you just
think about making it day-to-day, like, making it hour to hour, like, you put your life on the line every single day… I've been feel, like, it is hard for them [people] to understand what we go through. You know what I mean? … Like, that life [trafficking] wasn't as hard, as this life [out of “the Life”] is like,… trying to be normal, trying to be like everybody else and nobody really realizing like, what it's like to be. I'm not like you!

OG related how her family and people could not undersrtand the why she got involved into DMST:

They [her family] would be mortified to know that I was even involved with something like that…people with religious background. People just living a normal life you don’t exactly feel comfortable coming out to them with what you been involved in…with what you been up to… because….you feel stupid for getting involved in it and then of course they are going to have opinions about it…..Not everybody can see things from the view that somebody else can convince you to do something…. That is not easy to get across… it might be easy now? Because people are more aware of things happening but back then there was no way!

**Related Theme 2: Conquering The War**

*Conquering the War* is the second related theme, explaining the participants’ thought processes desiring elopement from DMST during their adolescent years. The theme *Conquering the War* provided an opportunity to use the participants’ voices to explain elopement from DMST as a complex process that is not a behavioral change. Two sub-themes emerged from the data – *readiness to elope* and *elopement victory*. 
Sub-Theme 1: Readiness to Elope

All participants’ capture was during adolescence and all had CM and adverse childhood experiences. With their adolescent developmental growth and thinking stunted, their thought process about elopement demanded continual experiences and maturity in thinking. Absent was knowledge about trafficking and safe environment external to “the Life.” The participants reported frequently that they revisited their situation and their desire to elope. The participants voiced a process that included thinking about an escape plan and identifying their personal barriers to elopement. The absence of a strategy to elope or safe resources necessary for success was a significant barrier to the process of elopement. The participants described a gradual or sudden awareness about their situation as DMST, with countless thoughtful plans to elope, reporting 15-100 plans; however, they remain without individual actions [e.g., no strategy or method] or knowledge or awareness of external safe resources. Accordingly, developmental awareness that occurs with age, knowledge, and experience informs the participants’ readiness to elope.

Several women expressed the importance of trauma-informed principles in their support network, which informed their readiness to make a decision to exit DMST. It was clear from the interviews that the elopement process required not only an internal personal desire and motivation, but also external factors in situational environments promoting safety. In the context of the sub-theme readiness, the participants took predictable steps towards exiting DMST over time. Unique to the survivor elopement process was their environment, therefore, while experiencing the same steps toward elopement, not all experienced coming out of the same DMST environments detailed in this section. However, all experienced readiness in safe environments, which is when the
act of elopement occurred. The section delineates the different stages of readiness through survivors’ narratives and defines the predictable elements in the process of elopement from DMST. The women identified the following influential sub-categories of readiness to exit “the Life” — awareness of trafficking, safety, and maturing out of the life. Figure 10 frames the readiness to elope sub-theme.

**Figure 10**

*Readiness to Elope*

### Awareness of Trafficking

The participants explained *awareness of trafficking* as their lack of knowledge of what was happening to them. The awareness was a critical first step in the planning for elopement, prior to engagement with safe environments. These narratives combine the *awareness of trafficking* and the integration of an “initial” safe environment, two interrelated characteristics. OG described the awareness moment by saying:
Well, I have never, ever, ever heard that term before human trafficking and I was reading this article...that was the first time, I thought I have never... been like...ummm... that there was somebody out there... that was possibly be concerned or be involved to help women like me [safety].... because it was totally mind blowing concept, and that finally gave me the notion to actually help myself!

Lisa explained how understanding she was a victim of DMST led her to way out trafficking, “I moved on understanding all this, when [public defender’s name] .....open the door and gave me [human trafficking shelter’s name], that is when I started to realize that I had a way out [safety].” A3 described becoming aware of her victimization through her encounter with a FBI agent was her way out of “the life,” “He's like… you're not in any trouble here [safety]...but I do need to talk to you and show you something... they [FBI] were able to give me like a stamp of, like, you're a trafficking victim basically.”

Mel’s awareness occurred when she read a story in an article about a trafficking victim. Feeling validated, she said:

"About 6 years ago... I didn't know what the terms were, but I had read a story, a story in a magazine about another girl that had ran away from home, met a guy, and he trafficked her for like five or six years, you know... but the similarities were... just so similar. It was like that that's what happened to me! You know, it maybe didn't happen for five or six years! But is still happened....So yeah, I was not trafficked for 10 years, and I wasn't, you know, sold and bought multiple times by multiples pimps...but it's still happen, right and that’s [teary] the important part of healing, is this understanding... that, that is what happened and it wasn't my fault!
Safety

Safety is a characteristic, integral to the elopement process. The interrelated characteristics of awareness of trafficking and safety occur in opportunities with allies, e.g., attorneys, law enforcement, social workers. Finding of a safe moment was integral to influence the participants elopement process. Lisa uttered she was trapped until the safe moment:

Now!... when I really made the decision was when [public defender’s name] gave me the opportunity and accepted me into a program, and I can see a way out of it… wanting to get out and being able to get out, are two different things! I want to be out of this apartment… but do I have a way to get out of it, NO... Do I have the way to get out? And I learned that very young!

A3 spoke about having a safe person [driver], who reduced future kidnapping by her trafficker:

I guess, he thought that he would catch me slipping one day and like, I've already had… like… bad situations, so that's why I had a driver because I was getting sent to bad apartments, bad houses, in the middle of nowhere. So that's why I like I ended up hiring someone [who protected me]…so I guess you know that guy that was driving around basically saved my life because he [my trafficker] had a whole plan of like to re-kidnapping me!

Mel described how the incarceration of her trafficker created a safe haven and she made the decision to elope from DMST:

Once… I knew that he was in custody that was like, okay, he is in custody…so now I
know I can get away… once I knew that he was arrested is when I start to feel free! Because at that point, I knew I was free up there! ... He wasn't like… they [law enforcement] were, they were holding him….there was no bonding out…there was no bailing out …that he was really not going to be out… so I felt free then!

**Maturing Out of “the Life”**

*Maturing out of “the Life”* is another characteristic that has developmental qualities. The participants talked about *maturing out of “the Life”*. They described themselves as young and impressionable. Additional adversity became a barrier to elopement, particularly with CM influencing their growth and development. All recognized that growing older and maturing in wisdom, albeit informed by “the Life,” was necessary for their transition.

OG reflected about how aging allowed her to understand that it was not her fault. She said, “I did not know this happen, when I was younger …I learned this much older. You know, when I got older… and… I was able to put a name to what had happened and… it kind of fell into place.” A3 explained how getting older allowed her to recognize the dangerous situations in “the Life.” She realized, “like, so just, like, I realize older, like… later on like, I kind of put myself in a lot of situations that put myself… that could have put myself in harm’s way.”

The participants defined their maturity using different, but unique descriptive sub-categories to refer to their lived experiences and current thinking. Sub-Categories such as, **tired, breaking down, letting go of the past,** and **alchemy.** Each had unique reflections about the time when they *matured out of “the Life”* and a made the decision to elope.
Maturing Out of “the Life” Sub-Category 1: Tired

A3 and OG expressed feelings about how being physically tired of “the Life” helped them move through the gradual process toward elopement. A3 recalled, “I don't know how… you get tired, like, but not like a sleepy tired, like, you get tired, like, you feel like… you're… I felt like, if I didn't come home when I did… I probably would have died!” OG voiced, “when I was older … I was able get tired and sick from it [trafficking] and something clicked in my mind, this is not… ummm… how life is supposed to be!... I am just doing this to myself now!” For Lisa getting tired of her relationships led her to elope from trafficking, “I had enough of the relationships... I got tired.”

Maturing Out of “the Life” Sub-Category 2: Breaking Down

Two of the participants described breaking down as an important step in maturing out of “the Life”. OG described how having a psychotic breakdown made obvious her need to move toward elopement, saying, “I think I basically had a full on psychotic breakdown and that let me to think…out… in psych ward and I was in for a suicidal hold.” Lisa reflected the breakdown of her life’s journey:

At that point, I was 39 years old, my life was ruined at that point! …I had 20… something like that convictions. I had five judges… I already had all this cases that were fucked up… My life was trash, I came, and make a go of it and I get trafficked by a guy who wanted to get engaged to me…who told me he was sober… and there he was smoking crack! Turn me up on crack and put me out to work in Jersey and a whole big mess over there… I was done!

Maturing Out of “the Life” Sub-Category 3: Letting go of the Past

Two participants spoke about letting go of the past as an important factor in maturing out of “the Life”. Lisa describe her journey to forgiveness included letting go
of the past, the pain, as part of her elopement process. She said, “I had to learn to forgive myself … because everyone else have forgiven me…. they [children] may still be hurt and mad… but they have forgiven me because if they had not, then they would not be part of my life.” She further described:

So that is probably the biggest piece, cause, it is knowing what you done to yourself and knowing what you done to other souls… and… be ok with it knowing, that it is in the past and there is not a God damn thing you can do about it!... You cannot do nothing about it but you still have to live with it … I have to get out my past… and… stop creating the past.

A3 described letting go of the past as part of moving through the pain was a way to find her purpose in life, “to go through the pain, but try to look at it from a different life steps… out of it… because we all go through things for a reason there's no coincidence.”

A3 spoke further about her new beginning as letting go of the past, saying, “learning to love myself, learning to go within and learning to not be in my past, not to allow my past to be… to define me like, I defined myself who I am!”

**Maturing Out of “the Life” Sub-Category 4: Alchemy**

A transformation, was a turning point for some of the women to finally elope, remaining out of “the Life.” Two participants explained the process of taking something ordinary and turning it into something extraordinary. A3 defined *alchemy* as a self-awareness with efforts to overcome her past and become resilient:

Alchemy… changing one thing to another… so instead of asking why or why this happening… how is can I change it…? Look at it from a different point? So, yeah, I went through some terrible situations... but I’ll never let another man beat me. I
would never let another man do that... my purpose was always there…my purpose was always shining, and some ways that…resilience was my purpose, the being able to look at things different from everybody else. That was my purpose because now, I can kind of give that to somebody else… eventually one day, like, I can kind of just let someone see things from a different way…so it's like I don't judge people and what they choose to do…because first all along, I blamed myself and I blamed everyone, you know, I blamed my mom, my mom! Like everyone likes to make excuses for everything, but, like, we have to go through, what you go through to be who you are, and that defines who you are and you can either think that's all you know, what I mean, like, sink more, you know, or make it, and so I chose to… chose life!

OG defined *alchemy* as increasing self-awareness too. She described it as, “call it a spiritual awakening... That was when ... where ... all the changes started to happen.... I finally became free in my mind... to seek out and actively pursue out the help to get out and stay out.”

**Sub-Theme 2: Elopement Victory**

*Elopement Victory* is a sub-theme described by participants as a final transition out of the environment of “the Life”. The overlapping characteristics of the *elopement victory* include *individual, interpersonal, and survivor needs* for the survivor to transition from DMST to a life without DMST. Figure 11 frames the *Elopement Victory* sub-theme.
For *Elopement Victory*, the individual participants revealed needs related to personal environments that encourage self-efficacy; that is, acquiring tools that offer a way toward their goal of permanent elopement, beginning with enhancing their belief in themselves (self-efficacy) to be successful. While growing in the belief that they could be successful, participants afforded certain sub-categories such as *spirituality*, *acknowledging the guilt*, *transmutation*, and *helping others* as essential in the assurance of permanent elopement.

**Individual Sub-Category 1: Spirituality**

Three participants described a belief in a higher power, *spirituality*, where each have a unique perspective with their beliefs. Lisa described her relationship with God as a step toward conquering “the Life:”
Oh… God was with me always!... from being shot, being raped so many times, I .... All the tragedy… I would not be here…. after all the shit that happened to me, he [God] brought me out of hell absolutely… I believe God put her [public defender] there at the right time! and she is the reason of who I am today…. I am sober today… without her, I would not be where I am today.

OG clarifies how being part of organized religion helps her to remain out of “the Life:”

I am in a church right now, I really enjoyed it. They really help me…Jesus Christ came for people like me, women like me, that what is all about…every night…every time when I was in the hotel room, I would read the hotel’s bible… that kept me going… as crazy as that sounds…reading the stories about women like me!...reading their story gave me the strength to keep on going!...spirituality is huge part for me!...many times I did not know that I wasn’t alone… that God was with me… if anything, I felt [smile]… I surely was the first person that would stay in hell forever. but as I aged my mind stated to develop like you said, you don’t have cognitive capabilities, and sort of you don’t have intricate thinking, but there came a point when I started realizing that God is with me.

I think, I was very fortunate! I think that God was in play when I was in the psych ward and just happen to open this magazine…and see this article about the company that employed human trafficking survivors..and they were able to connect me so many people.

OG ‘s shared excerpt of a drawing that further describes the fight within herself, thinking of herself as a malevolent but having God (e.g. having crosses all over her drawing) as part of her spirituality efforts (see Figure 12).
A3 credits spirituality as changing her whole life, supporting her to stay out of trafficking:

I just know that I have, I've gotten to the point where I logged into spirituality so that changed my whole life, changed everything for me that made me look at it, like, maybe that was a mission that I had to complete with my life… from a past
life! I feel like spirituality changed my life learning to love myself, learning to go within, and learning to not be in my past, not to allow my past to be to define me, like, I defined myself who I am… I thank spirituality for that.

**Individual Sub-Category 2: Acknowledge the Guilt**

A step toward breaking the addiction to the lifestyle of DMST. A3 describes,

“like it was when I realized that I felt guilty for it… that I realized what I was changing …like… I felt bad for posting that ad [online advertisement]… I think them closing “Backpage⁸” ….kind of saved my life because it was an addiction… kind of it.”

Mel questioned and acknowledged the guilt in order for the healing process to start:

Why do I always feel so guilty about it?...And so I started removing all of these labels!!!... that have been put on me!!! [crying].... you know, and that's when the healing started because you have to.... you know, it's not my fault.. you know...this is not my fault ....you have to remove all of that weight off… off you and that's what I've been really working on. So... and it's been it's been helpful…you know..., it has just knowing that it wasn't my fault. [smiling]

**Individual Sub-Category 3: Transmutation**

The process of transforming DMST trauma into something positive; the consequence of participating in the transmutation guarantees distinct differences to promote permanent elopement from “the Life.” A3 reflects that “taking the things that I've learned and trying to adapt it into this life and making it work with this life… so there could still be some type of comfort.” She further describes that she is:

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⁸ Backpage was a classified advertising website that had become the largest marketplace for buying and selling sex by the time that federal law enforcement agencies seized it in April 2018.
Capable of doing anything I set my mind to, and I know, that I can achieve all things! So as soon as I got my high school diploma, I was right at massage school because I was,

I realized… I was more or less, I'm kind of like, I could of been a therapist or I could have been a healer in some ways… but that choice of like going to college… while stuff was kind of taken away from me… so it was like I've jumped into like a plan of, like, I'm going to be like a therapist or I'm going to be a counselor…so I'm going to school for massage and like, go to school for massage… and then …go to college, like, I just need the massage…. I need the massage to bounce off…and so I went going to school, ended up getting like a job at ‘X’ right out of school! The school was amazing!... I found something I really liked!

Transmutation assists survivors in distinguishing the experiences in “the Life” from the current experience, which affords the continual opportunity to chose differently. Mel transmutation is validation of her trauma:

I share my story.. in that kind of a way that seems to help people and that helps me… and if…. I think sharing, sharing. and just talking about it more, has really helped! …I do a lot of writing…that's what I do.

Individual Sub-Category 4: Help Others

The participants discuss that to help others validates their first hand knowledge of DMST. The exposure to discussing the process of elopement is necessary for their healing. A3 relates “I'm super empath….so I always was helping girls…always getting in trouble for helping girls.” OG declares she uses insightfulness as a way to help others:
I think I am a very empathic and insightful person... I think for me, it started to happen early on… That I know if someone needs help, I can guide them, where to get help… what is happening to them, not being manipulated, not being groomed, and not being changed and so traumatized… knowing that they do not have to stay in that lifestyle!

Lisa helps her children to keep her out of “the Life” and explains:

now I am a mom and a grandma. I am always a mom, and a grandma… 24 hours a day! back then if I was I mom for two hours a day… I was lucky… ummm… I did not care, I … they had money… but they did not have a mom… but now they have a mom now! They need me, I drop whatever I am doing..unless I am at work but if they need me, I will leave work… so I am there for them… I am dependable, I am accountable, and that is priceless!... I am sorry that I didn’t do this sooner.

**Interpersonal**

The integration of interpersonal environments among the participants was determined by an individual positive support either through a therapist or in a relationship that encourage a way toward their goal of permanent elopement and be successful.

**Interpersonal Sub-Category: Having a Positive Support**

*Having a positive support* was influential interpersonal category in the process of permanent elopement. A3 and Mel explained the importance of their therapists as a *positive support* in their life, starting the healing process and commitment to permanent elopement. A3 voiced:

Yeah, you know look at life through your lens… I look at life through a different lens to where you're still trying to figure it out…so when I met [therapist’s name]
was kind of like, I felt like, [participant used her birth name] is now is here!... that was pretty cool [teary].

Mel disclosed:

You know..I'm actually in therapy now …which took me a long, long, long time to want to sit down or even want to go through therapy because that's hard… It's hard to find a good therapist too, one that understands human trafficking and all of the trauma that comes with it…. that's been a big blessing … having a good therapist.

Two participants pronounced positive support was having steady relationships that provide an environment of wellbeing. OG described:

I since been marry to a man [touches her head and small smile] who doesn’t hold my past against me, which was always what has happened before.... [Later she describes] I feel I am in shock… sometimes it feels very unreal …that actually… I am not a sex worker anymore that… ummm …it is very empowering but is really the help of all people, people like you!

Lisa reflected:

I am in my real sober relationship… he is great, I love my dude…ummm… first sober relationship almost 3 years, we have our owns ups and down, but just learn to live. I haven’t been sober this long! and living sober and learning how to live… ummm… I feel like a kid sometimes! I am 51, almost 52,… trying to live, live and making use of something… strange sometimes….ummm…. the past doesn’t consume as it used to… ummm… but I go to AA and I see Sandy [therapist].
Survivor Needs

Participants verbalized recommendations that would help professionals to understand the structural necessities for their elopement process, based on their lived experiences, to have elopement victory. Descriptive sub-categories of survivor needs included a safe place, comprehensive services, and a positive step-program.

Survivor Needs Sub-Category 1: Safe Place

Safe place had different meanings to one participant who spoke about a physical structure or programmatic funding to help them remain out of “the Life.” A3 stated,

Not really, sometimes is not all about the money, some of them need just a little help… you know what I mean… in this situation, of course, they have to get out that's different...but like, if they're already out, like, building that is a safe place!

Safe place also means emotional support. A3 further explained:

Nobody realizes… like… you don't know our purpose when we leave…so why is everyone so bent on, like, the addiction or so bent on things… like… that… where they don't realize that we send girls back into relapsing or send girls back to their traffickers because they don't know what they're supposed to do!... It's kind of like if a person went to jail all their lives and then goes to the halfway house… the halfway house helps them transition into the world…they help them get that job…hey help them…you know what I mean?... like, whatever some things like that…I don't know how to like, describe it.

Safe space also means funding for support structures. A3 continues:

I think it's all about support team… so being there for year and knowing that, that a person can gain something in that year, but if they didn't gain something in that year ...maybe, their learning abilities are not there, or maybe the way that they do
things is different… So they might need another year. I feel like they shouldn't give up and I shouldn't be a time stamp again that goes along with you know.... politics and money and having beds in rooms… where I have this transition…I have this transition home first, ...why can we all come together!... and have a bunch of transitioning homes? And that's the issue... when you have people that want to be the first person to do something! or this person want to have it,… there should be multiple transitioning homes!... So you never run out of the bed!

**Survivor Needs Sub-Category 2: Comprehensive Services**

The participants addressed comprehensive services as part of their individual and interpersonal needs. Inherent in the comprehensive services is the importance of trauma informed care that is uniquely person-centered, implying that each survivor if DMST has different experiences and needs, avoiding judgement and labels. A3 commented:

Just more or less, like… if you don't have the resources or don't always look for the resources, ask the person what they need and sometimes, like, all trafficking survivors or all victims are going to save money because that's how our life is!... but what else do they say? It's deeper can't get it out what I'm trying to say but it's deeper and deeper than that.

A3 later explained the need for comprehensive services:

I think a lot of survivors have a hard time finding job opportunities…when they come out of “the Life”… they don’t have a work history or education history… I think job opportunities, and… ummm… I never personally had a legal background to solicitation but there are some that need… having their legal background sponged, so that they can access services and that this is not held
against them... Not being treated as the perpetrator, not criminalized for being exploited!

Mel desired inclusion in the services:

I went to the sexual assault advocacy center, is where I first went and I was connected to a survivor network...I would say that the survivor network may not be fit for everybody!... I think that, there are a lot of young women that are still trying to find their voice... there are a lot of us, older women, that are still trying to understand everything that's taken place... there's a lot of different levels of stories, and journeys, and healing, and in survivor networks, that are survivor-led...here may not, may not always be that space.. is what I have found... people getting brushed over..... it becomes a lot of white noise... I guess you could say [explaining] so it's like everybody has a story, and maybe one group of women are on one path, another group of women on a different path... [they need to] honor another path... and ...there's not a lot of room for those women to meet the middle... I guess you could say, you know, I come from where I did work [job] after all of these things that happen... I work... I work my way up, and I work my way into a corporate job and I did all of these things. But I still had not healed from the sex trafficking or the domestic violence... so when all of that came out... you know... in my late thirties, early forties... it becomes... I'm still trying to find my way... and so an established organization, as survivor led may not have room for somebody like me!... or others, and I've just... I've seen that ... that's why I'm saying it.

Mel related that some organizations do provide help with certain types of needs:
When I got sick… I had a credit card debt… It was a debt collector that just kept coming after me for six hundred dollar credit card bill… Yeah, and I… you know, I was sick…and I was but I just needed help in my, this organization helps survivors connect with attorneys… so I was really excited about that to find that.

Lisa supported the need to have comprehensive services too, by saying:

They don’t look at the whole pie!... they look at the part that they are doing, they get you into therapy, they are taking you into a recovery house, but they don’t look at everything about the individual. what is their economic structure? what is all their debt? What is all their circumstances? Once we are push out this project in a year where are they really going to be sitting? What are their means to survive? What kind of education they have? What are they going to be able to do for a living? What are you actually doing for them? Ha!... we are going to put them on SSI and live in a fucking one room! [sarcastic tone]. NO!!! everybody is not willing to accept that for a life some people are, but I am not that people! cause you got to repair the whole human being... you can’t just repair the parts you want to fix, and throw the rest away. It has to be the whole person.

OG related good comprehensive services from organizations that helped her:

I was in women’s refuge, which is a safe house for human trafficking survivors…ummm …I been on many retreats…there is a lady named TF [with a program], she does healing retreats stuff like that… I had free trauma services… I had so many services that are so valuable to me… to be a high functioning person…ummm…I feel great, I can actually lead a life now and not just be a shell of a person, not just be an object!
Survivor Needs Sub-Category 3: Positive Step Program

The survivors verbalized that a step program may afford an opportunity to address the complexity of their experiences and their struggles to overcome addiction, identity crisis, and complex trauma. Lisa said:

She [the judge] realized it was her mistake by letting me go to my sisters. … so she left me 51/2 months in jail, went to Jersey, got to AA [Alcoholic Anonymous] and from that point on I was sober…but it does not work if you don’t do the 12 steps…not live with a junkie, get a sponsor, and go to meetings.”

OG compares drug addiction recovery step program to steps to permanent elopement:

Yeah, I think is very similar… ummm… very, very, similar because you kind of…for me it is kind of… I’ll compared to drug addiction recovery, they tell you, you won’t get better until you are ready, and once you are ready to do something for yourself, having other people put it for you doesn’t help you…. It kind of enables you… but it is nice to know that the options are there.

OG explains having a supportive step program that was segregated to include only permanently eloped DMST women was beneficial, saying:

I started going to weekly meetings where there were other women that had gone through the same thing… once I knew there were other women like me everything changed, like my willingness to talk about it changed, I didn’t care if other people knew about it? Which was a really big step for me because I was going to hide my life from everybody… once I realized there was other women that have been through the same thing and there were actually people that cared about what happen to people like me. That made it possible, it was a complete 180, like that saying goes, it was a a complete game changer because then…
ummm… it is like alcoholics they have alcoholic anonymous when you have women like you…, you draw strength from each other…, you are not alone.

A3 compares the need for positive step programs to specifically address DMST coercion, deception, and abuse from domestic violence and other types of sexual trauma:

But it's like, you lose yourself and nobody realizes that it's… you lose who you are!…you lose your identity. It's more or less like an identity crisis…so, how can you help someone get their identity back? Well, how can you help someone create a new identity for a person?...so it was more… I feel like it's definitely the brain, because you get brainwashed and you got to think, like, what they're willing to do… to brainwash you and the extent that they're going to do… to brainwash you…your brain wants you to forget your life before them[trafficker]…brainwashed you to adapt to that life, depending on the situation, you know, you're brainwashed to think that it's okay… after a while depending on how long you're there…so there's so many different ways but it's like, you know, they groom you, they [trafficker] brainwash you…

Mel spoke about having positive step programs centered on unique DMST complex problems aids in recovery:

Absolutely I think that the earlier and the quicker that you can help somebody that's been through sex trafficking trauma… ummm… the better things will be for them because… to carry a lot of that throughout your life…. I mean… I still have nightmares of the men that I had to sleep with …so… the earlier you can get to that the better. I think it would be for any victim and kind of be…you know desensitize…however you want to say…..you know breaking down those levels of
things that have been built up…because I can tell you I was completely
desensitized to so many things like, normal people may react to certain traumas
whereas to me… It's like, oh, you know, I've seen too many things at this point in
my life…so, I think the earlier we can get to any sex trafficking survivors the
better!

She further explains:

I'm sure you know this by now, but a lot of survivors and victims they don't just
fall into sex trafficking… So there's something that led up to that whether it's the
family that sex trafficking on or like me they ran from their home life and to a sex
trafficking situation…o, you know, there's always something that's
happened before this, right? so that there may have been some significant trauma
even before the city [NYC] sex traffic, like in my case there was and I'm not the
only one! ...by the time they get to sex trafficking they probably already
experienced some level of trauma and the quicker that being able to get them out
of that trauma… PTSD phase ...you know... puts you in a different place, you
know, so the quicker that you could get to them!!!!the better off any victim would
be because you know, like I said, it didn't probably just start at sex trafficking…
stuff before there's a huge connection on that.

Summary

Elopement is a long circular complex and non-linear process. This study revealed
that no two exiting journeys are the same but participants saturated themes, sub-themes
and sub-categories for analysis. Moreover, the research uncovered the elopement process
as a non-linear ongoing journey that conflicts with the limits of a stepped linear six-stage
model in the literature (Baker et al., 2010). The purpose of the multiple case study was to explore the elopement process of adult survivors of DMST. In particular this study, the researchers focused on identifying important self-identified lived experiences during adolescence that either facilitated or challenged the participants’ permanent elopement success. The research uncovered that elopement is not a simple process of behavior choice or change; rather, it is an intensive non-linear process with starts and stops that impacts the individual, community, and all spheres of life. The participants were four female survivors of DMST, who narrated their adolescence experiences about their elopement process. Regardless, the multiple case study provided an opportunity to explore the lived experience of the volunteer participants who reported DMST and their current circumstances. Themes, sub-themes, and sub-categories emerged from the data, where narrative quotations uncover the associations and explanations in the qualitative analysis. To remain true to the participant’s voice, reporting included quotes from the semi-structured interview, as well as three volunteer excerpts, throughout Chapter five. Three participants preferred a pseudonym, and one participant an alphanumeric ID. The next chapter discusses the analytical interpretation of findings in more detail.
Chapter 6: Discussion of Findings

Chapter six presents the findings from the themes associated with DMST interviews with survivors. The purpose of the study was to illuminate the lived experiences of adult survivors of adolescent DMST and provide a conceptual understanding of the elopement process. While there is considerable information about “the Life,” the qualitative analysis for Chapter six focuses on the elopement process Out of the War and two related themes – The War and Conquering the War. Chapter six discusses the analysis of the main theme, two related themes, four sub-themes, and literature related to or lack thereof, and supporting or refuting data.

The Research Question

The following question guided the research: What is the elopement process for adolescent victims from sex trafficking?

Linking Entrance to Elopement

In order to understand exiting “the Life,” the researchers discovered specific early adverse life-experiences create vulnerabilities and consequential early choices of adolescence. The discoveries deepen our understanding about the coercive nature of entry to DMST that begins in childhood. In the study narratives, family dysfunction, financial instability with economic necessity, and addiction emerged as influential pre-entry themes for the participants (Chapter four). Findings of this study build on existing literature below by confirming that developmentally, the adolescence has inadequate coping strategies and resources when there are no adverse childhood experiences. When coupled with CM, particularly child sexual abuse, the vulnerability of adolescence and adverse experiences increases risk and denies the adolescent safe environments. In this
analysis, childhood sexual abuse was a common adverse experience of the participants, creating a vulnerability when the adolescent is seeking safety outside the home, where the community’s environment is skewed toward risk-taking. To belong, substance use was a factor for entry with all study participants, which compounded economic instability in “the Life” where continued use became a coping mechanism during their adolescence.

With analysis, the increasing exposure to the coercive nature of sex work, the environment of economic instability contributed to drug use where the choice of drug use was not an option. The analysis identified financial instability as the draw to sex work, and drug use as a methodical choice to survive. This study’s findings build on the work of several researchers. Finkelhor and Browne (1986) warned about distinctive and unescapable effects of CM in the psychosocial child abuse experiences that contribute to the survivors’ vulnerability and emotional health. Minors experiencing child sexual abuse by family members are at risk for DMST (Estes & Weiner, 2005) where child sexual and emotional abuse are direct links to the “pathways to prostitution” (Roe-Sepowitz, 2012, p. 564). Researchers report that when children run away, the adolescent desires a life away from home that is less abusive emotionally and less hostile than their life at home (Estes & Weiner, 2005; Roe-Sepowitz, 2012; Sanchez & Pacquiao, 2018; Tracy & Konstantopoulos, 2017). Others explain, many minors trapped in abuse and/or sold for sex (trafficking) is a continuance of the only way of life ever known (Hanna, 2002). The theoretical framework of Life Course Theory (Elder, 1994) support the findings by qualifying their life journey as complex with each contributing experience influencing their next experience. When used for this research, the Life Course Theory addresses the adolescent, the abusive events leading to “the Life” and the environmental influence of
“the Life,” where the data supports that the DMST life’s journey events do not occur in isolation and they impact future choices and experiences.

Out of the War - Elopement Process

Participants described a non-linear process for getting out of the war which is contrary to existent literature which describes only linear processes for exiting (Baker et al., 2010; Evans, 2020; Gonzales et al., 2019; Hammond & McGlone, 2014; Sanders, 2007). In the narratives for this study, no two exiting journeys were the same because the circumstances are different for each participant, which uniquely impacts their recovery. Importantly, the analysis of participant narratives yield support a common non-linear process, which includes a defined shared experiential process during exiting. The factors in the narratives reveal that leaving “the Life” is a developmental process, affected by experiences, maturation, awareness, and opportunity, where repeated decision-making (looking for opportunity to exit) encountered frequent exiting barriers. The barriers are predictable from the narratives, providing explanation about the difficulties in leaving “the Life.” The analysis of the narratives promotes the qualitative finding that the exit is more akin to a labyrinth or maze than a straight line or road. In support of a linear process, fewer than two publications build on the phenomena of exiting prostitution. The linear evidence is from Baker et al. (2010) where she describes a journey that pushes the limits of a six-stage model where survivors exit at any stage. Sanders (2007) found that there are typologies of staged transitions to elopement from prostitution, another linear approach. Both fall short because linear approaches do not address the analysis and findings in this study, which imply non-linear approaches. There are four articles addressing exiting HT, where Hammond and McGlone (2014) use the linear Baker Six
Stage Model as a parallel framework for their thematic analysis. The other three articles identified linear stages through a thematic analysis to describe the exit, which included: barriers, motivators, experiences in restoration, and implications for professionals (Gonzales et al., 2019); self-defined wellness, describing “the Life,” and the exiting process (Corbett, 2018); and post-traumatic growth, religious coping, and traumatic events (Schultz et al., 2018). There is no literature supporting the non-linear findings in a thematic analysis of the exiting process from “the Life.”

While there is no literature supporting non-linear decision making, the thematic analysis needed a maze structure to understand the relationships among decision making and barriers, which is evidenced by the narratives of the participants in this study. The participants’ narratives clarify elements of the maze by using their current reflections about the periods of time when they attempted to leave. They revealed multiple barriers to leaving over time, unique to the individual and the circumstance, but all included individual, interpersonal, and professional silos (systems). The analysis of their narratives reveals their current thoughts about their interpretation of their experience, revealing a shared experience about exiting that gradually progressed from readiness to a decision to elope. The analysis also revealed that the participants were very aware and understood consequences associated with each barrier to elope. Universally among the participants, elopement did not occur until there was: awareness of trafficking (putting a name to their victimization); safety (finding a safe moment); and a developmental maturation or maturing out of “the Life,” (finding “alchemy”). The narratives built on the themes with examples of Conquering the War, which included an enhanced belief in themselves
(individual); a positive support (interpersonal); and meeting their survivor needs (structural).

The War

The War is an environment where the participant is in “the Life.” To help understand the barriers, the analytical findings describe barriers to elope and safety seeking. When asked about the factors related to barriers to elope that impeded their exiting, all participants mentioned the lack of or lack of knowledge about resources as an obstacle. The barriers presented interrelated factors inhibiting DMST participants from seeking help with elopement, not only as an individual, but in interpersonal relationships, and among systematic silos of unhelpful professionals (such as legal, social and health). The first two, individual and interpersonal, reflect the human-to-human level, and include development of close relationships, hampered by their life trajectory (family violence and sex abuse) and the toxic trauma of DMST. The findings conclude that barriers do not exist in isolation and cannot be addressed outside the context of a complicated and difficult situation of DMST. The mental and emotional inner turmoil that comes with the decision to exit is part of a non-linear labyrinth of obstacles at every turn. This labyrinth of obstacles is not in the literature. However, parallel literature supports the analytical findings in this research for survivors as experiencing complex trauma. With the length of time in coercive traumatic environments (family violence and child abuse followed by DMST), there are changes in the organism, which is supported in the literature. Understanding the effects of trauma on humans includes knowledge about the dysregulation of the stress response (Selye, 1935). Allostatic loads affect multiple systems (Goldstein & McEwen, 2009; McEwen, 1998). One studied aspect of the
dysregulation is the hypothalamic-pituitary-adrenal axis (HPA axis) (Shea et al., 2005; Tarullo & Gunnar, 2006). High cortisol levels cause predictable cellular demise. Often studied for the impact of cortisol are sexually abused and maltreated children (De Bellis & Thomas, 2003). The stress response contributes to the psychological outcomes known as emotional dysregulation, poor impulse control, illogical thinking, and life-course persistent aberrant behavior seen in maltreated children and sex trafficked youths (Basson et al., 2012; Hopper, 2017; Putnam, 2006).

Another finding related to individual and interpersonal was that participants’ perceptions and experiences with fear, isolation, and entrapment created barriers that influenced their elopement process in complex and repetitive experiences framing a labyrinth and non-linear process of the proposed maze. The dynamics of fear, isolation, and entrapment, whether perceived or experienced, became another barrier in their elopement thinking and choices to act. Despite ongoing and severe physical and psychological trauma (as defined by professionals), three participants articulated comfort in becoming their “own trafficker.” They described their involvement in “the Life,” referring to an “addiction to the lifestyle,” the thrill of making money for their addiction, feelings of belonging to a group, and personal empowerment. The analysis indicated that the deviant role “trafficker” in the participants encapsulates a complex picture on the subject of coercion and choice. The participants verbalized awareness of coercion by personal gradations of development that sometimes blurred the boundaries of choice, such as having a drug addiction and becoming entrapped by a boyfriend-type relationship into formal exploitation. The analysis revealed that the trafficker manipulated the mind of the adolescent, then coercion occurred, and the analysis identified their thinking at the
time, which revealed confusion spiraling in increasing involvement with DMST. Self-blame, shame, and a naïve view of themselves (in that they did not identify as victim at the time) were all factors in the participants’ interpretation of the DMST environment. Increasing struggles with addiction and recovery prevented them from developing an understanding about their situation, as well being branded (tattoo) and caused continued entrapment in a maze, delaying identification and cooperation with exiting trafficking. The findings of this research was supported by a study with service providers, rather than seeing the coercion in the situation, trafficked victims report feeling as though they were responsible for the acts against them as well as ending up in the trafficking situation (Baldwin et al., 2011). Biderman’s (1957) *Theory of Coercion* also provides an understanding of the trafficking methods identified in this research and provides an explanation about effects or purposes, and variants of actions used to maintain control of victims in DMST. Biderman’s theory is essential to understanding the elopement process and recovery trajectory from DMST and the recovery trajectory identified in this research.

Three participants explained that the intrapsychic factors assisted in the internalization of the deviant role and status as a “trafficker,” which further prolonged their length of time in DMST and drug use. In contrast, one participant did not develop this intrapsychic factor “trafficker, due to her limited time in “the Life” (1 year). The literature supports the “limited time” finding in that early identification prevents health and adverse psychological outcomes related to vast exposure to violence, danger, and drugs that impact the DMST adolescent well-being (Basson et al., 2012; Estes & Weiner, 2005; Kotrla, 2010; Sanchez & Pacquiao, 2018). Also the evidence on the commercial
sexual exploitation of children (CSEC) supports the findings in this research about the frequency and length of criminal victimization including rape, physical violence, and isolation adds to the conflict in roles (Dalla et al., 2011; Nixon, et al., 2002; Raphael & Shapiro, 2002). Consistent with the majority of sources from recent literature, these findings highlight the complexity of “choice” with regard to DMST, framing choice in terms of constrained option and limited resources (Dank, 2011). Hence, the overlapping precipitating and perpetuating factors make the dynamics of toxic trauma bonding, choice, and coercion even more complex (Sanchez et al., 2019) and supports the findings from the analysis of participant narratives.

Even after elopement, the impact of the internalization of the deviant role was a persistent obstacle to elopement from “the Life.” For the participants at the time of this study, the internalization of the persistence of the role is now between 8 and 32 years, appearing to be a life-long obstacle to elopement. The findings also revealed that the participants experienced an early growing disillusionment with their relationships (traffickers). The participants began by believing that they were out of touch with “the Life,” and no longer trusting in the aspects of “the Life.” Their self-determination and positive sense of self reinforced the internal questioning about their situation, knowing they were survivors. Therefore, the findings revealed moral conflict amid the positive self-determination (even as a trafficker), expressed by participants as a non-linear internal inconsistency and solid barrier to escaping the labyrinth during their elopement efforts. The notion of moral conflict is consistent with the research on women who experience significant trauma (Linley & Joseph, 2004).
The third characteristics of professional silos captures the survivors’ perception of providers’ social opinions of DMST victims, and in profound ways, likely affected the individual and interpersonal relationships too, and ultimately, the elopement process. All participants internalized perceptions of their experiences in professional silos and described themselves as being invisible to the outside world. The elements in the characteristics include a lack of attention to their situation (such as young with frequent sexually transmitted diseases, dressed inappropriately), persons outside “the Life” as judgmental (such as internalizing labels for DMST behavior, don’t know who the father is), and the internalization of labels by others (such as whore, prostitute, bad-kid, runaway). The findings of the participants’ narratives and written excerpt described service providers were particularly unhelpful and hurtful as unique barriers to their elopement. Negative experiences with providers permeated the eventual participant’s disclosures. The findings suggest that trust is a major factor in the disclosure. The perception of the lack of acknowledgment, judgement and labeling by providers discouraged disclosures in health care settings, attorney offices, and other organizations. However, one participant related positive experiences with individual service providers and agencies. The participant credited the compassionate and understanding providers with helping sustain their successful elopement from DMST. The research supports this finding and promotes the development of trauma informed care interventions where safety as a guiding principle to developing trust. Also, ‘seeing’ the persons as an individual, focusing on individual and their experiences, their relationships with the environment, and creating safe environments in the institutions is a start in removal of the barrier – lack of trust. Research also reports that the profound effect of trauma on behavior needs to be
understood by providers in order to develop therapeutic, empowering relationships (Judge, 2018; Judge et al., 2018). Evidence from Substance Abuse and Mental Health Services Administration [SAMHSA] Tip 57 (2014) supports organization changes at the individual and organizational levels that promote the principles of trauma informed care, which include safety, trustworthiness and transparency, collaboration, peer support and empowerment, voice/choice, intersectionality/gender (Bowen & Murshid, 2016).

The qualitative results of one sub-theme identification, *seeking safety*, is supported by the participants’ narratives and significant literature. The narratives provided evidence for participants’ reasoning for staying in “the Life,” which includes exchanging sex for shelter, sleep, or protection (safety). These behaviors to seek safety are understandable given their home environment (such as sexual abuse) and as such, the participants lamented they were not safe in their homes. With the lived adverse experience(s), the narratives reveal that all left their homes voluntarily (such as runaway). The participants also verbalized that their stories of abuse led them to seek out fulfillment on the streets; for others, their histories made them vulnerable to entrapment by traffickers. Regardless, unsupervised, their narratives revealed vulnerability to traffickers’ coercive methods. *Maslow’s Hierarchy of Basic Needs* identifies food, water, warmth, and rest (physiological) and security and *safety* as the basic needs (Maslow, 1943). The research supports the adolescents needs for safety (Baldwin et al., 2011; Greenbaum et al., 2015; Maslow, 1943) and literature supports seeking safety is always a factor for predicting risk of capture in DMST (Judge et al., 2018).

The participants’ relationship with their mother was significant. Through analysis, the researcher identified the lack of support at home, whether active (abusive) or passive
(death, abandonment), predicted their vulnerability. Childhood trauma as a risk factor for DMST involvement reveals that the participants experienced pervasive trauma, instability, and negativity in childhood. The literature supports these findings. The “lack of love” or lack of support from caregiver or parent, the lack of a stable caregivers, negative parental relationships, overt abuses (Brantley 2015; Horning, 2013; Reid, 2010; Stoltz et al., 2007) were consistent with the findings in this study and mirrors risk factors for DMST from service providers’ description of typical DMST profiles.

The study findings also suggest that there is a construct of complex trauma in the DMST participant, which focuses on prolonged relational, emotional, and attachment traumas as opposed to isolated traumatic experiences. The participants described the pain of not having a supportive mother and experiencing lack of healthy support and stability from significant caregivers (mother), and all reported intense behavioral and emotional response (impact) to such deprivation. Participants in this study tended to focus on the emotional impact of their traumatic experience rather than recounting specific traumatic events. Participants’ focused on personally felt emotions such as shame and guilt (impact of actions on children), worthlessness and hopelessness; and understanding the ‘why me?’ The supportive literature includes analysis of survivor voices who identified family relationships as a dynamic influence assisting in the exiting process (Corbett, 2018). In contrast to most DMST literature, which focuses on quantitative and discrete traumatic experience such as a prior history of a sexual abuse event (Reid, 2010). To date, researchers quantify external experiences, focusing on specific risk factors for DMST (Brawn & Roe-Sepowitz, 2008; Soltz et al., 2007; Wilson & Widom, 2010). The notion of understanding the ‘whole’ person’s traumatic experience is in the advocacy literature
(Clawson & Goldblatt Grace, 2007; Williamson et al., 2010), which is supportive but analysis of advocacy assertions about the entirety of a person’s experience is absent in the healthcare literature.

**Conquering The War**

Conquering the War is a sub-theme with multiple elements. *Readiness to elope*, which is conscious *awareness* that augmented the survivor’s intuitive feeling of the desire to exit is a characteristic. An important part of awareness involves the internalization of the external verbalization to promote a decision to act (elope). The findings in this study revealed a consistent level of awareness of the situation of trafficking (without the name) and the continued and growing awareness led to deliberation and looking for opportunity to exit DMST. The findings supported that their growing awareness helped them *identify* as a sex trafficking victim, which then allowed them to understand their childhood as contributory and redistribute responsibility for their victimization from themselves. At that point, they verbalized “it’s not my fault.” The finding of a declaratory denial of contribution to the DMST, which was an important benchmark for recovery among participants, not yet studied. The analysis of the data also highlighted that identifying as a survivor allowed an unspoken connection with others who have the same experiences. The narratives revealed that the connection further reduced feelings of shame, fostered a sense of belonging and importantly, instilled hope in the recovery process. These statements of awareness provide insight about how a victimized person navigates victimhood to and through survivor status. Another discovery from the narratives is the clear distinction that the participants made between being in “the Life” and not being in “the Life,” distinguishing victimhood (not fully exited, not started trafficking-related
healing) from survivor status (fully exited and working on trafficking-related healing). In the narratives, the participants reveal feelings about the word victim, which has negative meanings to them, such as hopeless, powerless, worthless, miserable, and scared. These findings are consistent with the literature that discusses the negative meanings associated with the term victim (Christie, 1986; Meredith 2009), avoiding labeling as a victim. The literature also supports the need for association with groups struggling with the same addiction issue with similar life trajectories, by addressing multiple challenges in the recovery, such as acceptance, hope, faith, courage, honesty, patience, humility, willingness, brotherly-love, integrity, self-discipline, and service (Clawson et al., 2008).

In contrast, the participants liked the term survivor, which they associated with positive attributes. All participants identified several personal qualities that described the survivor word in positive terms. They also felt that being a survivor made it possible for them to leave DMST. They called it alchemy, which was a sense of self-efficacy (acknowledging the guilt), hopes for a better life (transmutation), and resourcefulness (helping others) – eventually they called themselves survivors. As survivors, most participants described feeling good about themselves, being satisfied with their lives today, and having positive and ambitious aspirations for the future. Their assertions were not simplified or naive positive expressions; rather, most participants articulated the complexity and challenges of their current survivorship supported in the analysis as a self-development process. They identified positive interpersonal terms, but they also described the challenges in self-development, such as their relationships and identities associated with prior DMST. Participants articulated a challenging but healthy self-development process of discovering meaning to the current situation out of being out of
“the Life.” Revealing that practice out of “the Life” gets easier after experiences that support survivors’ confidence in conquering as it relates to their continual self-development and maturation out of “the Life.” The literature supports the analysis of the narratives and agrees that it is important that researchers listen to the expert voices of survivors to expand knowledge about the experience (Corbett, 2018) and listen to the voices who identify themselves as survivors, not victims (Meredith, 2009). Likewise, supporting the analysis is the confirmation of extreme childhood trauma survival that points out a person’s capacity to overcome and grow post trauma; however, the society’s language labeling victims limits the trust and understanding for appropriate responses to the trafficked individual (Hoyle et al., 2011).

The analysis on elopement victory helped in the identification of factors about the lived experience. The findings about the support the participants received while conquering their personal demons assisted each participant while maturing out of “the Life”, even amid significant barriers and difficult circumstances. The support finding provided a voice to the survivors who defined the necessary support and services for a successful DMST elopement and recovery. The narratives imply treatment is necessary for the complex journey of recovery and unique day-to-day struggles of a DMST survivor. Additionally, the narratives reveal that survivors assist other survivors by participating in both their roads to recovery, which included sharing experiences with someone who understood “the Life.” Consistent with the literature, the findings from the analysis of the participants’ responses is supported in a government report that identifies DMST persons as needing appropriate aftercare in order to recover and reintegrate into society (United States Department of State [USDOS], 2014). The report continues that
the aftercare needs careful construction to incorporate input from persons with direct DMST experience (USDOS, 2014). Other literature provided the foundation for the government report for aftercare for DMST survivors that is long-term and holistic in nature (Macy & Johns, 2011; Zimmerman et al., 2006). Other publications support the findings that DMST survivors struggle elevated rates of PTSD, complex PTSD, depression, dissociation, suicidal behavior, shame, anxiety and substance use disorders (Cecchet & Thoburn, 2014; Chung, 2009; Hom & Woods, 2013; Hossain et al., 2010; Newby & McGuinness, 2012; Zimmerman et al., 2006; Zimmerman et al., 2003).

In evaluating the findings about the supportive services, participants reported positive therapeutic evidenced-based trauma treatment and support as helpful. Additionally, the participants shared that people who were non-judgmental, empowering, honest, patient, supportive, and persons who gave them a sense of belonging with unconditional love were helpful throughout the process of conquering. The study further confirms the need for continuous positive support and self-efficacy influencing the permanent elopement process, which indicates that healing from DMST requires a delicate balance of continuous skill building of a new identity with individual and community support systems. The literature also supports this growth by encouraging the use of evidence-based PTSD treatments with trafficking survivors (Clawson et al., 2008; Heffernan & Blythe, 2014; Williamson et al., 2010). A possible treatment modality, Trauma Focused Cognitive-Behavioral Therapy (TF-CBT), a supportive therapy for children and adolescents experiencing complex trauma (Lewey, et al., 2018). TF-CBT has been effective in treating adolescents suffering from PTSD, anxiety, depression,
externalizing and/or internalized sexualized behaviors, and feelings of mistrust as a result of a traumatic life events (Weiner et al., 2009).

For nursing, the Neuman System Model as an open-system model, the provider has the opportunity to incorporate aspects of stress, adaptation, and holism to the understanding of the patient with complex trauma. Neuman’s Model analyzes the health of the individual, a group, or a community where there is a holistic approach to the person. The Neuman framework is open to interactions and exchanges of life in their environment without judgement. In Neuman’s framework, the environment is conceived of as a series of stressors arising from within the individual, interpersonal, or from the larger environment of systems. The DMST participants demonstrated that in this model, stress is “any situation, condition, force, or potential source that is capable of creating instability within the individual” (Griffith & Christensen, 1982, p. 277). In this study, the way an individual interacted with their environment and reacted to stress was unique, varying with changing circumstances. The person and the environment are in constant interaction in DMST, each capable of being changed and capable of changing the other. Health is thought of as a state of equilibrium between the individual and the environment. The moral conflict is when the DMST person has equilibrium in “the Life” and without a changing environment (development, awareness, readiness, guilt, and the most important, safety), successful elopement is impossible.

Neuman’s Systems Theory describes each person as having his or her own steady state, or health status (Neuman & Young, 1972), and this research supports that notion. When stressors break through the flexible line of defense, there is activation of the invaded system and lines of resistance, creating illness. Other research supports the
physiology of illness development from stress (McEwen, 1998). If adequate energy is available, the theory about the system reconstitutes with the normal line of defense to its previous level, akin to homeostasis. In this study, Neuman supports the notion that the individual is capable of either accommodating the stress in the environment (adapting self to environment) or assimilating (changing environment to self). If accommodation and assimilation are effective, the person is able to maintain the adaptive, healthy state, even if in DMST. Therefore, the role of nursing is to create a safe environment and assist the person to attain or maintain the steady state of health with the historical experience in and outside DMST. Nursing is “concerned with all the variables affecting an individual’s response to stressors” (Neuman, 1980, p. 121). Nursing metaparadigms were first classified by Fawcett (1984) into the following categories: person, environment, health, and nursing. Neuman’s model includes nursing metaparadigms, as well as actions to be taken during each phase of the nursing process. The nursing process begins with assessment of the totality of the individual, the interpersonal group (family), and the community (systems), including the biological, psychological, sociocultural, and spiritual developmental as variables of health (American Nurses Association, n.d.). The study revealed that nurses contacted by these participants did not perceive or ask about the stressors in the person’s “being” while experiencing DMST (how are you?). Nor did they complete the nursing process, which begins with assessment about a need to know about perceptions from the person in DMST, and if continuing the nursing process, followed by diagnosis, planning, intervening, and evaluating the intervention. The interpretation from the participants is that nursing needs to pioneer a caring moment, be “compassionate.”
Caring nurses provide patient centered, trauma informed, and requiring reconciliation with differing views from professionals to create a safe environment for the patient with DMST experiences. Through trust and transparency, the nurse provides the latest evidence to the patient who internalizes the information to determine what, if any, interventions will work for them, accepting or declining information or recommendations. The findings support evidence that instructs providers to plan appropriate interventions together, set priorities for intervention, and implement the plan (Thibodeau, 1983). The Neuman system is a model with holistic approaches that guide providers toward comprehensive interventions directed at the stressors affecting persons with DMST experiences. The nursing process provides the method and the way to implement interventions. The Neuman Model’s framework accounts for the DMST person’s perception of their health needs.

While the impetus to exit DMST was internal and non-linear, where inspiration occurred in the context of increasing awareness that change could be possible and that DMST was a crime. At the same time, external opportunities for elopement supported their spiritual awakening and a growing awareness of their circumstance and an eventual person to trust. The spontaneous expressions of a strong belief in God was an important factor in the decision to exit, conquering DMST. They expressed a solace in their belief in God allowing them to reconnect somewhat to a community religious organizations, an important supportive step(s) toward permanent elopement. They talked and shared a drawing except about the inner strength development and contemplation about addressing the challenges from being in “the Life” and elopement from “the Life.” Only one known study (Dalla, 2006) addresses the concept of spirituality among prostituted women, which
supports the findings of the qualitative analysis of this research. However, significant literature exists to support the need for additional support and treatment (Clawson & Goldblatt Grace, 2007).

The findings in the study reveal a mistrust of systems and people, calling them “powerful.” The power was based on their experiences related to the powerful, a “buyer” in the system of sexual exploitation, who often purchased the survivor. The distrust of law enforcement was from being labeled and victim-blamed during routine encounters. The participants reported that distrust in the legal system prevented them from asking for help or feeling safe in the hands of justice professionals (such as law enforcement, judges, and attorneys). Many of the participants reported being in and out of the hospitals and clinics, believing the professionals would/should ask. Several said they would accept help if a medical professional intervened, which rarely occurred. Overall, stigmatization as a sex worker was mentioned in the context of a legal and society culture that included victim-blaming and stigmatizing. The reported result was an additional trauma reaction while seeking services for sexual and/or addiction. The professionals’ attitudes and language provided a societal narrative that introduced and confirmed feelings of shame, self-loathing, and self-blame that hindered exiting that persists throughout their recovery. These findings are consistent with existing literature with sex workers needs during elopement (Dalla, 2006; Mayhew & Mossman, 2007), confirming that DMST victims need a wide range of services in order to successfully elope.

The research findings about sex trafficking survivors’ perspective is supported in the literature that reported more 37-50% of trafficking victims come across a medical provider during captivity (Baldwin et al., 2011; Varma, et al., 2015). Other findings
support the analysis by stating that trafficked person do not identify themselves because of the intense feelings of shame and guilt about the nature of their work and the victimization outcomes (Baldwin et al., 2011; Newby & McGuinness, 2012).

**Summary**

The results of the analysis of DMST narratives that discuss the entry into, the time in, and the elopement process from “the Life” provides a comprehensive understanding about the non-linear trajectory of elopement from DMST. Their experiences had profound impact on the researcher who learned that the DMST life is unimaginable and barriers for elopement occur at each stage of the DMST experience. The analysis provided descriptive narratives related to the major theme *Out of the War*, related themes of *The War* and *Conquering the War*. The related theme *The War* identified sub-themes of *barriers to elope* and *seeking safety*. The related theme of *Conquering the War* identified sub-themes *readiness to elope* and *elopement victory*. 
Chapter 7: Conclusion

Chapter seven presents the summary, conclusions, strengths and limitations, and implications for knowledge generation in the elopement process from DMST. The conclusions of the qualitative analysis of the narratives of the lived experiences of adult survivors of DMST has the potential to impact practice and future policy recommendations.

Summary

In summary, progress to identify, assist, and rescue victims is sluggish, despite the increasing numbers of sex trafficking victims in the United States. This research finds that DMST is a diverse, nuanced, opportunistic, and dynamic crime, which often occurs without societal awareness. The purpose of the research was to discover the process of elopement from DMST. However, in addition to understanding the elopement process, the active engagement of the participants provided a window into the capture, “the Life,” and their recovery. The insights gained from this study and the qualitative analysis of participant narratives included a window into a non-linear process of DMST survivor decision making and action, predicated by previous life experiences (Reid & Piquero, 2014) and their personal growth and development. In this study, the participant’s thinking about elopement from DMST occurs frequently, but they also reported opportunities for elopement included insurmountable barriers for success. The analysis provides insights into the DMST experience and is largely supported by the literature, adding to the growing body of knowledge. Still, the lack of inquiry into the non-linear findings is an opportunity for more research in prevention, intervention, and mitigation.
The qualitative research uncovered that the study participants reported entrapment in an enterprise that had multiple lures and innumerable barriers to elopement. To explain, past knowledge of slavery served privileged elites, landowners, and royalty. Juxtaposed, today’s modern-day slavery (HT) is organized in an underworld, preying on the vulnerability of children seeking safety from chaotic families. In this study, the findings were consistent with the modern-day sex slave trade, which deprives adolescents of safety, mutuality, freedom, and financial independence. Additional analysis of the findings uncovered that traffickers exercise coercive ploys that capture victims and fulfill their entrepreneurial demands in order to continue the unlawful exploitation of minors in DMST. The discovery that the elopement from the exploitation is a non-linear labyrinth of activities, the participants expressed continuous desires seeking opportunities to escape that were met with coercive barriers that discourage trust and prevented the option to leave “the Life.” The author uses the word “option” because the adolescent does not “choose” to stay or leave, but they weigh the knowledge of the devil they know verses the devil they don’t know (Allen, 2004). The non-linear decisions to elope or return to the toxic environment of DMST, uncovered in this research, where the participants internalized a lack of trust for environments outside their life, and consequently, experienced fear in choosing the unknown. This particular discovery explains the human experience of internal, external, and created environmental stressors (Neuman, 1996) that can be seen in DMST population and described by Betty Neuman in System’s Theory. The lack of trust enhanced by an outside judgmental world, quickly labeling the person, their looks, the behavior, and the “choice” to remain in the trafficking environment. The
outside world compounded their feelings of shame and guilt for their situation, where there were desires, but no options to leave and creating hopelessness.

The research also found that the provider was integral to elopement. However, in healthcare, DMST remains unnoticed at the intersection of victim and provider of care, where the person and their institution establish a non-trusting or, typically unaware, a judgmental environment. The participants in this study reported adolescent experiences seeking health care for sexually transmitted diseases and pregnancy. No one asked, looked at, or listened to the participants trafficking experiences. Complicating the provider identification of DMST is sexual emancipation of children (Speck et al., 2018), where trafficking of children is just now considered child abuse (USDHHS, 2019) and reporting is required (English, 2017). The disclosures of vulnerability in the risky environment of their homes and their desires to escape to safety, resulted in entrapment in DMST, which is a hidden crime against children and society at large.

Hence, the qualitative analysis of the survivor interviews added to the understanding of and uncovered additional barriers to elopement, not previously identified, and revealing the developmental process of an adolescent, now adult survivor who shared experiences in DMST. These experiences have close association with their elopement, and for this study, defined the meaning of Conquering the War. While this study encouraged reflection about the elopement process, the participants’ descriptions of their current life inspire optimism for the possibility of sustained, healthy recovery for survivors of DMST.
Conclusion

The War

Long before eloping DMST, the participants in this study reported their childhood vulnerabilities. *Seeking safety* and support created vulnerability and were factors that led the participants in this study to seek safety from the streets. For all in this study, their stories of abuse at home made them vulnerable to entrapment by traffickers. The findings of this study about the lived experience support the notion that children in the sex industry are children and not sex workers. With this knowledge, an outcome of this research is to support identifying adverse childhood experiences and DMST experiences to provide a platform for advocates to develop programs to prevent the serious negative sequelae (Shared Hope International, 2012). In addition, this study promotes the notion that child abuse and exploitation is a continuum that begins in childhood and for the DMST victim, continues throughout the experience, forever affecting their health. Therefore, this research supports effective services that include comprehensive approaches that address multiple types of traumas.

The analysis of the survivor narratives revealed that half of the participants experienced trafficking outside their communities, and they were unaware of the far-reaching social networks of the traffickers, making safe escape impossible for some participants because identification and recapture seemed inevitable. Research supports some understanding about the circumstance of entry to “the Life,” the progression in “the Life”, and elopement from DMST as a necessary element for effective intervention (Hammond & McGlone, 2014). However, the explanations are linear (Baker et al., 2010; Evans, 2020; Gonzales et al., 2019; Hammond & McGlone, 2014; Sanders, 2007) and do
not represent the findings in this study of non-linear desires, barriers, and revolving efforts to elope as participants grew up in chronological age, knowledge of the world, and thinking about life after DMST.

The participants talked about tangible and intangible needs in an unfamiliar place as they sought safety but experienced barriers to elopement. The participants expressed seeking outlets for escape “seeing a way out, feeling free,” but experienced isolation, lacked trust of their daily contacts (the other trafficked people), and had no familiarity with the traffickers’ community and network as the community was not their own. Consequently, in this study, isolation, trust, and unfamiliarity delayed development of strategies to facilitate elopement. The impact of the study’s finding is that in the case of adolescents new to the DMST, if rescued before the strategy to elope is fully developed, there is a need for secure safe housing and support, as well as other wraparound trauma-informed services. With full knowledge and continuous training about adverse childhood and DMST experiences, a coordinated community response ⁹ (CCR) of multidisciplinary providers implement best practices following the rescue of adolescents. With the rescued victims, CCR providers are prepared to address the isolation, build trust and create familiarity with systems designed to help. Unfortunately, the TVPA, which includes witness protection programs for emigrants who identify or testify against their exploiters, is unavailable to DMST survivors (Barnitz, 2001; Clawson & Goldblatt Grace, 2007; Shared Hope International, 2012). The opportunity for DMST survivor rescue and support, early in the DMST capture, is local community driven and the recommendation

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⁹ Coordinated community responses include all agencies, institutions, and stakeholder working to improve DMST in a coordinated team with roles and responsibility defined in memorandums of understanding. Important is the referral network to provide for the needs of the DMST survivor.
from this analysis highlights the need to make escape feasible with knowledgeable community support systems and services.

The research revealed that elopement includes many attempts to elope from DMST at various opportunities and is an individual and inter-personal developmental process, not a linear process defined by stages in “the Life.” Prior to this research study, there was a limited understanding of the individual’s subjective experience of elopement from DMST. The participants narrated “the Life,” defining being subjected to dehumanization (emotional) and extreme abuse (physical and sexual) by their traffickers; the traffickers isolated them from their communities and potential support systems. Revealed in their narratives are compounding and complex multiple factors in their lives, such as their adverse childhood experiences and experiences with institutions, and personal coercive violence experienced in DMST environments. The compounding and complex factors served to inform the participants’ primitive awareness and consciousness about their situation. In this study, using the participant’s words, primitive implies “naïve, not knowing any better.” Thus, the participants primitive survival consciousness did not prompt initial awareness or the fight or flight response necessary for elopement when entering the lifestyle, in spite of exposures to danger with credible threats to their safety, which included being under constant threat of guerilla pimping.10 The research analysis reveals the notion that DMST invades the primitive perception of the adolescent’s situation, lessens developmental awareness, which the literature describes as related to Selye’s Stress Adaptation model and McEwen’s allostatic loading, and delays decision making related to safety while entrapped in the dangerous DMST environment. The

10 Guerilla pimping is a trafficker who uses threats, violence, and other forms of coercion (Williamson & Pryor, 2009)
pervasive and constant threat revealed by this study is an opportunity to educate providers to NOT put the victim in harm’s way by “outing” (identifying) the victim before the establishment of safety and trust using a trauma informed approach. The findings support that the DMST victim is unaware of their circumstance and may be in more danger with identification unless there is immediate rescue to a safe environment. Safety and trust occur in a collaborative networked system that is supportive and provides a holistic approach to the survivors’ comprehensive needs. This research provides another opportunity to study the non-linear process from the survivors’ reflection about barriers and decisions during the elopement process for the purposes of understanding the influence of complex trauma in adolescent child abuse victims with additional DMST violence experiences.

Furthermore, this research supports that victims continue to express permanent derogatory feelings about “deserving” DMST as a consequence of the negative voices and abusive childhood. The literature also finds the mindset that victims deserve to be trafficked (Heffernan & Blythe, 2014; Lavoie et al., 2019). While the literature supports that trauma that stems from the terrorization by their traffickers and brainwashing (Reid, 2011), this research uncovered a process to elopement that overrides brainwashing from derogatory insults from childhood and DMST experiences. With readiness, the participants’ dismissal of derogatory comments and experiences is akin to a developmental process of awareness. In this study, participants disclosed successful and gradual consciousness as a developmental awareness about self and their decisions, their independence, their worth. Tied to their development was the actual elopement, which occurred when they experienced exposure to an external trusting and safe environment.
Participants reported a “maturing out of the life” and all eventually rejected negative and adverse life-long experiences by a process of “get out” of their past. This finding has the potential to modify interventional approaches to enhance and hasten their maturity by building trust and providing safe environments defined by trauma informed principles for persons entrapped in DMST. The finding supports multi-pronged approaches to long term recovery and adversarial growth. The approaches are emerging and include using treatments with trauma focused cognitive behavioral therapy (TF-CBT) to address these persistent negative feelings and complex trauma (Lewey et al., 2018), and trauma informed care (TIC) to promote self-determination and confidence in decisions. TF-CBT is not yet studied in DMST. TIC interventions are currently being studied in communities implementing mental health and medical interventions creating inroads for persons with trauma backgrounds (SAMHSA, 2014) by creating safety, trust worthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and voice, cultural, historical, and gender issues as the overriding principles.

Another insight from analysis of the narratives and is tackled in the former recommendation for TF-CBT includes that memory is transient in the recollection of specific traumas where unknown is how long the experience lasted in order to diminish memory of the specific traumatic event. The research supports this finding and notes that repetitive or persistent trauma at any age produces permanent changes in the brain (Barnett et al., 2005; Solomon & Heide, 2005). A possible explanation for poor memory recall was supported by their narrative statements that included fragments of memory, using such as words as “like” or asking, “does that make sense?” or touching themselves to stimulate memory of the event. One explanation is that a societal view of trauma is for
one event (e.g., death), with literature providing roadmap for recovery (Harvey, 1996; Morse, 2000). The fallacy is that the phases of recovery are not possible as some children experience adverse events that are repetitive and persistent. When abuses are pervasive and repetitive, the experience of the subject matter experts as victims have blurring memories of a specific event, unless there is unique notoriety (such as, it was the first event, pain was part of the event, or there was accidental discovery of the event). In the repetitive abuses, recall is sensory, and specific recollection of elements trigger the senses of the individual who has complex trauma, where triggering alerts the vagal nerve, and results in the sensation of anxiety. Without proper interventions, the victim spirals into past behaviors of coping (P.M. Speck, personal conversation, November 20, 2020), and for the trafficking victim, this researcher believes it is recidivist factor in re-entry to DMST. With this awareness in the provider pool of experts treating survivors and, in this study, knowledge about memory and perceptions of trauma may promote triggering. Probing questions from health care providers without permission from the survivor is discouraged by the survivors in this study but asking if there is anything else to discuss allows the survivor to control the information sharing where their needs predominate. Probing before trust and safety ensures lack of readiness, judgments, or labeling may trigger feelings of shame where research supports a “never served” population, unwilling to use provider services until catastrophic need arises (Speck et al., 2008). More research is needed in this area around providing safety and trusting environments for the population of DMST survivors. In this study, a human subject consideration of and preparation for the known phenomenon of triggering required a follow-up phone call after each encounter. The study structure promoted positive responses to the follow up
plan, which was universally ‘thank you’ for following up on me and supports the notion that follow up in a caring and safe environment encourages continued mastery of the negative feelings as an important step in the recovery process. Furthermore, the findings discourage one-and-done encounters as not adequate for promoting long-term safety or trust.

The study also revealed the need to account for the participants’ developmental age, e.g., adolescence, at the time of DMST entry and during DMST captivity as an important factor in understanding the vulnerability and continuance in the cycle of entry, captivity, and elopement. This finding is also supported by the literature which explains adolescents are especially susceptible to sexual coercion and entrapment into DMST because of their inexperience and naïveté (Estes & Weiner, 2005; Muram et al., 1995). In this study, developmental immaturity was a significant and influencing barrier in the participants’ ability to elope DMST, rendering the societal view of choice irrelevant. The results in this study also highlighted that there is no choice with coercive environments, which is present throughout the process of entrapment into and elopement from DMST, made more complex with adverse childhood trauma for all the participants. The study also found that the coercive environment of DMST enhances the adolescent’s hypervigilance for danger (which is protective) but diminishes the trafficked child’s understanding of their situation. Still, the primitive survival fed adolescent developmental naïveté, and with negative and continuous influence, the ability to trust others during elopement or their recovery journey, implies a life-long impact of DMST, needing more study.
The current study found that DMST is a complex phenomenon supported by some research. Perhaps the most critical finding from this research is about persons who experience trafficking for an extended amount of time. The voices that self-identified, “I’m my trafficker,” became a strong barrier to the DMST eloping and recovery process. The voices of the participants indicated that recovery from DMST requires a delicate balance of building a new identity, a transformation from victim to survivor, and self-forgiveness of a personal self-identified failure. When there was guilt about their addiction to the lifestyle, the behaviors changed, and elopement occurred. The literature identifies the complex trauma occurs with the accumulation or stacking of numerous exposures to trauma events over long periods of time (Heffernan & Blythe, 2014; Molnar et al., 2017; Sprang & Cole, 2018), but does not address the individual transformation necessary to overcome the complex traumas. The exploration of an individual’s transformation is not in the literature but is explained in this study in the theme Conquering the War (which is overcoming one’s past). While needing further research, the participants in this study provided the template, which addresses their self-identified needs and personal journeys. That is, they needed the chance to build an alternate meaningful identity and reshape the cognitive distortions resulting from complex traumas experienced in order to create the resilient young women who are now DMST survivors. In future studies, TF-CBT may begin to build these skills through reflective and self-directed activities in supportive trusting environments that also include principles from 12-step programs and their reinforcement strategies for recovery from addictions. These participants’ narratives had reflections about their recovery in therapy and 12-step programs, and like addictions, that they experienced posttraumatic growth in spurts, and
with practice, uncovered ways to mitigate their triggers to lead stable, positive, and meaningful lives after DMST where they demonstrated adversarial growth. An important insight is that elopement can occur at any time, with or without developmental maturation and is dependent on external systems that focus on developmental stages. Nevertheless, when rescue does occur, systems that implement the new evidence about complex trauma recovery from a developmental perspective that provides for the personally identified needs may mitigate the barriers to elopement preventing return to DMST. In other words, rescue without strategic planning for recovery, developmental maturation out of “the Life” may be detrimental to the adolescent if there is no trust or safety in supportive systems to address the repetitive complex trauma triggers and addictions.

This research pinpointed certain systemic-level issues in professional silos that function as barriers to eloping and survivors’ recovery processes. Analysis of the participants’ narratives emphasized the connection between insufficient training on HT facts, signs, and forms of intervention. The labeling and judgement resulted in a delay in the eloping and recovery process for the survivors in this study. Reflecting, the majority of the participants said there was a need for interventions for them in the healthcare system and this study provides the insight for healthcare systems. The observations by the participants provided specific examples of contact with health professionals at hospitals and clinics which can inform future recommendations in policy. Many believed their elopement might have been sooner if there was “more people that care,” or a “compassionate person” intervention. Each of the participants experienced DMST before or shortly after the 2000 legislation, TVPA of 2000 (TVPA, 2000); regardless, all of the participants shared distrust of the system and the people in the system, where purchasers
of their services (johns) influenced their perceptions of danger (and safety!). The corrupt behavior influencing the participants’ trust included rape, derogatory comments, victim-blaming, and a variety of other abusive behaviors when there was intersection with institutional systems. Another finding was the continual abuse found in the stigma of victim-blaming (junkie, prostitute) had association with interactions in the institutional systems. The participants revealed that trading sexual services and access to preferred addiction methods triggered return, explained by the vagal nerve response, and their emotional feelings of self-blame and shame, resulting in re-entry after rescue. Society permeates labels and judgements through institutions and the professionals, which further inhibits the participants’ understanding about the complexity of their trafficking experience. Without insight about their sex trafficking experience, the participants were unable to identify as DMST victims, which became another barrier to elopement. The intersection with personnel and their corrupt behaviors in institutional systems increased the vulnerability of the person in DMST. The study identified a consequence, which was the participants’ use of a broad brush to distrust all systems, including the systems in place to help. Thus, the study’s disclosures explain the complex nature of a single barrier identification (as in linear models) as not adequate to fully understand the non-linear process of elopement, nor assist with the elopement process. The complex coercive trauma confirms that the participants growth and development slow and the perception of personal failures magnifies with each attempt. The result is a reduction in self-efficacy and in their ability to resist recurring barriers to elopement. Neuman’s Systems Theory supports the notion of recidivism related to stress, systems and their function, and provides a roadmap to successful elopement and recovery where the trauma informed
environment is vital, influenced in a reciprocal exchange between survivor and systems. By exploring the lived-experiences of the interrelated elements between and among the individual, interpersonal, and professional silos, unique trauma plans of care are possible to respond to the DMST victims and survivors for the purposes of enhancing and hastening their transition in recovery and improving self-efficacy.

**Conquering The War**

Conquering the War is a process described by participants in this study. Conquering is defined by the participants as having insight about age, gradual experience building in their development, and growing awareness about DMST. These factors became the prerequisite for successful distancing from DMST and movement with reinforcers toward building a new life. As suggested by many advocates (Estes & Weiner, 2001; Fong & Cardoso, 2010; Smith et al., 2009), the Conquering related theme underscores need for effective networking, inter-agency collaboration, and training about the dynamics of DMST for a broad spectrum of service providers. The decision to leave DMST was an individual and interpersonal reflection of the survivors’ trust at the professional level, ignoring the traffickers’ coercive tactics. The developmental insight (trust) provided the logic to their impetus to leave when providers addressed the safety and other needs for successful elopement. The analysis revealed a pattern of findings to inform providers. The patterns inform agencies providing support only for those actively eloping from DMST, but not supporting others involved in DMST who could benefit from the same services and elope if offered, or those who already eloped from DMST who could also benefit from the additional support. It appears from the narratives that continuous support both before, during, and after the revelatory moment was critical if
there was to be successful elopement from DMST with continuous building their new life. These findings demonstrate the need for trauma-informed and person-centered programs that promote safety, humility, trustworthiness, transparency, peer support, and collaboration. The nurture necessary for individual conquering (practice in over-coming) requires rewarding self-efficacy in the process, using the principles of self-empowerment, appreciation of gender and culture, their voice, and choices. The result of a comprehensive program to address all elopement opportunities is necessary for continual conquering the war that includes complex trauma experiences of all DMST survivors.

Moreover, this study shed a light on how the participants navigated victimhood and survivorship. Every participant in the study identified as a survivor of sex trafficking and clearly distinguished victimhood from survivorship. The participants identified the terms *victim* negatively and *survivor* positively. To the participants, terminology matters! While advocated, the finding about attitudes toward the terms used posits careful consideration by providers when addressing DMST persons. With collaborative work, the DMST survivor informs the program about the language in order to enhance understanding and promote an environment where the survivor choices mitigate negative perceptions, which is critical to the reduction of shame, fosters a sense of belonging, and instill hope in the recovery process. This study fills the research gap indicating that DMST individuals self-identify, also supported by Meredith (2009), who argued the importance of allowing people to self-identify.

The analysis of participants’ narratives provided first-hand information about the support and services necessary during DMST elopement and recovery. Housing with comprehensive services, a positive step program with TF-CBT, and a path to financial
security creates an environment to address a myriad of needs (Muraya & Fry, 2015). Since the process of elopement is a journey with many barrier and twists, thus, communal housing allows survivors to connect with other survivors, and serves as a safe place to have the complexities of their lives understood, even if not resolved. The new information added a significant need is for people who are non-judgmental, patient, honest, and caring, seeing a whole person, specifically to offer support and a sense of conquering throughout their healing process. This research confirms that persons with similar experiences, such as alcohol addition, are the experts. The belief in DMST survivors as the experts, then survivor-mentors are necessary in survivor-focused services where all levels of support and intervention, whether short- or long-term, need survivor-leaders. Ultimately, the study recognized that while necessary, organizational goals are not the focus of the healing process; the focus is the complexity of unique struggles of the trafficked person from their perspective. Hence, this study endorses the inclusion of survivor voices in TF-CBT in trafficking-specific treatment plans to address the complex experiences of DMST survivors.

**Strengths and Limitations**

A strength of the study is a structured case study methodology and analysis of survivor interviews using qualitative research methods to uncover themes and sub-themes from persons formerly experienced in DMST. Another strength is that the participants were all trafficked in the Tri-State area during adolescence. An initial identified limitation were that the survivors varied in age, age of entry into trafficking, age of elopement from trafficking, and type of recruitment. However, the limitation turned out to be a strength. While each participant’s narrative portrayed a unique individual
experience of entrapment, “the Life,” and eloping DMST, the major Out of the War elopement theme, and their needs for recovery were similar and promoted a greater understanding of the overarching and similar perspectives about the elopement process from the DMST survivors.

A limitation is the hidden nature of trafficking and making it difficult to recruit survivors for the study. The invisible nature of DMST limited this study to four female survivors and no males, transgender, and gender non-conforming individuals volunteered; therefore more diverse perspectives of the elopement process from DMST were not captured. The research focused on Tri-State region and therefore, the proposed maze may not apply to the entire DMST population and is not generalizable. This limitation can be addressed in a future research with a larger diverse sample to validate the maze’s non-linear process of elopement from DMST.

Another limitation is the PI’s implicit bias related to the forensic nursing expertise with DMST populations. The implicit biases encompass both favorable and unfavorable assessment, were activated involuntarily and without the PI’s awareness or intentional control. To limit the implicit bias, the PI conducted a member check strategy, maintained a reflective journal, and had recurrent meetings with forensic expert Dr. Speck for interpretative convergence to minimize biases. Another limitation is the timeline in which three of the participants were trafficked, they experienced DMST before 2000 TVPA legislation. Therefore, the barriers might be different, but more research needs to be done to explore this process with trafficked persons within the last 10-15 years. However, three of the four participants spent a long time in “the Life” so recruiting more recently trafficked individuals could be challenging. Another limitation is the advent of COVID-
19, which forced a rapid rethinking of rich qualitative research that limited face-to-face interviews, sharing mementos, and other observational elements in the context of expectations for data in this qualitative study.

Implications for Knowledge Generation and Practice

To carry out health needs analysis effectively, the whole person who experienced DMST had stressors from social, economic, physical, and mental dominions and the study explored all. Therefore, health care interventions using the findings from this study will include the voices of DMST, their perceptions of health care needs, acknowledgement of life experiences, and the uniqueness of the individual who benefits from a person centered and trauma informed care model at all levels of health care intervention in comprehensive services.

The recommendations and implications from knowledge generated by this research are significant for healthcare providers and nurse scientists in the study who care of DMST survivors. Although this study initially employed two non-nursing theory models, Life Course Theory and Theory of Coercion, neither fully explained the non-linear elopement maze uncovered in this research. The Neuman System Model (Neuman & Young, 1972) provides health care providers with a full explanation and a platform for understanding the non-liner labyrinth that exposes a process in elopement and recovery uncovered in this study.

To date, there is a scarcity of data about the elements in a non-linear recovery elopement process (seeking safety, awareness of trafficking, readiness to elope, maturing out of “the Life”, individual, interpersonal and survivor needs) related to client-specific needs identified in the labyrinth of barriers. The identification of barriers in linear models
inform practitioners about the singularity of complex elements (Evans, 2020) not well understood until this research. The labyrinth of barriers reflect the multiplicity of stressors familiar in complex DMST traumas (from social, economic, physical, and mental), and drives planning to meet complex needs in the elopement process. The research informs providers in prevention and intervention with planning and implementation of trauma informed patient centered programs. Until providers understand the non-linear maze experienced this newly identified never-served population, successful support and treatment remains elusive for some. The labyrinth maze is a platform for evaluating not only the DMST survivors, but all survivors trapped in coercive environments, whether individual, interpersonal, or professional.

In addition to Neuman’s Systems Theory the nursing process, and the qualitative case studies methodology for this study, the research informs the micro, meso, and macro systems approaches in primary, secondary, and tertiary responses in healthcare. The implications impact planning for micro (individual), meso (relationships), and macro (systems) strategies for prevention at the primary (prevention), secondary (intervention), and tertiary (mitigation) levels of health care using trauma informed and patient centered care principles. The primary prevention at the micro level of DMST begins in childhood, facilitating protection from adverse childhood experiences through systems designed for family support for at risk families and by identifying high-risk youth (runaway, substance use), who are increasingly vulnerable to DMST. In this strategy, the impetus is the vulnerable child who is often facing lifelong struggles to overcome the profound effects of early toxic childhood trauma, often noticed by adults, and receiving supportive intervention while in schools. Intervention programs alerting children of DMST and
promoting strategies to avoid entrapment need development and study. Covid-19 creates an additional complexity for an entire generation of at-risk students without the school counseling support systems and is an area of future study.

Meso approaches include continued secondary identification and exploration of programs to address factors that buffer the negative effects from existing family dysfunction, economic necessity, and addiction. In this study, all participants had adverse childhood experiences and in adolescence, the desire to seek safety created complex vulnerabilities necessary for entry into DMST. The maze provides opportunity for study of the pre-entry vulnerabilities and options for a vulnerable adolescent. To date, programs, policies, and interventions for vulnerable children exist, but are unable to intervene early in the entrapment phase of DMST. Nursing has a huge role in studying the phenomena since there is mandatory screening for domestic violence. However, this study exposes the participants’ perception of caring by nursing. This is a future area for study using program improvement strategies to research and implement best practices, not heretofore available in nursing practice, and research with the survivors, identifying pre-entry methods, the lived experience of DMST, or pre-elopement opportunities and impact.

The macro approaches include trauma informed systemic changes in institutions who organize tertiary interventions to manage poor outcomes and improve the lives of DMST adolescents and adults after elopement. The macro changes improve safety and security for DMST survivors who experience continual stressors, made worse during Covid-19. The strategies necessary to provide escape from entrapment seem insurmountable, but begin with coordinated community responses to CM, DMST and
other forms of coercive trauma that maximize barriers in the maze. The future of program improvement and the new knowledge necessary from this research informs the policy necessary to make comprehensive changes at the systems level that include survivors’ voices and identified needs.

The developmental stages uncovered in this analysis provide insight into the lived experience of those in the DMST environment. The current study reveals that DMST is a complex myriad of repeating factors, all contributing to entry and elopement from DMST. One can posit that there are different motivations at each stage that will encourage eloping “the Life.” Exploring the development stages of the elopement process is necessary to understand the complexity of the process. For example, in the earlier stages of DMST, when prostitution seems like an effective means to getting needs met and the consequences of the lifestyle are not as severe, the promise of a better situation is an enticement to leave. The finding is important for the hope that is provided to DSMT identification and rescue, where continued growth and development enhances mastery over existing barriers, which were once significant. Healthcare providers contribute to mislabeling and absent DMST identification, which functioned as a primary barrier to the participants’ eloping and importantly, a delay in their recovery processes. In healthcare systems, a lack of identification and mislabeling of the person experiencing DMST denied care necessary to fully elope or progress on their road to recovery. Additionally, healthcare was not the only resource as most DMST participants experienced involvement with several formal and informal resources outside healthcare. These service contacts (correctional health systems and community clinics) might have represented missed opportunities to engage young people and begin the process of
fostering individual strength and self-esteem, as well as raising awareness of alternatives and resources available. Research supports training on the signs of HT in order to care for the population (Hemmings et al., 2016). In addition to training, this study findings recommend education and demonstration using trauma informed principles with DMST for the purposes of enhancing safety in organizations, which is necessary to demonstrate the organization is trustworthy and safe for the study participants looking for opportunities to elope.

In summary, the participants seek safety and experience repetitive barriers noted in this study. “the Life” journey fraught with abuse and trauma promoted a strong desire for protection and love outside the core family. In turn, the abuse and trauma made them more vulnerable to the promises of protection, caring, or love that typically accompany the coercive oppressive and abusive behavior of the trafficker. The study identified a number of repeated barriers to elopement is a maze. The barriers included the failure of the family to provide necessary life skills to promote financial security for basic needs, their adolescent age at the time of entrapment in DMST, their adverse childhood traumas and continuing coercive abuses from the trafficker. This study also demonstrates that early identification does not prevents some known outcomes of long-term victimization, re-identification, and exposure to violence, danger, and drugs. Regardless, the person experiencing DMST seeks opportunities for safety, whether internal self-efficacy or external inter-professional relationships and the recovery trajectory is dependent on among other things, self-awareness, which is a developmental milestone for recovery, a focus of TF-CBT.
Trauma informed care principles are patient-centered, and TF-CBT enhances understanding of the trafficked individual’s experience. Through TF-CBT, a positive system of health care provides opportunity for reducing shame, assisting with basic needs, processing the complex trauma, treating complex combination of psychological and physical ailments, connecting with other survivors, assisting with interpersonal skills and empowering the survivor while integrating back into society. Nursing in health care systems have the opportunity to implement elements of TF-CBT including implementation of trauma informed care principles and learning about self-determination through coaching and motivational interviewing, where acceptance of the persons decisions in patient-centered care, even if the nurse does not agree with the decision. These valid methods reduce the perception of judgement in participants, which promotes trust and safety. Another method is partnering with survivors in teaching nurses. Survivors learned skills learned while in DMST and offer leadership and expertise at all levels of the elopement and recovery process, which from this study, seems critical to helping trafficked individuals trust the system in place helping them to begin the healing process.

Participants provided narratives that were unique, informing the researcher that no two experiences are the same. Rather than focus on creating a linear framework, stages, or a conceptual model of eloping, this research used participants’ verbatim narratives about their lived experiences. The developmental maturity of reflection on their experience revealed a mature self-efficacy that empowered the participants to dictate needs that were granular (housing, finances, comprehensive services) but also dictated the barriers to form a non-linear emotional growth pattern. Consequently, to prevent
recidivism, the common thread of meeting basic physical and emotional needs was established for all participants through comprehensive and safe environments following elopement. Failure to establish trust and uncover the initial survivor voice to describe their needs (however it is defined – I wanted a place to sleep OR I wanted to rest my feet OR I wanted to get to a hotel) dooms the survivor to return to “the Life.” Understanding survivor needs provides a unique opportunity to find the survivors voice, however defined, in the context of their lives, of their lived-experience, and current circumstances and opens the door to alternative programs (religious, non-secular, government, community) to assist the survivor in their unique elopement process and recovery. This study’s findings support the uniqueness of elopement and recovery, and raise the question of how providers might facilitate the long-term, comprehensive, and multi-systemic services necessary to effectively help DMST youth. One way suggests the need for comprehensive education and training at multiple levels of intervention, including advocates, family, friends, medical health systems, law enforcement, child protective services, and criminal justice system personnel. Forensic nurses are consultants and educators to medical organizations, anti-trafficking agencies and law enforcement offering trainings on HT in the United States. The content includes implementation of trauma informed care principles, coordinated community wide systems and their approaches to caring for victims and survivors of DMST, regardless of their current situation (pre-entry, entrapment, in “the Life,” or elopement), nursing’s role in caring for DMST victims and survivors, with the nursing response to the biopsychosocial and spiritual impact on health associated with DMST. In addition, this study’s discovery about the preferred survivor language is linked to detection of provider facial expressions
as a clue about trustworthiness. The hypervigilance is a learned response, and this study revealed that language and facial expressions is a method to distinguish persons who are not trustworthy. When addressing survivors, the survivor’s continued hypervigilance (persistent learned response seeking safety for primitive survival) for evidence of broken trust is new information to teach healthcare providers.

**Recommendations**

The magnitude of DMST demonstrates the objectification of individual persons used for the purpose of sex. The language of slavery is appropriate in that there is no choice. The johns are persons who think that purchasing sex is akin to purchasing a commodity or making a trade of sex for release from jail and purchasing or trading sex is okay. While this study included only female survivors, males who are purchased for the purposes of sex in DMST are also objectified as commodities. The second piece of objectification is the victim who learns that their wants do not matter, which is where the coercive nature of DMST occurs. Once eloped, the study reveals that language is important as the society labels experiences and blames the victim. These societal patterns are stigmatizing and trigger feelings of shame, barriers to self-identification, and recovery. The recommendation is to welcome the patient with the DMST experience in a trauma informed patient centered approach to care in all levels of the health care organization with full knowledge that they are the experts about their recovery and health choices.

Another recommendation is fund future research to explore a wider range of DMST experiences from a larger sample. The participants in this sample were primarily women and under control of a pimp or trafficker. Thus, larger studies to increase the
sample number captures eloping experiences in DMST diverse communities. For example, elicit diverse voices from men, transgender persons, and entrepreneurial persons in prostitution. Further investigation promotes a comprehensive approach to understanding needs in the DMST population. A longitudinal study promises to examine persons’ change in beliefs, attitudes, or interpretations of their eloping experiences over time. The gain is a deeper understanding of the complexities of the elopement process. This study identified individual development of readiness as an important factor in the elopement process, awareness about trafficking is key to maturing out of “the Life” in these participants. Thus, the development of an assessment tool to evaluate readiness among DMST persons is an opportunity to study interventions to prepare readiness sooner in the DMST experience. The assessment tool, used in multiple settings, requires analysis to determine effectiveness across populations of DMST persons. A smorgasbord of options for elopement for the DMST person addresses the uniqueness of the individual entrapped in DMST. Spirituality was another area that merits additional exploration since there so many religious organizations housing persons with DMST experiences. Almost all of the participants emphasized the role of spirituality in the elopement process. Thus, the door is wide open for future studies to explore the role of spirituality and religion in the elopement and recovery process from DMST.

In this study the participants revealed that corruption in professional systems was a barrier to elopement, creating a foundation for the following recommendation. Enhanced incarceration and high bails for the buyers of children is a goal of lobbying for anti-trafficking legislation locally to specifically target the demand for DMST; these legislative efforts are in juxtaposition with the policies of “no bail, revolving door,
defund the police” for arrestees in some communities (such as Jeffery Epstein). The rationale for the recommendation is that higher penalties for purchasing sexual services from DMST reduces demand. Therefore, less demand (johns in jail), less need for supply (children). The policy implication is a demand to reduce coercive environments for persons in DMST through individual accountability at all levels, whether a john, the entrepreneur, or agency administrator.

In the end, what can be said about the people interviewed for this study is that they are survivors. How they survived is worthy of more inquiry and future studies to examine the developmental process, the repetitive barriers identified in the maze, the role of health and social services in creating an environment of safety and trust, and the needs for utilization among DMST survivors is necessary to improve health outcomes. There remains a dearth of empirical research on best practices for working with DMST victims and survivors. Future studies need to expand this work by conducting a more formal evaluation of programs and interventions focused on helping DMST individuals elope the commercial sex trade. Thus, exploration identifies promising practices and strategies to meet the complex needs of the persons with DMST experiences, contribute to the evidence base, and provide frameworks that guide future research about the provision of specialized services to persons involved in DMST.

The study findings provide an opportunity to further rethink and refine policy directions and practice strategies. In all areas of intervention with persons involved in DMST, inclusion requires participation of the persons involved. The study demonstrates that those involved want to be treated as human beings, worthy of dignity and respect, and they want access to specialized services that meets their complex needs. As nurses,
our philosophical framework is to address medical and health needs, however, the
nursing paradigms and theories require a multidimensional approach to the patient in
their environment with bio-psycho-social-spiritual health sequelae, intersecting with a
nurse, whose ethical principles requires treating the whole person. In practice that
includes acceptance of their current situation and meeting the needs of all marginalized
persons with the experience of DMST. This includes providing equitable care to some
children and women who remain in the commercial sex trade in order to survive, support
their families, and/or avoid physical harm (homicide is the feared outcome for early
elopement before safety is established). Thus, nursing interventions accommodate social
and health needs for persons in DMST who are not ready to elope and must remain in the
trafficking.

Once elopement occurs, survivors attempt to organize their lives outside “the
Life.” The findings indicate that these women have hopes and dreams beyond the DMST.
Programs to build on strengths of the survivors include life skills and job training or
enrollment in GED or college courses. For some, the legal records of arrests were barriers
to successful elopement. From this study, the participants revealed that criminalization of
their experiences does not help them meet their needs. Criminalization, in their view,
only further stigmatizes them at a point in their lives where they are trying to do what
they need to do to survive. Thus, legislation protecting the adult DMST survivor from
their trafficker (protective orders) and a permanent record purge for petty crimes after
demonstrating recovery (diversion program for courts) is necessary for full reintegration
into “the Life” after DMST. Employment with financial security requires partnerships
with employers willing to hire DMST survivors with a limited work history or criminal
backgrounds. Another possible policy change for petty crimes is other diversion programs, such as Drug Courts. There are two views about diversion programs that force women to accept addiction and social services to avoid fines or imprisonment. One is that it does not address the DMST issues (TF-CBT) and the other is that it is a method for promoting reflection about the addictions that landed them in diversion courts. The recommendation is to train judges to recognize DMST survivors to apply the TF-CBT in the recovery process for their addictions, which addresses the cry for reexamination of policies that prosecute children and women involved in forced DMST.

In summary, there are a number of recommendations from the findings in the qualitative analysis of case studies. They include micro, meso, and macro systems approaches to primary, secondary, and tertiary care of persons at various points in their developmental growth and understanding about their experience in DMST. These revelations from the participants provide an opportunity to rethink elopement from DMST as a non-linear developmental process with repetitive barriers forcing calculated decisions about safety in the elopement process. Nursing researchers now have the maze, the nursing process, the newest American Association of Colleges of Nursing Core Competencies (American Academy of Nursing, 2020), and several theories with which to frame study questions in qualitative, quantitative and mixed method designs.
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Stolen smiles: a summary report on the physical and psychological health

Appendix A: Eligibility Screening Criteria

NJCAHT Participants

1. Are you 18 years or older?
2. Are you willing to talk about your trafficking experience?
3. How long have you been out of trafficking?
4. Can you tell me the name of the organization that gave you the flyer for this study?
5. Please tell me the name and contact information of your therapist or counselor at the organization?
   Name ___________________________ Contact info. _______________________
6. Do you have a computer Y____ N____ If NO do you have access to one Y____
   N_______. Do you have a smartphone Y____ N______?

National Survivors Network/Survivors Alliance

1. Are you 18 years or older?
2. Are you willing to talk about your trafficking experience?
3. How long have you been out of trafficking?
4. Are you presently attending a survivorship or post-exit program? __________________________
   For how long ___________________________ If not, why __________________________
5. Are you under the care of a therapist or counselor? Name __________________________
   Contact Info: Phone________________ If not, why __________________________
6. Do you have a computer Y____ N____ If NO do you have access to one Y____
   N_______. Do you have a smartphone Y____ N______?

Determined by Researcher

1. Does the participant speak English? Y____ N______
2. If not eligible, why? __________________________
3. Contacted Therapist or counselor? Y____ N____ Left Message _______________
4. BDI-II Score _______ TX_________________ Therapist Aware Y____ N____
5. Clearance by therapist Y__ N___
6. Interview scheduled? Y__ N__ Date/time _______________ Therapist informed ______
7. Computer Y_____ N_____ Smartphone Y_____ N_____
Appendix B: Flyer for Study’s Participants

Invitation to Participate in Research Study
“The Elopement Process Adult Survivors of Sex Trafficking during Adolescence”

If you were a child/adolescent victim of sex trafficking, I want to hear about your experience in “trafficking”. I want to understand what you went through and how you got out of “trafficking”. I am studying survivors of adolescent sex trafficking about their exiting “getting out” experience from trafficking to help me understand their reasons and what helped them leave “Trafficking”. Each participant will be involved in 3 parts. The first part is for the screening process, forms will be mailed to you with specific instructions along with a return-stamped envelope. The second part will be a virtual semi-structured interview about your experiences. The 3rd part will be a discussion about the researcher’s findings from the semi-structured interviews.

To participate you must be:
1) 18-55 years of age
2) Non-gender specific
3) Sex trafficking survivors who experienced victimization during their adolescent years
4) English-speaking
5) Mailing address
6) Computer and/or smartphone

Compensation: 1st part $50, 2nd part $50, and 3rd part $100.
Time commitment: 1st part (20-30 min.), 2nd part (60-90 min.), and 3rd part (15-20min.)

If you want to participate, please call or text:
Rosario V. Sanchez, PhD Candidate, MSN, RN, CCRN, SANE-A
Principal Investigator
(908) 907 – 4832
Appendix C: Study’s Narrative Script

This study is to gather information that will help healthcare providers understand about your trafficking experiences, how you got out of it, and how are you doing today with the sex trafficking survivor services. Healthcare providers can take better care of adolescent victims of sex trafficking if they understand more about your exiting experiences in order to have early recognition and help them get out of trafficking. As a survivor, you are being asked to be in this study because no one can understand your experiences when you try to escape from trafficking better than you. Only survivors can tell healthcare providers what worked for them and what did not work for them. Questions in this study are geared to ask when, how, and why you got out of trafficking.

Even though you may agree to be part of the study, memories from the past may make you feel bad or become upset. You might also feel like you are not ready to be a part of the study or share your experiences. If you feel bad, or become upset, or don’t feel like you are ready, you are free to drop out of the study at any time. If you want to stop at any time, it is no problem. Also, while you are in the study, and you at any time feel like you need counseling or help coping, please let the researcher (Rosario V Sanchez, PhD Candidate, MSN, RN, CCRN, SANE-A) know. All steps will be taken to make you feel safe again and there will be follow-up phone calls within 24-48 hours by the researcher to make sure you are ok.

No one knows what victims experienced when they try to escape trafficking better than survivors! Your help in this study will help the researcher understand better the exiting process. Only survivors know what works and what does not work. You will be given a gift card for each of 3 visits. The first visit is for screening only and you will be given $50 for completing the process. This meeting should be short (20-30 minutes). The second visit will include an interview about your experiences and will be longer, approximately 60-90 minutes and for this you will be given $50. The 3rd visit will discuss what the researcher has found and ask you what you think about her understanding of your experience. This visit will be shorter, approximately 15-20 minutes and for this visit, you will receive $100.
Appendix D: HIPAA Release Form – Therapist

Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

Please fill out completely and print clearly

1. Authorization

I authorize Rosario V. Sanchez (PI), MSN, RN, CCRN, SANE-A to use and contact the disclosed protected information of my therapist or counselor:

Name: __________________________
Phone: __________________________

2. Effective Period

This authorization for release of information covers the period of the research study.

3. I understand that I have the right to revoke this authorization, in writing, at any time.

4. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

5. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

______________________________________    ______________
Participant’s Signature        Date

6. I also authorize for Rosario V. Sanchez (PI), PhD Candidate, MSN, RN, CCRN, SANE-A to contact me for follow-up after screening meeting and semi-structured interview. In addition, I will provide a mailing address for PI to use during study.

Cellphone:
__________________________ Best time to call ____________
Leave Message Y___________ N___________
Address: ________________________________
________________________________

This information will be shredded and no longer be used by PI after 3rd follow-up phone call.

_______________________________________                        _______________
Participant’s Signature                                                                       Date
Appendix E: BDI –II

ID: ________________

BDI-2

Name: ____________________________ Marital Status: ___________ Age: _______ Sex: ___________

Occupation: ____________________________ Education: ____________________________

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the last two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness
   0  I do not feel sad.
   1  I feel sad much of the time.
   2  I am sad all the time.
   3  I am so sad or unhappy that I can’t stand it.

2. Pessimism
   0  I am not discouraged about my future.
   1  I feel more discouraged about my future than I used to be.
   2  I do not expect things to work out for me.
   3  I feel my future is hopeless and will only get worse.

3. Past Failure
   0  I do not feel like a failure.
   1  I have failed more than I should have.
   2  As I look back, I see a lot of failures.
   3  I feel I am a total failure as a person.

4. Loss of Pleasure
   0  I get as much pleasure as I ever did from the things I enjoy.
   1  I don’t enjoy things as much as I used to.
   2  I get very little pleasure from the things I used to enjoy.
   3  I can’t get any pleasure from the things I used to enjoy.

5. Guilty Feelings
   0  I don’t feel particularly guilty.
   1  I feel guilty over many things I have done or should have done.
   2  I feel quite guilty most of the time.
   3  I feel guilty all of the time.

6. Punishment Feelings
   0  I don’t feel I am being punished.
   1  I feel I may be punished.
   2  I expect to be punished.
   3  I feel I am being punished.

7. Self-Dislike
   0  I feel the same about myself as ever.
   1  I have lost confidence in myself.
   2  I am disappointed in myself.
   3  I dislike myself.

8. Self-Criticalness
   0  I don’t criticize or blame myself more than usual.
   1  I am more critical of myself than I used to be.
   2  I criticize myself for all of my faults.
   3  I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes
   0  I don’t have any thoughts of killing myself.
   1  I have thoughts of killing myself, but I would not carry them out.
   2  I would like to kill myself.
   3  I would kill myself if I had the chance.

10. Crying
    0  I don’t cry any more than I used to.
    1  I cry more than I used to.
    2  I cry over every little thing.
    3  I feel like crying, but I can’t.
### 11. Agitation
0. I am no more restless or wound up than usual.
1. I feel more restless or wound up than usual.
2. I am so restless or agitated that it’s hard to stay still.
3. I am so restless or agitated that I have to keep moving or doing something.

### 12. Loss of Interest
0. I have not lost interest in other people or activities.
1. I am less interested in other people or things than before.
2. I have lost most of my interest in other people or things.
3. It’s hard to get interested in anything.

### 13. Indecisiveness
0. I make decisions about as well as ever.
1. I find it more difficult to make decisions than usual.
2. I have much greater difficulty in making decisions than I used to.
3. I have trouble making any decisions.

### 14. Worthlessness
0. I do not feel I am worthless.
1. I don’t consider myself as worthwhile and useful as I used to.
2. I feel more worthless as compared to other people.
3. I feel utterly worthless.

### 15. Loss of Energy
0. I have as much energy as ever.
1. I have less energy than I used to have.
2. I don’t have enough energy to do very much.
3. I don’t have enough energy to do anything.

### 16. Changes in Sleeping Pattern
0. I have not experienced any change in my sleeping pattern.
1a. I sleep somewhat more than usual.
1b. I sleep somewhat less than usual.
2a. I sleep a lot more than usual.
2b. I sleep a lot less than usual.
3a. I sleep most of the day.
3b. I wake up 1–2 hours early and can’t get back to sleep.

### 17. Irritability
0. I am no more irritable than usual.
1. I am more irritable than usual.
2. I am much more irritable than usual.
3. I am irritable all the time.

### 18. Changes in Appetite
0. I have not experienced any change in my appetite.
1a. My appetite is somewhat less than usual.
1b. My appetite is somewhat greater than usual.
2a. My appetite is much less than before.
2b. My appetite is much greater than usual.
3a. I have no appetite at all.
3b. I crave food all the time.

### 19. Concentration Difficulty
0. I can concentrate as well as ever.
1. I can’t concentrate as well as usual.
2. It’s hard to keep my mind on anything for very long.
3. I find I can’t concentrate on anything.

### 20. Tiredness or Fatigue
0. I am no more tired or fatigued than usual.
1. I get more tired or fatigued more easily than usual.
2. I am too tired or fatigued to do a lot of the things I used to do.
3. I am too tired or fatigued to do most of the things I used to do.

### 21. Loss of Interest in Sex
0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I am much less interested in sex now.
3. I have lost interest in sex completely.
Appendix F: BDI-II Score Results Intervention Tool

ID: ______________

BDI Score: _____________

<table>
<thead>
<tr>
<th>Raw Scores</th>
<th>Depression Severity</th>
<th>Intervention</th>
</tr>
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<tbody>
<tr>
<td>0-13</td>
<td>Indicates minimal</td>
<td>Participants will be offered support and handout of available services and resources. Participants will be informed that they can contact the listed numbers at any time in the future if he/she wishes psychological services for him/herself, children, or family. All participants will be called within 24-48 hours to assess their need for further assistance.</td>
</tr>
<tr>
<td></td>
<td>depression</td>
<td></td>
</tr>
<tr>
<td>14-19</td>
<td>Indicates mild depression</td>
<td>Participants will be informed that scores are elevated. They will receive support and handout of available services and resources. We will offer to assist in making call for counseling services. Participants will be informed that they can contact the listed numbers at any time in the future if he/she wishes psychological services for him/herself, children, or family. Participants will be called within 24-48 hours to assess their need for further assistance.</td>
</tr>
<tr>
<td>20-28</td>
<td>Indicates moderate</td>
<td>Will inform the participant that scores are elevated. Will offer support and provide handout of service providers. Will assist and encourage the participant to make call for psychological counseling during screening. An approval of therapist will be required in order for participant to participate in the study. Will be informed that he/she can contact the Human Trafficking 24 hrs. Hotline at any time in the future if he/she wishes psychological services for him/herself or family. A call by the PI will be made within 24-48 hours to assess their need for further assistance.</td>
</tr>
<tr>
<td></td>
<td>depression</td>
<td></td>
</tr>
<tr>
<td>29-63</td>
<td>Indicates severe depression</td>
<td>We will strongly encourage that the participant seeks the immediate care with private therapist or the Human Trafficking 24 hrs. Hotline. PI will advise the participant that due to depression score she/he will not be included in the study. A call by the PI will be made 24 hours after the interview to assess their need for further assistance. <strong>Declining Additional Services:</strong> If a participant declines seeing a therapist or counselor, during the telephone call by the PI within 24 hours, he/she will be offered support and encouragement to seek treatment immediately and we will assist him/her to make a call to the Human Trafficking 24 hrs. Hotline.</td>
</tr>
</tbody>
</table>
Appendix G: Demographics

ID: _______________

1. Age _______

2. Gender: Male__________ Female__________ Other__________
   Do not wish to answer_______________

3. Race___________ Prefer not to answer_______________

4. Level of education at time of interview ______________________

5. Age of entry to trafficking __________

6. Location where trafficking happened? __________

7. Educational level at entry to trafficking___________________

8. Type of recruitment: Family _____ Boyfriend/Girlfriend _____ Friend _____
   Homeless ____________ Runaway ____________ Other _______________

9. Location of exit from trafficking _________________

10. Educational level at exit from trafficking _________________

11. Age of exit from trafficking _______________________

12. Years in survivorship programs ________________

13. What kind of services have you been provided through survivorship programs?
   ____________________________________________________________________
Appendix H: Basic Interview Guide - Participants

These are some of the questions that you may expect for our interview meeting. Please take a look at them and during our interview meeting we can address any concerns that you may have about them. Thank you so much for your participation.

- Tell me about the moment you got into sex trafficking
- Tell me when you started thinking about leaving or getting out of sex trafficking
- Did you ever come in contact with a provider?
- Tell me about making the decision to get out of sex trafficking
- What influenced you to make the decision to leave sex trafficking?
- How did you get out of sex trafficking?
- What sort of difficulties did you encounter getting out of sex trafficking?
- Tell me how you are doing now?
- Tell me about the services you are getting or have gotten since you been out of sex trafficking?
Appendix I: Semi-Structured Interview

ID: _________________________

We are going to have a conversation, I want to go over some language that will be used for this interview when talking about “sex trafficking” what would be the preferred term for you? What about for “your trafficker” what would you want me to call her/him?

I will use “provider” when I refer to “nurses, doctors and social workers” is that ok?

Also, I want to make sure that you know that if you become uncomfortable at any time we can pause and/or stop the interview. There will be times during the interview that I pause to check how you are doing and if you need a break. These are meant to provide you with a break and have no reflection on your answers.

• First, let’s talk about you, tell me a little about yourself
  o Your life today

Now I want you to think back about the time you got into trafficking

Capture:

• Talk to me about your life at the beginning
• Tell me about the moment you got into “sex trafficking”
  o What feelings or emotions did you have at this moment?
    • You said you felt (feeling), tell me more about it
  o How did the “trafficker” treat you at the beginning?
    • You said he was or he did __________, tell me more about it
    • Did his behavior towards you change at any point and why?
  o What was a typical day in sex trafficking?
    • What did you spend most of the time doing?
  o Do you remember any particular smell, sound, or place during this time?
    • You said __________, tell me more about it

Now we are going to talk about trying to leave “sex trafficking”

Thinking:

• Tell me when you started thinking about leaving or getting out of sex trafficking
  • How often did you think about leaving sex trafficking?
  • Was there a plan in your head?
    • You said __________ can you tell me more?
      o Did you ever attempted to carry out your plan?
        • If yes what happened?
  o What concerns did you have while you were thinking about it?
    • You said ___________ tell me more about it
  o Did something happen in the life to get you to start thinking about leaving?
    • You said __________ let’s talk more about it
What sort of things or actions did your trafficker do to stop you thinking about leaving?
- You said ___________ how often did the trafficker do this?
  - How did you feel?
- At this point, did you ever come in contact with a provider?
  - I know you were only thinking about leaving, but if you could have gotten help from them what would that look like?
    - What sort of questions could the provider ask you that may have influenced you to ask for help?
    - What sort of comments, or actions did they have towards you?
    - What sort of feelings did you have?

How are you doing right now? Are you ok? Do you want to break or do you wish to continue?

Before the break, we talked about the thinking process about leaving the life now we are going to talk about when you started to make the decision to leave. Is that ok?

Started the decision

- Tell me about making the decision to get out of sex trafficking
  - How long was it from when you thought about it and making the decision to leave
- What influenced you to make the decision to leave sex trafficking
  - You said ___________ tell me more about it
  - What were your concerns at this time?
  - What were you feeling at this time?
- Did you tried to leave sex trafficking during this time?
  - What happened?
- Was your trafficker aware of your decision?
  - How did he found out about your decision?
  - Did the trafficker tried to stop you?
    - What did he/she do?
- What sort of things or events would of have ensure your decision to leave?
  - You said ___________ tell me more
  - What made it difficult?
  - What do you think “I” as a provider could have done or said to you to help you leaving the life?

How are you doing right now? Are you ok? Do you want to break or do you wish to continue?

Before the break, we talked about the decision process about leaving the life. Now we are going to talk about finally getting out of the life. Is that ok?

Final decision

- How did you get out of sex trafficking?
- How long was it from the period that you started to make the decision to leave to finally getting out of sex trafficking?
- What helped you to get out of sex trafficking?
  - How many attempts?
  - What happened when you failed to get out
• What sort of difficulties did you encounter getting out of sex trafficking?
  o Did your trafficker tried to stop you?
    ▪ What did she/he do?
    ▪ What sort of feelings or emotions did you have?
• How did you feel once you were free, out of sex trafficking?
  o You said ______________ can you tell me more?
  o What did you struggle with once you got out of sex trafficking?
• If you were able to talk to a provider, what would you want her/him to know about getting out of sex trafficking?
  o What could a provider have said or done to make your final decision easier?

This is the last section, we are going to talk about the present and the services that you are getting. Are you ok to continue?

Survivor Services

• Tell me how are you doing now?
  o What sort of feelings or emotions you have now?
• What sort of things do you struggle with?
• What helps you to deal with being outside sex trafficking?
• Tell me about the services you are getting or have gotten since you been out of sex trafficking?
  o What are your concerns about the services?
  o What has helped you?

I want to thank you for your time, and how are you doing?

Is there anything else that you may want to share about getting out of sex trafficking?

I will follow-up with you in 24-48 hours to make sure that you are ok and if you have any concerns or questions.

Once again thank you and here is a $50 gift card for your participation.
### Appendix J: Alphanumeric ID Assignment Sheet Pseudonym/Nickname

<table>
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Appendix K: Recruitment Letter

Dear Organization:

My name is Rosario V. Sanchez, PhD Candidate, MSN, RN, CCRN, SANE-A. I am a doctoral student at Rutgers University’s School of Nursing. As an active member of the NJCAHT, I am kindly requesting your organization’s participation in a doctoral research study that I am conducting titled: “The Elopement Process Adult Survivors of Sex Trafficking during Adolescence"

The intention is to assess survivors’ exiting process from sex trafficking using a qualitative approach. If you have potential adult survivors of sex trafficking during adolescence that are willing to speak and are mentally competent, they can be participants. I have attached the criteria list. In addition, there may be some instances that personal, private, and potentially embarrassing information may be asked during the study such as whether the participants have an active use of drugs or alcohol. This information is required for the integrity of the study and they will not be judged based on it. Please feel free to distribute the attached flyer to each of your service providers, so that they may refer possible participants.

Participation is completely voluntary; I have also attached the flyer to be given to the potential participants with my contact information. All participants will be screened by me to see whether they meet eligibility status to ensure no re-victimization can take place and I will be working very closely with participant’s counselor or therapist. In addition of being a doctoral student, I am an experienced forensic nurse knowledgeable in trauma informed care principles. The study will include a mailer service and a virtual platform via Rutgers WebEx to keep safeguard of participants and researcher due to COVID19 pandemic.

Thank you for your time and consideration.

Sincerely yours,

Rosario V. Sanchez MSN, RN, CCRN, SANE-A
Doctoral Candidate | Teaching Fellow
Jonas Nurse Leader Scholar | MBRS
School of Nursing | Rutgers University
180 University Ave | Ackerson Hall - Room 212
Newark, New Jersey 07102
(732) 822-4319
rosario.sanchez@rutgers.edu
Appendix L: Flyers for Study’s Organizations

Research Study:
“The Elopement Process Adult Survivors of Sex Trafficking during Adolescence"

I am studying survivors of adolescent sex trafficking about their exiting “getting out” experience from trafficking to help me understand their reasons and what helped them leave “Trafficking”.

Each participant will participate in 3 parts. The first part is for a screening process and forms will be mailed to participants. The second part will be a virtual semi-structured interview about their experiences. The 3rd part we be a virtual discussion about the researcher’s findings from the semi-structured interviews.

The inclusion criteria for this study for potential participants:
1) 18-55 years of age
2) Non-gender specific
3) Sex trafficking survivors who experienced victimization during their adolescent years
4) English-speaking
5) Mailing address
6) Computer and/or smartphone access

Participants will be asked to agree to 3 parts.
Compensation: 1st part $50, 2nd part $50, and 3rd part $100.
Time commitment: 1st part (20-30 min.), 2nd part (60-90 min.), and 3rd part (15-20min.)

Researcher Contact Information:
Rosario V. Sanchez, PhD Candidate, MSN, RN, CCRN, SANE-A
Principal Investigator
rosario.sanchez@rutgers.edu
(908) 907-4832
Appendix M: Inclusion Criteria for Service Providers

The inclusion criteria for this study for potential participants:
1) 18-55 years of age
2) Non-gender specific
3) Sex trafficking survivors who experienced victimization during their adolescent years
4) English-speaking
5) Mailing address
6) Computer and/or smartphone access

Taking into consideration the significance of the history of victimization in this population, the participants must also satisfy these additional criteria:

1) Have been out of trafficking for at least 2 years
2) Have no immediate mental health issues (can be in treatment)
3) Agree to speak about their experiences
4) Participants must have attended at least one year in the organization’s survivorship program or post-rescue program
Appendix N: Script for 3rd Visit – Member Checking

Thank you for coming back. This virtual meeting won’t be long and it will be just to go over your answers from your interview. The purpose is to double check with you whether I understood your answers the way you wanted me to know. I will go over certain parts of the transcript and tell you what my impression was of what you were trying to tell me and also will be going over the overall study’s data and if these makes sense to you. Please feel free to tell me if you agree or disagree with me. There is no wrong or right answer. If at any point you feel bad, or become upset, and you want to stop or take a break at any time, it is no problem. I want you to feel safe and well. Even though you may have agreed to be part of this study, some parts of the discussion may bring up memories from the past may make you feel bad or become upset. You might also feel like you may not want to share your additional experiences. If you feel bad, or become upset, or don’t feel like sharing anymore, you are free to stop or skip any questions at any time. If you want to stop or skip at any time, it is no problem.

Also, if you at any time feel like you need counseling or help coping, please let the researcher (Rosario V Sanchez, PhD Candidate, MSN, RN CCRN, SANE-A) know. All steps will be taken to make you feel safe again and there will be follow-up phone call within 24-48 hours to make sure you are ok, answer any concerns or questions.

After this meeting, your personal contact information will be shredded after mailing your last compensation, and you will not get any more phone calls or mailings regarding this study.
Appendix O: Script Research Assistant

Hello, my name is Jennifer Spry. I am a research assistant working with Rosario Sanchez, PhD Candidate, MSN, RN, CCRN, SANE-A from Rutgers University School of Nursing. Ms. Sanchez is conducting research on the elopement process (exiting) from sex trafficking during adolescence and I am inviting you to participate because you are a survivor of sex trafficking.

Participation in this research includes 3 visits. 1st visit is a screening process that will take about 20-30 minutes to see if you can participate in the study and you will be compensated with a $50 gift card. 2nd visit is an interview where you will be asked open ended questions that will take 60-90 minutes and you will be compensated with $50 gift card. The 3rd visit will be about 15-20 minutes to obtain your viewpoint about study’s findings and you will be compensated with $100 gift card. Please know that your participation is voluntary and that you may withdraw at any time from this study.

In addition, you will be offered an opportunity to use a pseudonym/nickname of your choosing when reporting the study’s findings. We want your voice to be heard in this study.

If you have any questions or would like to participate in the research, Ms. Sanchez and I can be reached at:

Jennifer Spry  Rosario V. Sanchez, PhD Candidate, MSN, RN, CCRN, SANE-A
(610)420-5366    (908) 907 – 4832
Appendix P: Human Trafficking Crisis Resources

New Jersey
- Center for Family Services – 24 Hour contact 1(800)225-0196
- Dream catchers - 24 Hour Hotline contact 1(800) 286-4184 • Text: 609-569-5437
- LoveTrue – Contact (732) 649-8783
- Center for Empowerment – Contact (732) 321-1189
- SANAR Institute – Contact (973) 624-5454
- Local Providers:
  - Jessica Senick MSW, LCSW – Contact (848) 466-9393
  - Calm & Sense Therapy – Contact (908) 293-9804
  - Dr. Stephen J. Oreski – Contact (201) 632-3907

New York
- Office of Mental Health – Contact 1-800-597-8481
- Mount Sinai SAVI Program • CSE Program at SAVI – Contact (212)732-0054 x133
- New York Asian Women's Center • Project Free – Contact Hotline: 1(888) 888-7702
- New York City Family Justice Center – Contact Brooklyn Office (718) 250-5111, Queens Office: (718) 575-4500
- Safe Horizon • Anti-Trafficking Program Contact Hotline: 1(800) 621-4673 (HOPE)
- Local Providers:
  - Carolyn Hartl, Psychologist, PhD – Contact (917) 652-6848
  - Karen Starr, Psychologist, PsyD – Contact (212) 779-7970
  - S. Aoife West, Psychologist, PhD – Contact (855) 849-5257

Pennsylvania
- Healthy Minds Philly – Contact 24-Hour Suicide Crisis & Intervention (215) 686-4420
- Joseph J. Peters Institute (JJPI) – Contact (215) 701-1560 ext. 5034
- Women Against Abuse – Contact 1(866) 723-3014
- Nationalities Service Center – Contact (215) 893-8400
- Dawn's Place – Contact (215) 849-2396
- Local Providers:
  - Patricia Ventura, LCSW – Contact (215) 600-1437
  - Robyn Smith, MSW, LCSW – Contact (267) 274-2654
  - Michael Lobianco, MSW, LCSW – Contact (267) 680-7036
### Appendix Q: Gift Cards Record

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Appendix R: Mailing Instruction Note for Participants

Dear [participant name]:

Thank you for participating in the study. I have enclosed a paid stamp-retumed envelope for all the forms flagged "return": 1) Demographic form, 2) HIPAA form, 3) BDI II screening tool, 4) Informed consent.

In addition, (this is voluntary) you can share with me a copy of a journal insert, or a photo, or a drawing. You can send a copy or text me a photo of it. This will allow me to understand your journey better. Also, in the informed consent I am asking (y/N) if you want to use a pseudonym (nickname) instead of number to report the findings. This is optional and it is your choice. (I will go over this in detail on our 2nd meeting).

Once again, THANK YOU. I have also enclosed your $50-dollar gift card. I will be waiting for the completed forms so that we can move to the 2nd part of the study.

God Bless,

Rosario

(908) 907-4532
CERTIFICATE OF CONFIDENTIALITY

Number: CC-OD-20-361-A2

Issued to
Rutgers University

conducting research known as

The Elopement Process of Adult Survivors from Sex Trafficking during Adolescence

In accordance with the provisions of section 301(d) of the Public Health Service Act, 42 U.S.C. 241(d), this Certificate is issued to the Principal Investigator, Mrs. Rosario V. Sanchez and Rutgers University to protect the privacy of subjects in the above named single-site/single-protocol research study, which is collecting or using identifiable, sensitive information. If there is a discrepancy between the terms used in this Certificate and section 301(d), the statutory language will control.

Research data containing identifiable, sensitive information collected during this study initiated on 03/12/2020 (and concluding on 01/28/2021) is covered by the Certificate. Identifiable, sensitive information protected by the Certificate and all copies thereof are protected for perpetuity.

The recipient of this Certificate shall comply with all requirements of subsection 301(d) of the Public Health Service Act.

This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services. Information collected during the term of the Certificate is protected in perpetuity. However, this Certificate does not protect information collected from participants enrolled after the term of the Certificate.

03/12/2020
Date

Dawn F. Cubitt
NIH Certificates of Confidentiality Coordinator
Office of Extramural Research
National Institutes of Health