A PHENOMENOLOGICAL STUDY EXPLORING THE LIVED EXPERIENCES OF

PROFESSIONALS SUPPORTING MINOR-AGED HUMAN TRAFFICKING SURVIVORS IN

NORTHEAST NONMETROPOLITAN COMMUNITIES

by

Danielle Alexandra Thomas

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2022

A PHENOMENOLOGICAL STUDY EXPLORING THE LIVED EXPERIENCES OF

PROFESSIONALS SUPPORTING MINOR-AGED HUMAN TRAFFICKING SURVIVORS IN

NORTHEAST NONMETROPOLITAN COMMUNITIES

Danielle Alexandra Thomas

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University, Lynchburg, VA

2022

Approved by:

Fred A. Milacci, D.Ed., Committee Chair

Margaret Gopaul, Ph.D., MSCP, Committee Member

Abstract

The purpose of this transcendental phenomenological study was to describe the experiences of professionals working with minor-aged survivors of human trafficking in nonmetropolitan environments throughout the Northeast. Husserl's noematic process, integrated with Maslow's theory of human motivation, provided this study's theoretical framework, which strived to answer the following research questions: *What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities? and How do professionals describe their experiences helping minor-aged survivors of human trafficking obtain their basic needs after exploitation?* Data collection involved demographic questionnaires and interviews. The data was analyzed by using Moustakas' phenomenological methodology. Two primary themes emerged from the data analysis. The first theme was the participant's experience meeting the needs of survivors, containing subthemes of needs being met through their vocation and community resources. The second primary theme included the challenges participants experienced when meeting the survivors' needs; the subthemes contained the challenges they experienced through their vocation and community. The most prominent result was the differences in challenges experienced by participants depending if their employer was a nonprofit organization, or a state agency. These vocational discrepancies are imperative for ensuring that nonmetropolitan communities best understand how to provide services to minor-aged survivors of human trafficking.

Keywords: human trafficking, labor trafficking, sex trafficking, nonmetropolitan

Copyright Page (Optional)

Dedication

I dedicate this manuscript to all child survivors of human trafficking. Childhood should be carefree and fun, not to be taken advantage of and used for others' gratification. The professionals who work and support these survivors are true heroes of their community. They dedicate their time and passion to holding space for their clients and doing everything they can to ensure survivors have a better future.

I would also like to dedicate this to my children, Luna and Devon, who hasn't made his way earthside yet. You make this milestone accomplishment so much sweeter. I pray this accomplishment shows you what it means to never give up on your dreams regardless of what life throws at you and encourages you to work hard and persevere through whatever challenges might come your way.

In addition, I want to dedicate this to my husband, Dr. Leland Thomas. This accomplishment would not have been possible without you. Thank you for your endless patience, your unending support, and the personal sacrifices you made so I could reach this goal. This feat is just as much your accomplishment as it is mine. There are no words to articulate my love for you; you are and always will be my favorite person.

I also want to honor my parents, Doug and Denise, for supporting me and encouraging me through this endeavor. My parents' example of dedication, hard work, and love for each other and God helped me get to where I am today. They sacrificed their time to watch Luna each week so that I could complete this accomplishment.

Finally, I would like to dedicate this work to God; through Him, I have cultivated this passion and am able to complete this research to give back to my community. I am forever grateful for His love and ordained steps upon my life.

Acknowledgements

First, I would like to thank the individuals who participated in this research. Thank you for taking time out of your busy schedule to talk to me. I enjoyed talking to each participant and learning about their professional experiences being the hands and feet of Christ to those who need it most. I am honored you entrusted me with your personal stories. I pray this body of work goes on to help communities provide the best care for survivors.

I would also like to express a sincere and profound appreciation for Dr. Fred Milacci, who was able to guide and encourage me when I could no longer see the finish line. Dr. Milacci took on my challenge and helped lead me to my goal with kindness and understanding. I would also like to thank my reader, Dr. Margaret Gopaul, who provided me with feedback and support. Both Dr. Milacci and Dr. Gopaul exuded compassion and grace to me while I worked hard to get to the finish line before giving birth to my second child. I am humbled and honored that you would be willing to work within a timeframe that allowed me to accomplish my goals. I am forever grateful.

Finally, I would like to thank Lauren Cooper. As a friend, you encouraged me to continue when I wanted to give up. As a colleague, you willingly read my manuscript and gave me feedback. And as a mentor, you have watched me grow from a helping hand in Truancy Court to an accomplished graduate. Thank you for seeing me through this journey and helping me remember my value when I can't see clearly.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

Acute Stress Disorder (ASD)

Adverse Childhood Experiences (ACE)

Attention Deficit Hyperactivity Disorder (ADHD)

Centers for Disease Control and Prevention (CDC)

Complex Post Traumatic Stress Disorder (C-PTSD)

Domestic Minor Sex Trafficking (DMST)

Domestic Violence (DV)

Intimate Partner Violence (IPV)

Multidisciplinary Team (MDT)

Oppositional Defiant Disorder (ODD)

Sex Trafficking of Minors (STM)

Socioeconomic Status (SES)

Trafficking in Persons (TIP)

Trafficking Victims Protection Act

Chapter 1: Introduction

Overview

This chapter serves as an introduction to the transcendental phenomenological study that was conducted. The purpose of this transcendental phenomenological study was to describe the experiences of professionals working with minor-aged survivors of human trafficking in nonmetropolitan environments throughout the Northeast. This chapter includes a brief overview of human trafficking and the gap in literature this study fulfills. In addition, the theoretical framework used to describe the phenomenon is outlined, the problem and purpose of the study are discussed, research questions are declared, and the significance of the study is reviewed.

Background

Humans have been bought and sold for centuries; the earliest documented recording of harboring or exploiting humans can be found in the Bible. The Bible references many different instances where people are forced into exploitation, such as Joseph being sold into labor trafficking by his brothers in Genesis 37, only later escaping to become a prominent figure in the land of Egypt. There are various other instances, including females sold by their fathers to become concubines to be used at the pleasure of their owners, otherwise known as their husbands. Although not all concubines were sexually exploited, there are a few instances recorded in the Bible where fathers sold their daughters to other men to be used for sexual purposes. Another example, in Judges 19, a man gave his concubine to a group of raged men who brutally raped her through the night until she died. The owner found her body outside the door the next morning, he had used her one last time to save his own life.

Beyond Biblical history, the African slave trade normalized labor exploitation throughout North America but it was abolished from the United States on December 18, 1865, with the

signing of the 13th Amendment (Oster, 2016). Not only were the African people forcibly exploited for labor purposes, but the women and children were traded and sold as sexual items or prostitutes for their master's pleasure or to expand the number of slaves for their master. Around the same time, "white slavery" became prevalent in the early 1900s by using force, deceit, or drugs to sexually exploit Caucasian females, generating the international agreement to suppress White Slave Traffic in 1904, where the main focus was to provide repatriation to the victims. However, it was not until 1910, when the International Convention for the Suppression of the White Slave Trade was signed, that this early form of human trafficking was criminalized. The fight to abolish white slavery was primarily focused on sexual exploitation throughout the globe (Oster, 2016).

More awareness was brought to white slavery during World War I as women and children were internationally exploited for the sexual desire of others. Over thirty countries signed the International Convention for the Suppression of Traffic in Women and Children in 1921, which was an agreement to prosecute persons involved in trafficking women and children (Oster, 2016). Still, laws and treaties to combat human trafficking focused on sex trafficking, not prostitution or labor exploitation. In 1949 after World War II concluded, the United Nations adopted the United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitutions of Others, which became the first legally binding international agreement on human trafficking (Oster, 2016). However, only 66 nations adopted the agreement when it was initiated.

From 1949 to 2000, human trafficking proliferated to include organ harvesting, labor exploitation, and labor migration. This led the United Nations to create the United Nations *Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and*

Children, which is the first protocol that acknowledged modern-day slavery and expanded the idea that men can also be victims (Oster, 2016). The United States passed the Victims of Trafficking and Violence Protection Act of 2000 (TVPA) that allocated more services to victims and educated law enforcement on identifying these victims (Reid & Jones, 2011). In addition, the TVPA mandated funding to ensure survivors are provided with shelter, food, and education after leaving exploitation. The TVPA was enacted in 2000 and has been renewed in 2004, 2006, and 2008 to protect internationally trafficked persons. The State Department now publishes an annual Trafficking in Persons Report to examine the fight against trafficking in the US and other countries (Reid & Jones, 2011).

Human trafficking is known to be a global epidemic with no signs of slowing down, reaching profits of 3 billion dollars annually (Lamb-Susca & Clements, 2018). Recently, forced labor migration is on the rise, along with the sexual exploitation of underage females. Although the increase in trafficked girls rose from 10% to 21% in 2011, the rates of trafficked adult women decreased from 74% in 2004 to 49% in 2011 (Oster, 2016). Although there is clear evidence of the risk and prevalence of human trafficking, a large number of countries have yet to implement a criminal component to human trafficking, leaving many citizens vulnerable to victimization.

There has been a significant push in the United States to continue fighting to eradicate modern-day slavery (Davy, 2016). Shared Hope International (2020) began assigning each state an annual report card based on its efforts to stop trafficking crimes. Since these report cards began in 2011, 49 states have increased their efforts and received improved grades resulting in an overall national increase in anti-demand and victim protection laws. In addition, the Polaris (2020) provides a National Human Trafficking Hotline that helps identify current statistics in the

country through their hotline data. Polaris groups each hotline call into four categories, sex trafficking, labor trafficking, sex and labor trafficking, and unspecified forms of trafficking. Since 2007 the hotline has received 51,919 calls reporting crimes or victimization of human trafficking. In 2020 alone, Polaris identified 16,658 survivors and 10,538 trafficking cases (Polaris, 2020). With these calls, Polaris can further identify risk factors, methods used for control, and geographical data, while helping survivors escape and be connected with aftercare services.

Although there is an increase in the push for obtaining data, a general lack of understanding the mass victimization has yet to be determined. Unfortunately, human trafficking crimes are increasingly prevalent because of the demand, not because of an endless supply of victims. Victims are preyed upon because traffickers do not have the means to meet the demanding need. Studies speculate that if awareness increases, demand will decrease (Le, 2017; Litam, 2017). For example, some buyers of sex traffickers do not always know they are the reason for forced exploitation. In addition, these crimes are clandestine, making it hard to gather data because most purchasers do not want to admit they are adding to the overall issue at hand.

The lack of accurate data can be problematic in research; how can something so secretive be studied (Weitzer, 2014). Various studies have been conducted on human trafficking including Cole and Sprang (2015), Cole et al., (2016), Cole (2018), Lazzarino et al., (2022), Fouladvand and Ward (2019), Perkins and Ruiz (2017), and Franchino-Olsen (2019). Cole's (2018) study surveyed service providers; however, the study was not specific to nonmetropolitan communities, did not include other forms of trafficking outside of sex trafficking, and did not identify the basic needs of survivors.

Situation to Self

My motivation to conduct this qualitative research study originated from my desire to identify how to decrease voluntary revictimization of minor-aged human trafficking survivors. Because I had worked in various positions throughout nonmetropolitan communities helping adults and children obtain basic resources to meet their needs, I had seen firsthand how difficult recovery and revitalization are for the average community member. I wondered how nonmetropolitan communities were able to provide the basic resources to minor-aged human trafficking survivors, possibly eliminating voluntary revictimization. Due to the age of the population in question, I determined that it was ideal for exploring this phenomenon through the lens of nonmetropolitan professionals who work with these survivors.

The philosophical assumption that guided my research was ontological. An ontological assumption is rooted in the belief that different experiences can co-exist and are generated from various realities experienced by individuals (Creswell & Poth, 2018). The interpretive framework, integrated with an epistemological assumption, generated social constructivism, comprehending an individual's reality through their lived experiences (Creswell & Poth, 2018). By listening to the participants' lived experiences obtaining resources for survivors, I was able to find themes within each of their perspectives that generated a detailed description of how nonmetropolitan communities in the Northeast provide resources and support minor-aged human trafficking survivors, which has not been studied up to this point.

Problem Statement

The minimal literature that does reflect this phenomenon has primarily been studied in metropolitan areas such as Dallas, New York City, Las Vegas (Cole & Sprang, 2015), with a 2018 study by J. Cole conducted "in a mostly rural state" (p. 423). Large urban communities have easier access to a multifaceted approach for survivors and more funding for additional

resources (Lazzarino et al., 2022). There is no question that the research conducted in these areas

has proven a need for additional funding. However, without research conducted in areas beyond

urban centers, no tangible evidence can prove that additional funding and services are a dire need

for these communities. Thus, nonmetropolitan areas are faced with a compounding problem of

how to support and care for survivors of human trafficking (Perkins & Ruiz, 2017). The

challenge is that these communities do not have supporting research to provide evidence of the

need for trafficking-specific aftercare, leaving these areas to face the reality of not having

enough resources for survivors (Cole, 2018).

The problem is that people return to their trafficker because they cannot ensure their basic

needs can be met outside of exploitation (Litam, 2017). Anderson's (2003) study found that 80%

of victims left their abuser at least once, whereas the remaining 20% had left at least 10 times in

total. When a survivor leaves their trafficker and seeks services from the community, they must

first be guaranteed that their basic physiological needs will be met; otherwise, they will likely

return to a familiar place that will provide food, water, and shelter, regardless of the threat of

violence or exploitation (Franchino-Olsen, 2019). Without proper evidence reporting that victims

are being exploited outside of metropolitan communities, no funding will continue to be given to

rural and micropolitan areas to provide basic needs for human trafficking survivors (Cole &

Sprang, 2015).

Purpose Statement

The purpose of this transcendental phenomenological study was to describe the

experiences of professionals working with minor-aged survivors of human trafficking in

nonmetropolitan environments throughout the Northeast. To address this problem, a

transcendental phenomenological method focused on professionals with lived experience

working with these survivors and connecting them with various community resources to meet their needs after leaving exploitation. To date, no such research has been conducted that seeks to understand human trafficking in a nonmetropolitan setting. The theory that guided this study was Husserl's Theory of Intentionality (1931). It provided the framework to describe the participants' experience supporting their clients throughout the nonmetropolitan Northeast in areas with limited access to resources. This study's findings could help create a baseline of services and comprehensive training and interagency collaboration that must be offered to survivors in all communities, specifically nonmetropolitan communities, despite these areas already facing a lack of resources (Cole & Sprang, 2015).

Significance of the Study

Due to the lack of research completed in nonmetropolitan areas, this study is significant in adding to the literature that focuses on nonmetropolitan communities. A study by Cole and Sprang (2015) began to determine human trafficking crimes in rural communities, which is what this study expands on. Their data specifically focused on rural communities and the operation of human trafficking crimes within these geographical areas. With most research completed in metropolitan areas, it is assumed that not all communities can replicate the services offered in these more populated locations. The services available to metropolitan communities vastly differ from the resources available in smaller geographical areas (Cole & Sprang, 2015).

In addition, this study seeks to understand the significance of the basic physiological needs of survivors included in Maslow's (1943) hierarchy of needs. Data from this study benefits all communities that do not identify as metropolitan and highlights essential survivor services in nonmetropolitan areas. Understanding the first-hand account of the professionals working with survivors in nonmetropolitan communities who seek services to assist their clients can identify

any areas of improve and help determine and advocate for additional, appropriate resources to ensure the best possible route to recovery.

Research Question

The purpose of this research was to capture and describe the essence of the collective experiences of the nonmetropolitan professionals who work with minor aged human trafficking survivors. The researcher developed the following research questions to help guide the study. The data was collected directly from lived experience described by the professionals who participated in this study.

1. The first research question asked, *What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities?* According to Husserl (1931), this question helps define what the participant perceives through the essence of their experience, the noema (Moustakas, 1994).

2. The second research question fulfills the noesis of the noematic process, *How do the professionals describe their experiences helping minor-aged survivors of human trafficking in obtaining their basic needs after exploitation?* The noesis is the essence of perception that is experienced through the phenomenon. Noema and noesis make up the noematic process and helps to define the conscious intentionality of the participant (Moustakas).

Definitions

The following terms and definitions are used throughout this dissertation. These terms and definitions are related to this study's topic, theoretical framework, or research design based upon the literature.

1. *Basic needs* - A person's access to mental and physical health treatment, substance abuse treatment, shelter, food, clothing and legal support (Gibbons & Stoklosa, 2016).

2. *Coercion* - Taking control of someone through physical violence, verbal abuse or manipulation to break them into believing they are responsible for their situation and there is no way out except compliance (Contreras et al., 2017).

3. *Human trafficking* - Human trafficking is to harbor or exploit someone for sexual purposes or manual labor by using force, fraud or coercion (Chisolm-Straker et al., 2019).

4. *Force* - Using physical harm or restriction to control someone (Litam, 2017).

5. *Fraud* - Lying, manipulating or using false promises to control someone (Litam, 2017).

6. M*etropolitan* - A geographical location with a large, urbanized city center that is home to at least 50,000 people (Donnermeyer, 2015).

7. *Nonmetropolitan* - Geographical communities and territory not incorporated in a metropolitan area and having under 50,000 citizens (Donnermeyer, 2015).

8. *The Life* - Language referring to prostitution or pimping that includes a variety of rules and authority figures (Smith & Coloma, 2013).

9. Multidisciplinary Team (MDT)- A group of professionals who are experts ranging in vocational backgrounds (Lennox et al., 2021).

Summary

To date, there has been minimal research conducted on human trafficking within nonmetropolitan communities, although statistics show trafficking is prevalent within these communities (Albright et al., 2020; Cole & Sprang, 2015). Additionally, the resources available within a metropolitan community compared to a nonmetropolitan community are vastly different, resulting in discrepancies in how survivors' basic needs are met depending on the

geographical location. This study explores the experiences of front-line professionals in nonmetropolitan communities working directly with survivors and assisting them in obtaining their basic needs and access to education and psychological services. This study fills a gap in literature by focusing solely on nonmetropolitan communities and the basic resources they provide to minor-aged survivors and the professionals who support them.

Chapter 2: Literature Review

Overview

This chapter provides an overview of the literature and theoretical framework and provides context for the current study. The theoretical framework is discussed and includes an overview of Husserl's Theory of Intentionality (1931) and the Noematic Process. Then, a review of literature is included which provides a discussion of human trafficking while stating the problem and gap in research of which the importance of this research is identified. Chapter Two specifically includes (1) a current overview of human trafficking, (2) the process of exploitation, (3) risk factors and interventions for trafficked persons, (4) an overview of attachment theory, (5) Maslow's Hierarchy of Needs (1943) and the basic resources that generate the foundation of the pyramid, and (6) aftercare services needed by survivors. Chapter Two will summarize the literature presented and establish the gap in research I attempted to fill.

Theoretical Framework

The theoretical framework that guides this qualitative study must be provided to the reader. This framework is comparable to a blueprint of a house that helps the researcher construct and support the study (Grant & Osanloo, 2014). The structure provided by the theoretical framework defines the researcher's approach to the philosophy, epistemology, methodology, and analytics of the dissertation (Grant & Osanloo, 2014). Qualitative research generates a story that gives the reader new insights and understanding regarding the phenomenon (Anfara & Mertz, 2014). The theoretical framework that best describes the professionals' experience supporting minor-aged human trafficking survivors is Husserl's Theory of Intentionality (1931).

Theory of Intentionality

Husserl argued that all intentional experiences are *noetic,* which he defined as an "essential nature to harbor in itself a 'meaning' of some sort" (1931, p. 257). He defines the noematic relationship as a correlation between the *noema* and *noesis* which defines the intentionality of one's consciousness; noema is what is perceived through the essence of the experience, while noesis is how the essence of perception is being experienced (Moustakas, 1994). Husserl gained detailed descriptions of social awareness through environmental history by focusing on the noema and noesis of lived experiences (Groenewald, 2004; Moustakas, 1994). These noetic factors help compose the conscious intent of the phenomenological experience and support phenomenological research by developing the whole experience of the phenomenon.

Noematic factors intend to seek understanding and are fundamental in the philosophical nature of phenomenology; thus, intentionality guides the principle that all cognitive action is related to something and further implies integration of meaning to all perceptions (Moran, 2000; Moustakas, 1994). Intentionality orients the mind that the object or perception has meaning, creating the experience of being internally conscious of something, becoming mindful of the research process, and focusing on the present moment (Moustakas, 1994). Husserl stated that "intentionally is the fundamental characteristic of 'psychic phenomena'," which he believed to be the genesis for transcendental philosophy (1931, p.41). The noematic relationship was utilized in this transcendental phenomenological study by identifying the participants' perceived essence of their experience helping minor-aged human trafficking survivors secure resources for their basic needs as the noema. In contrast, the availability of the resources and potential challenges experienced by the participants while obtaining resources for the survivors is the noesis.

Related Literature

Human trafficking is the harboring or exploiting of labor or sexual services through force, fraud, or coercion (Chisolm-Straker et al., 2019). The term "human trafficking" encompasses a multitude of crimes with two main subpopulations, including labor, sex, domestic violence, and servitude, while the other defines the exploitation of minors, individuals who have special needs, and children whose caregiver is currently being exploited (Pascual-Leone et al., 2017). Survivors enter exploitation, or "The Game" or "The Life", defined by Smith and Coloma (2013) as:

> The subculture of prostitution, complete with rules, a hierarchy of authority, and language. Referring to the act of pimping as 'The Game' gives the illusion that it can be a fun and easy way to make money, when the reality is much harsher. Women and girls will say they've been "in The Life" if they've been involved in prostitution for a while. (p. xix).

This form of modern-day slavery can be prevented through an integrated, systematic, interdisciplinary approach, similar to the national reaction advocating the eradication of the trans-Atlantic slave trade (Bryant-Davis & Tummala-Narra, 2017). However, much like the end of the Civil War, resources and services must be in place, providing stability for survivors, and educating them on providing for themselves. Nonmetropolitan communities may find this challenging as they may have difficulty addressing community needs without additional resources for survivors (Barnett & Mencken, 2009; Cole & Sprang, 2015). In addition, without access to current and accurate data, it will be challenging to statistically prove that additional community awareness, training, and resources are needed in any urbanized location (Breuer, 2019).

As the second-largest entity of crime across the globe behind illicit drugs and firearms, human trafficking profits an average of 32 billion dollars annually (Lamb-Susca, & Clements,

2018; Twigg, 2017). This severe form of complex trauma does not discriminate between sex, age, ethnicity, or income level; human traffickers target any vulnerable person (Shandro et al., 2016). Criminals who harbor and exploit victims are considered traffickers, taking their prisoners and selling their services domestically or throughout multiple countries (Thompson & Haley, 2018). The Center for Disease Control and Prevention (CDC) has declared that sex trafficking is a significant public health crisis that has turned into a significant public health challenge that grossly impacts the well-being of individuals and communities (Centers for Disease Control and Prevention, 2022).

Developmental advances in technology and the internet have increased the demand for exploitation through social media and pornographic websites (Chung, 2009). A significant number of participants in Moore et al.'s (2017) study reported being sold for sex through websites, including Facebook, Backpage, online dating platforms, and escort services. Traffickers are also known to video record their victims being exploited and upload them to various pornography sites for profit (Lamb-Susca & Clements, 2018). In April 2019, the President signed legislation shutting down websites that promoted and facilitated human trafficking, making it clear the nation is serious about mitigating this epidemic.

After the legislation was initially passed, there was a decrease in online commercial sexual exploitation, but a recent increase in alternative websites used by traffickers and consenting sex workers selling their product, are flourishing (Lamb-Susca & Clements, 2018). Analytics from Marinus Analytics out of Pittsburgh, Pennsylvania, show approximately 133,000 commercial sexual exploitation advertisements posted on Backpage the month before it was terminated (Markowitz, 2018; Tarinelli, 2018). Their research showed an alarming increase of commercial sexual exploitation advertisements averaging 146,000 daily posts over many

websites from the middle of September to the middle of October 2019. Buyers and sellers

continue to find new and divisive ways to advertise their trade, showing Backpage was just the

beginning of this fight against technology (Lamb-Susca & Clements, 2018). The battle against

technology plays a small part in a much larger war against trafficking.

Types of Human Trafficking

Human trafficking occurs through labor or sexual exploitation and manifests in various

forms, including but not limited to: familial trafficking; pornography and other online sexual

engagements; sexual abuse of a child; adolescents exchanging sexual acts for money or

necessities such as food, clothing, or shelter; or an adult exchanging sexual acts for money or

drugs (Judge, 2018). Because trafficking happens all over the globe, there are different ways that

victims can be exploited depending on location, circumstance, and preexisting risk factors

(Franchino-Olsen, 2019). Victims of all ages, races, gender and sexual identity are exploited

daily through many different types of trafficking that include forced servitude or sexual acts

(Franchino-Olsen, 2019; Litam, 2017).

Labor Trafficking

Even though sex trafficking is the most commonly known form of human trafficking,

labor exploitation is believed to be more prevalent but rarely reported due to various

circumstances (Shandro et al., 2016). Traffickers lure their victims into exploitation by

promising an employment opportunity in exchange for something of value like important

documents for travel and identification (Leslie, 2018). Labor trafficking consists of being

exploited for physical labor such as hospitality, cleaning services, agriculture, spa, salons, fairs,

carnivals, and much more (Shandro et al., 2016). Research from the National Human Trafficking

Hotline (National Human Trafficking Hotline, 2022) suggests higher rates of labor trafficking in

rural communities than what was previously believed, increased victimization generating from migrant agriculture work, farming, construction, and landscaping services (McCarthy & Marshall, 2018). Labor trafficking does not classify as commercial sexual exploitation; however, these victims are not exempt from sexual abuse and are often assaulted, raped, or sexually exploited (Shandro et al., 2016). Upon leaving their trafficker, survivors of labor trafficking will need extensive systematic treatment and recovery services, just like survivors from any form of human trafficking (Greenbaum & Crawford-Jakubiak, 2015).

Sex Trafficking

Due to the increase in human sex trafficking activity in recent years, legal sex work has become a topic of conversation. Sex workers differ from human trafficking victims excuse they chose their work, are in control of their choices, and have not been coerced into exploitation; these individuals should not be identified as trafficking victims (Fouladvand & Ward, 2019). Although a federal offense, prostitution differs from sexual exploitation mainly because the worker controls their income, whereas a victim of human trafficking is forced to give their trafficker all their earnings (Smith & Coloma, 2013). Pornography, strip clubs, gentlemen's clubs, and escort services events are considered forms of sex trafficking (Luttrell, 2019; Royal, 2018). Commercial sex drastically increases in areas where national conventions or significant sporting events are being held; individually, the NFL Super Bowl is considered the most prominent human trafficking event in the United States (Lamb-Susca & Clements, 2018).

Society is known to assume victims of commercial sexual exploitation to be female, and while a study by Cockbain and Bowers (2019) showed females are more likely to be sexually exploited, there is no discrimination of gender in trafficking victimization (Shandro et al., 2016). Many male victims of commercial sexual exploitation are overlooked by law enforcement,

treatment providers, and researchers (Cole, 2018). There has been limited research conducted on male victims of human sex trafficking (Cole & Sprang, 2018). Both male and female victims of sex trafficking can experience complex trauma and begin to suffer from various mental health disorders, including anxiety, depression, dissociation, substance abuse, attachment, acute stress disorder, and post-traumatic stress disorder (Perkins & Ruiz, 2017). They present with various physical ailments and require extensive rehabilitation once rescued (Munsey et al., 2018).

Sex Trafficked Minors

Furthermore, age is not a discriminative factor; however, commercial sexual exploitation of children and adolescents define another form of trafficking. Minors living in the United States are sexually exploited within the borders of the country are referred to as Domestic Minor Sex Trafficking (DMST) victims (Kaplan & Kemp, 2015). DMST does not refer to victims that have crossed international borders to be exploited; rather, it encompasses minors who exchange sexual acts for basic needs such as food, clothing, shelter, or finical compensation within the U.S. Studies suggest that between 150,000 and 300,000 U.S. children are annually at risk of being sexually exploited and preyed upon by traffickers who abduct or manipulate youth into running away with them (Cole & Sprang, 2015; Kaplan & Kemp, 2015; Smith & Coloma, 2013). The average minor sex trafficking victim is between 12 and 14 years old (Shandro et al., 2016). This type of coercion is also known as the grooming process, defined later in this chapter.

Even though coercion is a form of abduction, traffickers prey upon at-risk youth and present themselves as charming and friendly (Smith & Coloma, 2013). Traffickers do this while convincing the youth that their life will be better if they left or "escaped" with them. Research shows that minor-aged sex trafficking survivors were recruited in various settings, including at school, social events, or at a friend's house (Moore et al., 2017). At-risk youth are those who

have a history of abuse, neglect, abandonment, or maltreatment; they may be orphans, a warden of the state, active within the foster care system, or placed in a juvenile detention center (Brunson et al., 2014; Kaplan & Kemp, 2015). These risk factors correlate with the adverse childhood experiences of Kaiser Permanente and CDC's Adverse Childhood Experience (ACE) Study, and without an involved and caring guardian, victims become an easier target for traffickers to manipulate and groom (Kaplan & Kemp, 2015).

Minor-aged sex trafficking victims are enticed by the trafficker's empty promises of a better future, pimps study their victims, and know the best way to coerce victims into The Life is by offering affection and companionship (Kaplan & Kemp, 2015; Walsh, 2016). Cole and Sprang's (2015) study showed that the majority of these minor-aged survivors knew their traffickers before exploitation either through a familial relationship, an intimate partner, their friend group, or by their friend's parents. Therefore, prevention efforts for minor-aged survivors need to include service providers being mindful of the victim and trafficker relationship to better detect any grooming behaviors and intervene when necessary (Cole & Sprang, 2015; Royal, 2018).

Pimps rely on controlling their victim and creating an imbalance of power where manipulation and coercion, youths can be convinced they are in a romantic relationship with their trafficker; they are groomed and coerced into sexual exploitation (Walsh, 2016). Some youths believe they are doing their partner a favor by performing sexual acts on their trafficker's "friends"; others believe they need to help contribute to the household finances, while youth with aspirations of fame and stardom can be easily coerced into performing sexual acts on camera with false promises of a lavish Hollywood career.

Because DMST victims are under 18 years old, their prefrontal cortex has not yet fully developed, which makes them an easier target for traffickers to coerce into exploitation through a form of manipulation that adults with a fully developed prefrontal cortex may be able to identify a harmful or unhealthy social relationship (Sapolsky, 2004). Parents and family members are also known to take advantage of children during development, which can be a form of child abuse, but if exploitation occurs it is known as familial trafficking (Cole & Sprang, 2018).

Familial Trafficking

Parents, guardians, or family members exploit children for basic needs, financial compensation, or other valued items to commit familial trafficking crimes (Cole & Sprang, 2018). Research has shown that the familial trafficking of minors likely stems from generational involvement in prostitution. Fedina et al. (2016) surveyed adults working in the commercial sex industry, with 35% of participants reporting their relatives were directly involved in commercial sex and other similar engagements before they turned 18 years old. The children that are commercially sexually exploited are at an increased risk of continued, long-term involvement in the industry (Ventura et al., 2007). Many of these families have experienced generational hardship and are educating the next generation in the only way they know how to survive.

In rural communities, families with low socioeconomic status (SES) can experience an increase of risk factors, resulting in an increased risk of exploitation. In addition, families who experience generational poverty are likely to lack transportation and resources in their communities, making it more challenging to generate a stable income ensuring their basic needs are met (McCall-Hosenfeld et al., 2014). Without a stable income, reliable and affordable housing, and access to transportation, many families in rural communities live well below the poverty line and are forced to rely on other ways to create income or secure their family's basic

needs through stealing, lying, or illegal behaviors such as selling illicit substances, gang activity

or human exploitation (Chilenski et al., 2015). These learned behaviors become life skills passed

down from generation to generation (Cole & Sprang, 2018).

Familial trafficking can lead children to believe that trafficking and grooming is a

standard way of life (Cole & Sprang, 2018). Victims of familial trafficking are at higher risk of

developing mental health disorders such as PTSD, depression, anxiety, substance abuse,

attachment, and identity disorders. They present with significantly higher levels of avoidance

than children who had experienced sexual abuse and assault without being sexually exploited

(Cole et al., 2016). They speculate that the psychological trauma endured by these children can

be more severe than any other form of sexual trauma. Therefore, victims whom a family member

exploits are likely to suffer from immense complex trauma and present with significant

attachment challenges (Cole & Sprang, 2018).

Research shows that survivors of familial trafficking need access to various services that

many communities do not have, specifically rural communities (Cole & Sprang, 2015). When the

sex trafficked minor (STM) is rescued from their trafficker, they are disrupted from their home

life and placed in foster care, directly increasing their risk of future victimization and

exploitation and further complicates their attachment bond with their caregiver (Cole & Sprang,

2018). Survivors will also need to undergo intensive mental health treatment for complex PTSD

and complex trauma that are not prevalent in communities other than urban cities. However, for

that to happen, the victims of familial trafficking must first be identified, which can be

complicated.

Research has identified the prevalence of familial sexual exploitation, yet initial

assessments currently integrated into emergency services provide limited questions indicating a

parent or family member as the trafficker (Cole & Sprang, 2018). Although sexual exploitation of a minor is similar to child sexual abuse, the legal ramifications for perpetrators are significantly different (Smith et al., 2009). Misidentifying familial sex trafficking with child sexual abuse can prevent the perpetrator from being charged with appropriate and accurate offenses that carry more severe and punitive measures and potentially result in continued exploitation.

Processes and Terminology of Human Trafficking

Human trafficking has been referred to as modern-day slavery, is defined as recruiting, harboring, transporting, or obtaining someone through force, fraud, or coercion for forced servitude, debt bondage, slavery, or commercial sexual exploitation (Brunson et al., 2014; McCarthy & Marshall, 2018). The legal definition of trafficking usually defines actions taken against someone by force, fraud, or other means for commercial sex or labor exploitation (Brunson et al., 2014). Force, fraud, and coercion are all different ways a trafficker utilizes to manipulate their victims and begin a process of grooming them into compliant servitude (McCarthy & Marshall, 2018).

Individuals who suffer from childhood trauma or high ACE exposure suffer from physiological and biological complications well into adulthood (Kaplan & Kemp, 2015). Research shows that significant ACE exposure can increase possible victimization for traffickers to force or coerce their victims into exploitation (Naramore et al., 2017; Reid et al., 2017). Juveniles and adolescents are more vulnerable to coercion and manipulation due to their prefrontal cortex, which is responsible for judgment and decision making, not being fully developed (Greenbaum & Crawford-Jakubiak, 2015; Sapolsky, 2004).

Force

According to the United States Department of Health and Human Services, force is using physical harm to control a victim, usually including rape, physical violence, or freedom restriction (Brunson et al., 2014; Litam, 2017). In addition, traffickers may use their victim's weakness, substances, physical violence, or threatening their family to force them into compliance (Litam, 2017). Any resistance from the victims typically results in increased use of force by their captors. Research has found that traffickers use force in different ways for men and women, with men experiencing more drug addiction and physical threats to friends' safety and women receiving more threats to the safety of family members (Litam, 2017; Whitaker & Hinterlong, 2008).

Although physical violence is prevalent throughout human trafficking, research has shown that not all trafficking victims undergo physical violence (Litam, 2017). The force that traffickers use on their victims may leave them feeling like they have no way to escape their situation, and if they do, victims fear they will face legal repercussions for their compliance in exploitation and other forced criminal activity (Brunson et al., 2014). Traffickers rely on forcing their victims to endure years of systematic abuse, breaking them down over time to create love out of fear, obedience, and loyalty (Royal, 2018).

Fraud

Otherwise known as lying or manipulation, fraudulent promises are made to the victims for the trafficker to control them (Litam, 2017). Fraud is easily identifiable in labor trafficking, as many victims are falsely promised they would have a job but instead are forced into involuntary servitude or debt bondage (Brunson et al., 2014; Litam, 2017; Whitaker & Hinterlong, 2008). Many of these victims are foreign and seeking a better opportunity for themselves and their families; they are promised a visa, an ID, and employment by their

trafficker (Litam, 2017; Williamson et al., 2010). Fraudulent labor promises encompass agriculture, construction, factory, food processing, housekeeping, nannying, cooks, nail salons, spa and massage parlors, night clubs, or gentleman's clubs (Albanese, 2007; Brunson et al., 2014; Litam, 2017).

These victims willingly join their trafficker and are faced with a much different situation than promised. Traffickers withhold documentation and force their victims to reimburse them for all expenses, including travel, they have no intention of having any of their victims pay off their debt (Litam, 2017; Williamson et al., 2010). Instead, a cycle of debt bondage forces the victim to be exploited indefinitely (Chesnay, 2013; Litam, 2017). Although debt bondage is frequently utilized with international victims and forced labor, it is a strategy used often by traffickers to exploit victims through their dream of a better quality of life than where they came (Litam, 2017).

Coercion

Once the grooming process begins, victims are coerced into exploitation making it difficult to leave their trafficker (Contreras et al., 2017). Challenges range from safety concerns, inability to provide for their basic needs, not having a place to go for shelter, or a belief that no one cares for them (Chung, 2009). Many victims do not believe there is a way out and soon become convinced that this lifestyle is their only option for survival (Contreras et al., 2017). Traffickers routinely use physical violence and verbal abuse towards their victims and may threaten their families to coerce them into compliance (Royal, 2018).

Coercion starts with a simple relationship presenting as a friend, family member, romantic partner, or another respected member of the community (Contreras et al., 2017). Perpetrators take advantage of the established trust between them and their victims and begin to

mentally and physically abuse them. This form of manipulation is a part of the grooming process that traffickers rely on and is very similar to battery and domestic violence; it includes forms of nonphysical coercion, such as withholding food, water, or illicit substances, that can create long-term health problems or lead to dangerous withdrawal, including nutritional deficiencies and muscular atrophy (Baldwin et al., 2015; Contreras et al., 2017). When the victim no longer thinks or makes decisions for themselves, the trafficker has achieved the level of coercion needed to cultivate an environment of exploitation (Contreras et al., 2017).

Because of the nature of coercion, it is difficult to identify and prove that a trafficker forces their victim into making decisions; this is especially difficult in a court of law (Brunson et al., 2014; Walsh, 2016). Many traffickers rely on grooming their victims over time, which is why many victims believe they chose their situation and are active and consenting participants in their exploitation. Research shows these behaviors and periods of grooming are similar to domestic violence (DV) or intimate partner violence (IPV) and result in similar long-term psychological effects and treatment (Contreras et al., 2017; Gibbons & Stoklosa, 2016).

Grooming Process

Traffickers seek to control their victims through a display of power that progresses over time. One key factor in the grooming process, also known as seasoning, is forging a trauma bond between the victim and the trafficker (Litam, 2017; Smith et al., 2009). Traffickers display calculated behaviors to build trust within their victims, continuing to evoke fear, otherwise known as trauma bonding, similar to Stockholm syndrome. A perpetrator creates a sense of trauma bonding through calculated, coercive forms of control that develop a fear in the victim that coincides with a deep underlying appreciation.

Victims are grateful when their trafficker does not beat them with their capable force; many times, they are thankful they have been given a chance to see another day (Litam, 2017). O'Connor and Healy (2006) defined the stages of the grooming process as "ensnaring, creating dependence, taking control, and total dominance" (Litam, 2017, p. 47). At first, the trafficker creates trust between themselves and the victim by giving expensive gifts and showing affection, leading to the victim developing romantic feelings towards the trafficker (Albanese, 2007; Litam, 2017). Many traffickers target adolescents with insecure and disorganized attachments with their guardians, as they are easier to manipulate into believing they are safe and secure with reliability and show them love and affection.

Traffickers isolate the victim from their family and friends by manipulating them to believe they cannot trust anyone except their trafficker; they take advantage of absent, incarcerated, or addicted parents and broken home lives (Litam, 2017; O'Connor & Healy, 2006). Therefore, individuals with a history of unstable home lives are at higher risk of being targeted and groomed through the empty promises and false hope of the pimp. After the victim is isolated, the control stage begins, and the trafficker removes the safe and secure façade and begins controlling the victim.

Traffickers try to control their victims through various ways, such as; threatening the victim and their family, being physically and sexually abusive, and using illicit, addictive substances as a way of control (Whitaker & Hinterlong, 2008). Once the trafficker learns the most effective way to control each victim, they may begin to test them and their level of commitment by suggesting they prove their love by "dating" other men and slowly but subtly broadening their exposure to purchasers (O'Connor & Healy, 2006; Preble, 2019). Victims may believe this is the only way to generate an income to cover their basic needs like food and shelter

(O'Connor & Healy, 2006). At this stage in the grooming process, the victim is isolated from friends and family and is entirely dependent on the trafficker. Therefore, they believe the best way to help with the bills and keep peace within the relationship is to comply. O'Connor and Healy (2006) define this stage in the grooming process as having achieved total dominance over the victim.

Traffickers show their victims affection which may lead to romantic involvement, resulting in various levels of force, fraud, and coercion (Albanese, 2007). Traffickers who manipulate their victims into believing they are romantically involved automatically incorporate fraud and coercion into the grooming process. Because many victims are unaware they are being groomed and manipulated to believe they chose their exploitation, it can be challenging to identify they need help. Many victims believe they were saved by their trafficker, not captured. It is important to note that not all trafficking victims will undergo these stages, depending on how they are lured into a life of exploitation, however, these stages of seasoning are widely used in children and adolescents to gain control, although there are various other means of control traffickers rely on (O'Connor & Healy, 2006)

Forms of Control

The stages of grooming are essential tools for the trafficker to use on their victim; however, the grooming stages do not always result in full compliance and traffickers often rely on additional forms of control (Litam, 2017). Forms of control usually encompass the victim's level of resiliency, the methods of force, fraud, and coercion, and the stages of the grooming process utilized by the trafficker (Litam, 2017; Whitaker & Hinterlong, 2008). The control used by traffickers incorporates four contexts, including "control seeking, control mechanisms, controllability and resistance" (Litam, 2017, p. 48). Control-seeking traffickers seek to control

their victim's behaviors through their appearance, demeanor, how they present themselves, whom they are allowed to speak to, where they are allowed to go, mandated daily quotas, or withholding earnings and relevant documentation. Traffickers may also utilize controlling mechanisms, including violence, threats of violence, and psychological intimidation (Litam, 2017).

All forms of control are influenced by the victim's level of controllability, influenced by their socioeconomic status, history of trauma exposure, or exposure to ACEs (Litam, 2017). The trafficker uses violence, threats of violence, and psychological intimidation in correlation to their victim's resistance level. They intently study their victims and know the best way to manipulate and exploit them for financial gain. The infamous pimp Mickey Royal (2018) states, "Behavioral science, why people do what they do. When you understand the why's, you analyze the how's to manipulate the who's and when's only to determine the what's" (p. 85).

Controllability can be further defined into six categories, including fiscal, cultural, psychological, physical, social, and institutional; combined, these categories define the levels of resistance and control of a victim (Litam, 2017; Whitaker & Hinterlong, 2008). When these categories are strong and stable, there is a lower risk of being coerced into exploitation through the grooming process. However, individuals with higher risk factors such as high ACE scores, absent parents, or products of low SES communities, have a higher risk of being groomed by a trafficker. Some of these risk factors are unpredictable and out of the individual's control; therefore, each individual is different, and traffickers create an individualized approach to grooming to create a coercive bond with their victim (Litam, 2017).

Trauma Bonding

Traffickers use their control to create an unhealthy attachment bond with their victims. Attachment relationships that include persistent violence when the victim relies on their abuser for basic human needs can lead to dissociation and other chronic complications (Sanderson, 2013). Issues within attachment relationships are not limited to parents and caregivers but have also been linked to romantic relationships (Domhardt et al., 2015). Survivors who endure abusive attachment relationships are often forced to ignore the chaos to ensure they receive the basic needs necessary for their survival (Sanderson, 2013). This denial can create a distorted view of reality for the victim and, over time, evolve into a traumatic bond with their abuser.

Dutton and Painter (1981) define traumatic bonding as "strong emotional ties that develop between two persons where one person intermittently harasses, beats, threatens, abuse or intimidates the other" (p. 140). Trauma bonding can occur at any age. However, it must include a power imbalance with rapid mood-altering behaviors that vary from loving and affectionate to aggressive, physical, or emotional abuse or threat (Sanderson, 2013). While being exploited, survivors of human sex trafficking often experience disorganized attachment with their trafficker, which may be similar to the attachment bond they have with their parent or guardian during childhood (Domhardt et al., 2015). Therefore, the knowledge and ability to regulate feelings, understand other's opinions, and how these impact psychosocial interaction leaving the victim without knowledge on cultivating and maintaining healthy relationships (Sanderson, 2013). These risk factors increase the vulnerability of being coerced (Hargreaves-Cormany & Patterson, 2016).

To provide the most effective treatment for survivors of DMST, an understanding of how complex trauma from being exploited impacts brain development (Sapolsky, 2004). Therapeutic services should also seek to understand the survivors' life before exploitation and exposure to

ACEs since birth. Were the basic needs of the survivor being met before they entered The Life of exploitation? Did these individuals have a healthy attachment with a guardian who ensured their basic needs were met?

Victims who have a history of exposure to unhealthy attachments are at higher risk for developing an insecure attachment with their trafficker, especially if their basic physiological needs are being met (Schwartz, 2016). As a result, these victims are more at risk of developing a trauma bond with their trafficker (Hargreaves-Cormany & Patterson, 2016). While the dynamics of an unhealthy attachment generate fear and anxiety, the therapeutic process should aim to challenge this fear and help clients regain their power, control, and the ability to trust themselves and others (Domhardt et al., 2015). Survivors often fear to leave their life of exploitation because they cannot ensure their basic needs will be met, as their trafficker has manipulated them to believe they cannot survive on their own or has threatened harm towards their family members (Sanderson, 2013). Counselors must be mindful of the survivor's attachment style and find ways to build a therapeutic rapport with their clients, but first, they must ensure the survivor's basic needs are being met (Maslow, 1943; Sanderson, 2013).

Interventions

Because most trafficking survivors enter The Life with high ACE scores and trauma exposure, intensive aftercare services are needed for recovery and reintegration into the community (Smith et al., 2016). To determine the most effective intervention strategies needed for community approaches for combating trafficking crimes, an understanding of stress disorders and how trauma affects the human body is needed. Once the best treatment modalities are identified, specific community-based interventions must be discussed to better understand the multidisciplinary approach needed for this population of survivors.

Human trafficking survivors require a multidisciplinary approach to obtain the appropriate treatment and resources needed for recovery (Greenbaum & Crawford-Jakubiak, 2015). Due to the criminal nature of exploitation, law enforcement and legal assistance are needed to press any to apprehend the trafficker and press any necessary charges (Dell et al., 2019). Different types of trafficking require different services; for example, familial trafficking or the trafficking of a minor will involve the State Department's family services division (Brunson et al., 2014). Emergency departments also play a critical role in the early identification of human trafficking victims, as they frequently seek care for many health complications (Breuer, 2019). Because trafficking victims endure severe complex trauma, they are also in dire need of trauma-centered psychiatric treatment, which may not be readily accessible in rural and micropolitan communities as it is in larger urban and metropolitan areas (Cole & Sprang, 2015). Research by Dell et al. (2019) found that the recovery process for survivor's manifests in various layers, regardless of their geographical location.

There are three different stages of intervention for victims of human trafficking, which they defined as; immediate rescue, ongoing recovery, and long-term reintegration (Dell et al., 2019). Service providers, first responders, and emergency personnel must remain mindful that trafficking victimization does not always appear to be someone in immediate danger or distress; they must be trained to identify warning signs of exploitation and follow mandated protocol for rescue and intervention (Perkins & Ruiz, 2017). Exploited, kidnapped, and coerced victims present differently and bring various compounding complications: for example, one survivor may seek medical attention for musculoskeletal injuries, while another may be selling illicit substances on the street corner. Survivors need a wide range of federal, state, and community

services after leaving The Life, something that nonmetropolitan communities may not be equipped with the necessary infrastructure to provide (Cole & Sprang, 2015).

Urbanized areas routinely have an easier time providing the necessary services for survivors of trafficking, whereas rural communities will not have the same luxury with limited available resources and appropriate training (Barnett & Mencken, 2009; Cole & Sprang, 2015). Are survivors in these areas being offered services and assistance on leaving The Life? Are they being identified? Is it possible for micropolitan and rural communities to provide the necessary services for survivors, or are they referred to the closest urban city center to receive a multifaceted approach to their recovery? Do they have access to the means and transportation to get to appointments? Previous studies have identified that crimes of human trafficking occur in all geographical locations; however, if service providers do not have a foundation of trauma training or a basic understanding of human trafficking, many victims will go unidentified and will not be presented with an option to leave The Life (Cole & Sprang, 2015).

Identifying Risk Factors

Due to the diverse and complex nature of human trafficking, there are various risk factors that have been found to increase victimization. Geographical location and SES status largely determine the victim's level of controllability; however, familial history and exposure to adverse experiences decrease one's resistance to the grooming process (Litam, 2017). Generational trauma, generational poverty, and a cycle of abuse also impact the level of resiliency in victims and can be used by a trafficker to coerce or groom them into The Life. Other risk factors that increase a victim's risk of being trafficked include the coercive relationship with their trafficker, an attachment bond with their guardian, sexuality, gender identity, homelessness, or substance abuse. A leading risk factor that has been overlooked in research is the differences in

geographical areas and how location can affect human trafficking operations (Cole & Sprang, 2015).

Adverse Childhood Experiences (ACEs)

Research has shown that exposure to adverse experiences in childhood increases the risk of trafficking victimization (Reid et al., 2017). The CDC and Kaiser Permanente facilitated the ACE Study and surveyed over 17,000 participants, finding a correlation between adverse exposure and long-term effects on development and health throughout the lifespan (Felitti et al., 1998). They developed the ACE questionnaire with ten yes or no questions referencing domestic violence, abuse and neglect, absent or deceased family members, and family history of mental illness and substance abuse. Each "yes" from the participant is totaled to determine their ACE score, which ranges from 0-10; the higher the score, the more ACE and trauma they have witnessed. The higher the ACE score, the more likely their biopsychosocial development has been affected, creating more risk for degenerative health complications throughout the lifespan.

The human body adapts to exposure to immediate or impending danger; however, the body is not designed to remain in this state constantly (Sapolsky, 2004). When someone is exposed to danger, the body naturally releases cortisol, which assists the body in responding to stressors and activates the flight, fight, or freeze response. This particular response is designed to help identify dangers and how to respond in various forms of impending danger through various ways; flight response incorporates avoidance behaviors, fight responses create a more offensive approach to the danger, while the freeze response helps the person ignore the danger and pretend like it is not there (LaConte, 2018). In addition, the alert of danger activates the body's autonomic nervous system (ANS), which connects the endocrine and immune system to the nervous system, establishing a baseline of human functioning (Uhernik, 2017).

When significant ACE exposure activates cortisol repeatedly and over activates the nervous system, altering the body's homeostatic function and resulting in various long-term effects on physical and mental health (Sapolsky, 2004). Children and adults with high ACE scores experience more physical pain, sexual dysfunction, extreme anxiety, social regression, and immature behaviors in children (Jacobs, 2016; Levers, 2012). In addition, children are at higher risk of developing eating disorders, mood disorders, stress disorders and have higher rates of suicidality (Gil et al., 2009). Other long-term implications of high ACE scores show an increase in criminal behavior and activities, including sexual activities (Sikes & Hays, 2010). Research conducted by Smith et al. (2016) shows a correlation between ACE scores and attachment styles, finding that the same experiences that drive ACEs also impact attachment style between the child and their caregiver. Therefore, ACE risk factors can also be risk factors that affect attachment style and generate additional risk for trafficking victimization.

Complex Trauma

Because most trafficking survivors enter exploitation with high ACE scores and trauma exposure, intensive aftercare services are needed for recovery and reintegration into the community (Smith et al., 2016). To determine the most effective intervention strategies needed for community approaches for combating trafficking crimes, an understanding of how stress disorders and how trauma affects the human body is needed. Once the best treatment modalities are identified, specific community-based interventions must be discussed to better understand the multidisciplinary approach needed for this population of survivors.

Compound and complex trauma can create confusion in the baseline functioning of the brain and physically alters the biological makeup of the organ resulting in decreased emotional stability, ability to learn or concentrate, and behavioral control (Sapolsky, 2004; Uhernik, 2017).

One of the main critical areas of the brain, the limbic system, contains the amygdala, hippocampus, thalamus, and hypothalamus, or the "brain of the endocrine system" connecting the nervous and endocrine systems (Uhernik, 2017; Wright, 2012, p. 32). When the hypothalamus detects danger, it sends a signal to the thalamus, which directs it to sensory organs throughout the brain (Martin, 2019; Sapolsky, 2004). The thalamus processes all messages except for olfactory senses, and acts as an aid to essential motor skills, coordination, and sleep regulation.

The amygdala is an almond-shaped structure located deep within the brain and assists in regulating the emotional connection and response to the memories; it works closely with the hippocampus that helps create memories (Uhernik, 2017). Because the amygdala is responsible for the emotional connection to memories, including negative emotions such as fear, when the amygdala sends a fear response to the hippocampus, memories can become stuck in the brain and cannot process, creating stress responses. This fear signal alerts the body of danger and initiates the fight, flight, or freeze response (LaConte, 2018; Uhernik, 2017). However, a traumatic memory that has not been fully processed can create significant challenges for the individual.

Stuck memories can induce a fear response and highjacks the amygdala when there is no apparent danger, increasing the risk of psychological symptoms such as anxiety, depression, and paranoia (Martin, 2019). Additional risks include personality disorders, the inability to trust, fearing abandonment and rejection, withdrawal or isolation, and increased feelings of shame, guilt, and self-blame. Common diagnoses for survivors of complex and compound trauma include; anxiety, depression, oppositional defiant disorder (ODD), attachment disorder, and attention-deficit/hyperactivity disorder (ADHD), substance abuse, and other personality disorders (Gibbons & Stoklosa, 2016; Martin, 2019).

Law Enforcement and Judicial

Anti-trafficking laws are implemented throughout the United States (Brunson et al., 2014). Safe Harbor laws are in place to assist law enforcement and other social service professionals in identifying minors involved with the commercial sex industry as survivors of trauma and sexual exploitation, rather than willing sex workers (Chisolm-Straker et al., 2019). Increased and continued training for law enforcement is needed as they are challenged with identifying victims of human trafficking instead of charging them with prostitution (Shandro et al., 2016). Alternatively, traffickers can force their victims into committing crimes by selling illegal substances, stealing, or recruiting other victims (Brunson et al., 2014). The legal system must work seamlessly with social services to ensure survivors receive the necessary wraparound services to provide for their basic needs and other complex needs such as mental and physical health, financial, and legal aid (Walsh, 2016).

The Federal Strategic Action Plan on Services for Human Trafficking Victims in the United States between 2013-2017 outlined a plan of action for all executive branches addressing human trafficking; the first is aligning efforts (Brunson et al., 2014). U.S. executive branches should seek to have a coordinated strategy for overseeing services for this population at the "federal, regional, state, territorial, tribal, and local levels" (Brunson et al., 2014, p. 11). Next, they should strive to expand their knowledge through new and current research, data, and specific, evidence-based practices. Furthermore, these branches must access appropriate services through local outreach and additional training to better identify victims. Lastly, these branches should seek to promote and provide trauma-informed services encompassing the immediate and long-term health and safety needs of this population of victims. An action plan of this stature can only be implemented through a partnership with first responders and health care providers.

Attachment Theory

Developing a secure attachment between the child and parent is a cardinal milestone in early childhood development (Levers, 2012). Dr. John Bowlby (1982), who founded attachment theory, defined it as "any form of behavior that results in a person attaining or maintaining proximity to some other identified individual who is conceived as better able to cope with the world" (p. 26). Attachment is a transactional phenomenon that defines the relationship based on social interactions between the child and caregiver (Levers, 2012). A sense of secure attachment within the relationship is essential in the child's psychobiological development and increases their chance of survival (Sanderson, 2013). Attachment with a parent or guardian helps meet the child's physical and emotional needs. Because most minor-aged survivors of sex trafficking are exploited by someone they know, their attachment with the trafficker further complicates the coercive relationship and long-term recovery (Cole & Sprang, 2015).

Phases of Attachment

Attachment bonds are crucial in supporting cognitive development, particularly through lived experiences; bonding begins at birth and lasts throughout one's life (Levers, 2012; Sanderson, 2013). The four phases of attachment defined by Bowlby (1982) begin during the first two months of life and orients the child to their surroundings, and progress into showing preference towards a caregiver around 8-12 weeks old (Levers, 2012). The third phase lasts until around 18 weeks old when the child becomes mobile and can physically position themselves closer to their preferred caregiver (Levers, 2012). The final phase of attachment focuses on the "formation of goal corrected partnership," which can last for an indefinite amount of time, progressing around 18 months (Levers, 2012, p. 267). As children evolve through each phase,

they begin to develop an underlying purpose of bringing their parent or caregiver closer

(Ainsworth, 1964).

      Unhealthy Attachment. There is a significant amount of emotional integration within

attachment theory that can lead to detrimental and traumatic situations if the attachment bond is

negatively affected or damaged in any way (Schwartz, 2016). There were three different types of

attachment styles researched by Dr. John Bowlby and Dr. Mary Ainsworth, including insecure

ambivalent, insecurity avoidant, and disorganized attachment, all of which are strictly correlated

with Complex PTSD (C-PTSD). A crucial element within each attachment phase is the response

given by the parent or caregiver, which has a direct effect on the attachment pattern (Levers,

2012). A healthy, secure attachment between caregivers and children is a protective factor for

female victims of child sexual abuse (Domhardt et al., 2015). However, their research only

included females; therefore, further research is needed on the attachment within male victims.

      Insecure Attachment. Insecure ambivalence defines a child whose caregiver was

inconsistent (Schwartz, 2016). For example, although the caregiver could be attentive, they also

displayed times of intrusion and unpredictability (Schwartz, 2016). These children often suffer

from anxiety and believe that all relationships are unreliable. Children who suffer from insecure

avoidance have likely grown up with a caregiver who is not engaged or unable to provide a

secure attachment due to their attachment challenges from childhood. As a result, these children

learn to avoid emotional vulnerability and close relationships, resulting in becoming inordinately

independent.

      Disorganized Attachment. Disorganized attachment is a problematic attachment style

frequently seen in abused or neglected children (Levers, 2012; Schwartz, 2016). These children

may have an abusive caregiver with chaotic, unpredictable behavior and aggressive outbursts.

Disorganized attachment leaves children fearful of these chaotic and confusing relationships and may begin to view them as unsafe (Friedman et al., 2014). This evolves into an inability to cultivate and maintain healthy relationships, resulting in many adolescents seeking relationships that may be inappropriate and potentially dangerous (Goldberg & Moore, 2018). Youth who have a disorganized attachment to their caregivers are at a higher risk of being groomed, coerced, and exploited (Cole et al., 2016). Alternatively, additional risk factors increase the possibility of trafficking victimization, many of which stem from high ACE scores and unhealthy attachment styles.

Other Risk Factors

Minor-aged individuals who experience poverty, minimal self-esteem, history of physical or sexual abuse, neglect, substance abuse, or homelessness are more likely to be groomed by a trafficker and coerced into The Life (Cole & Sprang, 2015). In particular, minors who identify with the LBGTQ+ community are even more at risk for being exploited because of their higher rate of homelessness; if they are not supported for their sexual identity, they may be kicked out of their childhood home and forced to support themselves (Cole & Sprang, 2015; Martinez & Kelle, 2013). These youth are commonly found participating in survival sex to meet their basic needs and are easy victims for traffickers to target. Because victims of trafficking have a complex trauma history before being exploited, they will need a variety of extensive, trauma-specific interventions and assistance once leaving their trafficker (Judge et al., 2018).

Aftercare

Due to the complexity of the trauma, aftercare services are obligated to meet victims where they are in their journey (Judge et al., 2018). Coercion and grooming create an attachment between the victim and the trafficker that is hard to break and encourages victims to return to

their exploiter (Smith & Coloma, 2013). Since the trafficker has provided the victim's basic needs (both essential and nonessential, including drug and alcohol fixes), aftercare interventions must provide these needs for survivors to build trust and develop a rapport (Judge et al., 2018). The basic needs of survivors must include preventative measures for revictimization or reentry into exploitation; these measures should include opportunities for stable housing, education, financial literacy, and any necessary substance abuse treatment. Victims need to know there are safe and legal ways to have their needs met outside of exploitation.

Agencies focused on human trafficking aftercare may need to expand their services to meet this population's specific needs. A screening tool should be utilized to improve services and identify an individualized treatment plan (Chisolm-Straker et al., 2019). Resources for human trafficking victims are routinely inadequate in addressing the complex needs present in survivors (McCarthy & Marshall, 2018). A significant challenge in identifying and providing effective services for human trafficking survivors are the misinterpretation that they are engaging in prostitution rather than being the victims of sexual exploitation (Greenbaum & Crawford-Jakubiak, 2015).

Most of the literature and research focus on human trafficking being conducted in urbanized areas where aftercare resources are more readily available (Cole & Sprang, 2018). In addition, urbanized areas typically are home to a large selection of multifaceted organizations that are needed within a survivor's recovery (Cole & Sprang, 2015). However, there has been minimal research conducted on human trafficking survivors and their recovery within rural communities. Furthermore, not all communities with access to specific trafficking services find it easy to meet the survivor's basic needs due to the complex nature of the crime and limited access to accurate data (Cole & Sprang, 2015; Ottisova et al., 2018). Although some urbanized areas

that have access to resources find it difficult to meet the basic needs of trafficking survivors, how can rural communities meet these needs? Cole and Sprang (2015) found that the lack of data does not affect metropolitan communities as much as nonmetropolitan communities; they state the following:

> Moreover, not all of the solutions that metropolitan communities develop for identifying and intervening with STM victims will translate well to nonmetropolitan communities. For example, it is unlikely that nonmetropolitan communities with fewer identified victims of sex trafficking than metropolitan communities will have the funding or resources to establish residential facilities specific for STM victims, which is currently viewed as the best practice. (p. 121).

Research has found that the best aftercare services for survivors of human trafficking are residential facilities specific to their needs; however, not all communities can provide this service to their victims (Cole & Sprang, 2015). Without accurate data, nonmetropolitan communities struggle to find data to support the implementation of trafficking-specific awareness training, mandated protocol, and aftercare services for survivors (Ottisova et al., 2018). Although it is clear that metropolitan communities have designed and integrated services to help survivors meet their basic needs after leaving The Life, can nonmetropolitan communities follow suit?

Hierarchy of Needs

For basic needs to be met, understanding needs and motivation to obtain them must be understood. Maslow's (1943) theory for motivation focuses on five different goals, or basic needs, that include physiological, safety, love, esteem, and self-actualization" (p. 394). Maslow theorized that humans are motivated by having their basic needs met. Furthermore, he believed these five human desires are connected through "a hierarchy of prepotency," meaning once the

first need is met, the individual can strive to reach the next level (Maslow, 1943, p. 394). This phenomenon is described as "the appearance of one's needs usually rests on the prior satisfaction of another, more pre-potent need" (Maslow, 1943, p. 370). Therefore, all needs are integrated and cannot fully be reached until the foundational needs are met; only then can full self-actualization be achieved.

Physiological Needs

Maslow (1943) describes physiological needs as the genesis for his theory of motivation; here, one can achieve a state of homeostasis. Homeostasis encompasses natural somatic activities such as providing and maintaining a regular bloodstream and maintaining appropriate levels of vitamins and minerals. When the body is deficient in necessary chemicals and minerals, the body will crave what is missing. While craving vitamins and minerals, the body uses hunger to provide feelings of comfort and reliability. However, not all physiological needs are homeostatic.

Services for human trafficking survivors should seek to meet all their basic needs, including physical, mental, and basic life necessities (Greer & Dyle, 2014). Basic needs include mental health treatment, substance abuse treatment, shelter, food, clothing, and legal support (Gibbons & Stoklosa, 2016). Unfortunately, the needs of survivors are based on the resources available in the particular area they are seeking services. In 2009, Chilenski and Greenberg's study found that poverty impacts rural communities differently than larger cities. Rural communities offer a lower living expense but may come at the cost of an inadequate amount of social services and healthcare systems, along with underdeveloped infrastructure and economy. Of the services in place within rural communities, challenges may arise, such as increased driving distances and a limited public transportation system (McCall-Hosenfeld et al., 2014).

More recently, rural communities have integrated telemedicine into their agencies and organizations as a way to address the demand for services and resources (Pradhan et al., 2019).

Because this study will solely focus on the physiological needs of minor-aged human trafficking survivors, a deeper understanding of the impact of victimization must be addressed. Maslow (1943) refers to the starting point of the Theory of Human Motivation as physiological needs and the "body's automatic efforts to maintain a constant, normal state of the bloodstream" (p. 372). Because a child's brain is still developing, the impact of trauma can leave life-long implications and significantly alter their physiological homeostasis, this is the case with minor-aged human trafficking survivors because of their exposure to various forms of trauma and abuse. In his book *Why Zebra's Don't Get Ulcers* (2004), Sapolsky defines a "stressor" as something that throws off the homeostatic balance while a "stress response" is initiated by the body to re-establish a homeostatic state (p. 6). Human trafficking is a form of complex trauma that can significantly impact brain development through a variety of consistent stressors. Greer and Dyle (2014) refer to trafficking survivors suffering from "mental health injuries" after exploitation (p. 175).

Developing children whose sympathetic nervous systems are under constant or consistent stress can have lifelong mental and physical complications that have been shown to significantly disrupt homeostasis and negatively impact the hippocampus and result in a higher risk of depression, anxiety, PTSD, increased suicide attempts, and a higher rate of substance abuse and dependency (Gibbons & Stoklosa, 2016; Sapolsky, 2004). Therefore, because Maslow's (1943) initial physiological tier is striving to achieve homeostasis, other basic needs, such as psychological services must be included when discussing his model for minor-aged human

trafficking survivors. Psychological services are needed to create homeostasis within the body after experiencing significant trauma, such as the crimes for human trafficking.

In addition, because this study focused on an under-age population, the other basic need included in this study is education. Although education is not a main focus of Maslow's theory, it is a main part of a minor's basic needs (Bush, 2010).

Safety Needs

Once the physiological needs are satisfied, the second need, a desire for safety, emerges (Maslow, 1943). While physiological needs are being met, other needs within the hierarchy may appear less important or not as immediate. The same is true for the remainder of the hierarchy of needs; these basic human desires are always present. Maslow found an order to achieving self-actualization. Safety needs are essential to the individual and can provide a routine that embraces feelings of stability and reliability. Organization and structure can satisfy this desire in children and adults. However, violent and unpredictable living situations can lead to the child clinging to their parent or caregiver, desperately searching for feelings of safety, security, and protection. In these situations, the child is seeking protection over love. In adults, safety needs can evolve to include job stability, financial stability, affordable insurance, and healthcare (Maslow, 1943).

For victims of human trafficking, safety needs are usually met by their trafficker. As Maslow (1943) mentioned, children in violent or unstable homes migrate towards their guardians for safety; such behavior is similar to victims in The Life. Therefore, organizations and services offered for survivors of trafficking must provide protection and generate feelings of safety. One way to eliminate revictimization is to educate survivors on financial education and job training, so they can budget and be good stewards with their money. Survivors are used to making a

significant amount of money in one night; adjusting from this lifestyle to making minimum wage with mandatory taxes can be a significant adjustment.

Love Needs

Once physiological and safety needs have been gratified, love and belonging needs will begin to demand attention (Maslow, 1943). Love needs refer to "both giving and receiving love" (Maslow, 1943, p. 381). More accurately, this type of love can also be referred to in the Greek definition of Agape, or selfless love. These needs are based on a strong desire for affectionate relationships with friends, colleagues, and family. The love need is understood most out of any of Maslow's (1943) basic needs because it has been thoroughly studied. These studies concluded that avoiding meeting the love need can prevent the ability to cope. Therefore, survivors who are seeking aftercare services must be shown love and kindness. Even if services cannot fulfill their physiological and safety needs, survivors need to experience the grace and understanding of agape love.

Esteem Needs

Almost everyone in society desires to respect themselves and have esteem for others (Maslow, 1943). These needs are rooted in cultivating a sense of achievement while being respected by others, having a respected reputation, or being recognized and appreciated for works. When the self-esteem need is satisfied, one can feel confident, worthy, capable, and adequate. Individuals who have met this need will feel they have contributed to society and made the world a better place. However, if self-esteem needs are not met, an individual can be left feeling weak, helpless, and unworthy. Survivors of human trafficking will need to achieve self-esteem to generate a sense of overall fulfillment and, eventually, self-achievement. However,

according to Maslow (1943), this level of human desire cannot be obtained without first achieving the prepotent needs.

Self-Actualization

When all needs are met, one can achieve self-actualization. Maslow (1943) defined *self-actualization* as what someone "must be" rather than what they could be (p. 382). If someone is not achieving what they were created for, they will become discontent with themselves and their lives. Self-actualization can be reached through understanding one's potential, personal development, and achieving all they are capable of (Laser-Maira et al., 2019). By achieving self-actualization, one finds self-fulfillment and ultimate joy through becoming what they desire to be (Maslow, 1943). Many victims of human trafficking strive to achieve self-actualization during their exploitation but are unable to due to the complex criminal environment surrounding them.

Trauma-informed aftercare services should include the following steps to encourage survivors to reach self-actualization: understand how complex trauma and endured violence affect the client; keeping recovery as the primary goal; an individualized treatment plan incorporating the client's strengths and resiliency; being culturally competent; and including the client to partake in the collaboration, development, and evaluation of their treatment plan (Laser-Maira et al., 2019). Furthermore, service providers should seek to understand any predisposed traumatic event the individual survived before entering The Life (Litam, 2017; McCall-Hosenfeld et al., 2014). Survivors present with complex risk factors and diagnoses that must be addressed with aftercare services (Litam, 2017).

Basic Needs for Survivors

This study sought to understand how Maslow's hierarchy of needs plays a role in minor-aged human trafficking survivors' rehabilitation after exploitation. Many traffickers provide the

basic human needs to their victims, influencing their decision to stay with their captors rather than seek escape (Kaplan & Kemp, 2015). If critical basic needs such as shelter, food, and clothing, are not easily accessible to survivors, is voluntary revictimization more likely to occur? To date, there is no known research on how Maslow's hierarchy of needs relates to minor-aged human trafficking survivors and their search for aftercare services, specifically as it pertains to rural communities. This study will identify any significant correlation between Maslow's physiological tier of the hierarchy of needs and the search for long-term, basic needs in communities with limited resources.

Education

Many children and adolescents are at an increased risk of victimization, and their erratic behaviors may be able to be detected early and possibly prevented by school intervention (Hanson & Wallis, 2018). Students may present at risk through a growing number of absences, an increased level of irritability, extreme fatigue or tiredness, and difficulty concentrating in school (Hanson & Wallis, 2018; Litam, 2017). School officials need to be educated in human trafficking, identify warning signs of victimization and have mandated reporting protocols for suspected cases (Litam, 2017). Students who enter The Life show signs of bruising, show off expensive gifts, boast about traveling to various cities, have a romantic partner who is older than them, or may begin to dress more inappropriately. Because of the high risk of familial trafficking, students listed as being homeschooled in each school district should mandate and follow the appropriate education protocol to ensure children are learning the required information for graduation. School districts should incorporate screening tools to identify trafficking victimization for full-time and home-based students and be able to rely on School

Resource Officers (SRO) and local law enforcement for assistance with recovery and intervention services.

Healthcare

Due to the frequency of needing medical attention, emergency responders are in an ideal position to identify victims of human trafficking (Shandro et al., 2016). In addition, most forensic nurses and ER doctors are educated and trained in trauma-informed care. However, trafficking victims require a team competent in the complexity of this specific form of trauma to best serve survivors (Breuer, 2019). In addition, emergency responders and service workers must receive training to better recognizing warning signs so that potential victims at risk for human trafficking can be identified (Cole & Sprang, 2018).

Leslie (2018) reports that an average of 18,000 sex and labor trafficking victims are brought to the United States annually. Research shows that victims of exploitation visit the emergency department at least once while they are in The Life (Breuer, 2019). For perspective, 80% of human trafficking victims seek medical attention from a health care provider during their exploitation (Leslie, 2018). These victims are seen for various illnesses, ailments, sleep deprivation, chronic pain, substance withdrawal, overdose, and even birth or complications from attempted abortions (Breuer, 2019; Litam, 2017). Although the ER is a safe place, victims still may not disclose they are in danger.

Physical warning signs of trafficking victims include, but are not limited to, substance abuse, physical injuries and visible marks, recurrent sexually transmitted diseases, or being unable to speak for themselves (Hachey & Phillippi, 2017). Victims who are sexually exploited need access to health care (Breuer, 2019). Because these individuals are not in control of their physical bodies, they face significant health concerns, including forced exposure to infections,

diseases STI's, and HIV (Beyrer & Stachowiak, 2003). As these victims are exposed and

infected with diseases, they continue to be forced into sexual exploitation; therefore, they

actively spread diseases and infections to anyone who purchases them. Individuals who

knowingly spread HIV can be charged with reckless endangerment and even attempted murder.

These are all risk factors and warning signs that ED's must be trained to recognize.

Nurses, ER doctors, and other essential ED personnel have the opportunity to identify

victims of human trafficking and offer them safety, healing, and rescue (Breuer, 2019). Because

of a victim's long working hours and mental and physical exhaustion, they may be unable to

coherently respond when receiving a mental status exam, which is easy for nurses and other ED

personnel to identify (Litam, 2017). ED's have the chance to be the bridge between the victims'

reality and their rescue, but if they do not provide the appropriate training on human trafficking

and trauma-informed care, many of these victims will go unrecognized, and services will not be

offered (Breuer, 2019). ED's in rural communities may find it challenging to justify extensive

training without accurate statistics proving the presence of trafficking in their geographical

location. Without the necessary training for emergency personnel, can survivors obtain aftercare

services in rural communities that meet their basic needs?

Mental Health

Some warning signs of mental health challenges for victims can include a poor and

withdrawn posture, various aggressive behaviors, hypervigilance, and dissociation (Hachey &

Phillippi, 2017). It is no surprise that these warning signs mimic those of an acute stress disorder

(Kolski et al., 2014). Many victims of human trafficking develop various disorders due to the

complex nature of repeated trauma they endure while in The Life and any traumas or ACE

exposure before The Life (Twigg, 2017). McCall-Hosenfeld et al. (2014) found that females

reported more history of trauma exposure and PTSD throughout their lifetime. The study also found that females are more likely than men to develop PTSD after surviving a traumatic experience. Survivors with PTSD need to receive trauma-informed behavioral health care specializing in trafficking-specific treatment.

After someone experiences a life-threatening situation, they can develop acute stress disorder (ASD) (Kolski et al., 2014). ASD is defined as the exposure to death or other serious injuries that creates an intense emotional response of fear, helplessness, or horror" (Kolski et al., 2014, p. 13). Such symptoms can lead to dissociative reactions, recurring thoughts or flashbacks, chest pain, shortness of breath, and muscular tension. Treatment for ASD beings with an acute goal of ensuring the client is removed from the trauma and dangerous environment, with a long-term goal of cognitive and physical rehabilitation and stabilization. The individual's overall treatment goal is to regain their normal daily function.

If ASD symptoms persist for a duration lasting longer than three months, PTSD is likely to be present (Friedman et al., 2014). Although PTSD is cognitively debilitating, symptoms affect other aspects of the victim's life (Cloitre et al., 2010). PTSD is commonly found in individuals with a history of trauma; specifically, those who suffer from physical, emotional, or sexual assault or abuse are at higher risk of developing symptoms (Cloitre et al., 2010). For these individuals, creating and maintaining meaningful relationships can be challenging and impact the attachment they have with various relationships (Buckingham & Daniolos, 2013). PTSD is a common diagnosis among victims and survivors of The Life due to the immense amount of complex trauma they repeatedly endure (Ottisova et al., 2018). Complex PTSD (CPTSD) shares the same core symptoms as PTSD but is more severe and creates additional self-regulatory disturbances (Martin, 2019).

Considered a significant public health concern, PTSD affects around 8% of the population (Fossion et al., 2014). It is categorized into four clusters: "intrusion symptoms, avoidance symptoms, negative alterations in thoughts and feelings that developed or worsened, arousal and reactivity trauma-related alterations" that all must be present for a diagnosis (Cohen et al., 2017, p. 29). Intrusion symptoms are persistent and cause individuals' distress through unwanted nightmares or flashbacks (Sanderson, 2013). In comparison, avoidance symptoms occur when individuals are reminded of their trauma through people, places, or situations that trigger memories. The third cluster encompasses the hard reality the individual faces after the trauma when trying to put the pieces of their life back together. With feelings of guilt and detachment, these individuals try to believe that there is still good in the world, while the last symptom cluster includes alterations in behavior such as aggression and self-mutilation. These symptoms are often severe, threatening the psychological function of the victim, affecting their memory and attention span, and needing therapeutic intervention to return to baseline (Schweizer et al., 2017).

Minimal research has been done on the mental health needs of human trafficking survivors, let alone studies that investigate the needs of survivors with severe and persistent mental health challenges (Ottisova et al., 2018). Survivor's needs will vastly differ due to the diverse nature of victimization and the complex trauma that ensues (Judge, 2018). Effective psychological treatment must include a mental health professional with an understanding of psychological coercion and a trauma-informed care approach (Baldwin et al., 2015). In addition, survivors should be encouraged to write their own survival story, with the idea that writing it down will benefit their recovery journey (Contreras et al., 2017). Encouragement in this way will

help the survivor work through persistent and intrusive feelings of shame while encouraging

feelings of control.

Human trafficking myths impact the justification of the sale and purchase of services, and

these myths tend to place blame on the victim rather than the buyer and seller (Cunningham &

Cromer, 2016). In addition, there is a stigma that follows people who defile the societal norms of

sexuality, regardless of if that person was in control of the violation or not. Because of this

stigma, victims often struggle with feelings of shame and guilt, leading to feeling responsible for

entering The Life (Bryant-Davis & Tummala-Narra, 2017). Walsh (2016) reports that the same

interventions being researched and implemented for domestic abuse victims across the globe

may also have the potential to benefit human trafficking survivors. However, more research is

needed to further identify effective treatment and trauma-specific modalities for survivors of

human trafficking (Munsey et al., 2018).

Geographical Location

Victimizing more than 20 million people annually, awareness of human trafficking is

rapidly spreading across the globe (Le, 2017). Even with the increased awareness, human

trafficking is still widely viewed more as a byproduct of crime than a severe human rights

violation and a public health crisis (Judge, 2018). In 2000, the Trafficking Victims Protection

Act (TVPA) was enacted by Congress, which enforces human trafficking prevention, victim

protection, and trafficker prosecution (Judge, 2018; Lamb-Susca & Clements, 2018). Although

there have been significant efforts for awareness and prevention, human trafficking continues to

be a grievous global crisis with no end in sight (Weitzer, 2014).

The TVPA of 2000 laid a foundation that focuses on protecting victims, prosecuting

traffickers, and preventing future exploitation (Reid & Jones, 2011). It has since been updated

and revised five times, the most recent being January 2019. The TVPA is survivor-centered and seeks to provide victims immunity for crimes they were forced to commit while in The Life (Ryf, 2002). In addition, the legislation protects T-visa recipients and their families from deportation by granting them three years of temporary U.S. residency with the potential of future permanent residency (Greer & Dyle, 2014). Crimes of human trafficking carry federal offenses and included severe retribution and significant restitution awarded to survivors (Ryf, 2002).

Through the TVPA legislation, the Office to Monitor and Combat Trafficking in Persons was established (Lamb-Susca & Clements, 2018). This legislation requires an annual Trafficking In Persons (TIP) report to be published. The TIP report organizes all countries across the globe and classifies them as either Tier 1, Tier 2, Tier 2 Watchlist, or Tier 3, representing the various levels of effort each country is devoting to combat human trafficking within their borders. Tier 1 countries are those in full compliance with the minimal standards of TVPA, whereas Tier 2 countries are compliant yet still proactively working towards full compliance. Countries on the Tier 2 Watchlist met the requirements for Tier 2 but continue to produce a high number of victims, along with other evidence showing an increase of victimization (Lamb-Susca & Clements, 2018). In addition, these countries have either put forth little to no effort in combating trafficking since the previous TIP report or have identified a plan to fight trafficking over the following calendar year. Lastly, Tier 3 countries consist of those who have not made any efforts to comply with the minimum TVPA standards. As of the 2021 TIP report, 28 countries were listed at Tier 1, including the U.S. (Department of State, 2021).

According to Weitzer (2014), global statistics of human trafficking have three foundational challenges. The first is the surreptitious nature of the crime, making it challenging to gather accurate data. Difficulty obtaining data leads us to the second challenge; without data, there is no

baseline accessible to accurately measure the vast number of victims or judge the effectiveness of global prevention efforts. Therefore, it is nearly impossible to access accurate data within the literature. The final challenge is assuming the reason for growth within the human trafficking industry is due to increased demand or is the supply unable to meet the current demand?

Organizations and first responders should be readily trained in identifying potential victimization and be able to provide trauma-informed care while connecting survivors of all ages to appropriate resources available in the community. However, not all communities are equipped with this level of training to provide resources for survivors, particularly for the minor-aged population. Due to the clandestine nature of human trafficking, it is difficult to obtain the most recent and accurate data for this epidemic, creating difficulty for communities to justify additional training and resources (Ottisova et al., 2018). Furthermore, it is increasingly difficult to study minor-aged survivors without the consent of their parent or guardian, especially when this population is preyed upon for their lack of parental support. This paper will focus on human trafficking crimes of minors as it pertains to communities that are geographically distant from urban cities and how a lack of resources in these communities identifies a great need within nonmetropolitan communities.

Metropolitan

The majority of research completed on human trafficking in the United States has focused on metropolitan areas such as Dallas, New York City, Las Vegas, and New Orleans (Cole & Sprang, 2015). According to the U.S.'s Health Resources and Services Administration (HRSA), the U.S. Census Bureau defined a metropolitan community as a large, urbanized area with a minimum of 50,000 citizens and houses a large city center (Donnermeyer, 2015; U.S. Census Bureau, 2019). Many of these urbanized communities have various resources, public

transportation, and employment opportunities so vast that nearly 25% of citizens residing in micropolitan areas commute to work (Cole & Sprang, 2015; Friedman, 2004). Further research on these crimes in nonmetropolitan communities is needed to understand how trafficking operates to implement wraparound services conducive to each community (Cole & Sprang, 2015).

Although trafficking occurs everywhere, Cole and Sprang (2015) surveyed professionals with experience working with trafficking victims in metropolitan, micropolitan, and rural areas. They found that service providers, law enforcement, and emergency personnel in rural, metropolitan cities had more experience with survivors and had access to a more significant number of resources to provide an interdisciplinary coverage of services. However, there is a clear imbalance of the understanding and training provided to personnel in metropolitan communities compared to nonmetropolitan communities; research found that service providers and emergency responders in metropolitan communities consider human trafficking to be a significant issue within their state and have received vocational specific training on the topic (Cole & Sprang, 2018). In contrast, workers in nonmetropolitan communities reported limited awareness, training, and experience with human trafficking survivors, thus creating a significant gap in provider knowledge and a critical need for appropriate resources.

In large, urbanized areas, social challenges are more accessible to identify than in smaller communities (Cole & Sprang, 2015). Since previous research has focused on these areas, data is available to support new legislation and government funding to create an infrastructure that appropriately and effectively responds to human trafficking and provides necessary aftercare services that seek to meet survivors' basic needs and other complex challenges that may be presented. Now that more preventative efforts and aftercare services have been implemented in

urban areas, it is speculated that traffickers have migrated to smaller communities lacking additional training and resources (Cole & Sprang, 2018). Therefore, more research is needed on human trafficking in nonmetropolitan communities to generate relevant data and support additional resources to generate more community awareness, increase victim identification cultivate a systematic infrastructure for community response efforts (Cole & Sprang, 2015).

Nonmetropolitan

Nonmetropolitan communities are micropolitan and rural areas known to offer limited resources and employment opportunities to their citizens (Bureau, 2018; Friedman, 2004). Although these communities are believed to have fewer trafficking crimes than urban communities, research shows otherwise. Nonmetropolitan communities are more geographically isolated, and resources for trafficking victims may not be readily available, forcing survivors to rely on public transportation that may be limited in nonmetropolitan communities (Cole & Sprang, 2015; Friedman, 2004). Because there are many differences between metropolitan and nonmetropolitan communities, an urban infrastructure cannot be simulated in a nonmetropolitan community (Cole & Sprang, 2015). Further research is needed in community awareness, vocational specific training in victim identification and record-keeping to generate funding for intervention and aftercare services, including residential facilities, studied to be the form of treatment for survivors.

According to the U.S. Census Bureau, rural communities are defined as "all population housing, and territory not included within an urban area," recording under 10,000 citizens (Bureau, 2018). These areas are not closely connected to urban centers, whereas micropolitan communities fall between rural and metropolitan communities ranging from 10,000 to 49,999 citizens calling their land home (Donnermeyer, 2015). The definition provided by the U.S.

Census Bureau does not coincide with any boundaries previously set by the cities or counties, making it challenging to define a nonmetropolitan area (U.S. Census Bureau, 2019). The 2010 census identified 59.5 million people residing in rural areas and listed 95% of the country as rural, resulting in approximately 19% of the U.S. population living in rural communities.

These communities can be geographically isolated, making it challenging to control criminal activity, especially the clandestine nature of human exploitation (Donnermeyer, 2015). Traffickers are enticed by the seclusion offered by rural communities, along with its economic challenges, which would make it easier to target victims (McCarthy & Marshall, 2018). Barnett and Mencken (2009) found that socioeconomic status in rural areas impacts crime rates more than in urban communities. Crime in urban communities has been found to fluctuate with the stability of the population, and research shows a direct correlation between socioeconomic challenges and population stability (Barnett & Mencken, 2009).

Paid sex work is a common, alternative way to generate income in more geographically isolated communities (Braithwaite, 2015). The findings from Braithwaite prove that social disorganization within rural communities increases the risk of sex crimes due to a lack of resources and economic challenges. Rural areas lack resources, social organization, and mandatory services for the community, which can impede the appropriate structure that is needed for citizens to have their basic needs met for survival; including individuals with advanced medical concerns that may be limited to necessary resources within their community (Barnett & Mencken, 2009).

Traffickers are not the only ones who migrate towards rural communities for crime. Osgood and Chambers (2006) found that nonmetropolitan communities have a higher arrest rate for serious and violent offenses. In addition, a significant increase in juvenile arrest rates among

rural communities was found, specifically when the familial unit was disrupted or unstable (Osgood & Chambers, 2006). Finally, research shows that community leaders, law enforcement, policymakers, and members of nonmetropolitan communities play a part in how residents and the public view criminal activity (Chilenski et al., 2015).

Additional research by Chilenski and Greenberg (2009) studied crime correlation in various communities, which resulted in three main findings. First, they found that crime is a primary indicator of social trust and has been found to influence how residents view their communities. Second, the study revealed that the crime prediction in urban and rural areas are similar and include socioeconomic status, access to public transportation, and ethnicity (Chilenski et al., 2015). Finally, the last main finding of the study showed that social models cannot always be generalized to rural communities, and further long-term research is needed to further predict disorganization models in these areas.

These findings leave room for speculating the differences between human trafficking crimes in metropolitan and nonmetropolitan communities. Professionals from micropolitan areas reported minimal experience with STM victims but reported an increase in male victims compared to metropolitan areas (Cole & Sprang, 2015). More research is needed to identify the differences between victimization and exploitation in various locations to provide appropriate services for survivors. These cannot be implemented without knowledge of additional risk factors of victimization.

<div align="center">**Summary**</div>

The purpose of this transcendental phenomenological study was to describe the experiences of professionals working with minor-aged survivors of human trafficking in nonmetropolitan environments throughout the Northeast. This study sought to understand how

these professionals rely on community support and interdisciplinary approaches to obtain resources to meet the survivor's basic needs. Currently, there are many rehabilitation and aftercare programs for survivors of human trafficking that range from providing basic human needs such as shelter, food, and clothing, to financial education and job training (Munsey et al., 2018). However, there is no current research identifying the most effective treatment for survivors of human trafficking, specifically minor-aged victims, within nonmetropolitan communities (Dell et al., 2019). The interventions currently being utilized may be effective but have yet to be scientifically proven, nor has the long-term effectiveness been identified. This study fills a gap in the literature, seeking to further understand how rural communities can provide basic needs to minor-aged trafficking survivors.

Furthermore, the operations, services, and interventions on crime are currently operating in metropolitan communities and be vastly different from what has been researched in nonmetropolitan areas. Due to the immense difference between these communities, it is imperative to identify effective prevention, intervention, and treatment strategies for human trafficking professionals in nonmetropolitan communities (Cole & Sprang, 2015). This has yet to be an area of study for combating human trafficking. The lack of resources and access to services will significantly impact therapeutic services offered to the rural and micropolitan population. Nonmetropolitan communities face potential challenges when trying to provide services and meet the survivor's basic needs; therefore, not all therapeutic modalities will suffice as an effective treatment for human trafficking survivors, nor will the preventative measures to reduce and eliminate trafficking be uniformed throughout all geographical locations. This study addresses the gap in the literature by further understanding the worker's experience as they seek

resources to meet the basic needs of minor-aged survivors in nonmetropolitan communities after The Life.

Survivors in low SES communities seeking aftercare services may not have access to appropriate care due to the lack of necessary resources in these communities (Cole & Sprang, 2015). In these locations, a multifaceted approach to recovery and rehabilitation is likely unable to be obtained locally. Although abusive and traumatic, these survivors are being rescued from an environment that meets many of their basic human needs, such as food, shelter, clothing, employment, security, and companionship. Survivors without access to resources ensuring their basic needs will be met if they left The Life are at higher risk for willingly returning to their trafficker or purposefully exploiting themselves to sustain their basic needs and secure their survival.

According to Maslow (1943), it is logical to believe that if aftercare services incorporated the hierarchy of needs into the services they offer, survivors would be more motivated for change. However, are survivors more likely to renter The Life willingly to ensure their basic needs are met when they are not readily available through community resources? Do nonmetropolitan communities have sufficient resources and interdisciplinary agencies to provide survivors with the necessary resources they need after leaving The Life? How does the amount of resources impact or limit the prevention and treatment programs available?

When a survivor's basic needs are not met, the therapeutic process is interrupted, and homeostasis cannot be achieved. According to Maslow (1943), improving self-esteem and cultivating self-growth begins with meeting these individuals' psychological needs due to their extensive history of trauma and abuse. Survivors may struggle with feelings of guilt and shame regarding their victimization, in addition to worrying about meeting their basic needs (Thompson

& Haley, 2018). Many victims are exploited due to an inadequate or nonexistent support system, leaving the victim vulnerable for grooming. If there was initial psychological support setup for the survivor, would they be less likely to revictimize themselves?

Traffickers use survivor's vulnerability and create an attachment bond, making it harder for victims to leave, especially if they feel that their needs are met. If aftercare services cannot provide the basic needs offered by the survivor's trafficker, they will be unable to successfully care for survivors. Does a victim's history of traumatic attachments impact the rapport they build with their multidisciplinary team? Are these clients more likely to develop a quick, unhealthy attachment with their therapist, or do they keep their guard up for emotional protection? Furthermore, how does the lack of resources in nonmetropolitan communities affect the survivor's overall treatment?

Further research needs to be conducted on human trafficking as the crimes manifest through nonmetropolitan communities. Additional research can help generate appropriate policies, mandated education and training, define terminology, identify the sociological, economic, and geographical impacts of trafficking, and provide more accurate statistics for the necessary amount of services (Weitzer, 2014). In addition, more research is needed to examine the differences between nonmetropolitan and metropolitan communities as it refers to therapeutic approaches for minor-aged trafficking survivors and the prevention and intervention methods used to encompass a multidisciplinary approach. This study sought to address the gap in literature of professionals' awareness of minor-aged human trafficking crimes and the existing resources for recovery in nonmetropolitan communities (Cole & Sprang, 2015).

Chapter 3: Methods

Overview

The purpose of this transcendental phenomenological study was to describe the experiences of professionals working with minor-aged survivors of human trafficking in nonmetropolitan environments throughout the Northeast. This chapter defines the study's design, procedures for gathering data, interviewee selection, and the researcher's role. Furthermore, data collection, data analysis, trustworthiness, and ethical considerations are addressed in detail.

Design

Qualitative research explores real-life phenomena through first-hand experiences; whereas quantitative analysis relies on variables being statistically correlated (Patton, 2015). Thus, qualitative research seeks to develop a more profound comprehension of how people experience and interpret the world; one specific qualitative methodology designed to describe the human experience is phenomenology (Lewis-Beck et al., 2004). Phenomenology is rooted in the philosophy and design of Edmund Husserl and his inquiry to define behavioral science phenomena; he sought to comprehend humans and their societal consciousness through perceived meanings and intentionality (Moustakas, 1994).

Intentional mindfulness creates the ability to withhold personal judgment and consciously analyze data to describe the phenomenon. The researcher engaged in intentional mindfulness during the study, which helped the researcher from integrating personal experience and intentionally engaged in epoché to "refrain from judgment" and aimed to reduce bias by bracketing the researcher's experiences (Moustakas, 1994, p. 33). Epoché is the foundation of phenomenological inquiry and is achieved by setting aside any prejudgments, biases, or

preconceived ideas. The researcher engaged in epoché throughout this study by invalidating and inhibiting all previous knowledge and experience about the phenomena to observe the data through a "purified consciousness" (Moustakas, 1994, p. 85). Because the researcher engaged in epoché, each participant's noema and noesis were reflected upon as if they were being seen and understood for the first time.

Because this study sought to describe the participants' experiences rather than interpret them, transcendental phenomenology was the most appropriate qualitative methodology to utilize (Moustakas, 1994; Patton, 2015). The study's intended purpose was guided by adhering to the transcendental phenomenological methodology and practicing epoché before engaging with participants while incorporating a Modified Van Kaam approach to generate data analysis (Moustakas, 1994). The researcher used mindfulness techniques to bracket personal experience and intent when defining and evaluating the phenomena.

Research Questions

The purpose of this transcendental phenomenological study was to describe the experiences of professionals working with minor-aged survivors of human trafficking in nonmetropolitan environments throughout the Northeast. Accordingly, the following research questions were constructed to investigate the essence of the phenomenon further:

RQ1. What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities?

RQ2. How do professionals describe their experiences helping minor-aged survivors of human trafficking in obtaining their basic needs after exploitation?

Setting

After obtaining approval from the IRB (Appendix A), the researcher contacted various organizations and persons in Northeast nonmetropolitan areas affiliated with human trafficking using a Recruitment Letter (Appendix B). Because she has experience working with human trafficking agencies, she contacted colleagues and acquaintances to engage in snowball sampling (Mills & Gay, 2019). This type of sampling led the researcher to contact various agencies and law enforcement agents who had experience working with minor-aged survivors about the research opportunity. Because the research was focused on a specific population in a specific Northeast geographical location, most agencies and organizations are affiliated in some way, mainly through their local multidisciplinary teams.

Not all workers were eligible for this study; they must have completed a minimum of six months of experience working with minor-aged survivors and helping them obtain resources to meet their basic needs. A minimum of six months of experience was required in this study to ensure that the phenomenon's essence was established within each research participant. Professionals who have worked with this victim population within a nonmetropolitan area can fully express their experience securing resources for their client's basic needs. Therefore, a six-month time frame was determined to be an ideal minimal time required to ensure the participant had obtained the necessary lived experience to add value and insight into this study.

The interview questions (Appendix C) were structured with a set of divergent questions that held space for the participant to provide an in-depth response with more elaborate details than a list of convergent questions would allow (Mills & Gay, 2019). All interviews were conducted over WebEx in a comfortable and private location chosen by each participant, while the researcher conducted all interviews from her private home office. The online WebEx

platform was chosen for this study because of the privacy and confidentiality it allowed for both parties and eliminated the researcher's need for any physical travel.

Participants

This section includes the sampling rationale for the participants, how the researcher initially contacted them, and the role they fulfilled within this study. In addition, each participant will be introduced, and their demographics will be discussed and compared. Furthermore, this section includes an overview of how each participant consented to be involved in this study and how the researcher maintained their confidentiality to Liberty University's Institutional Review Board's (IRB) standards and requirements.

Sampling Rationale

For this qualitative phenomenological study, a total of six participants who had lived experiences with the phenomenon were strategically chosen. All participants represented a non-metropolitan geographical location where they gained a minimum of six months' experience with the phenomenon. The researcher engaged in snowball sampling to identify potential participants, which were then vetted before completing the consent form and a self-report questionnaire.

Contact

First, the researcher contacted potential participants by emailing and calling organizations that directly assist minor-aged human trafficking victims in nonmetropolitan areas. Second, the researcher provided any interested, eligible participants with an email that disclosed the details of the study, including its purpose, the time commitment to participate in the study, and qualifications for eligibility (Appendix B).

Role

Each participant's role in this study was to participate in the interviews, which is an essential part of phenomenological research (Creswell & Poth, 2018). Thus, each participant was asked a series of open-ended interview questions to guide them in describing their lived experience with the phenomena (Appendix C).

Selected Participants

Qualitative phenomenological studies include a range of participants; however, the number of participants varies significantly from quantitative research (Creswell & Poth, 2018). For example, Dukes (1984) recommends phenomenological studies to acquire 3-10 participants, while this study is presented with six total participants. Instead of focusing on the number of participants, qualitative research focuses on the essence that all participants have shared, personal experience with the phenomenon (Creswell & Poth, 2018). After the researcher spent prolonged exposure with the data from the six interviews, she determined that the data had reached a point of saturation and no further participants were needed for this study (Hyde, 2003). For this study, the researcher confirmed that all participants had a shared experience with the phenomenon through meeting specific criteria:

1. Working or volunteering with minor-aged human trafficking victims for a minimum of six months

2. Being located in a nonmetropolitan area, as defined in the first chapter of this manuscript

3. Assisting trafficking survivors with obtaining and securing resources to meet their basic needs

<div align="center">

Procedures

</div>

After the researcher received approval from the educational institution's Institutional Review Board (IRB), she contacted organizations and previous colleagues with details of the

present study that included: the study's purpose, how data will be collected, requirements for

eligible participants, the consent process, and how participants identities and data will be kept

confidential. Because of the vulnerability of the survivors being discussed by participants,

many ethical precautions were embedded into the design of the study. These ethical

precautions are discussed later in this chapter under "Ethical Considerations." The IRB

approval is included in Appendix A. All interested participants responded to the email

confirming they met all eligibility and were willing to participate in the study. Once the

researcher obtained this initial confirmation, an email was sent to each eligible and interested

participant, including the consent form (Appendix D) and demographics survey (Appendix E)

to complete and return to the researcher. Once the researcher had the completed forms

electronically sent back to her, she used the demographics questionnaire to re-confirm each

interested person was an eligible participant for this study based on their geographical

location, age, and the duration of time spent working directly with the specific population

being studied.

Data was collected by demographic questionnaires and semi-structured interviews

(Appendix C). The interviews were conducted using WebEx telecommunication software. All

data was electronically recorded and stored on the researcher's two password-protected

computer. All participants were given pseudonyms to protect their confidentiality.

The Researcher's Role

The role of a researcher in a qualitative transcendental phenomenological study is to

understand personal bias, feelings, and their prior understanding of the phenomenon while

conducting research (Moustakas, 1994). For this study, I was a human instrument, conducting a

strategic and structured conversation with each participant to elicit genuine responses on their

lived experience with the phenomenon (Maslow, 1943). A qualitative researcher desires to interpret, understand, and describe the phenomenon through a reflexive process by engaging in mindfulness practices to view the phenomenon without bias, thus bracketing personal feelings. The process of acknowledging personal bias and bracketing personal feelings about the phenomenon is called epoché, where the researcher suspends any preconceptions of the phenomenon (Moustakas). Epoché can be difficult to cultivate if the researcher has any lived experience with the phenomenon.

I have seven years of working experience supporting individuals from the community in obtaining and securing basic needs such as food, clothing, and housing. All seven years of my work experience have been within a nonmetropolitan community where I experienced a lack of available resources. This experience had the potential to influence the data that was collected and analyzed. However, because I had engaged in epoché and actively utilized the research journal and participated in prayerful meditation (Appendix F) before interacting with the data, the study's overall credibility was not impacted by my work history or personal bias.

Because of my geographical work location, I utilized colleagues I knew from her vocational experience as a starting point for snowball sampling. One participant, Rachel, provided me with three additional participants (David, Amanda, and Melissa), who all met the study's eligibility requirements and were willing and interested in participating in the research. These four participants all lived and worked within the same geographical location as the researcher, Sussex County, Delaware. Therefore, my lived work experience within this community had the potential to influence the data collection and analysis. However, because I had not been employed in this geographical location in the six months prior to when the interviews were conducted; in addition, I had not been hired to secure resources for the client's

basic needs within the two years before the interviews. Because of this, I am confident that my lived experience did not impact the study's credibility, and to further ensure that my bias did not influence the data, I continued to engage in mindfulness practices and utilize the research journal during each encounter with the data.

Data Collection

For this qualitative study, the transcendental phenomenological research method was used to describe the experiences of the participants who directly support minor-aged human trafficking survivors in Northeast nonmetropolitan communities. Data collection for this study began once Liberty University IRB granted approval (Appendix A). Data collection was obtained using two different methods: demographic questionnaires (Appendix E) and semi-structured interviews (Appendix C). By using these various data collection methods, triangulation was accomplished and therefore added trustworthiness to the study (Creswell & Poth, 2018; Patton, 2015).

Demographics Questionnaire

As previously stated, the demographics questionnaire was a self-report document electronically sent to each eligible participant to complete before their interview. This questionnaire was used to collect additional data that described specific characteristics of the participants (Mills & Gay, 2019). The questionnaire was designed to further understand the two central themes of this study; (1) what was each participant's lived experience regarding the phenomenon, and (2) how has experiencing this phenomenon impacted their lived experience; formed through both close-ended and free-response prompts (Mills & Gay, 2019; Moustakas, 1994). The questionnaire was tested and reviewed by the researcher's committee and the

educational institution's IRB to determine the instrument's validity (Mills & Gay, 2019). It is listed in Appendix E.

Demographic Questions

The researcher developed the demographic survey to utilize throughout the study, which is provided below. These items were utilized to make comparisons between the varying subgroups of the participant group (Mills & Gay, 2019).

1.   Age

2.   Race

3.   Gender

4.   Do you hold any processional license? If so, please identify the license and the state where it is held.

5.   In what city and state do you currently work with minor victims of human trafficking?

6.   Have you previously worked with minor victims of human trafficking in any other geographical location? If so, where?

7.   Do you also have experience working with adult victims of human trafficking? If so, where has this experience been obtained?

8.   As a professional advocate for minor survivors, are you a paid employee or a volunteer?

9.   Do you believe you are working with an interdisciplinary team to support the survivors you work with? Yes/No.

10.   Please identify a pseudonym you would like the researcher to use when referring to you for the duration of this study.

Rationale for Demographic Questions

The first three items on the questionnaire asked the participant to report on their basic demographic information. The data from these three questions were used to compare and contrast the demographic facts of the study's participants. Information such as age, race, and gender are heavily intertwined in the lived experiences of each participant. Out of the six participants in this study, only one was male (David), the rest were female. One participant identified as African American (Brittney), while the rest identified as Caucasian. At the time of the interviews, the eldest participant was 65 years of age (Mary), while the youngest was 25 years old (Amanda). The average age of all six participants was 36.5 years old. These basic demographic facts play a significant role in the conscious mind and are intertwined in each participant's noesis or lived experience with the phenomenon. Question four prompted the participant to discuss any professional licenses they may have held; the researcher utilized this information to further understand their vocational responsibilities as it pertains to the population being studied.

The fifth and sixth questions addressed the participant's experience with the phenomenon, both past, and present while identifying the specific geographical locations for the researcher to further confirm eligibility for the study. The answers to this question were used to help guide the researcher while she conducted the semi-structured interview; therefore, if any additional history with the phenomenon was shared during the interview, it was further discussed. A few participants disclosed their previous lived experiences with the phenomenon in other geographical locations. However, Melissa was the only participant had the most contrasting geographical change transferring from Baton Rouge, Louisiana, to Georgetown, Delaware. Because of the previous experiences disclosed on the demographic questionnaire, the researcher

asked additional questions that prompted her to compare and contrast her lived experience with the phenomenon from vastly different geographical locations.

Although this study focused on the participants' experiences with minor-aged human trafficking victims, question seven prompted the participant to disclose and describe any previous or current experience working with adult victims of human trafficking. Only two participants, Mary and David, disclosed lived experience with both minor-aged victims and adult victims of trafficking. Question eight was used to further understand their vocational role with the experienced phenomenon by identifying their employment status, which could impact the overall level of responsibility they may have held with their clients. All six participants reported that they were employed full-time when working with minor-aged trafficking victims. However, only one participant, Mary, had experience as both a full-time employee and a volunteer.

Question nine is the only close-ended question to incorporate a "yes/no" answer regarding the participant's experiences with a multidisciplinary team (Mills & Gay, 2019). This question was phrased to reflect the participant's belief that they have additional support when working with minor-aged survivors. One participant in this study, Brittney, whose answer to this question was "not always"; the researcher used this answer to prompt Briana to further discuss her lived experience with multidisciplinary teams. Her experience is described in more detail in the next chapter.

The final question asked each participant to choose a pseudonym for the researcher to address them throughout the study's duration. Thus, a pseudonym was used to protect the participant's identity and maintain confidentiality throughout the study (Mills & Gay, 2019). However, since this qualitative study is focused on participants' lived experiences in nonmetropolitan communities, even though the participants consented to be a part of the study,

the pseudonyms did not fully protect the confidentiality of each participant from the data that was collected. Because of this, each participant was assigned a pseudonym to ensure the confidentiality of each participant (Mills & Gay, 2019).

Participant Selection

There were six participants, five female, and one male, who participated in this study. The researcher examined their lived experience with the phenomenon and sought to understand what it is like to help minor-aged trafficking victims secure necessary resources to meet their basic needs within nonmetropolitan communities.

Data Collection Schedule and Location

All interviews were conducted on separate days spanning the months of September and October 2020; each interview was allotted 90 minutes, which provided enough time for the researcher to ask each open-ended question according to the interview protocol. This timeframe also allowed for fluidity within the semi-structured interview, encouraging the participant to invite the researcher to journey alongside them as they express their lived experience with the phenomena.

Interview Protocol

Interviews help the researcher acquire essential data that cannot be collected through observation and hold space for follow-up questions to be explored (Mills & Gay, 2019). Because this study sought to understand each participant's lived experience, semi-structured interviews were held with open-ended questions. Virtual interviews were utilized to maintain privacy and confidentiality for each participant and were conducted using the WebEx platform through the link "https://daniellethomas811.my.webex.com". Each interview was audio-recorded and transcribed through the WebEx platform. Confirmation of the consent form, consent to record,

and the participant's preferred pseudonym was identified at the beginning of each interview. A copy of this script is listed in Appendix G. All transcriptions were saved electronically on the researcher's private computer with a protective password, while a hard copy was printed and filed in a locked file tote within the researcher's private home office.

Interview Questions

Interviews assisted in answering the central questions of this study: (1) what was each participant's lived experience regarding the phenomena, and (2) how has experiencing this phenomenon impacted their lived experience (Moustakas, 1994)? Therefore, open-ended questions were asked to help create a structural description of the experience. The researcher conducted a mock interview before meeting with the participants to determine the strength of the questions. The mock interview helped the researcher identify when and how to ask follow-up questions and assisted the researcher in comprehending the essence of bracketing herself to help reduce any bias. The questions are listed below and in Appendix C:

1. Describe the organization that you work with.

2. Describe the population, age group, and type of trafficking victim that you work with.

3. What type of geographical location does your organization serve?

4. Describe your typical day working with minor victims of human trafficking.

5. Describe how you are able to assist minor survivors who have left "the life" in gaining access to food and water.

6. Describe any challenges you have faced with getting minor survivors connected to a steady source of food and water.

7. Describe how you are able to assist minor survivors who have left "the life" in gaining access to clean and appropriate clothing.

8. Describe any challenges you have faced with getting minor survivors access to clothing.

9. Describe how you are able to assist minor survivors who have left "the life" in gaining access to temporary or permanent shelter.

10. Describe any challenges you have faced with getting minor survivors access to safe and stable shelter.

11. Describe how you are able to assist minor survivors who have left "the life" in gaining access to education.

12. Describe any challenges you have faced with getting minor survivors access to education.

13. Describe how you are able to assist minor survivors who have left "the life" in gaining access to psychological services.

14. Describe any challenges you have faced with getting minor survivors access to psychological services.

15. Describe your experiences accessing the services and resources available to you and the minor survivors you work with through interdisciplinary approaches available in your community.

16. Do you feel you have the necessary resources to assist minor survivors in being successful? If not, what resources are you lacking?

17. Describe the human trafficking education and training your organization or community offers to professionals working with minor survivors of these crimes.

18. Describe the trauma-informed training that is provided to you.

19. What are the biggest challenges you have faced as an advocate for minor victims of human trafficking?

20.   Describe the success in your community combating human trafficking of minors.

21.   Describe your solution to ending human trafficking of minors within your community.

22.   Would you like to add anything regarding your experience working with minor victims of human trafficking?

Rationale for Interview Questions

Answers collected through the interview sought to satisfy the previously stated research question and sought to understand the participants lived experience with the phenomenon. Interview questions one through four are knowledge questions and were designed to be non-threatening and assisted in building a rapport with the interviewee (Patton, 2015). Questions five through 14 are designed specifically to reflect Maslow's hierarchy of needs with each section of the pyramid being reflected through two similar questions which addressed: 1) how the participant was able to assist survivors in obtaining resources for their basic needs (noema), and 2) their experience when seeking these resources (noesis). Because these questions sought to understand the conscious intent of the participants' experiences with the phenomenon, these two questions directly reflect the noematic contrast and seek to define the noema and noesis of the phenomenon (Husserl, 1931).

In addition, questions five through 10 were designed to reflect Maslow's (1943) Hierarchy of Needs by focusing on physiological needs, also known as the base for human motivation. Maslow referred to physiological needs as an imperative foundation that must be achieved prior to reaching the next level. Thus, questions five and six focused on access to food and water (Maslow, 1943); seven and eight inquired about clothing resources (Maslow, 1943); and questions nine and ten asked about temporary and permanent shelter (Gibbons & Stoklosa,

2016). Basic education was the focus for questions 11 and 12; while questions 13 and 14

prompted a discussion on psychological services (Mills & Gay, 2019).

Questions 15 through 21 were designed to prompt the participant to reflect on their

experience as a professional working with this specific population. Question 15 asked the

participant to discuss their lived experience working with a multidisciplinary team to support this

victim population, while questions 16, and 19-21 encouraged the participant to describe their

successes and challenges with the phenomenon, including the overall reduction of human

trafficking crimes within their community. Questions 17 and 18 were designed to prompt the

participant to reflect on their lived experience with specific vocational training on human

trafficking and trauma-informed care offered to them at their current place of employment.

Finally, question 22 acts as the closing question and is a one-shot question designed to provide

the participant with the freedom to add any narrative to the discussion, including offering any

additional insight into the phenomenon (Patton, 2015).

Data Analysis

This section will discuss how the researcher organized and analyzed the data through the

Modified Van Kaam method as presented by Moustakas (1994). The researcher took four

analytical steps and three descriptive steps to analyze the data and establish the themes and codes

(Moustakas, 1994). First, the researcher began by practicing epoché and horizontalization to

determine the invariant constituents of the data and clustered them into themes. From there, the

researcher validated the themes by confirming them with the recorded auto-transcription of each

participant, leaving the researcher with the participant's textural and structural descriptions of

their experience. Finally, the textural and structural descriptions emerged, and a composite

description was generated that represented the overall group's experience. The four analytical

steps incorporated in Moustakas' Modified Van Kaam method include epoche',

phenomenological reduction, imaginative variation, and synthesis of meaning and essences;

while the three descriptive steps involved formulating a narrative that represented the individual

participant's beliefs concerning survivor experience after exploitation (Moustakas, 1994).

Epoché

Data analysis began with the researcher seeking transparency within herself and

acknowledging the lived experience and personal bias with the phenomenon. This pursuit of

transparency to achieve a neutral stance when interacting with the data is called epoché

(Moustakas, 1994). Moustakas (1994) defines epoché as a way to see that "every value [has]

equal value" by releasing any conscious "bondage to people and things" (p. 87). However,

because ultimately, setting aside all influence of the phenomenon can be difficult to cultivate, the

researcher routinely practiced quiet meditation before encountering the data as a way to help her

achieve epoché.

As previously mentioned, the researcher utilized a prayer that was written in the back of

her research journal; this prayer was recited and meditated on at the beginning of each encounter

the researcher had with the data, including: before conducting interviews; before listening or

editing each participant's audio transcription; prior to collecting or analyzing any of the data; and

prior to writing and editing the manuscript. The prayer is stated below:

> "Lord, I give this time to you, that you will use it to your glory. I pray that you will take
>
> my mind and use it as a tool to generate the information without bias. I pray you will take
>
> my heart and allow me to set aside any preconceived notion about this topic and instead
>
> allow the data to create a new understanding. And when this task is complete, I pray that
>
> you use this information for your will and your glory".

Because the practice of epoché is not cognitive control, but cognitive acknowledgment, each thought the researcher had that included any bias or prejudgment of the phenomenon was allowed to freely flow through the mind. However, the researcher treated all thoughts with equal value, so bias thoughts were noted in the researcher's journal (Moustakas, 1994).

Phenomenology is a science that studies the truth, evaluates world experiences, and gains understanding only if one has looked past their rational, historical comprehension of what they believe of something (Sokolowski, 2000). To achieve this, one must cultivate a phenomenological way of thinking and intentionally understand how the mind creates meaning through lived experiences (Gallagher, 2012). This is described by Moustakas (1994) as a crucial aspect of transcendental phenomenology and is imperative to obtain when conducting this type of research. Transcendental phenomenology is the most comprehensive methodology in identifying experiences with the potential to provide further insight regarding the phenomena of meeting the basic needs of minor-aged human trafficking survivors. In addition, Moustakas' (1994) Modified Van Kaam method was utilized to further evaluate how professionals help meet survivor's needs in nonmetropolitan communities through his seven-step process.

Listing and Preliminary Grouping

Once a "presuppositionless state" had been achieved, the researcher was free to experience each expression from the data with a clear mind (Moustakas, 1994, p. 90). Once each transcription was reviewed for accuracy, it was printed out double-sided and stapled on the top left corner; this was completed to create a more compact packet for the researcher to handle when coding and analyzing the data. The transcripts were printed out double-spaced so the researcher could utilize the space within the margins to write, and because the researcher used physical copies of the transcription, she correlated each step of data analysis with a different

colored pen, creating a code that was easy to refer to when working directly with the data. As each step was completed, a checkmark in the correlating color was added to the bottom left of the first sheet of the transcript, notifying the researcher that the correlating step was completed.

A blue pen was chosen for the first step, and the researcher began listing and summarizing every expression that was relevant to the experience; she wrote them on each transcript in the space between the lines left from formatting the document to be double-spaced. Moustakas (1994) refers to this as "horizontalization," which is a step that is imperative for the researcher to understand the phenomena (p. 118). A blue checkmark was placed on the bottom left of the front page of the transcription. Next, equal value was placed on each nonrepetitive expression of each participant's transcription and thematically grouped together; a purple pen was chosen to identify this step. Under each relevant expression summarized in blue ink, the grouping assigned to each summary was labeled in purple ink. Once this step was completed on each transcription, a purple checkmark was placed on the bottom left of the front page of the transcription.

Reduction and Elimination

Because the nature of horizontalizing is to see all expressions with equal value, the next step reduces the overlapping expressions into groups and eliminates any off-topic expressions (Moustakas, 1994). The researcher implemented this process by testing each statement against two questions: 1) is this information necessary to understand the experience of the phenomena 2) can this information be abstracted and labeled? If the answer was "yes," the researcher used a purple pen to label each summary with gerunds that included working, protecting, providing, needing, connecting, waiting, lacking, warming, coercing, training, and preventing. If the answer to either question was "no," that expression was eliminated. The expressions that remained at the

end of this step made up the invariant constituents of the study (Moustakas, 1994). When this step was completed for each transcription, a second purple checkmark was placed on the bottom left of the front page of the transcription.

Clustering and Thematizing

The invariant constituents were examined and evaluated to determine their relevancy to the phenomenon, and the ones that withheld the common core themes were grouped together to be labeled. For example, the researcher used a purple pen to write each participant's groupings in the researcher's journal to assist with organization. From here, the researcher was able to see a clear list of each expression that was present in each transcription and clustered the following expressions: "lacking" with "needing" and "connecting" with "providing." Next, using a green pen, the researcher identified all expressions that were expressed in each participant's transcript and determined the "clusters of meaning" (Creswell, 2013, p. 82), which were labeled and became the central themes of the phenomenon being studied (Moustakas, 1994). Finally, a green check mark was placed at the bottom left of the front page of each transcript to signal that this step was completed.

Validating

The above themes were validated by checking that they were explicitly expressed throughout the transcript or that they were compatible, as suggested by Moustakas (1994). The themes that were not explicitly expressed or compatible were deemed irrelevant to the research and were eliminated from further evaluation (Moustakas, 1994). An example of this can be found in Rachel's transcript, where the invariant constituent, "protecting," was eliminated after the validation process determined it was incongruent with the experience of the phenomena. When

this step was completed, a second green checkmark was placed at the bottom left of the front page of each transcript.

Textural-Structural Descriptions

A textural description of the participants' experiences was the final process of phenomenological reduction (Moustakas, 1994). The developing themes were applied to each participant's phenomenological experience, and the invariant constituents proven to be consistently relevant were assembled to create an overall collaborative description that embodied the participants' collective descriptions of the phenomena. The researcher achieved this by constructing a collaborative description of the essence of the experience as encapsulated by the group's collective experience. The researcher included verbatim examples of the transcribed interviews in the textural experience.

A structural description of how the participants experienced the phenomenon was generated by utilizing the process of imaginative variation (Moustakas, 1994). Because the researcher followed the steps to imaginative variation, she was able to determine the "structural meanings" that are woven throughout the textural description and be cognizant of the themes that emerge from the phenomenon, consider the "universal structures" that alter feelings and thoughts towards the phenomenon, and find details for the structural themes that develop structural descriptions of the phenomenon (Moustakas, 1994, p. 99).

<div align="center">

Trustworthiness

</div>

Qualitative research establishes trustworthiness through addressing the study's credibility, dependability, transferability, and confirmability (Mills & Gay, 2019). The validity of this study was established through the lens of the participants, researcher, and reviewer (Creswell & Poth, 2018). Trustworthiness is the quality of the research and its findings that make it

noteworthy (Schwandt, 2015). Additionally, trustworthiness criteria is further defined by the research's credibility, dependability, confirm ability, and transferability (Lincoln & Guba, 1985).

Credibility

In qualitative research, credibility and internal validity are equivalent (Korstjens & Moser, 2018; Schwandt, 2015). To ensure that this study is credible, the researcher engaged in triangulation, prolonged engagement with the data, persistent observation, and peer review (Korstjens & Moser, 2018). The researcher engaged in triangulation when she compared the collected data from various sources, including the demographic questionnaire, semi-structured interviews, and member checks (Creswell & Poth, 2018; Patton, 2015). Prolonged engagement with the data was accomplished by the researcher spending a significant amount of time saturating the data to understand the participant's lived experience with the phenomenon. Persistent observation was achieved by the researcher identifying relevant study information through the lens of the phenomenon, eliminating any misinformation that was collected (Creswell & Poth, 2018; Patton, 2015). Finally, an external check was completed when the researcher provided this manuscript to methodologists and experts in the explored phenomenon (Creswell & Poth, 2018). This dissertation was submitted to committee members and reviewers at the researcher's education institution, who are all professors of doctoral courses with

conferring doctoral degrees. With this, the researcher was able to provide revisions and clarifications about the study.

Dependability and Confirmability

Dependability is the consistency in which the researcher ensures that the analysis of the data collected is within the designated research design and remains consistent (Cope, 2014; Korstjens & Moser, 2018). Whereas confirmability refers to the neutrality and ability of the

researcher to demonstrate the derived interpretation of the data does not include researcher bias (Cope, 2014; Korstjens & Moser, 2018). To accomplish dependability and confirmability, the researcher followed the transcendental research design method including, the study's purpose, participant selection, setting, data collection procedures, analysis of the data, and trustworthiness strategies (Korstjens & Moser, 2018; Thomas & Magilvy, 2011). A reflective journal was also kept by the researcher to help bracket any biases and actively engage in Epoche.

Transferability

To ensure that a qualitative research study is be transferable to another population or context, the researcher must provide a thick, rich description and include significant descriptive data regarding the phenomenon (Lincoln & Guba, 1985; Thomas & Magilvy, 2011). With transferability in mind, the researcher attempted to make the data as description as possible for the possibility of transferring it to other contexts and populations. Transferability is in alignment with the purpose of qualitative research which is "to establish and delineate theories and conceptual structures that can be generalized and applied to other contexts" (Sousa, 2014, p. 217).

Ethical Considerations

The research study began with applying and receiving approval from Liberty University and the IRB before collecting data. Then the researcher was prepared to address all ethical issues during the research proposal and the proposal defense process at the researcher's education institution, which occurred before the data collection could begin (Creswell & Poth, 2018). Next, the researcher acted on any directives from her educational institution and followed the committee's recommended practices to avoid ethical issues presented in the research. Once the

institution's IRB granted formal approval for the study, the participants were carefully selected to ensure they met the requirements of the study and were appropriate for participation.

The researcher contacted participants and informed them about the purpose of the study, their role in the study, and discussed study participation through a self-reported demographics questionnaire, being audio-recorded, and the allotted time needed for participation in the study (Creswell & Poth, 2018). All participants were assigned a pseudonym to ensure confidentiality. At the beginning of each interview, the researcher informed participants why they were selected to participate in the study and assured them that their participation was voluntary and that they could withdraw from the study at any time. The researcher completed this at the beginning of each interview and utilized an opening script outlined in the interview protocol. The researcher did not disclose any information that could harm the participants either in the present or the future (Creswell & Poth, 2018).

The participants were provided with the purpose of this study; therefore, the researcher did not deceive the participants and refrained from using leading questions or withholding information (Creswell & Poth, 2018). Furthermore, all data was protected and stored on the researcher's personal computer in a two password-protected file, and hard copies were stored in a locked safe in the researcher's personal home office.

Summary

This chapter details the methods and design of this transcendental phenomenological study. Research questions that guided the study are presented, and details regarding them are disclosed. Criteria for participation in the research and recruitment are discussed, while the procedures were documented, and the role of the researcher was outlined with mindfulness practices incorporated to achieve epoché. The techniques used for data collection and analysis

were described and justified. In addition, ethical considerations and trustworthiness were factored into the methods used for this study.

Chapter 4: Findings

Overview

This transcendental phenomenological study aimed to describe the experience of professionals working with minor-aged human trafficking survivors in the nonmetropolitan North-east. The research questions that guided the data analysis include *What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities*, and *How do professionals describe their experiences helping minor-aged survivors of human trafficking obtain their basic needs after exploitation*.

In this chapter, professionals who agreed to participate are introduced using pseudonyms to further protect their identity. Following the introductions, the results from the data collected from the demographic questionnaire and semi-structured interviews are presented. The themes were created by coding and clustering using Moustakas' (1994) phenomenological reduction method. Chapter Four concludes with a summary of the findings from the data collection.

Participants

Group Portraits

The participants of this study were either employed through the nonprofit sector or employed by the state government. There was an equal balance between the six participants, with three working for nonprofit organizations and three working for state and local government agencies. The type of employer for whom the participant worked was a large part of their lived experience with the phenomenon focused on for this study. Although the type of employer varied, each participant still expressed similar experiences and challenges when meeting the basic needs of minor-aged human trafficking survivors.

Because this study was focused on rural and micropolitan areas, the participants expressed that regardless of their type of employer, they were closely connected to a wide range of professionals that spanned from nonprofit organizations and local state government agencies. Therefore, no matter the participant's employer, they were members of their local multidisciplinary team (MDT), which is a group of professional experts ranging from various backgrounds, including medical, social, and law enforcement (Lennox et al., 2021). By participating in the MDT, the participants were able to connect with colleagues outside their agency or organization. This created the opportunity for the participants to have connections and resources that their employer did not always provide. However, as discussed later in this chapter, the MDT connection did not enhance or expedite their ability to provide resources and basic needs to the survivors. The basic needs that participants assisted survivors in obtaining were mainly generated by their community and the infrastructure provided to the public. However, some participants could bypass the public access to resources by providing it themselves through their employer.

Because each participant's vocation was unique to them and their community, there were significant differences in their ability to provide resources and their connections to additional funding. However, just like any employer, there were protocols and accreditation mandates severely limiting some participants' abilities to provide survivors with their basic needs in a timely manner. Therefore, it is important to note each participant's vocational differences to the study.

Table 1. Participant Demographics

Pseudonyms	Age	Gender	Ethnicity	Job	Years experience with population	Geographic al Location	Location	Population (U.S. Census Bureau, 2019)
Rachel	30	F	Caucasian	NGO	3	Rural	Georgetown, DE	7,259
Mary	65	F	Caucasian	NGO	6	Micropolitan	Harrisburg, PA	49,209
Brittney	34	F	African American	State	12	Micropolitan	Annapolis, MD	39,278
David	39	M	Caucasian	State	16	Rural	Georgetown, DE	7,259
Amanda	25	F	Caucasian	State	2	Rural & Micropolitan	Georgetown/ Dover, DE	136/703
Melissa	26	F	Caucasian	NGO	4	Rural	Georgetown, DE	7,259

Individual Portraits

The following section introduces each participant in this study. It includes their basic demographic information and an overview of their current and previous vocational experience pertaining to minor-aged human trafficking survivors. In addition, any current or previous experience working with human trafficking survivors in any location is also included in this section.

Rachel

Rachel is a 30-year-old white female working in Georgetown, Delaware. She is the Center Director and a Forensic Interviewer for the local Child Advocacy Center (CAC) and is required to be on the "on-call" rotations that are shared by all of Delaware's CACs; therefore,

Rachel has experience working in all three Delaware counties that each represents a different geographical location.

At the CAC, Rachel works with local law enforcement and agencies in providing forensic interviews for minors; she has held this role for the last few years and has experience interviewing and supporting survivors of human trafficking. Rachel's job is to identify any forms of abuse the individual has been a victim of or may have witnessed. In addition, Rachel's forensic interviews help identify any resources the survivor may be lacking, and she works closely with a multidisciplinary team to support the survivor and their family with securing any necessary resources. Rachel was selected to be a part of this study because of her working experience and the geographical location where she is based.

Mary

Mary is a 65-year-old white female in Harrisburg, Pennsylvania, the largest nonmetropolitan area represented in this study. Mary works with the YWCA of Harrisburg as a Victims Services Coordinator and directly supports adults and minor-aged human trafficking and domestic violence victims. Mary is affiliated with her local MDT. She also volunteers with a local anti-human trafficking advocacy group to change local policy and provide education for professionals working with this population of victims, most of whom are affiliated with the MDT. Mary was chosen for this study because of her unique perspective of working with victims and providing human trafficking training and education to local stakeholders in a nonmetropolitan area. In addition, the YWCA affiliated with Mary provides temporary housing to victims, making her the only participant to bring this specific experience to the study. At the time of this study, Mary was preparing to transition from her full-time position and strictly focus on her volunteer work.

Brittney

Brittney is a 34-year-old African American female working with the court system of Annapolis, Maryland, for the last several years. She works with delinquent youth who have been charged with criminal offenses, including many victims of human trafficking. All of her clients have been female. Brittney is the only participant to represent the state of Maryland. Although she is in a nonmetropolitan area, her position with the court system allows her to utilize resources all over the state.

Additionally, Brittney was the only participant in this study not always affiliated with an MDT. She was chosen for this study because she offers a unique perspective on the challenges she faced when securing her client's basic needs. Although she is located in a nonmetropolitan community, she can obtain resources throughout the entire state of Maryland, and the surrounding states, encompassing a variety of geographical locations.

David

David is another participant from Delaware and was employed as a Special Victims Investigator for the Georgetown Police Department. He is a 39-year-old white male who works with adult and minor-aged victims investigating criminal activity and helps connect victims to any local resources they may need. David and his agency are a part of the local MDT affiliated with the Georgetown CAC that two other participants in this study represent, Rachel and Melissa. He provided a unique perspective to the study as he is a state employee with access to federal connections and resources that most participants of this study did not have available to them. David has worked with various forms of human trafficking cases, including sex trafficking, familial trafficking, and labor trafficking; he was chosen as a participant because of his working experience and the geographical area he represented.

Amanda

Like David, Amanda is also employed through Delaware with Child Protective Services in their Serious Sex Abuse Unit. She is assigned to Georgetown, Delaware, and Dover, Delaware, located in Sussex and Kent County, respectively. Amanda is a 25-year-old white female who has worked in this position for the last year. She works closely with the local MDT affiliated with David, Rachel, and Melissa. Amanda supports her victims by helping them secure their basic needs, including temporary placement and permanent housing. Amanda's perspective is unique to this study as she is the only participant from Delaware that is required to place her clients in housing resources within 24 hours. Amanda was chosen for this study because of her work experience and the geographical locations she is employed to serve.

Melissa

Melissa is a 25-year-old female who is a Forensic Interviewer at the Georgetown, Delaware, CAC. Melissa provides a unique perspective because she transferred to the Georgetown CAC from Louisiana at the Baton Rouge CAC. In Baton Rouge, Melissa was the head of an MDT specific to addressing juvenile human trafficking and supporting these victims. There was also a separate MDT that provided support to Melissa. Because of her experience in a major metropolitan area like Baton Rouge, LA, Melissa's perspective was intriguing as she discussed the challenges she faced upon transferring to a rural area with a significantly different populous than what she was accustomed to and where she was trained. Therefore, Melissa was chosen for this study because of her unique work experience in rural and metropolitan areas.

Consent

The researcher gained written consent from each participant before their scheduled interview. When the interview was scheduled, the researcher emailed the consent form to the

participant for them to read and review. If the participant still agreed to participate in the study, the completed consent form was filled out and returned within 72 hours. At the beginning of each recorded interview, the researcher verbally confirmed that the participant read, signed, and consented to participate in the study. Each interviewee was reminded of their freedom to terminate their participation in the study and could do so at any time if they desired. This was made known to each participant through a written section on the consent form and was verbally stated by the researcher in her *interview protocol* at the beginning of each interview. The interview protocol is discussed in more detail later in this chapter.

Confidentiality

Each participant's confidentiality was maintained throughout each step in this study. The researcher ensured their confidentiality by utilizing pseudonyms and maintaining all communication through private and secure channels such as email. The WebEx platform was utilized to maintain a comfortable and private virtual meeting room for the researcher and the participants. The researcher participated in all virtual meetings in a private, secluded, and secure location within her home. There were no identifying factors on any materials the researcher kept in the locked file tote or the locked clipboard. All data and material will be stored for the required duration of time as deemed by the IRB.

Results

This phenomenological study aims to describe the experiences of professionals supporting minor-aged human trafficking survivors in Northeast nonmetropolitan communities, further expanding the 2015 Cole and Sprang study. The results were collected from the participants' responses to the demographic questionnaire and the semi-structured interviews.

Theme Development

As outlined in chapters three and four, participants were recruited through snowball sampling and were emailed by the researcher to confirm eligibility. Once eligibility was confirmed, the demographics questionnaire and consent form were emailed for them to complete. Once the researcher received the completed consent form and demographics questionnaire, their eligibility was rechecked to confirm they were viable candidates for the research study. Then, an email was sent to the candidate to confirm their participation and begin correspondence to schedule the semi-structured interview.

The semi-structured interviews were conducted using the teleconferencing platform, WebEx. The researcher used the research journal to write any thoughts or notes during the interviews, transcription, data collection, and analysis to prevent personal bias from entering the study. After each interview was conducted, the automatic transcription was downloaded, and the researcher verified the accuracy of the transcription by listening to the audio file and comparing what was written. Only a few minor corrections were needed. Once the transcription was confirmed, a second copy was created using the participant's pseudonym, and the transcript layout was edited to reflect a conversation.

Numerous subthemes emerged during data collection and analysis that the researcher struggled to put into primary themes. After spending prolonged time with the data, the researcher consulted with the Committee Chair to regain perspective and receive guidance. The Committee Chair provided pointed feedback and asked thought-provoking questions to help the researcher regain perspective and sort the data in a more precise and consolidated way. The two main themes, 1) participants' ability to meet survivors' needs and 2) the challenges they face were discussed, and the researcher began to code again using these as primary themes to reorganize

the subthemes around. Then, the organized themes and subthemes were outlined for visual organization.

Themes

Just as the purpose statement and theoretical framework guided this study, data analysis was driven by the research questions and theoretical framework. Data analysis revealed two primary themes, *The Participants' Experiences Meeting the Needs of Survivors* and *The Participants' Challenges Meeting the Needs of Survivors*, each having two subthemes. The first theme contains the subthemes of the participants' vocation and their community assisting them in meeting the needs of survivors. The second theme includes the challenges they faced from their vocation and their community while trying to meet the needs of survivors. A list of themes and subthemes are listed in Table 2.

Table 2. Organization of Themes and Subthemes

Primary Themes	Subthemes
Participants' Experiences Meeting Needs of Survivors	Needs met Through Vocation
	Needs met Through Community
Participants' Challenges Meeting Needs of Survivors	Challenges from Vocation
	Challenges from Community

Note. Researcher's organization of themes and subthemes

Theme One: The Participants' Experiences Meeting the Needs of Survivors

The basic needs in this study included food and water, clothing, shelter, education, and psychological services (Maslow, 1943). These resources could be obtained through the participant's employer, including various colleagues that made up the MDT where each

participant was a member. Each participant provided survivors with resources to obtain these basic needs through their employer and the surrounding communities. In some cases, the community provided these resources to the public and provided community donations directly to the participant's employer.

Needs Met Through Vocation. Geographical remoteness and low population density are proven to negatively impact the availability of services, including services needed to fulfill the basic needs of minor-aged survivors (Edwards et al., 2009). Maslow's (1943) basic physiological and safety needs in his theory of human motivation were adapted to include mandated state educational resources for youth (Bush, 2010; Judge et al., 2018). A few basic needs were met through the participant's employer and the community, meaning that the survivor could obtain some resources and basic needs without professional assistance. Because there was an equal balance between the participants who worked for nonprofits and those who worked for the government, the experiences and challenges they faced significantly varied, even though their geographical locations were similar.

Nonprofit and State Employees. Three study participants are employees of the state, David, Amanda, and Brittney, while the other three, Rachel, Mary, and Melissa, work for nonprofit agencies and organizations. The state employees' lived experiences supporting minor-aged victims of human trafficking are slightly different from the participants who work in the nonprofit sector regarding available resources. David's experience stood out as a participant with access to the most funding and resources, both locally and federally. When prompted to elaborate, David contributed his "good working relationships with other federal agencies that have victim advocates" as the reason he experienced "no challenges" with obtaining any of the resources discussed (food, water, clothing, shelter, education, and psychological services). He

"utilizes [federal agencies] as resources" because "they have federal money out there that can assist." David said he can maintain these "good working relationships" through "networking over the years."

Because of David's position as a "special victims' investigator" with the "criminal investigation division," he has handled various cases, including ones with documented and undocumented immigrants, mainly due to Georgetown's rapidly growing Hispanic population. David has interviewed survivors who disclose that they have been "victimized crossing the border" and have been trafficked in states outside of Delaware or other places besides Delaware. David has worked with a variety of federal agencies that include "homeland security" and "agents that specialize in [human trafficking] cases." However, the other two state-employed participants, Amanda and Briana, did not express having access to the same level of federal resources discussed by David.

Amanda works "in the Serious Injury and Sex Abuse Unit" for Delaware's "child protective services," where she is assigned to investigate "all of the sex trafficking cases [involving] minors." Her unit is part of the local MDT, including David, Rachel, and Melissa. Amanda is based in Kent County, Delaware. She provides services to all of Sussex County, Delaware, making Amanda the only participant in this study who currently represented both micropolitan and rural communities. Although Amanda and David have similarities, their experience with federal funding was something they did not have in common. Amanda did not disclose any access to or need for federal assistance. However, Amanda did express little to no challenges securing resources for the survivors she supports, with "permanency with family" being the long-term goal for each case.

Brittney was the other state employee represented in the study; however, she was located in Annapolis, Maryland, working as a court-appointed "Case Management Specialist" serving "delinquent youth charged with criminal offenses." Because of her position, Brittney has experienced a lot of access to various resources in different locations, including surrounding states. Like Amanda, Brittney did not disclose any experience having access to, or needing assistance from, federal agencies. However, unlike the other two state employees in this study, Brittney did not portray a positive experience having access to the vast array of resources. Instead, she expressed challenges finding appropriate resources for her clients throughout the state and surrounding areas.

Multidisciplinary Team. All six participants were involved with an MDT that helps support these victims. These teams were organized with various professionals, including victim advocates, mental health professionals, social workers, detectives, and forensic interviewers, who worked together to provide wraparound services to the victims (Walsh, 2016). These groups conducted routine face-to-face meetings and constantly contacted the survivors they supported. All four participants from Delaware are involved in the same MDT. Mary was involved in her local MDT and provided professional human trafficking training for her team, whereas Brittney's MDT only provides support for legally detained survivors. All MDTs are similar, and this approach is not available for every survivor. Although, the survivors supported by MDTs have more access to community resources and are not as impacted by waitlists (Greenbaum & Crawford-Jakubiak, 2015).

Mary expressed a positive experience with the MDT she was affiliated with and would routinely utilize these connections as a resource to "seek out other [colleagues] that were better connected or had more years of experience" on help "accessing housing," "job training,"

"schooling," and "therapy." Her MDT worked together to ensure they were doing their "best to connect survivors to any kind of services that they need." The same consensus was gathered from the other participants' discussions on their MDT experience. Mary's cohesiveness and teamwork she alludes to when discussing her team are demonstrated through the Delaware participants in this study.

The four participants representing Delaware (Rachel, David, Amanda, and Melissa) are all affiliated with the same MDT representing Sussex County; therefore, these four participants are colleagues who work closely together. Because this study was designed using snowball sampling, only one Delaware participant, Rachel, was initially contacted by the researcher; she shared the opportunity with her colleagues, which resulted in three additional research participants. Therefore, it can be determined that the MDT represented by the Delaware participants acts as a supportive team to its members and the community. Brittney and Mary also shared this research opportunity with colleagues, but it did not result in additional participants for this study. This is not to say that their MDTs are less supportive than the Delaware MDT; instead, the significant representation of Sussex County, Delaware, should not be overlooked.

There was no observed difference with MDTs regarding the type of employer. However, the main difference with employer status was Melissa's experience. Melissa is the only participant in the study who transferred from Baton Rouge, Louisiana, to the rural countryside of Georgetown, Delaware. Because she worked in the same position in two majorly different geographical locations, she has a unique experience added to this study, especially regarding MDTs. The MDT Melissa was affiliated with in Louisiana implemented population-specific sub-teams; for example, a sub-team was created "for all juvenile offenders," and even a "child sexual exploitation" sub-team. These population-specific MDTs allowed for "strict focus" when

discussing "children that were either high risk" or those whose exploitation was confirmed. Melissa expressed these sub-teams as helping identify any risk factors that included "multiple sexual partners, any history of sexually transmitted infections, runaway status," and more.

The MDT in Louisiana had multiple sub-teams to help organize their large caseload and help them better organize specific community agencies and resources that benefitted from being involved; including a "juvenile MDT for all juvenile offenders, and a CSEC, which was child sexual exploitation MDT where we would strictly focus on talking about the children that were either high risk or confirmed trafficking." Melissa's recent experience with her local MDT is quite the opposite, beginning with a smaller caseload and only meeting for "one case review a month that includes all of the children." Within her current MDT, this smaller caseload and a decrease in human trafficking cases eliminate the need for a human-trafficking-specific sub-team. Even though this MDT meets less frequently than her previous team, Melissa confirmed that she and her colleagues are "constantly having internal conversations within our own agency and within other agencies like law enforcement, Department of Justice, and the Division of Family Services" "via email or phone conference." The "monthly meetings are really to make sure everyone is on the same page."

Brittney expressed a different experience with her MDT team, and although she considered the team approach "helpful," only "detained" clients are eligible for MDT services. This means that not all of the survivors she supports receive a team-centered, wraparound approach. The MDT includes at least "a social worker, a psychologist, a substance abuse counselor, a case manager, and the educational team." Brittney shared that there are times when the team disagrees with a client's recommendations, but through in-depth discussion and sharing

"various findings" such as "the evaluations, the psychological testing, and the IQ testing," the team can "make a recommendation about [the client's] next steps."

Needs Met Through the Community. Participants helped their clients fulfill their needs by connecting them to community resources. All participants could connect their clients to resources; however, there were no resources specific to minor victims of human trafficking, nor are there specific human trafficking resources for adults in these communities. Some participants had access to specific domestic violence resources, and some were in-house, making it easier for them to connect survivors to resources. Although these resources are available, the availability between resources is broad, with some resources readily available and others only available with a lengthy waitlist.

Food and Water. Each participant shared that they could connect all of their clients and their families with food and water while in their care, and they all noted that their community does an excellent job at filling this need through community food banks. Rachel and Melissa's agency provides each survivor and their family with a caregiver toolbox that Melissa confirmed "includes a list of resources" they can mark off if they are in need. If a family shares that they need food and water, they connect them to local food banks and food pantries. Because the participants rely on various community resources to secure food and water for their survivors and other clients, there is no challenge in referring clients and their families to these services. Rachel confirmed that there is "no challenge when it comes to referring any of our clients to any of the food banks." David, who is in the same community, shared this to be his experience. He shared that "there is funding out there and organizations" that help survivors obtain food and water, including through community donations.

Amanda was the only Delaware participant that shared a slightly different experience with getting the survivors food and water. If the minors she works with are placed into foster care, their foster family is "reimbursed for their expenses later on" through stipends depending on the age of the child; the situation is similar if the placement is in a group home or a residential program, the survivor is provided with food and water. However, if Amanda's clients remain with their families and need food and water, she refers them to the local food banks and food pantries, like the other Delaware participants.

Brittney and Mary's experience was similar to Amanda's experience with placement. If survivors are placed into any program, they are immediately provided food and water. Mary expressed that the emergency shelter attached to her organization received a lot of "regular food donations," which allowed them to adequately meet this need of anyone supported by Mary's organization. Brittney echoed that her agency has received community donations in the past, "but a lot of times we just have to buy it from a budget"; however, she confirmed that all survivors placed into a program are "always going to have food and water." Therefore, the participants' overall experiences with food and water resources are positive because their communities greatly assist with fulfilling this need. Amanda can also use the "stuff on hand" through community donations. Therefore, the participants are fully equipped to meet each survivor's basic food and water needs. Between the community support and the access each participant has to these resources, they can all provide and meet all food and water needs of each client they support.

Clothing. All six participants of this study experienced similar access to clothing resources compared to their food and water access. The Delaware participants (Rachel, David, Amanda, and Melissa) provide their clients with the same clothing resources vouchers through the Department of Social Services. These vouchers are used at specific second-hand store

locations throughout the state, making designated clothing items free of cost. In addition, Melissa confirmed that clothing is included on the "caregiver toolbox" form provided to parents and guardians to identify their needs and benefit from a voucher. Unfortunately, vouchers are not readily available within the Delaware community; they are only provided to people supported by an organization or agency that can provide the voucher.

Unlike the Delaware participants, Mary and Brittney do not have experience with vouchers; instead, they have relied on the community to fill the need for clothing. Mary confirmed that her organization receives "donations from the public…especially clothing donations," so she is able to provide clothing for survivors and clients supported through other departments at her agency. Although Brittney's agency also utilized clothing drives from the community in the past, because that quantity does not fill the need, "many times things come from a budget that requires approval." Because the approval is "not as quick as we want it to be, [my colleagues and I] kind of just pull together amongst ourselves and start giving out clothes."

Out of all the participants, Brittney expressed the most challenging time obtaining clothing resources, and although they are still attainable, they are often provided from personal belongings. She stated that there are "a lot of times where my coworkers and I have fed kids, clothed kids, we do everything we can" to support these survivors. The primary need Brittney faces in supplying clothing resources for her clients is the wait to get approval to purchase clothing, leaving an unrealistic wait time that frustrates Brittney and her colleagues. To this challenge, their solution is purchasing clothing items using their finances or provide the clothing through their personal donations.

Shelter. Mary was the only participant of this study whose organization "has an emergency shelter that survivors were placed if there was room." The shelter provided "20 beds

with approximately eight to 10 rooms, most could house two people with two beds to accommodate families with children". Because the shelter is designed for survivors of domestic violence, it is not designed for minor-aged survivors of human trafficking. However, when Mary's clients were placed there, her goal was to help her clients "reunite with their families." She confirmed that this shelter had a "30-60 day stay limit," but that number could be adjusted "depending on the circumstances."

Like Mary, Amanda said, "permanency with family is always the goal, especially since they are kids." However, if she cannot reunite them with "mom and dad, another family member is [sought] instead of a foster parent." Amanda's ultimate "hope is that family is more likely to offer a long-term solution than a short-term solution" like foster care. Unfortunately, not all families provide a positive environment for the survivors to return. David shares this to be the story of most survivors he has supported; their "home life is unstable, they are jumping from hotel to hotel, couch hopping, or on the streets." In his community, "there are organizations that will put victims in shelters, or hotels for adult victims, and help them get back on their feet, try to get them off any substances and get the proper treatment."

Although David shared about having access to housing resources, Rachel and Melissa expressed a different experience with housing resources from the same community. Rachel shared that there is "some subsidized housing through the agricultural and poultry plants that are prevalent in the area," but this does not directly assist her, Melissa, or their agency in being able to provide clients with any form of shelter. More specifically, there are no shelters for minor-aged human trafficking survivors in her local community. Although these resources are still available to the survivors their agency supports, they are "at minimum, an hour's drive north into Delaware, or an hour's drive south into Salisbury, Maryland." Additionally, there are no shelters

in South Dela-ware. Melissa specifically added that there are "no shelters for human trafficking minors" in Delaware.

This is the same for Delaware's neighboring state, Maryland, according to Brittney's experience. She confirmed that "there are not a lot of resources for girls in the state of Maryland." However, she and her colleagues have access to "Residential treatment center programs, behavioral modification programs, therapeutic foster care, foster care, and independent living programs." However, none are specific to minor-aged human trafficking survivors or even just "young girls" in general. Brittney shared that even though "there are limited options, we have out-of-state options, but the options for young girls are far more limited than they are for boys."

Education. Even though the population of survivors being studied is minor-aged children who are required under law to attend school (Bush, 2010), most participants reported that education resources are not a priority. David's most accurate representation of this came when he said that the "main focus is getting [survivors] to a point where they are not selling their body or participating in any other crimes." It is not David's goal to make sure they are back in the classroom. However, David did share that he helps get survivors "information on GED programs" and other educational programs that they may be interested in, which he happily helps with as long as he is "not violating the victims' rights" by overstepping or appearing as though the educational resources are forced. From David's experience, it can be assumed that education is not viewed as a basic need for minor-aged human trafficking survivors.

However, some survivors were still in school at the time of being connected to the participants. This was Mary's experience, and she shared that she "did not connect any survivors back to school or any sort of education program." Although she says that some clients were "still

attending school," she never received "any referrals from schools." Melissa echoed Mary's experience that most of her clients were "currently enrolled" in school. However, she has no experience in helping her clients connect to educational resources in Delaware. However, Melissa did connect clients to educational resources when she was based in Louisiana.

Rachel expressed the same experience when discussing educational resources; she said that "the education component is a struggle," and getting them interested in going to school is a "great challenge." Her agency "does not make as many referrals, if any, to anything education-related aside from perhaps GED classes." However, Rachel was clear that she does not attribute this to "the geographical area." Instead, she says, "it has more to do with the attitude of the [survivors]." Although, unlike Melissa's experience, the majority of survivors that Rachel has worked with are not in school, "they feel shameful for the things they have had to go through, they feel as though it is their fault," so they struggle to return to the classroom.

Rachel also mentioned that educational decisions are influenced by their home life, where neither the parents nor guardians are concerned with them returning to school. She mentioned that some survivors "dropped out of high school or are living in foster care with parents that simply do not care." Because of the survivors' trauma, Rachel says that "they are not interested in going back to school, and we are not interested in linking them with education right away because we want to make sure their basic needs are met." She states that although "education is itself a basic need," she is referring more to "stable housing or employment readiness training if they are over the age of fourteen or fifteen."

As a small community, the Delaware participants had access to many of the same community resources, including various educational resources. Rachel shared that "the local community college and technical high school puts on classes for school-age children and

families that are free." She confirmed that this is "one of the benefits to having a smaller community, the ability to network with different agencies, so we are able to share information about classes" offered in the community. These classes included topics such as "parenting classes, employee readiness training, cooking classes, basic life skills," and more.

Amanda went deeper into the truancy challenges that she has experienced; she shared that "if there is no family support or if the family is not pushing for this child to go, eventually the child can reach age 16 and sign themselves out of school". The compulsory school age maximum in Delaware is 16; at this age, the minor can legally decide not to attend school (National Center for Education Statistics, 2017). From Amanda's experience, it is "hard to bridge that gap" without familial support encouraging the survivor to attend school. She will provide any GED resources or other educational resources at her client's request. On the other hand, "if clients are placed in foster care, I sign them up for school, and they get transportation."

Brittney provided a different perspective to this study. Although educational resources were not the main priority to her, she has experience in consistently providing "educational services under [her] care and custody, and when they come home, we help reunify them with the family and their [assigned] school zone." Brittney has assisted her clients in "re-entry meetings, IEP planning, 504 planning, and behavior intervention" and has experience helping "clients get their GED while they are in the program." She even "helps link them to college services as long as it is something they want." Brittney was the only participant whose vocational position required her to provide support and educational resources; all other participants noted that education was not a priority to them and their employer but remained an option for survivors.

Because there is no emphasis on education for these survivors, there is a lack of information regarding what is needed to provide this resource. However, when the participants

were asked what is needed regarding educational resources, most of the responses were not about the education itself. Instead, their answers focused more on the survivors and their mentality regarding the importance of education. For instance, the major need that the Delaware participants faced was getting their clients connected to educational services are survivors and the trauma they have gone through that prevents them from wanting to engage in any educational services. Therefore, there is no immediate need in this community for additional educational resources to meet this basic need of the survivors. This experience shared by participants can be used to argue the need for prevention methods and harm reduction services to be implemented prior to exploitation; this will be discussed in more detail in the next chapter.

Psychological Services. The main resource for survivors of human trafficking is mental health services (Lazzarino et al., 2022). The participants in this study reported that mental health services are available to their clients; however, how survivors are connected to mental health services varied across each participant's lived experience. For example, there were apparent differences in the participants employed through the state compared to those employed through non-profit agencies and organizations. Brittney, David, and Amanda reported that they could provide their survivors with around-the-clock psychological support from within their agency. David confirmed that a recently piloted program was developed "where three mental health commissioners [are] employed through the Georgetown Police Department." Although this is not a full-time position for these licensed therapists, they are "on-call, so if they are needed, they are available." These employees specialize in mental health treatment and substance abuse treatment and can "make a determination on what is the best course of action, and they are able to fill out a 24-hour committal or get [survivors] into a substance abuse facility or mental health facility". David shared that this program "has been very beneficial" to his agency and, ultimately, the

community; however, these clinicians do not have mandated specialized training in human trafficking, including minor-aged human trafficking.

Brittney and Amanda share a similar experience: if survivors are connected to them, they can provide therapeutic services themselves under licensed supervision; otherwise, they can refer out to licensed clinicians. Brittney specifically shared that the MDT she is connected with has "licensed social workers and a psychologist" to help make appropriate recommendations for survivors and assist them in getting connected to an outpatient provider if necessary. In addition, she confirmed that she "outsources a lot with vendors [she] works with to ensure the survivors are connected. Although "while they are in our care and custody [she] can provide whatever they need," including therapeutic services. Like Brittney, Amanda can provide therapeutic services under supervision to the survivors she supports, however, she emphasized that she "makes referrals to get [survivors] enrolled in trauma-focused therapy" which is referred to as a highly effective therapeutic intervention for this population (Allen & Hoskowitz, 2017).

The other participants connected with a non-profit agency or organization expressed a much different experience in getting their clients connected to mental health services. For example, Mary can connect the survivors she supports to therapeutic services by "setting up appointments" for them. On the other hand, Rachel confirmed that her agency has a set of "standards that must be met to maintain accreditation" this is especially true for mental health providers. She stated that there are "linkage agreements in place" with local providers who meet these standards "so they prioritize our cases because we do see the worst of the worst." There is a "very good network of providers that meet these criteria"; however, her agency is "only allowed to refer [survivors] to licensed trauma-informed therapists that are well versed and would be able to testify in the area of child abuse." Melissa confirmed that these connections are only made if

the survivor's family stated it was a need on the Caregiver Toolbox. Overall, there is a significant difference in the availability of mental health services when connecting survivors.

The first theme of the results encompassed the participant's overall experience meeting minor-aged human trafficking survivors' needs. The participants did this by utilizing the resources available to them through their vocation, including access to their MDT and donations made to their vocation by the community. Participants were also able to meet their client's needs through basic community resources that are in place and available to all community members. Overall, the participants were able to meet the needs of their clients by utilizing a wide variety of resources accessible to them.

Theme Two: The Participants' Challenges Meeting the Needs of Survivors

The second theme that emerged from the data was the challenges experienced by the participants; these challenges were not central to the participants themselves but encompassed the overall challenges from their employer, the community, and even the survivors themselves. Some risk factors of exploitation were included in the challenges reported by the participants, such as a lack of family support that generated risk factors for the minor to be preyed upon (Franchino-Olsen, 2019). Additionally, some risk factors were correlated with a lack of resources in the community like housing and shelter options, both for the minor's family pre-exploitation and population-specific options for survivor's post-exploitation (Palusci & Ilardi, 2019). Furthermore, the participants disclosed employer regulations and protocols that created vocational challenges, preventing or delaying participants in assisting survivors.

Challenges from Vocation. Nonprofit organizations rely on private and public grants and even community donations, which is the case for Mary's organization, a 501(c)(3) that "depends upon a variety of both private and government funding" and "receives regular food and

clothing donations from the public." On the other hand, specific mandates for receiving funding can further limit nonprofits' access to specific resources. For example, Rachel expressed that the agency she and Melissa represent can only refer their clients to "trauma-informed therapists, who are licensed and well-versed and would be able to testify in the area of child abuse," which makes it difficult to have immediate access to this significant resource. More specifically, the agency requires that support be maintained until it is confirmed that the survivor has been connected to a mental health provider, creating a challenge if there is an imbalance in "the ratio of clients to therapist," which is Rachel's reported experience.

Before moving forward, it is imperative to acknowledge the differences between the participants in this study's public and private sectors. On the surface, it may seem as though each participant has attainable access to the resources needed when providing basic physiological and psychological needs to minor-aged survivors of human trafficking; however, additional information can assist in providing more detail on the specifics of each resource. More information must be discussed and processed to fully understand the essence of the phenomenon at hand. For example, are the food, water, and clothing resources being provided and utilized recurring or sustainable? If Brittney leaves her position, will the survivors still have access to clothing in a timely manner? We can better understand this concept by applying Husserl's noematic process to identify the widespread access to basic resources as the noema, while the availability and any challenges the participants experienced with obtaining the resource for the survivors they are working with the noesis (1931).

Rules and regulations. The resources Brittney has access to vastly differ "depending on the area in which they live." Some clients may be temporarily placed in a different location as Brittney has seen that "changing the environment" is "sometimes necessary" for her clients.

When this happens, the resources they once had may not be available because they are not "provided in a different jurisdiction." This lapse, or lack of services, is the biggest frustration for Brittney, and she wishes these services could "go with them" wherever they are located. More detail regarding the challenges Brittney faces in maintaining her client's resources will be discussed further in this chapter.

  Trainings and Continuing Education. Training and education are a significant emphasis within each participant's lived experience. Each of them had vocational requirements to maintain continuing education and professional training. However, that is where the majority of the mandates stopped. Each participant's employer offers a variety of training options throughout the year, but there are no required courses in trauma-informed or human trafficking-specific training, except for Brittney. All six participants are offered training on trauma-informed approaches and human trafficking, but it is up to the employees to sign up for training that interests them. The participants in this study have all completed training for trauma-informed care and human trafficking. However, this training only provides limited information and does not always include current research and new best practices (McMahon-Howard & Reimers, 2013). Even so, without these topics being mandatory, not all employees working with minor-aged victims of human trafficking are fully equipped to support these victims.

  Rachel has experienced this "lack of training" to be a challenge with some providers and stakeholders not having a "basic understanding of different needs that a child victim may have," and because there is no "training on how to address the needs of human trafficking victims," how are the services being offered and provided to this population of survivors justifiably adequate and appropriate? Although Rachel experienced frustration due to a lack of training, David has noticed "an increase in training" over the years "on the state level" that has generated a basic

level of understanding surrounding human trafficking that surpasses "performing sex acts against a [their] will" and includes a cognizant understanding of force, fraud, and coercion. He discussed that this level of awareness has contributed to "streamlining [care] where each discipline is able to adequately provide services for the victims and to make sure that we are doing it in a trauma-informed, victim-centered approach." Therefore, where she experiences frustration, David experiences success and hope. Another Delaware participant, Amanda, discussed that although the "state sends out" a list of training available to her, including human trafficking and trauma-informed education. In addition, she can also find her training outside of that list to fulfill the minimum hourly requirement mandated by her employer. One of the ways she has done that in the past is through "Wilmington University's human trafficking symposium," where she was provided with more in-depth training on human trafficking overall and how it operates in Delaware. She could also network with colleagues and agencies that may be utilized as a future resource.

On a smaller scale, Melissa noted that her agency provides her and her colleagues with "webinars and online training" on various topics, including "child trafficking, child sexual trauma, trauma-focused CBT, developing community responses to child sexual exploitation, and developing MDT responses to child sexual exploitation." Additionally, Melissa has also been trained in "advanced forensic interviewing of human trafficking victims and risk assessment training" and has even been sent to "the Dallas Crimes Against Children Conference" when working in Louisiana.

Melissa's insight from her experience with training is directly intertwined with Rachel's because they were employed by the same agency. It can be determined through Rachel and Melissa's accounts that their agency provides them with adequate training and continuing

education opportunities that are more in-depth than the other participants in this study. This increased knowledge and comprehension of human trafficking; the community response needed for the plan of care; and an increased understanding of the victim-centered, trauma-informed approach needed with this specific survivor population can contribute to Rachel's frustration that there is a lack of basic knowledge "on how to address the needs of human trafficking victims." Whereas David's lived experience contradicts this because he believes there is a base level of education and training that has made a difference in the community resulting in being able to identify crimes of human trafficking. Mary was another participant that experienced a lack of training and education on human trafficking within her MDT. However, she took control and began "educating and training members of law enforcement, the medical community, and social services that directly resulted in an increase of calls to [her] organization about suspected victims of human trafficking." In Mary's experience, this generated dialogue and increased communication regarding possible victimization and potential risk factors in various cases. The increased effort for training and education on human trafficking "made a difference" in Mary's community. Although, in addition, all of the employees working in the "domestic violence [department]" with Mary were required to complete a one-time, 40-hour training on domestic violence to maintain employment, they were not provided with any additional trauma-informed training.

Brittney was the only participant of this study whose employer "requires [her] to maintain in-service training hours" she acknowledged that only within the last few years has "sex trafficking training for all [case managers]" become mandated. Before the mandate, Brittney sought out training on human trafficking to fulfill her required in-service training hours, but the training mandate has provided an increase in various types of human trafficking training, such as

"basic knowledge, victim-centered approaches, and motivational interviewing." There is also a "push for everyone to be trained in trauma-informed care" and "trying to make sex trafficking training mandatory for all workers across the board."

All six participants discussed their lived experience with the human trafficking-specific and trauma-informed specific training available to them through their employer and other community resources. The general result is that although these trainings were provided, they were not mandated to each participant, the only exception being Brittney, who represents Maryland. However, she disclosed that trainings are newly mandated for her position, and not mandated across the board, although there is a push to create a blanket mandate for trainings. Training mandates for professionals working with minor-aged human trafficking survivors should be implemented across every agency to ensure each survivor is being met with adequate and appropriate care (McMahon-Howard & Reimers, 2013). In addition, the trainings provided to Rachel and Melissa should be used as a guide for other agencies to implement various training and educational opportunities for their employees. This will provide their employees with the knowledge and confidence to provide the best support possible to this survivor population.

Challenges from the Community. Throughout the participants' lived experiences with the phenomenon, they faced various challenges. These challenges were experienced through their agencies' vocational protocols, mandates, and accreditation requirements. These protocols and requirements made it challenging for the participants to support minor-aged human trafficking survivors in the way they wanted to provide support and connect them with resources to meet their basic needs. Another vocational challenge was the lack of required training in human trafficking and trauma-informed care that was available to them. Only one participant's

employer had human trafficking mandated training requirements; the rest were able to pick from various other topics to fulfill mandated training requirements.

 Lack of Resources. Because this study was focused on nonmetropolitan areas, these areas presented a significant need for public transportation and medical infrastructure, especially psychological services. Although these two may not seem similar, they work together to create a reliable flow in a survivor's recovery. However, transportation infrastructure is unreliable in nonmetropolitan communities, creating a barrier between survivors and their basic needs. For example, food, water, and clothing resources are readily available to the community through food banks and community services; however, someone must travel to get these resources. Therefore, these services may be difficult for survivors and their families to secure without reliable transportation.

 For the survivors Rachel works with to receive a medical examination from a licensed and trauma-informed nurse, they must travel two hours north to the micropolitan area of North Dela-ware. If the survivor's family or caretaker cannot provide this transportation themselves, Rachel's agency helps organize transportation for them since "public transportation is not readily available." However, to travel two hours one way for a necessary medical exam is a clear example of Sussex County, Delaware's lack of transportation and medical infrastructure. Both Amanda and Brittney's agencies can assist with transportation for appointments. Furthermore, a lack of transportation generates a considerable complication in securing psychological services for a survivor and, additionally, provides them with a disservice in obtaining other community resources like food, water, and clothing.

 There is a long waitlist for an intake appointment with a licensed and trauma-trained therapist, and survivors have an increased risk of missing intake appointments due to unreliable

transportation. Although Rachel and Melissa's agency prioritizes getting their clients connected to a mental health professional, Rachel confirmed that some clients are "waiting up to six months, just to be seen for their intake appointment with a therapist." Prolonged wait time to be connected to long-term, trauma-informed mental health services place these survivors at a higher risk of revictimization. Rachel shed light on why these waitlists and prolonged placement are so detrimental to survivors:

> "Not being in mental health services and engaging in counseling absolutely contributes to revictimization. A lot of the times, especially with human trafficking survivors, they're in these shelters before they're placed in a more permanent setting and are provided with short term, mental health services. These [providers] are not necessarily licensed, they're not necessarily trauma informed or trauma focused counselors. So [survivors] are getting very short-term therapy and are not building that rapport, that trusting relationship with their therapist because it's such a quick turnaround time. The shelters are very short term, so [survivors] are not able to have that bond with someone that they can open up to and really tell their story in order for them to get the services that they need."

These rural and micropolitan communities also provide a significant lack of housing and shelter options for survivors, which adds to the lack of community infrastructure that creates difficulty in providing the necessary basic resources for survivors to succeed in recovery. Amanda's agency utilized foster care in addition to shelters and group homes. However, she shared that it is "harder to place teens with sexualized behaviors or histories and that have a lot of mental health or behavioral issues," Rachel confirmed that there are more shelters in metropolitan Northern Delaware but shared insight into the challenges she has faced in Sussex County, Delaware:

"While the population up North is much denser, the resources, when it comes to shelter and housing in the lower county on the Eastern Shore, it is a huge challenge for us. We have some subsidized housing but most of it is through the agricultural and the poultry plants that are prevalent in the area. They're the ones that are usually living in these homes. So, for us in Sussex, I would say that [housing] is one of our opportunity areas."

Additionally, this lack of housing and shelter options creates a barrier for the participants to provide basic resources for survivors and their families. If there were human trafficking-specific shelters in the participants' communities, they would have had an easier time helping survivors secure all the needed resources for recovery. Mary confirmed that her organization has "a domestic violence [shelter]" but will accept human trafficking survivors if they have the space. Most human trafficking-specific shelters provide the basic resources needed for recovery in-house, creating a seamless transition to be provided with all the resources needed for recovery and further preventing voluntary revictimization. However, because there were no options like this available to participants in the communities they represented, they were forced to find resources to meet survivors' basic needs from other places, resulting in various difficulties-unless they worked for the state. State employees were more able to provide a seamless approach of resources from themselves and their employers, although their experiences were still limited based on the community and its surrounding areas.

Lack of Support for Survivors. A survivor's mindset was not the only challenge experienced by the participants, who also agreed that a lack of family support directly correlated with the increased difficulties participants have experienced. David shared his experience with this lack of support but confirmed it occurred well before exploitation:

"When it comes down to it, some of these victims and survivors home life isn't stable. It'll be jumping from hotel to hotel, they're couch hopping, or they're on the streets. There are resources [to help survivors] get to the point where they're stable and not think twice about going back to that lifestyle."

This made it difficult for them to support the survivor in the best way they have been taught, reunification with family if the family is uncooperative or unsupportive. This posed a challenge to the participants when trying to help the survivor when there was nowhere to turn for help.

Without family support, it was also a challenge for the participants to encourage the survivor to be focused on educational resources and services. Melissa confirmed that she and her colleagues struggle with the educational component:

We find [education] to be a great challenge and I wouldn't say that has anything to do with the geographical area that we live in, I think it has more to do with just the attitude of these victims. [Survivors have] already been through their trauma, so we're catching them on the tail end, and they're not interested in going back to school. We are not interested in linking them with education right way right away because we want to make sure that they're basic needs are met."

Because this study focused on minor-aged survivors, they are required under national law to attend school until the appropriate state compulsory age. However, since the participants did not focus on education as a primary need during the beginning of a minor-aged survivor's recovery, education was left to the survivors and their families.

The second theme of the results discussed the challenges that participants faced when trying to meet the needs of their clients. The challenges included vocational rules and regulations

and a lack of professional education and training. Additionally, participants described challenges from their community, including a lack of infrastructure and the client's desire for recovery. Although the participants could meet their client's needs, it was accompanied by pushback from various angles. Meeting the needs of minor-aged human trafficking survivors in nonmetropolitan communities is lengthy and challenging for the professionals who support them.

Research Question Results

This research aimed to describe the essence of the collective experiences of the non-metropolitan professionals working with minor-aged human trafficking survivors. The structural description of the phenomenon provides the answer to the above question; the participants of this study can provide the minor survivors they support with food, water, and clothing without challenges, while shelter, education, and psychological services had various barriers that created difficulty in the participants obtaining these resources.

The participants' experiences in being involved with their local MDT communities positively impacted them being able to provide resources to survivors. Although there is an increase in community awareness of human trafficking crimes, a lack of awareness and community education was evident in the participants' lived experiences. Another main factor of their perceived essence of the experience in supporting minor-aged survivors is the apparent lack of required vocational training and continuing education, resulting in a gap in knowledge and understanding about this survivor population.

RQ1. What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities?

Two main factors that the participants experienced working with minor-aged human trafficking survivors were the successes in combating the crimes and supporting survivors and

their challenges. All participants expressed that their communities provided great support and had significant success with their active involvement in the MDT. These teams were utilized as a resource for each participant and created wraparound services to best support survivors and their families. However, the participants' extensive area of challenge was the lack of human trafficking-specific resources and agencies in their communities, especially for minor-aged survivors. Another success in their communities was awareness and vocational training, which doubled as an area of need for all participants.

Success in Combatting Human Trafficking of Minors

Each participant expressed a level of success in their community regarding combatting human trafficking of minor-aged survivors. Although each community had different levels of success, all centered around the ability to work together in an MDT and the increase in human trafficking awareness throughout their community. These two factors helped increase awareness of risk factors for youth and their families in the community and provided the professionals working with them with a team of support and resources that transcended communities.

Vocational Success. Working in a team environment for minor-aged human trafficking crimes was reported to be very successful for each participant in this study. The "team approach" (Brittney) helps all agencies "work together to make sure [they] are going [their] best to connect survivors to any kind of services that they needed" (Mary). Participants expressed their experience with MDTs as beneficial to them by not allowing "things to fall through the cracks and opportunities for services not to be missed when they are in need" (Rachel). However, participants also addressed the benefit of a team approach for the survivor and family themselves by helping "the parent because people sometimes do not want to just work with [one agency], so working as a team is good in that regard because they get the best of both worlds" (Amanda).

In addition, a "multidisciplinary approach helps them kind of navigate the system; it is a holistic approach" (Rachel) that is focused on "getting people the help that they need" (David). Because these participants represented nonmetropolitan communities, the MDT may not meet as frequently as other teams due to a lack of cases to discuss. However, when the teams are not meeting, they still keep "each other accountable with different protocols" (Amanda). Teams are "constantly having internal conversations via email or phone conference to make sure everyone is on the same page" (Melissa). The MDT is both a successful resource to the professionals and agencies it encompasses and a successful resource to survivors and their families.

Community Success. Recently, there has been a big push for community awareness and education regarding human trafficking crimes across the United States, creating "hope that more people are aware of the problem" (Mary). This increase in community education is a "big success" (David) in "raising awareness and advocating for changing, which is important because of people being able to see a difference and to see things actually change through education" (Mary). This change can be seen through educating youth within the community to help "prevent them from entering The Life" (Melissa). Although "having people aware of [human trafficking] has helped a lot" (Amanda), "more outreach, in general, would be helpful" (Rachel). There is a false narrative that human trafficking crimes only happen in specific geographical locations when these crimes do not have borders (Cole & Sprang, 2015). "More awareness needs to be brought" to continue to educate the public; these crimes "should not be something that is hidden" and a "bigger effort to prevent" (Brittney) human trafficking crimes should continue to be explored, no matter how successful community awareness has become, these prevention efforts should not stop.

Challenges in Combating Human Trafficking of Minors

Although there were successes in each community that the participants discussed, they also expressed significant challenges. For example, each participant was asked about minor-aged human trafficking-specific organizations in their community, and each one expressed that there were no organizations that met those requirements. They were unaware of any in their state. In addition, five out of six participants expressed that they had no vocational requirement training incorporating human trafficking training; however, these continuing education courses were provided to the participants, but it is their choice to sign up for them. This was the same finding for trauma-informed care training. Finally, the participants expressed many challenges with additional risk factors that increased the likelihood of victimization and revictimization. Overall, there are many ways nonmetropolitan communities can improve on their fight to combat these crimes in their communities.

Community challenges. Delaware's four participants shared a common experience with a lack of human trafficking organizations specific to minor-aged survivors. Like all participants, Melissa expressed that she was "not aware" of any such organization, and David confirmed the only option for survivors is sending them to the state's "detention center." Additionally, Amanda stated that she utilizes "out of state" options that may be available. However, the Delaware participants confirmed that the state has facilities for substance abuse. Rachel stated that there are "inpatient [facilities] for treatment for psychiatric issues, but none for trafficking victims." Although some survivors may be able to utilize these other facilities, they are not equipped to address their victimization as a primary concern.

In Maryland, Brittney expressed that there are organizations to provide services to minor-aged survivors; however, they are limited in being able to "provide [services] in a different jurisdiction." Brittney confirmed that "more urban areas" provide these services, but they will not

provide them in nonmetropolitan communities because it is outside of their jurisdiction. Overall, there is a severe lack of human trafficking-specific organizations and resources for adult and minor-aged survivors in each state represented by the participants. This is a clear need in all geographical communities, not only nonmetropolitan. In addition, the participants and the survivors they support would greatly benefit from state-wide resources that transcended geographical jurisdictions.

Vocational challenges. The two main vocational training requirements discussed in this study were trauma-informed care and human trafficking-specific training and education. Because the participants in this study were all professionals employed by an organization or agency that has mandated continuing education unit (CEU) requirements, it was assumed that the professionals who work with this population were provided with vocational training and education to encompass the population they support. However, this was a great challenge for the participants, the survivors, and their communities.

Training on trauma-informed care and human trafficking was provided to each participant but only required of Brittney. She confirmed that this was a new requirement that "implemented sex trafficking training as a requirement for all [employees]" at her agency, as well as a "push for trauma-informed care," though it was not a requirement (Brittney). Mary echoed this sentiment that a main "problem is that trauma-informed therapy is not a requirement or training that the counselors received," and neither was human trafficking training. However, because the organization that Mary worked for was a domestic violence facility, "everyone in [the] department had to complete a forty-hour training about domestic violence."

In Delaware, "there is a lack of training" (Rachel) with no requirements beyond the minimal number of CEUs. Although there are trauma-informed and human trafficking trainings,

"it is up to the worker to sign up for them if it interests them" (Amanda). Specifically, Rachel was frustrated with the lack of "training on how to address the needs of human trafficking [survivors]." However, this finding does not suggest that the provided trainings are not beneficial. David expressed that the trainings on human trafficking he attended have helped him "become better at investigating [and being] involved with survivors." Therefore, it is safe to assume that these trainings are providing some benefit to the participants. However, it only scratches the surface of the potential mandated trainings for the professionals working directly with this specific population. Mandated trainings are imperative to educate the direct support professionals on how to best address and support this population of survivors and provide them with the best aftercare and resources for recovery while preventing revictimization (McMahon-Howard & Reimers, 2013).

Risk factors. The participants discussed various risk factors that presented challenges in combatting human trafficking, a lot of which are directly correlated to the risk factors for initial victimization. Specifically, these included a lack of support, substance abuse, and the continuing development of a community (Franchino-Olsen, 2019). When youth have no familial support, "it makes it a lot harder," sometimes, they are "dealt a bad hand, they did not choose to be in the situation they are in, but it is all they know" (Amanda). Recovery can be difficult for these survivors because a drastic change to the only lifestyle they know can be challenging. After experiencing a level of perceived independence, it can be complex to be "told what to do," which can result in "going back to The Life" (Melissa). Suppose these survivors entered exploitation to escape a difficult home life. In that case, victimization could be considered "better than the life they had with their family" or better than "jumping around from foster home to foster home" (Melissa).

This mentality can generate a mindset in the survivor, leading to them "being their own worst enemy" (Amanda). Another main challenge discussed by the participants was the difficulty of survivors "staying on course and not reverting back to old ways" such as "drug dependency" (David). Substance use can be used as a form of coercion and can be a "big contributor" (Rachel) to victimization (Franchino-Olsen, 2019). "Harm reduction models" and programs "to attempt to combat the war on drugs" is a good starting point for addressing this risk factor of victimization (Rachel).

Another risk factor that was discussed was the increased risk that is generated by the community. This was addressed in the form of community infrastructure with the additions of "airports and casinos" (Brittney) that increase the demand for human trafficking and the role that social media and the internet play in victimization (Chung, 2009). Parental supervision is needed in both situations, which can also be addressed by providing community education on human trafficking crimes. Amanda suggested that "parents must be more involved and have better supervision" regarding their children's internet usage. In addition, she warns that parents "cannot trust just anyone" being around their children, including "boyfriends, girlfriends, and grandparents," and suggests that "every possible parental control on the internet" is used to protect their family.

Some of these risk factors that the participants discussed are being addressed in the community, but not to the extent they could be utilized. Professionals who work with this population need mandated training, communities need more education, and more prevention methods need to be implemented to address crimes of human trafficking against youth in the community (Chilenski & Greenberg, 2015). There are various ways that nonmetropolitan communities can continue to address these crimes and generate more prevention and education

on combating human trafficking. These crimes result from a variety of risk factors, all of which need to be addressed on a larger scale to create a community with a heartbeat to protect the youth and prevent these crimes (Franchino-Olsen, 2019).

RQ2. How do professionals describe their experiences helping minor-aged survivors of human trafficking obtain their basic needs after exploitation?

Throughout the study, the participants shared an overwhelming consensus regarding some of the resources, while they differed in opinions on others. For example, there was a clear divide between the participants employed through nonprofit agencies and organizations, while the state employees described a different experience. Nonmetropolitan communities appear to have a vital source of food, water, and clothing that the participants, no matter their employer, had access to; this also transcended vocational placement as the community at large has access to these resources. However, resources were scarce when it came to shelter and psychological services. The other focused resource, education, was widely considered unimportant, except in Brittney's shared experience. The availability and challenges for each resource are discussed in further detail below.

Food and Water

In the communities that the participants represented, they shared a common theme that food and water are readily available through "food banks and food pantries" (Rachel) and "community donations" (Mary). In the rare case that food and water are not available through food banks or community donations, the agencies and organizations purchase it "from a budget" (Brittney) or complete "funding requests or use a state credit card" (Amanda). Overall, there were no challenges with obtaining food and water resources for minor-aged human trafficking survivors in nonmetropolitan communities.

Clothing

Clothing resources were discussed similarly to food and water resources; all participants shared that clothing was readily available throughout their community through "community donations" (Mary) or through "the Department of Social Services clothing vouchers" (Rachel). If clothing was not available, participants were able to provide it themselves through "personal donations" from themselves and other colleagues (Brittney) or through being "reimbursed through funding requests" (Amanda). In addition, there is "funding out there which gives [survivors] the ability to get clothing" (David), resulting in minimal challenges for the participants when assisting survivors in obtaining clothing resources.

Shelter

The participants in this study represented nonmetropolitan communities from three states, which did not provide any specific shelter for minor-aged victims of human trafficking. In Mary's case, she utilized the "domestic violence emergency shelter" attached to her organization to temporarily house minor-aged human trafficking survivors. However, all participants agreed on the complex legalities associated with assisting minor-aged children. Therefore, the main concern among all participants was not identifying shelter specific to this population but to "reunite them with their family" (Mary).

There are additional concerns that can arise when reuniting survivors with their families, such as "familial trafficking" (Amanda) and a "stable home life" (David). Sometimes they are placed in "foster care or group homes" to "ensure child safety" (Amanda). Other "RTC programs and behavioral modification programs" are also utilized by Brittney if and when she has to "remove [the survivor] from the home" these range from "instate options, but unfortunately for young girls, our options are far more limited and have dwindled" significantly over the years.

There are limited options in emergency or temporary shelters for this population of survivors. However, it is not the primary objective when assisting survivors with shelter or housing options, as "permanency with family is always the goal" (Amanda).

On the other hand, sometimes, the survivor and their family need permanent shelter, and in this case, all participants reported a lack of housing options in their communities. Although there are "some subsidized housing options, most of it is through the agricultural and poultry plants prevalent in the area" (Rachel), which is common throughout rural communities. Although this type of subsidized housing is common, it is often accompanied by "waitlists and unavailability" (Melissa), which leaves participants limited options to help survivors obtain this resource.

Education

Even though the population of survivors being studied is school-aged, the majority of participants shared that "the education component is a struggle" that is less "about the geographical area that we live in and more with the attitude of the [survivors] (Rachel). Education is not a priority because participants are more focused on "making sure that [survivor's] basic need are met" (Rachel). Although, in some cases, survivors are "still attending school" (Mary). Brittney was the only participant who was actively involved in connecting survivors to educational services through advocating for them in "re-entry meetings, IEP meetings, and 504 planning". Although ensuring survivors are receiving an education was not a priority for most participants, they shared they can provide "information on GED programs" (David) if requested by the survivor.

Although there was no challenge among participants in educational resources available to them and the survivors they support, their main challenge was survivors' attitudes towards

education; most were "not interested in going back to school" (Rachel). Changing the survivor's mindset from making money on the street to rejoining the classroom is difficult. In addition, Amanda referred to the compulsory school age, which creates a way for survivors to "sign out of school," resulting in difficulty "bridging the gap" with education. Because the survivors cannot be "forced to go" to school, "if parents are not pushing for it" (Amanda), the survivor will not attend.

Psychological Services

All participants reported a challenging experience when obtaining psychological needs for survivors. The only exception was David, who shared that the new "pilot program" that created contracts with "three mental health commissioners attached to [the] agency" can provide "on-call services" has eliminated the challenge of "immediate" psychological services. However, this does not affect the severe lack of service providers trained in trauma-informed care within his community. Rachel and Melissa's agency has a different barrier to finding providers that "meet our mental health standard in order to [maintain] accreditation" (Rachel). When they do, survivors are met with a waitlist "up to six months" long. This extensive wait for an intake appointment "absolutely contributes to revictimization (Rachel). Mary's challenge was similar in that "trauma-informed therapy is not a requirement in the training that the counselors received" at her organization, and therefore they were "not sufficient at providing adequate therapy" for survivors.

Brittney and Amanda experienced different challenges because they could provide psychological services under licensed supervision. However, Brittney expressed that "the biggest hiccup in providing mental health and psychological care is insurance," which can dictate which services are available to survivors while also creating an additional burden on families with

"copays for every session" that can quickly add up. Although Amanda did not report any challenges with insurance, she did share her main challenge with securing psychological services was the inconsistent engagement due to "lack of transportation," which can prolong services or force them to keep rescheduling." Therefore, the challenges in obtaining psychological services are a compound issue that begins with a lack of service providers who are licensed and trained in trauma-informed care and are well versed in crimes of human trafficking and a lack of infrastructure for survivors to maintain consistency in appointments. Still, then, is the ultimate barrier to psychological services, which is the survivors themselves and the "stigma with mental health providers [to] engage in services in the first place" (Rachel).

Summary

The detailed findings of this study were portrayed through theme development and responses to the research questions. In addition, chapter four introduced the study's participants and included a summary of their experience with the phenomenon. The emergent themes from the data analysis were discussed in detail and included narrative responses from the data to portray the participants' lived experiences with the phenomenon. The answers to the research questions provide a further understanding of the entire essence of the participants' overall experience through structural and textural descriptions.

Chapter 5: Conclusions

Overview

The purpose of this transcendental phenomenological study was to describe the lived experiences of nonmetropolitan professionals working with minor-aged human trafficking victims. This chapter includes a summary of the findings and a discussion comparing the results to the literature review from Chapter Two. Additionally, there is a discussion of the study's theoretical, empirical, and practical implications, along with the delimitations and limitations of the study. Finally, the chapter will conclude with recommendations for future research.

Summary of Findings

This transcendental phenomenological study sought to describe the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities. The description of the shared phenomena was captured through the demographic questionnaire and semi-structured interviews with the participants. The data was transcribed by WebEx and then double-checked by the researcher. Moustakas' (1994) methodology was used to analyze the data, which produced two main themes; 1) the participants' experiences meeting the needs of survivors, and 2) the challenges they faced meeting the needs of survivors.

Research Questions Addressed

The research questions that guided this study resulted in the development of themes aligned with Husserl's (1931) Theory of Intentionality. The primary question for this study was: What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities? This question was answered through both primary themes. The first theme, the *Participants' Experiences Meeting the Needs of Survivors*, provided

insight into the participants' work through their vocation and community. Participants were able to meet the needs of survivors with resources available through their employer or the local MDT their employer participated in, as well as available resources from the community.

The second theme, *Participants' Challenges Meeting the Needs of Survivors*, sheds light on the participants' frustrations when trying to meet the needs of survivors. The challenges they experienced stemmed from the participants' vocation and community. There was an overall lack of training and education provided by employers about the human trafficking population. The participants also faced a lack of resources available to their clients and the community.

Research Question One: What are the experiences of professionals working with minor-aged human trafficking survivors in Northeast nonmetropolitan communities?

The professionals' lived experiences working with minor-aged human trafficking survivors inter-viewed in this study shared an overall theme of being able to provide and facilitate resources to meet the basic needs of survivors and their families. However, the participants expressed a difference in the difficulty in obtaining these resources. The participants provided the survivors they supported with resources from their employer, such as food, water, and clothing, while also connecting them to resources in the community that included food, water, clothing, shelter, and educational services. In addition, the three state-employed participants could provide survivors with an immediate connection to psychological services. At the same time, the other three could only connect them to psychological services within the community.

Research Question Two: How do professionals describe their experiences helping minor-aged survivors of human trafficking obtaining their basic needs after exploitation?

The participants varied in how they described their experience working with this population. For example, the state employees shared that their access to resources was easier to obtain and more readily available. At the same time, the other participants expressed lengthy waitlists with some resources and limited availability of all resources except for food, water, and clothing. Overall, the participants shared their experience with being able to provide survivors with access to food, water, and clothing being the most accessible resources to access.

All participants shared the same experience with accessing educational resources and that it was not a priority when assisting this population. However, they all agreed that education is essential; it was not a key focus when trying to initially ensure the minor-aged survivors are stable and no longer being exploited- education can be focused on later. Although, all participants shared in their experiences that they provide educational resources when asked by the survivor.

An overwhelming theme from each participant was their community's lack of human trafficking-specific resources for survivors, especially for shelter and housing. Although the participants' main goal was to have the survivor live with their parent or another familial guardian, that is not always the case, especially when dealing with familial trafficking or unsafe home environments. Therefore, participants were left to find housing and shelter resources for survivors that did not fully meet their needs, such as foster care, group homes, or domestic violence shelters. Participants described their experiences with this as an ongoing challenge. They shared that the infrastructure in their communities was not meeting their communities' needs, especially regarding the resources they relied on to successfully do their job.

Another resource that the participants did not share a view on was psychological services. Three nonprofit employees described their experience as an increasing challenge trying to

connect survivors to local, approved, licensed therapists, resulting in a six-month wait time. However, the state employees were free to provide psychological services or had a therapist on-call 24/7 for any needs. The participants shared a common experience that the lack of medical and transportation infrastructure resulted in difficulties with survivors being able to make various appointments and keeping them based on any transportation complications.

Discussion

The purpose of this next section is to discuss the results of this study as it relates to the empirical and theoretical literature reviewed in Chapter Two. The findings of this study verified and extended the literature regarding human trafficking, Husserl's (1931) Theory of Intentionality, and Maslow's (1943) Hierarchy of Needs. This research also adds to the body of research on human trafficking and the operational infrastructure within nonmetropolitan communities.

Empirical Literature

This study on the lived experiences of professionals supporting minor-aged human trafficking survivors in nonmetropolitan communities confirmed the body of literature on the resources and infrastructure available to rural and micropolitan communities compared to metropolitan areas. Additionally, Maslow's (1943) Hierarchy of Needs was compared with the needs of minor-aged human trafficking survivors. Not only did this study corroborate with the current literature on the resource infrastructure in these communities and the Hierarchy of Needs of minor-aged human trafficking survivors, but it also added to it.

Hierarchy of Needs

There must be "effective interventions to help survivors of human trafficking exit the trafficking situation and to help them reintegrate" into society (Dell et al., 2019, p. 190). It is

clear that human trafficking occurs in all geographical locations, even though there is an increase in numbers in larger metropolitan areas because traffickers follow the money. Therefore, if there is no promise of money in nonmetropolitan areas, there will be a decrease in human trafficking. However, this does not mean that nonmetropolitan are immune to trafficking crimes against minors and, therefore, should always be prepared and equipped to address the needs of survivors, specifically minor-aged survivors, who need services and interventions for rehabilitation.

Dell et al. (2019) state that there are three stages of services needed for these survivors, which include "short-term needs at the time of rescue; ongoing needs related to recovery; and long-term needs related to reintegration" (p. 191). These three stages of services must be trauma-informed, survivor-centered, and rooted in understanding human trafficking crimes (Dell et al., 2019). However, because this study was focused on the professionals that work with minor-aged survivors in nonmetropolitan communities in the Northeast, a focus on the basic needs available through their vocation and in their community was identified.

Maslow's (1943) Hierarchy of Needs was discussed in Chapter Two, stating the basic physiological and safety needs each survivor should have access to upon exiting exploitation. An individualized approach specific to the survivor's needs, accompanied with a trauma-informed and client-centered approach, is found to be the ideal standard for recovery (Laser-Maira et al., 2019; Rafferty, 2018). These base levels of Maslow's model create a foundational level for the survivor to eventually reach self-actualization, which he believed could not be reached unless their physiological needs were met, such as food, water, clothing, and shelter (Laser-Maira et al., 2019; Maslow, 1943).

This study looked through the lens of the professionals working with minor-aged human trafficking survivors. It determined that although nonmetropolitan communities in the Northeast

have systems and resources in place to meet these basic physiological and safety needs of survivors, they lack the quantity of resources to be most efficient. For example, although housing and shelter are critical for the survivor's recovery, there are no human trafficking-specific shelters or housing options in the nonmetropolitan Northeast communities that were examined in this study (Laser-Maira et al., 2019). Therefore, the participants in this study confirmed they sought to fulfill this basic need through other means, such as reunification with family or utilizing alternative resources that were out of state or were specific to another victimized population.

Additionally, survivors of childhood exploitation need mental health services to address their trauma, specifically focusing on depression, anxiety, PTSD, and complex trauma disorders (Laser-Maira et al., 2019; Levine & Schumacher, 2017). Chapter Two discusses that the brain is complex, and trauma can significantly disrupt normal brain function (Sapolsky, 2004). Repeated, complex trauma caused by a consistent state of fight or flight can severely alter brain function and lead to a myriad of symptoms, including mood disorders, anxiety disorders, dissociative disorders, affective disorders, substance-abuse disorders, self-mutilation, and suicidality (Laser-Maira et al., 2019; Levine & Schumacher, 2017; Rafferty, 2018).

Child survivors of human trafficking "experience complex trauma" (Laser-Maira et al., 2019, p. 33). With Maslow's (1943) Hierarchy of Needs framework, professionals can identify the order of needs to address when supporting survivors. Without being able to secure the basic physiological resources, survivors are at an increased risk of continuing to suffer from mental health disorders (Countryman-Roswurm & Shaffer, 2015; Laser-Maira et al., 2019; Rafferty, 2018).

Theoretical Literature

Husserl's Theory of Intentionality (1931) provided an excellent theoretical framework to explore the professionals' lived experiences supporting minor-aged survivors in Northeast nonmetropolitan communities. As discussed in Chapter Two, Husserl (1931) determined that all intentionally lived experiences can be defined through the noematic relationship, something he referred to as the Theory of Intentionality. This study supports the current body of research on the Theory of Intentionality as it pertains to professionals in Northeast nonmetropolitan communities and their lived experience working with minor-aged human trafficking survivors. Within the noematic relationship, the noema and noesis define the intentionality of one's consciousness, identifying different parts of the lived experience. The noema encompasses the perceived essence of an experience, while the noesis defines how the essence of perception is being experienced (Moustakas, 1994). In this study, the participants' lived experiences working and supporting minor-aged survivors is the noema; while how they perceive their efforts supporting this population of survivors is the noesis. By examining this study's primary themes and subthemes, one can describe the noematic process through the participants' lens, as displayed in Figure 1.

Figure 1. Noematic Relationship
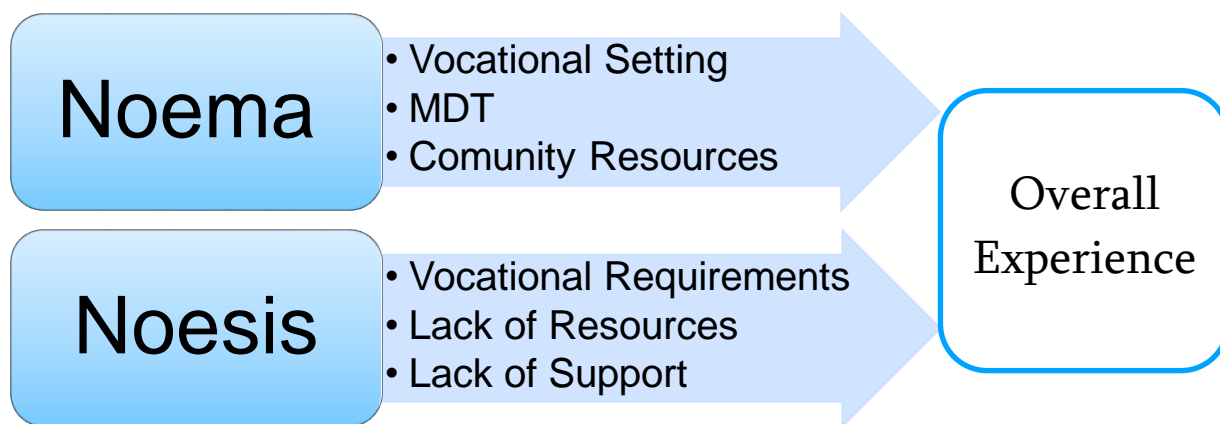
Note. Created by Danielle Thomas to show the Noematic Relationship.

Implications

The theoretical, empirical, and practical implications of this study's findings have

significance that generates further consideration. The participants' lived experiences with the

phenomenon resulted in various implications for the theories of this study. Empirically, literature

is abundant on human trafficking. However, the research is deficient when discussing how

human trafficking interventions in nonmetropolitan communities are used by the professionals

utilizing these resources for their clients. Furthermore, there is insufficient literature on the

differences between state employees and nonprofit employees and how they can provide and

obtain resources for the basic needs of this population in a nonmetropolitan community.

Although this study can add to the empirical implications of human trafficking, its practical

application is best used to provide tangible evidence for change in these communities.

Theoretical Implications

This study provided results that have theoretical implications for human trafficking

researchers and professionals working with minor-aged survivors. Using Husserl's Theory of

Intentionality (1931) and Maslow's Hierarchy of Needs (1943) to provide the framework that

allowed the descriptions of what the participants experienced when they sought to find resources

to meet the needs of survivors and how they perceived their experience. The findings of this

study show that the participants were able to secure survivors' needs, but they faced various

challenges while attempting to secure resources. These challenges varied depending on the type

of employer the participant was employed. The two primary themes and subthemes describe the

participant's noematic relationship with the phenomenon.

Noema: Meeting Needs

The physiological and safety needs defined by Maslow (1943) were the perceived experiences of the participants (Husserl, 1931). Helping meet survivors' basic needs through their vocational assignment identified how the participants secured food, water, clothing, shelter, education, and psychological services for survivors (Laser- Maira et al., 2019). Participants relied on their vocation, colleagues, and community to secure survivors' physiological and safety needs (Laser-Maira et al., 2019; Rafferty, 2018).

Noesis: Challenges Faced

The participants in this study provided insight into the differences in the services, interventions, and strategies with different types of employers, state and nonprofit, resulting in a difference in their ability to successfully address minor-aged human trafficking survivors' immediate basic needs. Although some needs like food, water, clothing, and education, were similar across all participants, there were significant differences in the wait times in which they could provide survivors with access to housing and therapeutic services. At the time of this writing, no other studies address the differences in the resources available to professionals who work for the state government compared to those who work at a nonprofit agency or organization. More specifically, no known studies identify these differences within nonmetropolitan communities with professionals who work with minor-aged human trafficking survivors.

The difference in employers implies that not every human trafficking survivor is treated equally. Depending on whom the survivor is connected with, they may face a six-month waitlist for an intake with a therapist or have access to a therapist immediately and indefinitely. These different challenges encompass the perceived essence of the phenomenon and how the participants experience it (Husserl, 1931). This difference also implies that the professional is

more inclined to work for a state employer than a nonprofit agency or organization. Complications from a lack of services available to nonprofit participants can increase frustration and burnout, impacting the professional and all the clients they are employed to help. According to Recknor et al. (2022), human trafficking is a public health policy because of the significant human rights violations that highlight the social injustice of its survivors. Because of this, additional policies and interventions must be in place to better equip all communities with resources and infrastructure to meet survivors' needs, thus, creating resources that are equal and accessible to the professionals supporting this population (Recknor et al., 2022).

Empirical Implications

This phenomenological study also had empirical implications and explored human trafficking of minors through the lens of the professional assigned to support them in Northeast nonmetropolitan communities. This study reveals what these professionals experience when working with this population in this geographical location. It also shows the differences between nonprofit and state employees. Much of the literature on minor-aged human trafficking in nonmetropolitan areas centers on sex trafficking of minors rather than other forms of trafficking (Cole & Sprang, 2015). Similarly, studies have not delved into the ability of these communities to provide services, interventions, and resources, to these minor-aged survivors and their families from the perspective of the professional worker. This study provides information on how professionals in nonmetropolitan communities are meeting the needs of minor-aged survivors. It provides information on how nonmetropolitan communities in the Northeast address and implement recovery resources; more importantly, it addresses the challenges professionals face when meeting the needs of their clients.

The professionals represented in this study have similar challenges depending on the type of vocation they are employed. As previously noted, there are significant differences in the challenges the nonprofit participants experienced compared to those employed with the state. Regardless, it is imperative for all professionals working with this population to be educated on human trafficking and trauma-informed approaches (Coughlin et al., 2020). This study's findings imply an extreme discrepancy in the resources nonprofits have in nonmetropolitan communities compared to the local government organizations. Therefore, it is negligent to assume that survivors have the same resources available to them regardless of the organization or agency they receive support. Furthermore, this implies that these differences go beyond minor-aged human trafficking survivors and impact every community member seeking resources in nonmetropolitan areas.

Therefore, this study briefly scratches the surface of deep, underlying, systematic challenges intertwined throughout nonmetropolitan communities (Cole & Sprang, 2015). These systematic shortcomings directly impact community members. However, the professionals most significantly impacted are those working in positions to provide or obtain resources for their community members (Duncan & DeHart, 2019). Any systematic shortcomings create additional challenges in employee retention and burnout.

Practical Implications

This study found no universal mandates for training and educating professionals on human trafficking or trauma-informed training. Therefore, the practical implications of this study are to implement a universal training and education mandate for all professionals who work directly with minor-aged survivors of any form of trauma. Additionally, professionals in all

fields who work directly with children must be educated on identifying signs of human trafficking and trained in reporting these crimes both from a state and federal level.

Another practical implication is to ensure all survivors have access to the same resources no matter what professional they are working with, someone in the nonprofit sector or someone working for the state. Survivors need access to resources to meet their basic needs regardless of the organization affiliation they are connected with; because most professionals in nonmetropolitan communities are all connected through an MDT, survivors need unlimited access to resources to eliminate the nonprofit's challenge of lengthy waitlists. Because these communities are smaller and more professionally connected, there is no practical implication that these survivors should not have access to multiple professionals, thus expanding their access to resources to meet their basic needs. Local politics and organizational protocols should not get in the way of survivors meeting their needs; if they do, these communities must address these flaws from a trauma-informed, survivor-centered approach.

Additionally, there is a practical implication for rural and micropolitan communities to improve their medical infrastructure and public transportation to provide and better equip the survivors traveling to and from crucial appointments that are imperative to their recovery and rehabilitation. Assuming that survivors can actively rehabilitate without ensuring access to necessary resources is unrealistic.

Christian Worldview

In Genesis, the story of Joseph is told; it is one of the earliest documented stories of human trafficking that describes the greediness of brothers who willingly sold their youngest brother "to the Ishmaelites for twenty pieces of silver" (Genesis 37:28 NRSV). According to today's definition of human trafficking, the selling of Joseph was familial trafficking, and he was

sold into a life of slavery (Texas Baptists, 2015). Throughout Joseph's time being enslaved, he experienced many trials and tribulations, but God used these challenges and ordained his journey to fulfill a greater purpose. During his enslavement, Joseph cultivated all of the knowledge and skills "God intended for good to preserve a numerous people" (Genesis 50:20, NRSV). God used Joseph's enslavement to provide food for the people of Egypt, the descendants of Israel, and his own family, who sold him many years ago (Texas Baptists, 2015). Paul says in Romans 8, "And we know that in all things God works for the good of those who love him, who have been called according to his purpose" (Romans 8:28, NIV), but it is with the physical effort from the hands and feet of Jesus Christ that this good can be accomplished. The Lord uses his disciples as the tools to fulfill His promises to confront and prevent the suffering of humanity (Texas Baptists, 2015).

Like Joseph, all trafficking survivors have the potential to make a significant change in their community and around the world. Minor-aged survivors have their whole adulthood ahead of them; with the right interventions, services, and professionals who advocate for their complete rehabilitation, they have the same potential Joseph did- to leave a lasting impact on an entire nation. However, this potential cannot be reached without the necessary interventions and resources to fulfill the survivor's basic needs and assist them in rehabilitation. Unfortunately, as the findings of this study show, these basic resources are not readily available to survivors in nonmetropolitan areas. Furthermore, they are not reasonably available to all types of professionals that assist these survivors, leaving a lack of services, resources, and interventions in the professional realm. Without treating all these professionals equally and providing quick and streamlined services for survivors, their Joseph potential is limited.

Although resources within nonmetropolitan communities are scarce, the Body of Christ is not. Churches are located all over rural and micropolitan areas and can be utilized as a resource within their communities. The church building can be a resource for food, water, and clothing donations for those in need, regardless of membership. Additionally, churches can provide human trafficking awareness and education for their congregation and youth ministries. Providing voluntary education opportunities can help spread awareness and educate on warning signs of human trafficking to mitigate the number of human trafficking exploitations within their community.

It is easy to identify that Christians are called to condemn the act of slave trading, as stated in 1 Timothy:

> "Now we know that the law is good, if one uses it legitimately. This means understanding that the law is laid down not for the innocent but for the lawless and disobedient, for the godless and sinful, for the unholy and profane, for those who kill their father or mother, for murderers, fornicators, sodomites, slave traders, liars, perjurers, and whatever else is contrary to the sound teaching that conforms to the glorious gospel of the blessed God, which he entrusted to me" (1 Timothy 1:8-11, NRSV).

Not only is slave trading against Biblical law, but so is fornication associated with forms of human trafficking and lying, which is also a key factor within the force, fraud, and coercion of grooming targets of traffickers (Texas Baptists, 2015). Furthermore, at the beginning of the Bible, God declares that all humans are created in his likeness, "So God created man in his own image, in the image of God he created him; male and female he created them" (Genesis 1:27, ESV). Therefore, coupled with the findings of this study, all survivors of trafficking must have access to the same resources in a timely and streamlined fashion, meaning that all professionals

who work directly with these survivors must have access to the same resources no matter their employer. For these professionals to successfully support minor-aged human trafficking survivors, they must also be fully equipped with training and education on the nature of the crime and the trauma-informed, survivor-centered interventions best for this population.

However, one main challenge with churches fulfilling the role of being a resource to survivors and the professionals who work with them is the "scourge of sexual sin consuming it from within" (Brumley, 2022). Over the past ten years, there has been a significant increase in survivors who have exposed church officials of sexual abuse and covering up sexual abuse. This reported abuse has been especially prevalent in the Catholic Church and the Southern Baptist Convention. Therefore, it would be hypocritical to encourage the church to be a resource for human trafficking survivors without first addressing the hidden sexual sins from inside the church. Brumley confirms that churches have been slow to implement education and training on human trafficking because of the fear it will expose sexual abuse, pornography addiction, and adultery that are common throughout congregations.

Through survivors' reports of the church's sexual abuse, it is clear that predators are lurking in churches and grooming children for their sinful desires. The church needs to implement regulations to help eliminate predators' ease of access to children. Background checks for all staff and volunteers are an excellent place to start, but they are not always foolproof. Adhering to a two-adult to one-child ratio for all childcare can help eliminate any opportunity for victimization and help maintain accountability among all staff and volunteers. This two-to-one ratio is essential when taking children and youth groups to overnight camps or events.

Although there are strategies that the church can implement to help eliminate sexual abuse and exploitation from within their congregation, no church is free from these sins. For the

church to be a resource for their community and the human trafficking survivors they have the potential to serve, they cannot do it without first addressing their internal sins and the culture of secrecy that has led to systematic abuse throughout the nation.

Delimitations and Limitations

The delimitations of this study were included in the participants' lived experiences with the phenomenon and were incorporated into the study's eligibility. All participants must have been over the age of 18 and working in a nonmetropolitan area. In addition, they were required to have a minimum of six months of experience working with minor-aged survivors of human trafficking in this geographical region, helping them obtain resources to meet their basic needs such as food, water, clothing, shelter, education, and psychological services. There were no delimitations on gender, ethnicity, social class, or education credentials.

Because this study was a qualitative phenomenological research design, it brought limitations that were embedded into the core of the design. One primary example of this was the role of the researcher. Even though Moustakas' (1994) Epoche process was practiced to rid the researcher of any bias, it is impossible not to have at least a minimal degree that seeps through. For example, although the researcher had no lived experience with human trafficking, nor had she ever worked directly with survivors of human trafficking of any age, she did reside in a rural area which impacted her understanding of the lack of resources within the community. However, through Epoche, especially during the primary data analysis instrument, the emergent themes were formed based on the unbiased perception and absorption of the participants' lived experience with the phenomenon.

An additional limitation of this study's design was the transferability. Even though efforts were taken to triangulate the data to ensure any future reconstruction of the study's experience

would be accurate, without being able to conduct a separate study with a different group of

participants from various nonmetropolitan regions of the country resulted in an inability to

ensure the results of this study are similar in experience to other contexts without total certainty.

Other limitations to this study were the geographical locations that the participants

represented. Four out of six participants resided in Delaware, with one in Maryland and one in

Pennsylvania. Although the tristate region was represented, having a limited number of

participants from Maryland and Pennsylvania resulted in a lack of fully grasp the lived

phenomenon of professionals working in these areas like the Delaware participants were able to

provide. Additionally, there was only one male who participated in this study. Therefore, any

conclusion regarding the relationship between gender and the phenomenon is unsubstantiated.

The sample size in qualitative research is typically smaller than in quantitative studies

and focuses on obtaining significant information on a particular phenomenon and understanding

the why of the experience. The researcher conducted six interviews with participants with

varying backgrounds, geographical representations, and experiences with minor-aged human

trafficking survivors. However, a limitation of this study is the total number of interviews

conducted with participants (Creswell, 1998). For a phenomenological study, Creswell (1998)

suggests having between five and 25 participants, while Morse (1994) encourages researchers to

have no less than six total participants (Mason, 2010). After the researcher analyzed the data

from the six participants, she determined that a point of saturation was reached in the data

collection process and that additional research participants were not needed (Hyde, 2003).

Saturation is defined as continuously sampling data until no new information is derived

and repetition has occurred (Bowen, 2008; Strauss & Corbin, 1990). Hyde (2003) defines

saturation of the data when coding and analysis are complete and the theme has been "adequately

explained" (p. 48); therefore, the researcher collected data from the participants until the

thematic saturation was cultivated (Saldaña, 2016; Strauss & Corbin, 1990). After collecting data

from the demographic surveys and the initial interview, the researcher determined that additional

participants and more sampling data would not lead to further theoretical insight regarding the

phenomenon.

Another limitation of this study was the researcher's realm of influence and perceived

bias of the resources available to the geographical location being studied due to her previous

vocational experiences and must be considered as a limiting factor to the study. To further

minimize the limitations of this study, the researcher appropriately utilized epoché and

mindfulness during data collection and analysis.

Recommendations for Future Research

This study fulfilled a gap in the research but was limited to the transferability within the

larger population. Replicating this study will help determine if the findings are transferable

throughout nonmetropolitan communities in the United States. To uphold the study's core

purpose, any attempts to repeat this research design should uphold this study's delimitations to

establish a participant group that experienced the phenomenon. However, it is recommended that

future replications of this study be completed in other regions outside the mid-Atlantic.

Expanding this sample population to include participants who represent nonmetropolitan

communities throughout the United States would assist in determining if the study's findings are

unique to the mid-Atlantic region.

The phenomenon of professionals seeking to obtain resources to meet the basic needs of

survivors residing in nonmetropolitan areas were explored in this study. Through this, the

notable finding of the differences between nonprofit and state employees was identified through the data analysis. Additional insight into the differences between these two types of employers and the resources they access in nonmetropolitan communities across the country would provide crucial insight into how their lived experiences differ with the phenomenon.

Lastly, research on professionals who work with any age trafficking survivor should be examined to identify their lived experience with burnout, secondary trauma, and compassion fatigue and how these factors impact their longevity within their vocational commitments. Furthermore, identifying the mandated therapeutic requirements of these professionals to combat and address these factors would provide critical insight into the human services field. These studies could be done through a qualitative or quantitative lens to provide additional details into how nonmetropolitan communities operate.

Summary

This transcendental phenomenological study described the lived experiences of professionals working in nonmetropolitan communities and how they could assist minor-aged survivors in obtaining resources to meet their basic needs. The basic needs of this study were adapted from Maslow's Hierarchy of Needs (1943). The participants' explanation of their lived experiences provided an acute understanding of the phenomenon, providing insight for being cognizant of how the implications of this study could be adapted into practice and go beyond filling a gap in the literature. A prime example is to implicate mandated trauma-informed training and human trafficking education for all professionals working with minor-aged human trafficking survivors.

The findings of this study showed that resources for basic needs were available in nonmetropolitan communities. However, they were not equally available to all participants. The

differences in challenges that the participants faced were seen through the type of employer they worked for, either for the state or a nonprofit agency or organization. These results imply that not every minor-aged human trafficking survivor in nonmetropolitan communities is treated equally, and quick and streamlined services and interventions depend on the professional with whom they are connected. Additionally, it can be implied that nonprofit professionals experience a higher rate of burnout when faced with a lack of services and an increased wait time to connect with their clients. Therefore, it can also be implied that nonprofit agencies and organizations have a higher employee turnover rate due to the additional challenges they face, resulting in decreased job retention in the nonprofit sector.

To empower the professionals that work with human trafficking survivors of any age, specifically minors, nonmetropolitan regions must be equipped with the proper infrastructure to meet the needs of their communities. This includes additional and reliable forms of public transportation; medical infrastructure that can withstand the quantity of community members and the medical necessities for all forms of trauma and victimization; and housing and shelter needs to maintain a reasonable waitlist and the ability to provide residential and inpatient programs to populations within their communities.

Not only do these findings have the potential to provide nonmetropolitan communities with an improved way of addressing human trafficking, but they provide a deeper insight into the cracks in various systems that are all designed to work together in harmony (housing, transportation, medical, human services, and education). These systems are put in place to create the ability to address the needs of a community. However, if done incorrectly or an issue is not fixed, the systems work against each other to create chaos and disparity, from the community member to the professional employed to provide support. Because society is continuously

changing and evolving, these systems must do the same; they are not equipped to maintain support without being evaluated and reconstructed to continuously provide the best services they can to the community they are designed to serve.

It is audacious to assume that one community model is exclusive to all communities. Nonmetropolitan communities must be able to evaluate and adapt policies, programs, and interventions, that are best equipped for them. This design will differ from a large metropolitan community that can house more resources for services, interventions, and various programs. Therefore, studies like this one are imperative to understand the true operations of nonmetropolitan communities, the professionals that work in them, and the community members they serve; minor-aged human trafficking survivors are only one of many populations that are underserved in these communities, and more studies must be completed to enhance the way of life in these geographical regions. By identifying the challenges and implementing a new design for these communities, a better future is within reach.

References

Ainsworth, M.D. (1964). Patterns of attachment behavior shown by the infant in interaction with his mother. *Merrill-Palmer Quarterly, 10*, 51-58.

Albanese, J. (2007). Commercial sexual exploitation of children: What do we know and what do we do about it? Retrieved from http://www.ncjrs.gov/pdfFiles1/nij/215733.pdf

Albright, K., Greenbaum, J., Edwards, S., & Tsai, C. (2020). Systematic review of facilitators of, barriers to, and recommendations for healthcare services for child survivors of human trafficking globally. *Child Abuse & Neglect*, *100*, 104289. doi: 10.1016/j.chiabu.2019.104289

Allen, B., & Hoskowitz, N. A. (2017). Structured trauma-focused CBT and unstructured play/experiential techniques in the treatment of sexually abused children: A field study with practicing clinicians. *Child Maltreatment, 22*(2), 112–120. https://doi.org/10.1177/1077559516681866.

Anderson, D. J. (2003). The impact on subsequent violence of returning to an abusive partner. *Journal of Comparative Family Studies, 34*(1), 93-112.

Anfara, V. A. Jr., & Mertz, N. T. (2014). *Theoretical frameworks in qualitative research.* Sage Publications.

Baldwin, S. B., Fehrenbacher, A. E., & Eisenman, D. P. (2015). Psychological coercion in human trafficking: An application of bidermans framework. *Qualitative Health Research, 25*(9), 1171–1181. https://doi.org/10.1177/1049732314557087.

Barnett, C., & Mencken, F. C. (2009). Social disorganization theory and the contextual nature of crime in nonmetropolitan counties. *Rural Sociology, 67*(3), 372–393. https://doi.org/10.1111/j.1549-0831.2002.tb00109.x.

Beyrer, C., & Stachowiak, J. (2003). Health consequences of trafficking of women and girls in southeast Asia. *The Brown Journal of World Affairs, 10*(1), 105–117. Retrieved from http://jstor.reed.edu/stable/pdf/24590597.pdf.

Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. Q*ualitative Research, 8*, 138-152.

Bowlby, J. (1982). *Attachment* (2nd ed.). New York, NY: Basic Books.

Braithwaite, J. (2015). Sexual violence in the backlands: Toward a macro-level understanding of rural sex crimes. *Sexual Abuse: Journal of Research and Treatment, 27*(5), 496–523. https://doi.org/10.1177/1079063214521471.

Breuer, G. J. (2019). Human trafficking awareness in the emergency care setting. *Journal of Emergency Nursing, 45*(1), 67–75. https://doi.org/10.1016/j.jen.2018.11.011.

Brumley, J. (2022). The church cannot speak against sex trafficking until it admits its own abuse problems, author says – Baptist News Global. https://baptistnews.com/article/the-church-cannot-speak-against-sex-trafficking-until-it-admits-its-own-abuse-problems-author-says/#.YuFUeC-B30o

Brunson, W., Coolsen, P., Ford, K., Crank, K., Goodman, M., Junck, A., Komisar, M., Lee, E., Laurence, J., Marks, D., Martin, J., Mazur, R., Price, D., Weller, S. & Abraham, C.

(2014). *A guide to human trafficking for state courts*. Denver, Colorado: Human

Trafficking and the State Courts Collaborative.

Bryant-Davis, T., & Tummala-Narra, P. (2017). Cultural oppression and human trafficking:

Exploring the role of racism and ethnic bias. *Women and Therapy, 40*(1–2), 152–169.

https://doi.org/10.1080/02703149.2016.1210964.

Buckingham, E. and Daniolos, P. (2013). Longitudinal outcomes for victims of child abuse.

Current Psychiatry Reports, 15(2).

Bureau, U. (2018). Geography program | Urban and rural. https://www.census.gov/programs-

surveys/geography/guidance/geo-areas/urban-rural.html.

Bush, M., (2010). Compulsory school age requirements. ECS.

https://www.ncsl.org/documents/educ/ECSCompulsoryAge.pdf

Centers for Disease Control and Prevention. (2022). Sex Trafficking.

https://www.cdc.gov/violenceprevention/sexualviolence/trafficking.html

Chesnay, M. D. (2013). Psychiatric-mental health nurses and the sex trafficking pandemic.

Issues in Mental Health Nursing, 34, 901–907. doi:10.3109/01612849.2013.857200

Chilenski, S. M., & Greenberg, M. T. (2009). The importance of the community context in the

epidemiology of early adolescent substance use and delinquency in a rural sample.

American Journal of Community Psychology, 44(3), 287–301.

https://doi.org/10.1007/s10464-009-9258-4.

Chilenski, S. M., Syvertsen, A. K., & Greenberg, M. T. (2015). Understanding the link between social organization and crime in rural communities. *Journal of Rural and Community Development, 10*(1), 109–127.

Chisolm-Straker, M., Sze, J., Einbond, J., White, J., & Stoklosa, H. (2019). Screening for human trafficking among homeless young adults. *Children and Youth Services Review, 98*(September 2018), 72–79. https://doi.org/10.1016/j.childyouth.2018.12.014.

Chung, R. C. Y. (2009). Cultural perspectives on child trafficking, human rights & social justice: A model for psychologists. *Counselling Psychology Quarterly, 22*(1), 85–96. https://doi.org/10.1080/09515070902761230.

Cloitre, M., Stovall-McClough, K., Nooner, K., Zorbas, P., Cherry, S., Jackson, C., Gan, W. & Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. *American Journal of Psychiatry, 167*(8), pp.915-924.

Cockbain, E., & Bowers, K. (2019). Human trafficking for sex, labour and domestic servitude: How do key trafficking types compare and what are their predictors? *Crime, Law and Social Change.* https://doi.org/10.1007/s10611-019-09836-7.

Cohen, Judith A., Mannarino, Anthony P., & Deblinger, Esther. (2017). *Trauma focused CBT for children and adolescents.* New York, NY: Guilford Press.

Cole, J. (2018). Service providers' perspectives on sex trafficking of male minors: Comparing background and trafficking situations of male and female victims. *Child and Adolescent Social Work Journal, 35*(4), 423–433. https://doi.org/10.1007/s10560-018-0530-z.

Cole, J., & Sprang, G. (2015). Sex trafficking of minors in metropolitan, micropolitan, and rural

    communities. *Child Abuse and Neglect, 40*, 113–123.

    https://doi.org/10.1016/j.chiabu.2014.07.015.

Cole, J. & Sprang, G. (2018). Familial sex trafficking of minors: Trafficking conditions, clinical

    presentation, and system involvement. *Journal of Family Violence, 33*(3), 185–195.

    https://doi.org/10.1007/s10896-018-9950-y.

Cole, J., Sprang, G., Lee, R., & Cohen, J. (2016). The trauma of commercial sexual exploitation

    of youth: A comparison of CSE victims to sexual abuse victims in a clinical sample.

    Journal of Interpersonal Violence, 31(1), 122–146. https ://doi.org/10.1177/08862 60514

    55513 3.

Contreras, P. M., Kallivayalil, D., & Herman, J. L. (2017). Psychotherapy in the aftermath of

    human trafficking: Working through the consequences of psychological coercion. *Women*

    and Therapy, 40(1–2), 31–54. https://doi.org/10.1080/02703149.2016.1205908.

Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative

    research. *Oncology Nursing Forum*, *41*(1), 89–91. https://doi.org/10.1188/14.ONF.89-

    91.

Coughlin, C., Greenbaum, J., & Titchen, K. (2020). Educating paediatric health-care providers

    about human trafficking. *Journal of Paediatrics and Child Health*, *56*(9), 1335-1339. doi:

    10.1111/jpc.15116

Countryman-Roswurm, K. I., & Shaffer, V. A. (2015). 'It's more than just my body that got

    hurt:' The psychophysiological consequences of sex trafficking. *Journal of Trafficking,*

    Organized Crime and Security, 1(1), 1-8.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications, Inc.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. (3rd ed.). Los Angeles, CA: SAGE Publications.

Creswell, J. W. & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Cunningham, K. C., & Cromer, L. D. M. (2016). Attitudes about human trafficking: Individual differences related to belief and victim blame. *Journal of Interpersonal Violence, 31*(2), 228–244. https://doi.org/10.1177/0886260514555369.

Davy, D. (2016). Anti-human trafficking interventions: How do we know if they are working? *American Journal of Evaluation.* 1-19. https://doi.org/10.1177/1098214016630615.

Dell, N. A., Maynard, B. R., Born, K. R., Wagner, E., Atkins, B., & House, W. (2019). Helping survivors of human trafficking: A systematic review of exit and postexit interventions. *Trauma, Violence, and Abuse, 20*(2), 183–196. https://doi.org/10.1177/1524838017692553.

Department of State. (2021). Trafficking in persons report. https://www.state.gov/wp-content/uploads/2021/09/TIPR-GPA-upload-07222021.pdf

Domhardt, M., Münzer, A., Fegert, J. M., & Goldbeck, L. (2015). Resilience in survivors of child sexual abuse: A systematic review of the literature. *Trauma, Violence, and Abuse, 16*(4), 476–493. https://doi.org/10.1177/1524838014557288.

Donnermeyer, J. F. (2015). The social organisation of the rural and crime in the United States: Conceptual considerations. *Journal of Rural Studies, 39*, 160–170. https://doi.org/10.1016/j.jrurstud.2014.11.014.

Dukes S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion and Health*, *23*(3), 197–203. https://doi.org/10.1007/BF00990785

Duncan, A., & DeHart, D. (2019). Provider perspectives on sex trafficking: Victim pathways, service needs, & blurred boundaries. *Victims and Offenders*, *14*(4), 510-531. doi: 10.1080/15564886.2019.1595241.

Dutton, D.G., & Painter S.L. (1981). Traumatic bonding: The development of emotional attachment in battered women and other relationships of intermittent abuse. *Victimology: An International Journal, 6,* 139-155.

Edwards, M., Torgerson, M., & Sattem, J. (2009). Paradoxes of providing rural social services: The case of homeless youth. *Rural Sociology*, *74*(3), 330-355. doi: 10.1526/003601109789037204

Fedina, L., Williamson, C., & Perdue, T. (2016). Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence*. *34*(13), 2653-2673. https://doi.org/10.1177/0886260516662306

Felitti, M. D., Vincent, J., Anda, M. D., Robert, F., Nordenberg, M. D., Williamson, M. S., … Edwards, B. A. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258. http://www.sciencedirect.com/science/article/pii/S0749379798000178.

Fossion, P., Leys, C., Kempenaers, C., Braun, S., Verbanck, P. & Linkowski, P. (2014). Beware of multiple traumas in PTSD assessment: The role of reactivation mechanism in intrusive and hyper-arousal symptoms. *Aging & Mental Health*, *19*(3), 258-263.

Fouladvand, S., & Ward, T. (2019). Human trafficking, vulnerability and the state. *The Journal of Criminal Law, 83*(1), 39–54. https://doi.org/10.1177/0022018318814373.

Franchino-Olsen, H. (2019). Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systematic review of risk factors. *Trauma, Violence, and Abuse.*1-13 https://doi.org/10.1177/1524838018821956

Friedman, M. J., Keane, T. M., & Resick, P.S. (2014). *Handbook of PTSD: Science and practice* (2nd Edition). New York: Guilford.

Friedman, P. (2004). *Meeting the Challenge of Social Service Delivery in Rural Areas*. W.K. Kellogg Foundation. https://www.wkkf.org/news-and-media/article/2004/02/meeting-the-challenge-of-social-service-delivery-in-rural-areas

Gallagher, S. (2012). *Phenomenology*. Houndmills, Basingstoke, England: New York: Palgrave Macmillan.

Gibbons, P., & Stoklosa, H. (2016). Identification and treatment of human trafficking victims in the emergency department: A case report. *Journal of Emergency Medicine, 50*(5), 715–719. https://doi.org/10.1016/j.jemermed.2016.01.004.

Gil, A., Gama, C., de Jesus, D., Lobato, M., Zimmer, M., & Belmonte-de-Abreu, P. (2009). The association of child abuse and neglect with adult disability in schizophrenia and the prominent role of physical neglect. *Child Abuse & Neglect, 3*3(9), 618-624.

Goldberg, A., & Moore, J. (2018). Domestic minor sex trafficking. *Child and Adolescent Psychiatric Clinics of North America, 27*(1), 77–92. https://doi.org/10.1016/j.chc.2017.08.008

Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your "house." *Administrative Issues Journal: Education, Practice & Research, 4(*2), 12–26. https://doi-org.ezproxy.liberty.edu/10.5929/2014.4.2.9

Greer, B., & Dyle, S. (2014). Balancing the equity of mental health injuries: Examining the "trauma exception" for sex trafficking T-VISA applicants. *In International Journal of Migration, Health and Social Care* (10). https://doi.org/10.1108/IJMHSC-11-2013-0042.

Greenbaum, J., & Crawford-Jakubiak, J. E. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics, 135*(3), 566–574. https://doi.org/10.1542/peds.2014-4138.

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3*(1), 42-55.

Hachey, L. M., & Phillippi, J. C. (2017). Identification and management of human trafficking victims in the emergency department. *Advanced Emergency Nursing Journal, 39*(1), 31–51.

Hanson, R. F., & Wallis, E. (2018). Treating victims of child sexual abuse. *American Journal of Psychiatry*, *175*(11), 1064–1070. https://doi.org/10.1176/appi.ajp.2018.18050578

Hargreaves-Cormany, H. A., & Patterson, T. D. (2016). Characteristics of survivors of juvenile sex trafficking: Implications for treatment and intervention initiatives. *Aggression and Violent Behavior, 30*, 32–39. https://doi.org/10.1016/j.avb.2016.06.012.

Husserl, E. (1931). *Ideas* (W. R. Boyce Gibson, Trans.). London: George Allen & Unwin.

Hyde, C.A. (2003). Multicultural organization development in nonprofit human service agencies: Views from the field. *Journal of Community Practice 11*(1): 39–59.

Jacobs, G. A. (2016). *Community-based psychological first aid: A practical guide to helping individuals and communities during difficult times.* Oxford, UK: Butterworth-Heinemann.

Judge, A. M. (2018). Uncharted waters: Developing mental health services for survivors of domestic human sex trafficking. *Harvard Review of Psychiatry, 26*(5), 287–297. https://doi.org/10.1097/HRP.0000000000000196.

Judge, A. M., Murphy, J. A., Hidalgo, J., & Macias-Konstantopoulos, W. (2018). Engaging survivors of human trafficking: Complex health care needs and scarce resources. *Annals of Internal Medicine, 168*(9), 658–663. https://doi.org/10.7326/M17-2605.

Kaplan, D., & Kemp, K. (2015). Domestic minor sex trafficking: An emerging health crisis. *CABL, 21*(7), 4–7. https://doi.org/10.1002/cbl.20232.

Kolski, T., Jongsma, A., & Myer, R. (2014). *The crisis counseling and traumatic events treatment planner, with DSM-5 updates.* 2nd ed. Hoboken, New Jersey: John Wiley & Sons, Inc.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 120-124.

LaConte, G. (2018). *The 4 Responses to Fear as a Leader*. LaConte Consulting. https://laconteconsulting.com/2018/12/16/the-4-responses-to-fear-as-a-leader/

Lamb-Susca, L., & Clements, P. T. (2018). Intersection of human trafficking and the emergency department. *Journal of Emergency Nursing, 44*(6), 563–569. https://doi.org/10.1016/j.jen.2018.06.001.

Laser-Maira, J. A., Peach, D. M., & Hounmenou, C. E. (2019). Moving towards self-actualization: A trauma-informed and needs-focused approach to the mental health needs of survivors of commercial child sexual exploitation. *International Journal of Social Work, 6*(2), 27.

Lazzarino, R., Wright, N., & Jordan, M. (2022). Mental healthcare for survivors of modern slavery and human trafficking: A single point-in-time, Internet-based scoping study of third sector provision. *Journal of Human Trafficking*, 1-18. DOI:10.1080/23322705.2021.2024043

Le, P. D. (2017). Reconstructing a sense of self: Trauma and coping among returned women survivors of human trafficking in Vietnam. *Qualitative Health Research, 27*(4), 509–519. https://doi.org/10.1177/1049732316646157.

Lennox, R., Lamarche, L., Martin, L., Tim O'Shea, Belley-Côté, E., Cvetkovic, A., Virag, O., & Whitlock, R. (2021). The second heart program—A multidisciplinary team supporting people who inject drugs with infective endocarditis: Protocol of a feasibility study. *PLoS One, 16*(10) https://doi.org/10.1371/journal.pone.0256839

Leslie, J. (2018). Human trafficking: Clinical assessment guideline. *Journal of Trauma Nursing, 25*(5), 282–289. https://doi.org/10.1097/JTN.0000000000000389.

Levers, L. L. (2012). *Trauma counseling: Theories and interventions.* New York, NY: Springer Publishing Company.

Levine, J., & Schumacher, U. (2017). Mental health issues in survivors of sex trafficking. *Cogent Medicine*, *4*(1), 1278841. doi: 10.1080/2331205x.2017.1278841

Lewis-Beck, M. S., Bryman, A., & Liao, T. F. (2004). Qualitative research. *The SAGE Encyclopedia of Social Science Research Methods*. *1,* 893-894). SAGE Publications, Inc., https://dx.doi.org/10.4135/9781412950589.n783

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry.* Sage Publications, Inc.

Litam, S. D. A. (2017). Human sex trafficking in America: What counselors need to know. *The Professional Counselor, 7*(1), 45–61. https://doi.org/10.15241/sdal.7.1.45

Luttrell, T. (2019). *Human trafficking and major sporting events: The dark side of the super bowl*. ACAMS Today. https://www.acamstoday.org/human-trafficking-and-major-sporting-events-the-dark-side-of-the-super-bowl/

Markowitz, S. (2018). *Marinus analytics finds sex trafficking surging online after backpage.com shutdown.* Marinus Analytics. https://www.marinusanalytics.com/articles/2018/11/1/current-us-escort-ad-activity-has-surpassed-the-volume-we-saw-on-backpage-before-the-shutdown

Martin, B. (2019). *SERVE Intensive*.

Martinez, O., & Kelle, G. (2013). Sex trafficking of LGBT individuals: A call for service provision, research, and action. *International Law News, 42*(4), 1–6.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396. http://dx.doi.org.ezproxy.liberty.edu/10.1037/h0054346.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *11*(3), Art. 8, doi: 10.17169/fqs-11.3.1428

McCall-Hosenfeld, J. S., Mukherjee, S., & Lehman, E. B. (2014). The prevalence and correlates of lifetime psychiatric disorders and trauma exposures in urban and rural settings: Results from the national comorbidity survey replication (NCS-R). *PLoS ONE, 9*(11). https://doi.org/10.1371/journal.pone.0112416.

McCarthy, C., & Marshall, J. (2018). The role of the nurse leader in battling human trafficking in rural hospitals in Texas. *Nurse Leader, 16*(6), 375–378. https://doi.org/10.1016/j.mnl.2018.07.013.

McMahon-Howard, J., & Reimers, B. (2013). An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC). *Evaluation And Program Planning*, *40*, 1-9. doi: 10.1016/j.evalprogplan.2013.04.002

Mills, G., & Gay, L., (2019). *Educational research: Competencies for analysis and applications*. 12th ed. New York, NY: Pearson Education, Inc, pp.2-681.

Moore, J. L., Houck, C., Hirway, P., Barron, C. E., & Goldberg, A. P. (2017, April 1).

Trafficking experiences and psychosocial features of domestic minor sex trafficking

victims. J*ournal of Interpersonal Violence*. https://doi.org/10.1177/0886260517703373.

Moran, D. (2000). *Introduction to phenomenology*. Routledge, London

Morse, J. M. (1994). Designing funded qualitative research. In Norman K. Denzin & Yvonna S.

Lincoln (Eds.), *Handbook of qualitative research* (2nd ed) 220-35. Thousand Oaks, CA:

Sage.

Moustakas, C.E. (1994). *Phenomenological research methods*. Thousand Oaks, Calif: Sage.

Munsey, S., Miller, H. E., & Rugg, T. (2018). Generate hope: A comprehensive treatment model

for sex-trafficked women. *Journal of Evidence-Informed Social Work, 15*(4), 420–431.

https://doi.org/10.1080/23761407.2018.1467809.

Naramore, R., Bright, M. A., Epps, N., & Hardt, N. S. (2017). Youth arrested for trading sex

have the highest rates of childhood adversity: A statewide study of juvenile offenders.

Sexual Abuse: Journal of Research and Treatment, 29(4), 396–410.

https://doi.org/10.1177/1079063215603064

National Center for Education Statistics. (2017). State Education Practices.

https://nces.ed.gov/programs/statereform/tab1_2-2020.asp

National Human Trafficking Hotline. (2022). Hotline statistics.

https://humantraffickinghotline.org/states

O'Connor, M., & Healy, G. (2006). The links between prostitution and sex trafficking: A briefing handbook. http://www.catwinternational.org/Home/Article/175-the-links-between-prostitution-and-sex- trafficking-a-briefing-handbook

Osgood, D. W., & Chambers, J. M. (2006). Social disorganization outside the metropolis: An analysis of rural youth violence. *Criminology, 38*(1), 81–116. https://doi.org/10.1111/j.1745-9125.2000.tb00884.x.

Oster, G. (2016). The history of human trafficking. https://hankeringforhistory.com/the-history-of-human-trafficking/

Ottisova, L., Smith, P., Shetty, H., Stahl, D., Downs, J., & Oram, S. (2018). Psychological consequences of child trafficking: An historical cohort study of trafficked children in contact with secondary mental health services. *PloS One, 13*(3), e0192321. https://doi.org/10.1371/journal.pone.0192321.

Palusci, V., & Ilardi, M., (2019). Risk factors and services to reduce child sexual abuse recurrence. *Child Maltreatment, 25*(1), pp.106-116.

Pascual-Leone, A., Kim, J., & Morrison, O. P. (2017). Working with victims of human trafficking. *Journal of Contemporary Psychotherapy, 47*(1), 51–59. https://doi.org/10.1007/s10879-016-9338-3.

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. Thousand Oaks, CA: SAGE.

Perkins, E. B., & Ruiz, C. (2017). Domestic minor sex trafficking in a rural state: Interviews with adjudicated female juveniles. *Child and Adolescent Social Work Journal, 34*, 171-180. https://doi10.1007/s10560-016-0455-3.

Polaris. (2020). U.S. national human trafficking hotline statistics https://polarisproject.org/2020-us-national-human-trafficking-hotline-statistics/

Pradhan, T., Six-Workman, E., & Law, K. (2019). An innovative approach to care: Integrating mental health services through telemedicine in rural school-based health centers. *Psychiatric Services*, *70*(3), pp.239-242.

Preble, K. M. (2019). Under their "control": Perceptions of traffickers' power and coercion among international female trafficking survivors during exploitation. *Victims and Offenders, 14*(2), 199–221. https://doi.org/10.1080/15564886.2019.1567637

Rafferty, Y. (2018). Mental health services as a vital component of psychosocial recovery for victims of child trafficking for commercial sexual exploitation. *American Journal of Orthopsychiatry*, *88*(3), 249-260. doi: 10.1037/ort0000268

Recknor, F., Di Ruggiero, E., & Jensen, E. (2022). Addressing human trafficking as a public health issue. *Canadian Journal of Public Health*. doi: 10.17269/s41997-022-00642-8

Reid, J. A., & Jones, S. (2011). Exploited vulnerability: Legal and psychological perspectives on child sex trafficking victims. *Victims and Offenders, 6(*2), 207-231. doi: 10.1080/15564886.2011.557327

Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2017). Human

    trafficking of minors and childhood adversity in Florida. *American Journal of Public*

    Health, 107(2), 306–311. https://doi.org/10.2105/AJPH.2016.303564

Royal, M. (2018). *Pimping Ain't Easy: But Someone's Gotta Do It*. Los Angeles: Sharif Media.

Ryf, K. (2002). The first modern anti-slavery law: The trafficking victims protection act of 2000.

    Case Western Reserve Journal of International Law, 34(1), 45.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed). Thousand Oaks, CA:

    Sage.

Sanderson, C. (2013). *Counselling skills for working with trauma*. London: Jessica Kingsley

    Publishers.

Sapolsky, R. M. (2004). *Why zebras don't get ulcers: The acclaimed guide to stress, stress-*

    related diseases and coping (3rd ed.). New York, NY: St. Martin's Griffin.

Schwandt, T. A. (2015). *The Sage dictionary of qualitative inquiry* (4th ed.). Sage Publications.

Schwartz, A. (2016). T*he complex PTSD workbook: A mind-body approach to regaining*

    emotional control and becoming whole. Berkeley, CA: Althea Press.

Schweizer, S., Samimi, Z., Hasani, J., Moradi, A., Mirdoraghi, F., & Khaleghi, M. (2017).

    Improving cognitive control in adolescents with post-traumatic stress disorder (PTSD).

    Behaviour Research and Therapy, 93, 88-94.

Shandro, J., Chisolm-Straker, M., Duber, H. C., Findlay, S. L., Munoz, J., Schmitz, G., …

    Wingkun, N. (2016). Human trafficking: A guide to identification and approach for the

emergency physician. *Annals of Emergency Medicine, 68*(4), 501-508.
https://doi.org/10.1016/j.annemergmed.2016.03.049.

Shared Hope International. (2020). Protected innocence challenge. https://sharedhope.org/what-we-do/bring-justice/reportcards

Sikes, A., & Hays, D. (2010). The developmental impact of child abuse on adulthood: Implications for counselors. *Adultspan Journal, 9*(1), pp.26-35.

Smith, L. & Coloma, C. (2013). *Renting Lacy: A story of America's prostituted children.* Vancouver, WA: Shared Hope International.

Smith, L., Vardaman, S. H., & Snow, M. (2009). *The national report on domestic minor sex trafficking: America's prostituted children.* Arlington: Shared Hope International.

Smith, M., Williamson, A. E., Walsh, D., & McCartney, G. (2016). Is there a link between childhood adversity, attachment style and Scotland's excess mortality? Evidence, challenges and potential research. *BMC Public Health*, *16*, 655. doi:10.1186/s12889-016-3201-z

Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge, UK; New York: Cambridge University Press.

Sousa, D. (2014). Validation in qualitative research: General aspects and specificities of the descriptive phenomenological method. *Qualitative Research in Psychology, 11*(2), 211-227. https://doi.org/10.1080/14780887.2013.853855.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Tarinelli, R. (2018). Online sex ads rebound, months after shutdown of Backpage. Phys.org.

  https://phys.org/news/2018-11-online-sex-ads-rebound-months.html

Texas Baptists. (2015). On human trafficking: A biblical perspective.

  https://s3.amazonaws.com/texasbaptists/clc/On-Human-Trafficking-A-Biblical-

  Perspective.pdf

Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative

  research. *Journal for Specialists in Pediatric Nursing, 16*(2), 151–155.

  https://doi.org/10.1111/j.1744-6155.2011.00283.x

Thompson, J., & Haley, M. (2018). Human trafficking: Preparing counselors to work with

  survivors. *International Journal for the Advancement of Counselling, 40*(3), 298–309.

  https://doi.org/10.1007/s10447-018-9327-1.

Twigg, N. M. (2017). Comprehensive care model for sex trafficking survivors. *Journal of

  Nursing Scholarship, 49*(3), 259–266. https://doi.org/10.1111/jnu.12285.

Uhernik, J. A. (2017). *Using neuroscience in trauma therapy: Creative and compassionate

  counseling*. New York, NY: Routledge.

U.S. Census Bureau (2019). Quick facts: United States.

  https://www.census.gov/quickfacts/fact/table/US/PST045219.

Ventura, L., Williamson, C., Cox, J., DuPuy, R., Lambert, E., Benjamin, B., & Bryant, M.

  (2007). *Female offenders in the criminal justice system: Needs of and services for

  mothers and their children.* Washington, DC: Bureau of Justice Programs.

Walsh, S. D. (2016). Sex trafficking and the state: Applying domestic abuse interventions to serve victims of sex trafficking. *Human Rights Review, 17*(2), 221–245. https://doi.org/10.1007/s12142-016-0404-8.

Weitzer, R. (2014). New directions in research on human trafficking. *Annals of the American Academy of Political and Social Science, 653*(1), 6–24. https://doi.org/10.1177/0002716214521562.

Whitaker, M. P., & Hinterlong, J. (2008). Contexts of control: Modern slavery in the United States. *Social Development Issues, 30*(3), 27–41.

Williamson, C., Karandikar-Chheda, S., Barrows, J., Smouse, T., Kelly, G., Swartz, G., . . . Tame, C. (2010). Ohio trafficking in persons study commission research and analysis sub-committee report on the prevalence of human trafficking in Ohio. http://docplayer.net/12555115-Ohio-trafficking-in-persons-study- commission-research-and-analysis-sub-committee-report-on-the-prevalence-of-human-trafficking-in- ohio.html

Wright, H. (2012). *The new guide to crisis & trauma counseling*. Ventura, Calif.: Regal Books.

Appendix A.

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 26, 2020

Danielle Thomas
Lynn Bohecker

Re: IRB Exemption - IRB-FY19-20-342 Resources and Training for Human Trafficking Workers

Dear Danielle Thomas, Lynn Bohecker:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:
101(b):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B.

Recruitment Letter

Dear [Recipient]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research to better understand the challenges that human trafficking workers in nonmetropolitan areas face when assisting minor victims. The purpose of my research seeks to identify the challenges these professionals and advocates face when assisting survivors in receiving resources to meet their basic physiological needs. I am writing to invite eligible participants to join my study.

Participants must be 18 years of age and older, they must be currently employed by or volunteering for an organization involved in assisting minor aged victims of human trafficking in a geographic area with less than 50,000 residents, and must have at least 6 months of experience assisting minor aged victims of human trafficking in obtaining food, clothing, shelter, education, and mental health counseling within their current role. This experience must have been obtained through serving in human service organizations, government agencies, federal or state level task forces, or rehabilitation services. Once the consent form has been signed and returned to the researcher, participants will be asked to complete a demographics questionnaire and participate in an initial and follow-up interview. The questionnaire will be emailed to participants as a Word document and take approximately 5-10 minutes to complete. The participant will email the questionnaire back to the researcher within 72 hours of receiving the document. The interviews will be conducted over the web-based platform, Webex. The initial interview will take approximately 45-90 minutes to complete and the follow-up interview will take approximately 30-45 minutes to complete. All meetings will be audio and video-recorded for transcription purposes. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

In order to participate, please contact me at ███████████. I will verify your eligibility for the study prior to scheduling the initial interview.

A consent document will be emailed to you after your eligibility for participating in the study has been verified. The consent document contains additional information about my research. Please either type your name on the consent form and email it back to me or print, sign, scan, and email the consent document back to me prior to the completion of the demographic questionnaire.
Sincerely,

Danielle Thomas, M.A., Ed.D Candidate, Liberty University
Crisis Clinician

Appendix C.

Interview Questions

1. Describe the organization that you work with.

2. Describe the population, age group, and type of trafficking victim that you work with.

3. What type of geographical location does your organization serve?

4. Describe your typical day working with minor victims of human trafficking.

5. Describe how you are able to assist minor survivors who have left "the life" in gaining access to food and water.

6. Describe any challenges you have faced with getting minor survivors connected to a steady source of food and water.

7. Describe how you are able to assist minor survivors who have left "the life" in gaining access to clean and appropriate clothing.

8. Describe any challenges you have faced with getting minor survivors access to clothing.

9. Describe how you are able to assist minor survivors who have left "the life" in gaining access to temporary or permanent shelter.

10. Describe any challenges you have faced with getting minor survivors access to safe and stable shelter.

11. Describe how you are able to assist minor survivors who have left "the life" in gaining access to education.

12. Describe any challenges you have faced with getting minor survivors access to education.

13. Describe how you are able to assist minor survivors who have left "the life" in gaining access to psychological services.

14.   Describe any challenges you have faced with getting minor survivors access to psychological services.

15.   Describe your experiences accessing the services and resources available to you and the minor survivors you work with through interdisciplinary approaches available in your community.

16.   Do you feel you have the necessary resources to assist minor survivors in being successful? If not, what resources are you lacking?

17.   Describe the human trafficking education and training your organization or community offers to professionals working with minor survivors of these crimes.

18.   Describe the trauma-informed training that is provided to you.

19.   What are the biggest challenges you have faced as an advocate for minor victims of human trafficking?

20.   Describe the success in your community combating human trafficking of minors.

21.   Describe your solution to ending human trafficking of minors within your community.

Would you like to add anything regarding your experience working with minor victims of human trafficking?

Appendix D.

Consent Form

Consent

Title of the Project: Resources and Training for Human Trafficking Workers
Principal Investigator: Danielle Thomas, M.A., Ed.D. Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 18 years of age or older, be currently employed or volunteering with an organization such as a human service organization, government agency, federal or state level task force, or rehabilitation service who are involved in assisting minor aged victims of human trafficking in a geographic area with less than 50,000 residents, and have at least 6 months of experience assisting minor aged victims of human trafficking in obtaining food, clothing, shelter, education, and mental heal counseling within your current role. Taking part in this research project is voluntary.

Please take the time to read this form in its entirety and ask questions before deciding whether to participate in this research project.

What is the study about and why is it being done?

The purpose of the study is to identify the challenges professionals and advocates face when assisting survivors in receiving resources to meet their basic physiological needs.

What will happen if you take part in this study?

If you agree to be in this study, I would ask you to do the following things:

1. Complete a demographic questionnaire. After the consent form has been signed and returned to the researcher, the questionnaire will be emailed to you as a Word document and will take approximately 5-10 minutes to complete. The questionnaire must be completed and returned via email within 72 hours of receiving the document.

2. Participate in an audio and video-recorded initial interview. The interview will take place through the online platform WebEx. The initial interview will take approximately 45-90 minutes to complete.

3. Participate in an audio and video-recorded follow-up interview. This interview will also take place through the online platform WebEx. This interview will take approximately 30-45 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include an increased public knowledge and awareness of the resources available to professionals and advocates who work with minor victims of human trafficking in nonmetropolitan areas.

What risks might you experience from being in this study?

One potential risk is a breach of confidentiality if the data is lost or stolen. A second potential risk is the possibility of experiencing uncomfortable emotions if a participant recalls an event and begins to experience emotional discomfort. Should this occur, the researcher will recommend that the participant see a counselor.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data from the demographic questionnaire and the interviews will be stored on a password locked computer or in a locked safe within the researcher's home office and may be used in future presentations. After three years, all electronic records will be deleted and paper records will be shredded.
- Interviews will be audio and video-recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate or not will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is, Danielle Thomas. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ▓▓▓▓▓▓▓▓▓▓▓▓. You may also contact the researcher's faculty sponsor, Dr. Lynn Bohecker, at ▓▓▓▓▓▓▓ ▓▓▓▓▓▓▓.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Please only choose one of the options below.

☐ The researcher has my permission to only audio and video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix E.

Demographic Questionnaire

1.   Age

2.   Race

3.   Gender

4.   Do you hold any processional license? If so, please identify the license and the state where it is held.

5.   In what city and state do you currently work with minor victims of human trafficking?

6.   Have you previously worked with minor victims of human trafficking in any other geographical location? If so, where?

7.   Do you also have experience working with adult victims of human trafficking? If so, where has this experience been obtained?

8.   As a professional advocate for minor survivors, are you a paid employee or a volunteer?

9.   Do you believe you are working with an interdisciplinary team to support the survivors you work with? Yes/No.

10.   Please identify a pseudonym you would like the researcher to use when referring to you for the duration of this study.

Appendix F.

Epoche Journal prayer

Lord, I give this time to you, that you will use it to your glory. I pray that you will take my mind and use it as a tool to generate the information without bias. I pray you will take my heart and allow me to set aside any preconceived notion about this topic and instead allow the data to create a new understanding. And when this task is complete, I pray that you use this information for your will and your glory.

Appendix G.

Interview Protocol Script

Now that we are recording, I would like to begin with a few questions for you to confirm. First, do you agree to being audio-recorded today? Next, have you read, reviewed, and signed the consent form? Lastly, can you identify and re-confirm the pseudonym you would like me to refer to you as throughout the duration of this interview?

Appendix H.

Outline of Emergent Themes and Subthemes

I.   Participants' Experience Meeting Needs of Survivors

     a. Needs met Through Vocation

          i. Nonprofit and State Employees

          ii. Multidisciplinary Team

     b. Needs met Through Community

          i. Food and Water

          ii. Clothing

          iii. Shelter

          iv. Education

          v. Psychological Services

II.   Participants' Challenges Meeting Needs of Survivors

     a. Challenges from Vocation

          i. Rules and Regulations

          ii. Trainings and Continuing Education

     b. Challenges from Community

          i. Lack of Resources

          ii. Lack of Support