Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

_____ _____

Shanaika Grandoit Date

An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

By

Shanaika Grandoit
MPH Candidate 2019

Hubert Department of Global Health

_____ [Chair's signature]

Dabney P. Evans, PhD, MPH
Committee Chair

_____ [Chair's signature]

Rachel Waford, PhD
Committee Member

An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

By

Shanaika Grandoit

B.A. in Psychology
University of South Florida
2017

Thesis Chair: Dabney P. Evans, PhD, MPH
Thesis Committee Member: Rachel Waford, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of Master of Public Health in Global Health
2019

Abstract

An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

By: Shanaika Grandoit

Background: Sex trafficking is an international challenge, which is increasingly having a global impact. This complex public health challenge has unique ramifications for mental health conditions. While sex trafficking, in relation to adverse mental health outcomes, has been documented in prior research, this has mainly been explored from provider's perspectives. There is a dearth of contemporary literature regarding survivor's perspective on their experiences with mental health services.

Methods: This was a qualitative study of female adult sex trafficking survivors and commercial sex workers residing in the United States. In depth telephone interviews were conducted with 10 participants who were identified from victim service agencies in Atlanta, Georgia and the National Survivor Network. Data were analyzed to understand the mental health symptoms experienced, services accessed, barriers encountered when seeking service, recommendations for service improvement, and trafficking experience of participants.

Results: Participants reported utilizing a myriad of mental health services to address their mental health symptoms, which included: faith based programs, psychiatric hospitals, group therapy, and individual counseling services. Several facilitators and barriers to accessing mental health services were identified. Participants expressed comfort with service providers who practiced trauma-informed care approaches and a preference for female providers. Barriers to accessing services included: self-deprecation, limited financial resources, logistical complications, and a lack of awareness and knowledge of services.

Discussion: The findings of this study suggest that each woman's experiences are unique, however, overall commonalities exist. Participant's recommendations for service improvements included: continued efforts in incorporating survivor-led initiatives, expansion of service organization efforts to better meet the needs of survivors, structural efforts, and community based initiatives to aid in the recovery process for women exiting *the life*. The results of this qualitative study are invaluable to understanding the mental health needs and trafficking experiences of survivors from their perspective. Our results may inform future efforts to address the recovery process for survivors.

Keywords: Commercial sexual exploitation, human sex trafficking, survivor perspective, mental health, human rights

An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

By

Shanaika Grandoit

B.A.
University of South Florida
2017

Thesis Chair: Dabney P. Evans, PhD, MPH
Thesis Committee Member: Rachel Waford, PhD

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of Master of Public Health in Global Health
2019

Acknowledgements

This thesis has been an incredible opportunity to combine my academic career and professional research passions. I must acknowledge and thank first and foremost my Heavenly Father, God, for giving me the strength and confidence to complete this thesis. I would like to extend the warmest appreciation to my thesis Committee Chair Dr. Dabney P Evans and Committee Member Dr. Rachel Waford. Being surrounded by this group of esteemed women who are all extremely successful in their respective fields, have motivated me throughout this training. Thank you for your support and guidance, your role in this project has been unparalleled. I am deeply appreciative to my two research assistants from Emory University for the hours spent transcribing interviews. Their contributions have been pivotal to the successful completion of this project. I would also like to thank The Eugene Hayes Fund through Children's Healthcare of Atlanta (CHOA) for their generous funding of this project. Finally, I must acknowledge my village of supporters—my family, fiancé, and friends—thank you for uplifting me, encouraging me, and praying for me through this entire process. Thank you.

❖

This thesis is dedicated to all of the courageous women who took the time to share their personal journeys with me. I will be forever grateful to them for their strength, bravery, and desire to persevere despite all that they have faced. Thank you for sharing a pivotal piece of your identity with me.

"It ought to concern every person, because it is a debasement of our common humanity. It ought to concern every community, because it tears at our social fabric. It ought to concern every business, because it distorts markets. It ought to concern every nation, because it endangers public health and fuels violence and organized crime. I'm talking about the injustice, the outrage, of human trafficking, which must be called by its true name — modern slavery." (Obama, 2012)

President Barack Obama, September 25, 2012

Acronyms

CHOA	Children's Healthcare of Atlanta
CSW	Commercial Sex Work
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
IDIs	In-depth Interviews
ILO	The International Labor Organization
IRB	Institutional Review Board
PI	Principal Investigator
RA	Research Assistant
STI	Sexually Transmitted Infection
UN	United Nations
U.S.A	United States of America
WHO	World Health Organization

Table of Contents

Table of Table and Figures

I. Chapter 1: Introduction

This chapter provides an introduction to the problem and purpose of this study. In addition, it will provide evidence to support the problem and relevance of the study. The research objectives and aims will be briefly discussed along with the definition of key terms, which are the foundation of the study. The chapter closes with a brief conclusion.

Introduction and Rationale

Human trafficking involves the exploitation of adults or minors using force, fraud, or coercion (Chisolm-Straker & Stoklosa, 2017). It is often referred to as a modern day form of slavery. This form of exploitation against individuals -- primarily vulnerable populations -- is a violation of their human rights (United Nations Human Rights Office of the High Commissioner, 1979). The two most common forms of human trafficking include sexual exploitation and forced labor. According to 2017 reports from the International Labor Organization, 4.8 million of the 24.9 million victims trafficked globally were forced into the sex trafficking industry (Human Rights First, 2017). Although survivors of sex trafficking can range in age and gender, the majority of identified victims are women and adolescent girls (Deshpande & Nour, 2013). For this thesis, the author will be focusing on sexual exploitation and its various facets such as prostitution, exotic dancing, and commercial sex work.

Virtually every country in the world is effected by this crime (United Nations, 2018). Countries may be involved in the trafficking trade as a country of origin, transit, or destination; in most cases some form of all three is present. Human trafficking is both a

national and transnational crime which has become more prevalent as societies have become more globalized (DeStefano, 2007). A global study on human trafficking determined that trafficked person originated from 152 countries. In 2014 the three main origin countries for federally identified trafficked survivors in the United States (U.S.) were the U.S., Mexico, and the Philippines. Worldwide, this criminal enterprise makes over $150 billion dollars in revenue annually (Chisolm-Straker & Stoklosa, 2017).

Within the U.S., instances of human trafficking have been reported across all 50 states. Reports from 2017, indicated a 13% increase in identified human trafficking cases from previous years. Over 10,000 individuals were identified as victims and sex trafficking was listed as one of the top two forms of trafficking (Polaris Project, 2018). It is important to note that North American governments are among the few that systematically collect data on human trafficking. With that said, the statistical information collected often merges trafficking, smuggling, and illegal migration (Gozdziak & Collett, 2005). Therefore the data does not represent the full scope of trafficking in the U.S. due to a lack of awareness of the crime and significant under-reporting among victims.

For several decades the approach to addressing human trafficking was strictly criminal justice focused. Public health sits on a pillar of intervention-based approaches to solving issues while acknowledging the web of complexities such as socio-economic status, race, and poverty that play a role in the outcome of interest. This is pivotal in addressing human trafficking since once survivors are identified it is imperative to understand the vulnerabilities which led to their exploitation in order to prevent

recidivism. A public health approach critically evaluates ways in which the cycle of trafficking can be broken by truly healing and restoring survivors.

There are significant, at times life-threatening health implications of sex trafficking for survivors. They often experience physical, sexual, and emotional violence at the hands of their trafficker and buyers. A systematic literature conducted by Oram et al determined the most common physical health problems reported by victims included headaches, fatigue, dizziness, back pain, and difficulties with memory. Mental health consequences for victims are associated with the violence and injuries sustained while being trafficked. In many cases, victims report experiencing post-traumatic stress disorder (PTSD), depression, anxiety, suicidal ideation, sleeping disorders, and eating disorders. As a result of these health affects, it is imperative that survivors have access to health services that are tailored to their immediate and long-term needs (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012).

Problem Statement

The trafficking of women and children for sexual exploitation is a human rights violation that has gained widespread attention across the globe over the past decade. Academics, law enforcement officials, health professionals, and the media alike agree that human trafficking is among the most horrendous criminal activities taking place today. Despite the increased attention this topic has gained in the U.S., the phenomenon is not clearly understood.

Sex trafficking or sexual exploitation under the U.S federal law involves:

The recruitment, harboring, transportation, provision, obtaining, soliciting or patronizing of a person for the purpose of a commercial sex act (any sex act on account of which anything of value is given to or received by any person) using force, fraud, or coercion (The United States Code, 2017).

Research on the topic of sex trafficking has included inferring about the magnitude of the problem, identifying routes and relationships among countries of origin, transit, and destination, reviewing legal framework and policy responses (Gozdziak & Collett, 2005).Current studies focus on the prevalence, scope, and defining the major actors. This research is often conducted by analyzing criminal records, hospital records, and legal documentation. In more recent studies, researchers have conducted interviews with law enforcement officials or healthcare personnel in order to understand their experience in providing care (Domoney, Howard, Abas, Broadbent, & Oram, 2015). To date there appears to be only six studies that have included interviews with sex trafficking survivors (Anita Ravi, Pfeiffer, Rosner, & Shea, 2017; Ellison, 2009; Logan, Walker, & Hunt, 2009; Rajaram & Tidball, 2018a). Research to include survivor's perspectives remains scarce and the dearth of empirical studies within the field is salient. The current study aims to understand the unique nuances of sex trafficking as it pertains to entry and exiting of trafficking, use of mental health services, and the journey of recovery. Sex trafficking survivors are likely the best experts to inform best practices for mental health services aimed at sex trafficking survivors.

Purpose Statement

This thesis seeks to bridge the gap in knowledge and understanding of sex trafficking and commercial sex work though the survivor's experiences along with potential facilitators and barriers to accessing mental heath services.

Objectives and Aims

This research project seeks to advance the research and knowledge of sex trafficking from the perspective of survivors themselves. The objective of this thesis is to understand the facilitators and barriers to accessing mental health services for survivors of sex trafficking in the United States.

Underlying this objective are the following aims:

1. To describe the experiences of female adult commercial sex workers and survivors of sex trafficking;
2. To examine the self-reported mental health symptoms of female adult commercial sex workers and survivors of sex trafficking during and after their period of commercial sex work;
3. To examine the local and regional mental health services accessed by women to meet their mental health needs; and
4. To examine the barriers perceived to accessing mental health services and participants' experiences with mental health professionals.

While reviewing the literature search terms such as: human trafficking, sex trafficking, commercial sex work, forced prostitution and trafficking of women were used

in order to ensure thorough coverage of the topic. In many cases, the terms *human trafficking* and *sex trafficking* are used interchangeably. Human trafficking is a broader concept, which encompasses other forms of exploitation such as labor trafficking and organ trafficking. In addition, the term *the life* will be used throughout this thesis moving forward to describe a survivor's time spent in exploitation.

Significance Statement

This research project seeks to understand the unique mental health experiences of survivors and allow their voices to be at the forefront of creating interventions intended to benefit them. In order to actively engage with this research subject, it is imperative to gain knowledge and insights from those directly affected by human trafficking: survivors. The survivors of sex trafficking in this research project have experienced exploitation in various forms such as prostitution, commercial sex work, exotic dancing, and illegal massage parlors.

It is expected that this study will significantly contribute to the existing body of literature on sex trafficking by providing survivors recommendations on improving the access and quality of mental health services for survivors. In addition, this research project intends to serve as a platform to increase awareness and promote the improvement of mental health services for sex trafficking survivors.

Definition of Terms

The following key terms and definitions are used throughout this thesis and within human trafficking and mental health literature.

Action Means Purpose (AMP) Model

The Action-Means-Purpose (AMP) model is used to illustrate the federal definition of a “victim of severe forms of trafficking in persons." For human trafficking to occur a trafficker must perform an *action* such as induce, recruit, harbor, transport, provide, or obtain a victim. Next, this action must be accompanied by a *means* such as force, fraud, or coercion. The *purpose* of these aforementioned actions and mechanisms is to lure a victim into sex trafficking or labor trafficking (Polaris Project, 2012).

Commercial Sexual Act

Any sexual act on account of which anything of value is given to or received by another person. Commercial sex acts do not characteristically indicate human trafficking unless (at least) one element from each section of the AMP model is present (The United States Code, 2017).

Human trafficking

The recruitment, transportation, transfer, harboring, or receipt of persons, by means of threat, use of force, coercion, abduction, fraud, deception, abuse of power, giving or receiving of payments, or benefits to achieve the consent of a person, having control over another person, or for the purpose of exploitation” (Fact Sheet, 2017).

Human trafficking may occur to an individual regardless or their age, race, or gender. It is often referred to interchangeably within academic writing with the following

terms: sex trafficking, trafficking in persons, modern-day slavery, and forced labor. Despite the common misconception, human trafficking does not necessarily have to include the transportation across borders into or outside of a country to meet the definition provided (Fact Sheet, 2017).

Mental Health

A state of well-being in which the individual realized his or her abilities, can cope with the usual stressors or life, can work productively and fruitfully, and can contribute to his or her community (The World Health Organization, 2015).

Prostitution

(1) The unlawful promotion or participation in sexual acts for profit to include attempts or the solicitation of customers or transport of persons for prostitution purposes. (2) The ownership, management, or operation of a dwelling or other establishment to provide a place where prostitution is performed. (3) The assisting or promoting of prostitution (Gerassi, 2015a).

Although prostitution by a willing and legal adult is not considered to be a form of sex trafficking or sexual exploitation, it has become evident that law enforcement officials are unable to recognize elements of force, fraud, or coercion when arresting women for this crime. Prostitution is criminalized in the United States except for some parts of Nevada. As a result, individuals who receive financial compensation for sexual services may be prosecuted for providing the service or managing services provided by another individual (Gerassi, 2015a).

Sexual Exploitation

Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, such as profiting monetarily, socially, or politically from sexual exploitation. Currently the U.S. law uses the term to refer solely to the treatment of minors however, within the global sphere entities such as the United Nations uses the terms to describe any individual regardless of age who has been affected by sexual violence (Gerassi, 2015a).

Sex Trafficking

A commercial sex act that is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for sexual services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (The United States Code, 2017).

The U.S National Human Trafficking hotline indicates that sex trafficking can be found across several venues within the sex industry which include for example: brothels, escort services, fake massage parlors, strip clubs, and street prostitution (*Fact Sheet*, 2017).

Commercial Sex Work (CSW)

The exchange of sexual services, performances, or products for material compensation, it can refer to direct physical contact between a buyer and seller or indirect stimulation (Gerassi, 2015a).Within advocacy spaces, this term is thought to provide a sense of professionalism and dignity in comparison to the antiquated term prostitution. Within academic and legal writing there is much debate regarding the concept of choice

as it pertains to sexual acts. Some academic writing refers to sex workers as individuals who voluntarily exchange sex for monetary contributions. In this sense, voluntary means free of coercion or control.

Trauma

A response to an adverse life event, series of events, or set of circumstances that an individual experiences which is either impacts their ability to function, mental, physical, social, emotional, or spiritual well-being (Substance Abuse and Mental Health Services Administration, 2014). For this thesis sex trafficking or commercial sexual work will be evaluated as potential traumatic experiences for survivors.

Trauma Informed Care (TIC)

Jointly incorporates key trauma principles and specific interventions within the program, organization, or systems culture. The four critical assumptions in trauma-informed care models is that individuals at all levels have a practical un*derstandin*g of what trauma is and its potential impact on communities. Also, they can *recognize* the signs and symptoms of trauma and *respond* by fully integrating their trauma knowledge into policies, procedures, and practices. TIC is also referred to variably as the “trauma-informed approach (Substance Abuse and Mental Health Services Administration, 2014).

This model is especially critical to effective human trafficking care as it encourages healthcare providers to recognize the impact of this trauma on a survivor’s quality of life and lessens the chance of inflicting more unintentional injury.

Victim/Survivor

Throughout this paper, the term victim may be used as found in the cited text. The terms survivor and victim are often found interchangeably within literature and policies to refer to an individual who was commercially sexually exploited or trafficked for sexual purposes. With a shift in culture, heavily influenced by feminist movements and anti-trafficking organizations, the language around trafficked persons takes into consideration the resilience of individuals and their vulnerability as opposed to a label, which suggests helplessness. For this thesis, the term survivor will be used in lieu of victim in order to capture the strength it takes to endure a trauma of this magnitude for individuals who are currently or were previously trafficked.

II. Chapter 2: Comprehensive Review of the Literature

This chapter provides an overview of the main themes and issues within the literature that pertain to this study. This literature review is intended to provide context on sexual exploitation through a public health lens by addressing the context of sex trafficking, health implications for survivors, and addressing sex trafficking as a human rights issue.

Understanding the Global and Domestic Burden of Sex Trafficking

Sex trafficking is defined by the U.S Federal Government as a "severe form" of trafficking to include: the recruitment, harboring, transportation, provision, obtaining, soliciting, or patronizing of a person for the purpose of a commercial sex act using force, fraud, or coercion (The United States Code, 2017). Sex trafficking constitutes as one of the main forms of human trafficking. This form of modern slavery takes place worldwide and affects every country. Recent reports from The International Labor Organization (ILO) estimate that 40.3 million people were victims of modern slavery in 2016. Of these 40.3 million people, 3.8 million people were victims of sexual exploitation. This report also indicated that, 62% of trafficked persons were victimized in Asia and the Pacific. Japan, Thailand, the Philippines and Burma are notable for housing the largest sex tourism industries worldwide with Eastern Europe recognized as the second largest provider of sex trafficking (International Labor Organziation, 2017).

While sex trafficking is displays high prevalence in countries worldwide, there is also a high prevalence in the U.S. As one of the worlds leading nations, the U.S. serves as a popular travel destination for individuals across the globe further influencing the prevalence of human trafficking as people are often smuggled transnationally without

detection from the U.S. government. The. U.S. State Department reports 14,500-17,500 individuals are trafficked into the U.S annually (Gozdziak & Collett, 2005). In 2017, 8,754 cases of human trafficking were reported to the National Human Trafficking Hotline (Polaris Project, 2018). Epidemiologically speaking it is difficult to gather accurate statistics on the prevalence of human trafficking victims due to a lack of reporting and concealed nature of the practice. Of the studies conduced that focus on sex trafficking and sexual exploitation, traditionally the particular attention has been paid to minors (Gerassi, 2015a). Due to the lack of reliable data on the trafficking trade, conducting research and designing programs intended to combat human trafficking is difficult (Gozdziak & Collett, 2005).

Probability of Trafficking: Revenue of the Industry

Human trafficking has emerged as one of the fastest growing transitional crimes generating exponential profits. The United Nations and Office of Drugs and Crimes (UNODC) categorizes human trafficking as the second most profitable crime after the sale of drugs (United Nations Office on Drugs and Crime, 2018). As the demand for trafficking continues to rise exponentially, the profits have also increased significantly. The ILO estimates that globally speaking, human trafficking generates $150 billion in illegal profits--$99 billion of which is from sex trafficking (Institute for Women's Policy Research, 2017). This business is unique in the sense that women and girls are treated as commodities that are sold into sex trafficking and earn repeated profits for their traffickers over the course of several years unlike the drug and narcotics industry where the *product for sale* can only be sold and used once (Deshpande & Nour, 2013).

Contributing Factors for Sexual Exploitation

Survivors Demographics

Victims of human trafficking can be persons of any gender, age, race, or social class. The most vulnerable populations include adolescents within the welfare system and juvenile justice system. In addition to this, runaway, homeless youth, persons with disabilities, lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals also experience disproportional vulnerabilities of being targeted for trafficking (Twigg, 2017).

According to the ILO, women and girls comprise the majority of victims of forced sexual exploitation whereas men and boys are disproportionally represented in forced domestic work (International Labour Organization, 2017). Among the reported cases to the U.S National Human Trafficking Hotline, 83.9% were females. While African-American/Black women and girls represent only 7.2% of the U.S. population, 40% of confirmed trafficking cases are of African-American/Black women and girls (Institute for Women's Policy Research, 2017).

Survivors of sex trafficking--both international and domestic-- share commonalities that place them at a disproportionate risk of being sexually exploited. These factors, which contribute to survivors being disproportionally targeted for sexual exploitation, can be examined from various levels such as individual characteristics, to family, peer, and neighborhood factors (National Research Council, Institute of Medicine, Board on Children, Youth, and Families, Committee on the Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States, & Committee on Law and Justice, 2013). By comprehending the risk factors, which contribute to sexual

exploitation, there is in turn a better understanding of the etiology of the problem and how to approach designing interventions intended to prevent and address trafficking.

The ecological theory provides a framework in which the individual, relational, social, and environmental impacts of exploitation can be understood. It is a holistic perspective that places emphasis on individuals' interactions with their environment (Barner, Okech, & Camp, 2018). The social ecological model depicted in Figure 1 highlights the complex and interrelated factors, which play a role in commercial sexual exploitation of survivors.

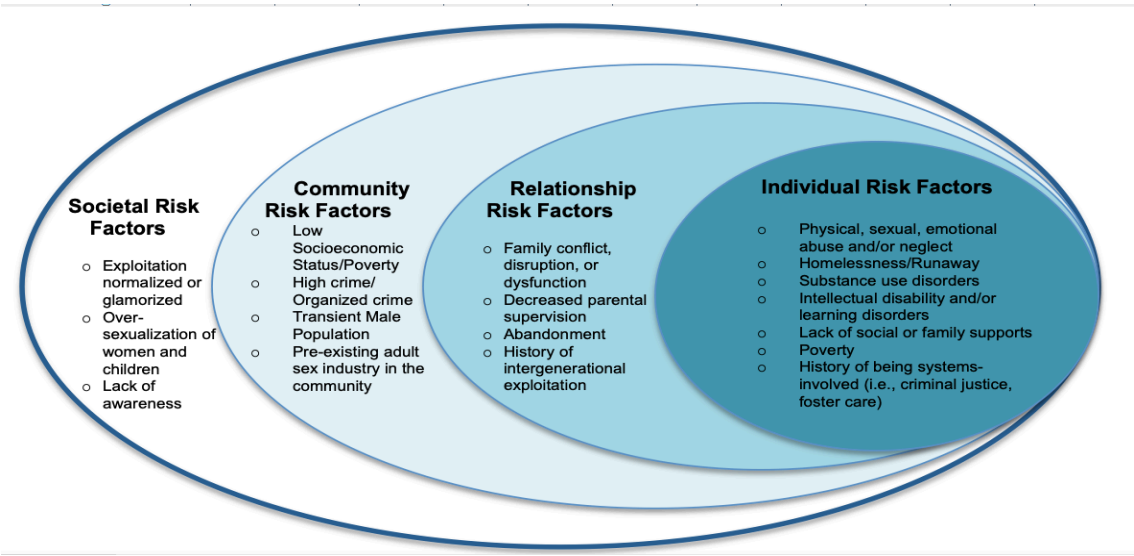

Figure 1.0: *Social Ecological Model adapted to conceptualize the potential risk factors for commercial sexual exploitation among adult survivors*. Adapted from (National Research Council et al., 2013).

Health Implications of Sex Trafficking

Physical Effects for Survivors

The health implications of sex trafficking among survivors are both extensive and long term. Generally speaking, health outcomes of sex trafficking are attributed to physical violence, mental illness (including substance abuse), violent and unsafe sex practices, inhumane working and living conditions, and lack of access to healthcare services (Gajic-Veljanoski & Stewart, 2007).

During the preliminary stages of trafficking, physical and sexual abuse may be used as a form of pacification or victim brainwashing. Traffickers may rape women at the time of their abduction as a form of "initiation" and intimidation. Rape is a systematic tactic used by many traffickers in order to exert control and manipulate victims into believing they will suffer physical harm if they disobey or attempt to leave (Hepburn, 2016). As a way to further engrain intimidation into victims, traffickers use other tactics such as starvation, confinement, beatings, rape, threats of violence to victims loved ones, forced drug use, and threats of shaming victims by revealing their activities to their loved ones (Zimmerman et al., 2008). In addition to experiencing physical violence at the hands of traffickers, victims may experience violence from the buyers of sexual acts as well. Due to the unsanitary conditions in which sex trafficking survivors often reside, it is also imperative to consider the prevalence of infectious diseases such as tuberculosis, hepatitis, malaria, and pneumonia (Cwikel, Chudakov, Paikin, Agmon, & Belmaker, 2004; Zimmerman et al., 2008).

The damages caused by the physical abuse to survivors vary in severity and in some cases may even lead to death. Beatings (such as kicking, pushing, slapping, punching, or hitting) using hands of other physical objects may result in abrasions, bruises, scars, fractures, or damage to internal organs. Dental injuries (including broken or missing teeth caused by punches or blows to the face or moth) may result in pain from contusions, fractures, or difficulties with opening one's mouth to eat or drink. Burning with cigarettes, scalding with hot liquids, or branding may result in scarring of varying degrees. The use of restraints (either by the trafficker or buyer) may result in scarring around the wrist and forearms and persistent pain in their joints (OSCE Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings, 2013).

Often victims are forced to engage in high-risk sex with potentially dangerous sexual health consequences such as repeated exposure to sexually transmitted diseases. These sexually transmitted diseases include gonorrhea, syphilis, and pubic lice. HIV/AIDS infection is also prevalent among survivors. In some cases women may be forced to have sex with men for up to 12 hours a day, seven days a week (Deshpande & Nour, 2013). They may be required partake in sexual intercourse without condoms, engage in anal sex, or repeated sexual intercourse while on their menstrual cycle (Zimmerman et al., 2008). As a result of the frequent sexual encounters, victims may experience pelvic pain, vaginal/anal tearing, rectal trauma, or other urinary complications (Busza, Castle, & Diarra, 2004; Cwikel et al., 2004; Zimmerman et al., 2008).

Psychological Effects for Survivors

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, 2014).

Survivors of sex trafficking commonly report moderate to severe psychological trauma due to the consistent mental, emotional, and psychological abuse they experience while in the life. Common psychological adversities reported by sexually exploited individuals include post-traumatic stress disorder (PTSD), anxiety, and depression (Abas et al., 2013; Kiss et al., 2015; Oram et al., 2012; Zimmerman et al., 2008). A U.S. needs assessment-based survey of 159 service providers determined that in comparison to other victims of crimes, trafficked women were less stable, more isolated, exhibited higher levels of fear, and greater mental health needs (Clawson, Small, Go, & Myles, 2003). Survivors mental health may be further complicated due to the cyclical nature of trauma, substance abuse, PTSD, and other mental health issues along with the duration and intensity of their sexual exploitation experience (Gerassi, 2015a).The next section will go into this in more detail.

Mental Health Outcomes of Sex Trafficking

Trauma and Risk Factors for Trauma

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) defines trauma specifically as:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. *Directly experiencing the traumatic event(s).*
2. *Witnessing, in person, the event(s) as it occurred to others.*
3. *Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.*
4. *Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)* (American Psychiatric Association, 2013).

In layman's terms trauma describes a stressful, potentially disturbing experience that an individual faces. This concept has been extensively researched and evidence shows that a single traumatic event may and often does cause psychological harm. For those who experience repeated and prolonged abuse, the effects are even more complex (Herman, 2011).While there is consistent empirical evidence to indicate an associate between prior childhood sexual abuse and sexual exploitation along with prostitution

(Ahrens, Katon, McCarty, Richardson, & Courtney, 2012; Clawson et al., 2003; Fong & Berger Cardoso, 2010; Vranceanu, Hobfoll, & Johnson, 2007), the prevalence rates of trauma reported in in these studies ranges variably from 33-84% (Clawson et al., 2003). In addition, researchers also report that victims may experience trauma to include psychological damage as a result of being held in captivity, brainwashing, and violence (Williamson, Dutch, & Caliber, 2016).

Apart from sexual abuse and assault, other forms of nonsexual trauma such as physical and emotional abuse are also important risk factors to consider (Gerassi, 2015a). A recent study of 278 commercial sex workers in Miami, Florida discovered that 51% of their sample population experienced physical abuse and 65%also reported experiencing emotional abuse (Surratt, Kurtz, Weaver, & Inciardi, 2018).

PTSD and Depression

For some survivors, the culmination of trauma and various other mental health conditions may result in PTSD. Historically speaking, PTSD has been used in diagnosing war combatants and disaster victims, but it also applies to victims of other traumas such as trafficking (Williamson et al., 2016). PTSD is housed under the category of “Trauma and Stressor-related Disorders” in the DSM-V meaning there is a requirement of exposure to a stressful event as a precondition (Pai, Suris, & North, 2017). The DSM-V describes symptoms of PTSD as: the recurrent memories or dreams about the traumatic event, flashbacks, psychological distress, physiological reactions, and avoidance of stimuli related to the trauma (American Psychiatric Association, 2013).

Many survivors of sexual abuse and sexual exploitation commonly experience PTSD flashbacks. Flashbacks are a sudden and disturbing sensory experience in which a victim relives some or all the sensations association with the original assault or traumatic event (Thomas Greer & Davidson Dyle, 2014). Some may go to great lengths in order to suppress these intrusive thoughts and as a result their condition may worsen.

In a study of over 100 female sex trafficking survivors across the U.S., researchers discovered that some of the most frequently reported psychological issues included depression (88.75%), anxiety (76.4%), nightmares (73.6%), flashbacks (68.0%), low self-esteem (81.1%), and feelings of shame or guilt (82.1%) (Lederer, 2014). Depressive symptoms are frequently detected among marginalized populations such as victims of human trafficking (Zimmerman, Hossain, & Watts, 2011). Depression often co-exists with PTSD and is characterized by:

1. *Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)*
2. *Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).*
3. *Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)*
4. *Insomnia or hypersomnia nearly every day.*

5. *Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).*
6. *Fatigue or loss of energy nearly every day.*
7. *Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).*
8. *Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).*
9. *Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing.* (American Psychiatric Association, 2013).

Substance Abuse

Substance abuse has a complex relationship with sex trafficking as it can exacerbate a trafficked person's vulnerability, serve as a means for incentivizing a survivor to remain in the life, and serve as a coping mechanism to withstand the psychical and mental effects of trafficking. A survey of U.S. survivors of sexual exploitation determined that approximately 84.3% utilized some form of illegal substance while being trafficker. Over 50% of respondents stated that they used alcohol, marijuana, and cocaine and nearly 22.3% reported usually heroin (Lederer, 2014). In some cases, women may enter the life as substance abusers while others become deliberately addicted to drugs by their pimps. As a result of their substance abuse, victims are often times arrested for

illegal substance or position related crimes. Drug related crimes are frequently committed for a trafficker or to maintain one's addiction (Schauer & Wheaton, 2006).

Current Mental Health Services for Survivors

Evaluating survivor's perspective on the current state of mental health services available to them begins with exploring the current mental health system. While there has been great effort placed on understand the consequences of trafficking, there is a dearth of knowledge regarding mental health treatment methods among this population. Knowledge of specific treatment programs focusing on the psychiatric health of trafficking victims is limited (Gordon, Salami, Coverdale, & Nguyen, 2018).

Barriers to Accessing Care

Service provides have indicated the following as common barriers to accessing mental health services for survivors: affordability, shame, and stigma (Williamson et al., 2016). Once survivors do begin accessing mental health or counseling services the battle has just begun. All too often, providers are unable to maintain the long-term treatment victims require due to financial restrictions which limit the quantity of session a victim can receive (Williamson et al., 2016). The aforementioned financial restrictions include complications with insurance coverage and inability to fund sessions. Shame, in many cases, serves as the greatest barrier to seeking mental health services. The stigma associated with mental health conditions, in addition to the stigma surrounding trafficking, makes it difficult for survivors to seek out services.

With this comes the additional difficulty in establishing a trusting relationship. As mentioned, services provided for survivors are limited yet this time is essential in developing a trusting relationship between the survivor and their service provider. In some cases, the easiest way a survivor can access care is through a locked treatment facility. This is attributed to the fact that survivors who may become arrested for prostitution or other crimes may receive these services while serving their sentence in prison. This may inadvertently re-traumatize or threaten growth for survivors as they may struggle with experiencing a loss of control similar to how they may have felt while being under the control of their trafficker (Williamson et al., 2016).

Trauma-Informed Care Model

The presence of trauma-informed services plays an essential role in survivor's recovery. In a trauma-informed care model, practitioners understanding of trauma and trauma related issues guides the treatments they recommend to survivors. It is a multidisciplinary approach, which is culturally relevant, evidence-based, and gender-sensitive. This plays a crucial role in service delivery as it provided a framework, which highlights and recognizes the vulnerability of trauma victims (Williamson et al., 2016). Trauma-informed care is an especially appropriate framework when working with exploited women as research shows they will likely to be present in a myriad of systems of care apart from their trauma-related needs (Williamson et al., 2016).

The core components of a trauma-informed approach include meeting basic needs, building trust and rapport, being conscious of language, remaining sensitive to power dynamics, and avoiding re-traumatization (Stoklosa, Marti MacGibbon, & Stoklosa, 2017). Service providers can accomplish this through various avenues to include creating a safe, accepting, and respectful space for survivors to share their stories. A trauma-informed approach to care prioritizes a safe environment for the encounter and allows the participant to regain a sense of autonomy. Often times, survivors of sexual exploitation may feel an overwhelming sense of stigma and feeling less than. In order to mitigate that, service provider's should patiently listening to survivors while providing them with support as they seek to understand and handle their trauma. This approach allows service providers to recognize that patients which previous history of trauma may experience a routine healthcare visit differently. Common questions or procedures may be unintentionally traumatizing. By adopting this model, the way in which survivors interact with the healthcare system can be changes drastically to ensure they are receiving optimal care at all possible system-levels.

Viewing Trafficking as a Human Rights Issue

Human rights are indivisible, universal, interrelated, and interdependent. Neither individuals nor institutions can take away human rights or decide which rights should be given or kept (United Nations Human Rights Office of the High Commissioner, 2019). The violation of human rights is both the cause and consequence of trafficking in persons therefore making the protection and promotion of rights particularly relevant in addressing this topic. Sexual exploitation violates women's right to life, liberty, and

security as reflected in the Universal Declaration of Human Rights. From their conception, human rights laws have outlawed and decried the sexual exploitation of women and children and it has championed their freedom of movement (United Nations Human Rights Office of the High Commissioner, 2014). Figure 2 highlights the human rights, which are relevant when discussing commercial sexual exploitation.

Human rights relevant to trafficking

- The prohibition of discrimination on the basis of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status
- The right to life
- The right to liberty and security
- The right not to be submitted to slavery, servitude, forced labor or bonded labor
- The right not to be subjected to torture and/or cruel, inhuman, degrading treatment or punishment
- The right to be free from gendered violence
- The right to freedom of association
- The right to freedom of movement
- The right to the highest attainable standard of physical and mental health
- The right to just and favorable conditions of work
- The right to an adequate standard of living
- The right to social security
- The right of children to special protection

Figure 2.0: *List of human rights relevant to trafficking. Adapted from* (United Nations Human Rights Office of the High Commissioner, 2014)

Despite the fact that trafficking of human beings is prohibited within international law, it is still a widespread and increasing practice. In 2000,the UN adopted the Convention against Transnational Organized Crime supplemented by three protocols, of which one focused on trafficking. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (otherwise known as the

"Palermo Protocol"), requires State parties to criminalize trafficking in human beings and to include this criminal offence in the national legislation (OSCE Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings, 2013). Several of the practices associated with trafficking are explicitly forbidden within international human rights law. These practices include debt bondage as many traffickers utilize debt as means of controlling survivors. In addition, sexual exploitation itself is the epitome of forced labor, which is prohibited under international law (OSCE Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings, 2013). As previously mentioned in this literature review, trafficking disproportionately affects vulnerable populations including women and children. By addressing trafficking as human rights concerns, stakeholders and the communities affected can acknowledge their government's responsibility to protect and promote the rights of all persons. In doing so, those involved in the movement to eliminate all forms of sexual exploitation can employ a human rights-based analysis of the problem and in turn their response.

Conclusion

Each and every day women and girls worldwide are affected by commercial sexual exploitation. The consequences of this human rights violation go far beyond health related outcomes. Instead it impacts women's emotions, the foundation of their sexuality and identity, and their autonomy as it relates to makes choices for themselves. While a great deal of research exists on the mental health needs and experiences of survivors from the perspective of service providers, there is a limited research from the survivor's perspective. No one is better equipped to share the experience and adversities of

survivors than survivors themself. While there may be commonalities, each experience is unique to that particular survivor. A survivor-informed approach to addressing mental health needs allows them to regain control of their narrative and defining next steps.

III. Chapter 3: Manuscript

An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

By

Shanaika Grandoit, BS
Emory University, Rollins School of Public Health, Hubert Department of Global Health, Atlanta, GA, USA
(321)-480-8319
shanaika.grandoit@emory.edu

Dabney P. Evans, PhD, MPH*
Emory University, Rollins School of Public Health, Hubert Department of Global Health, and Institute of Human Rights, Atlanta, GA, USA
(404)-727-3061
dabney.evans@emory.edu

Rachel Waford, PhD
Emory University, Rollins School of Public Health, Hubert Department of Global Health, Atlanta, GA, USA
(404)-969-5395
rwaford@emory.edu

***** Corresponding Author

Acknowledgments

The authors express their gratitude to the National Survivor Network, Out of Darkness, StreetGrace, 4Sarah and to all of the participants in this study. We would like to thank Elana Herbst and Kirsten Gillette, the research assistants on this project for their assistance in transcribing the interviews. This work was supported in part by the Eugene Hayes Fund financially supported this project.

Student Contribution

The following manuscript is the product of a research study designed by the student. The student was involved in all aspects of the research study design to include: preparing IRB materials, developing recruitment flyers, communicating with local victim service agencies and other potential partners, collecting data, and managing a team of research assistants. The student was responsible for developing the project objective and aims. Additionally, the student performed an extensive literature review, developed the data collection instruments, data management and analysis, and constructed all relevant tables and figures. The student generated all written parts of this thesis project and received written and verbal feedback from Dr. Dabney P. Evans and Dr. Rachel Waford.

Abstract

Background: Sex trafficking is an international challenge, which is increasingly having a global impact. This complex public health challenge has unique ramifications for mental health conditions. While sex trafficking, in relation to adverse mental health outcomes, has been documented in prior research, this has mainly been explored from provider's perspectives. There is a dearth of contemporary literature regarding survivor's perspective on their experiences with mental health services.

Methods: This was a qualitative study of female adult sex trafficking survivors and commercial sex workers residing in the United States. In depth telephone interviews were conducted with 10 participants who were identified from victim service agencies in Atlanta, Georgia and the National Survivor Network. Data were analyzed to understand the mental health symptoms experienced, services accessed, barriers encountered when seeking service, recommendations for service improvement, and trafficking experience of participants.

Results: Participants reported utilizing a myriad of mental health services to address their mental health symptoms, which included: faith based programs, psychiatric hospitals, group therapy, and individual counseling services. Several facilitators and barriers to accessing mental health services were identified. Participants expressed comfort with service providers who practiced trauma-informed care approaches and a preference for female providers. Barriers to accessing services included: self-deprecation, limited financial resources, logistical complications, and a lack of awareness and knowledge of services.

Discussion: The findings of this study suggest that each woman's experiences are unique, however, overall commonalities exist. Participant's recommendations for service improvements included: continued efforts in incorporating survivor-led initiatives, expansion of service organization efforts to better meet the needs of survivors, structural efforts, and community based initiatives to aid in the recovery process for women exiting *the life*. The results of this qualitative study are invaluable to understanding the mental health needs and trafficking experiences of survivors from their perspective. Our results may inform future efforts to address the recovery process for survivors.

Keywords: Commercial sexual exploitation, human sex trafficking, survivor perspective, mental health, human rights

Introduction

Human trafficking involves the exploitation of adults or minors using force, fraud, or coercion (Chisolm-Straker & Stoklosa, 2017). The two most common forms of human trafficking include sexual exploitation and forced labor. According to 2017 reports from the International Labor Organization, 4.8 million of the 24.9 million victims trafficked globally were forced into the sex trafficking industry (Human Rights First, 2017). Within the U.S., instances of human trafficking have been reported across all 50 states. Reports from 2017, indicated a 13% increase in identified human trafficking cases from previous years. Over 10,000 individuals were identified as victims and sex trafficking was listed as one of the top two forms of trafficking (Polaris Project, 2018). Although survivors of sex trafficking can range in age and gender, the majority of identified victims are women and adolescent girls (Deshpande & Nour, 2013). Among the reported cases to the U.S National Human Trafficking Hotline, 83.9% were females. While African-American/Black women and girls represent only 7.2% of the U.S. population, 40% of confirmed trafficking cases are of African-American/Black women and girls (Institute for Women's Policy Research, 2017).

For several decades the approach to addressing human trafficking was strictly criminal justice focused. Public health sits on a pillar of intervention-based approaches to solving issues while acknowledging the web of complexities such as socio-economic status, race, and poverty that play a role in the outcome of interest. This is pivotal in addressing human trafficking since once survivors are identified it is imperative to understand the vulnerabilities which led to their exploitation in order to prevent recidivism. A public health approach critically evaluates ways in which the cycle of trafficking can be broken by truly healing and restoring survivors.

Generally speaking, the health outcomes of sex trafficking are attributed to physical violence, mental illness (including substance abuse), violent and unsafe sex practices, inhumane working and living conditions, and lack of access to healthcare services (Gajic-Veljanoski & Stewart, 2007). They often experience physical, sexual, and emotional violence at the hands of their trafficker and buyers. A systematic literature conducted by Oram et al determined the most common physical health problems reported by victims included headaches, fatigue, dizziness, back pain, and difficulties with memory. Mental health consequences for victims are associated with the violence and injuries sustained while being trafficked. In many cases, victims report experiencing post-traumatic stress disorder (PTSD), depression, anxiety, suicidal ideation, sleeping disorders, and eating disorders. As a result of these health affects, it is imperative that survivors have access to health services that are tailored to their immediate and long-term needs (Oram et al., 2012).

The trafficking of women and children for sexual exploitation is a human rights violation that has gained widespread attention across the globe over the past decade. This study seeks to bridge the gap in knowledge and understanding of sex trafficking and commercial sex work though the survivor's experiences along with potential facilitators and barriers to accessing mental heath services.

Methods

This was a qualitative study of female adult sex trafficking survivors and commercial sex workers residing in the United States from November 2018 to March 2019. Participants were asked to participate in one in-depth interview lasting between 45-75 minutes. Telephone interviews were arranged if participant preferred or they were unable to meet in person. The questions asked in the interview were in relation to the mental health symptoms the participant experienced, their trafficking or commercial sex work experience, the mental health services they accessed, potential barriers they encountered when seeking mental health services, and any recommendations for service improvement.

The inclusion criteria for the research study required participants to be English speaking, self-identified females at least 18 years of age, who also reported a history of commercial sex work or sexual exploitation. There were no restrictions on participant's eligibility to participate based on ethnicity, race, or religion. The exclusion criteria for this research study included non-English speakers, those who did not experience commercial sex work or sex trafficking, those with intellectual disabilities that precluded their ability to understand the study and give informed consent (as determined by victim service agency staff or the researcher), and those for whom the researcher or victim service agency staff had concerns about the potential for negative experiences associated with the interview (trauma triggers).

A protocol and research instruments were submitted to Children's Health of Atlanta's (CHOA) Institutional Review Board (IRB) and approval was granted on October 15, 2018 (#18-124). Verbal consent –including permission to audio record -- was acquired prior the interview. Confidentiality was maintained by de-identifying the data

one the transcription process was completed. This process included changing participants' names to pseudonyms. In addition, any identifying information such as family or friend's names and job titles were removed from the transcript. The audio files were uploaded to the personal password protected computers of the author of this study and a research assistant (RA). The interviews were transcribed from the recordings verbatim into written English. Following the transcription process, all of the audio and transcript files were deleted from the RA's computer. Backup copies of all recordings and transcripts were stored in the secure, and password protected electronic location.

There were potential risks to the participants, which included: triggering prior traumatic experiences and distressing reactions such as anxiety, sadness, flashbacks, or other discomforts. Participants were offered the opportunity to have a counselor or victim service agency staff member present during the interview to provide emotional support. If the participant experienced distress during the interview, the researcher was prepared to respond in a trauma-informed manner, suspend the questions and if necessary, cease the interview (Zimmerman & Watts, 2003). The researcher provided each participant with a resource guide at the end of the interview.

Data were analyzed using MAXQDA 11 Software, which permitted the coder to read through the text, identify important components, code the transcripts, and analyze deductive and inductive themes u. Unlike other analytic methods such as grounded theory, thematic analysis is most interested in themes, which emerge *within* an individual dataset as opposed to general themes or patterns *across* an entire data set.

Results

All demographic characteristics are reported in Table 1. The studies participants, all female were between 23 and 50 years of age. The majority of survivor participants self identified as white (90%, *n*=9) with 10% (n=1) identifying as mixed race/ethnicity. The majority of participants reported that they first entered the life[1] between the ages of 10 and 16 (40%, n=4) by a friend or an acquaintance (60%, n=6). Thirty percent (n=3) reported being married currently; seventy percent (n=7) of the participants reported having children. Of the participants who reported having children, 40% (n=4) became pregnant with their first child between the ages of 13-16. Participants described a myriad of physical health conditions including physical, mental, and gynecological concerns resulting from being trafficked or the poor working and living conditions they experienced. All of the physical health problems reported by participants are presented in Table 2. Participants also described the mental health conditions resulting from being trafficked or being involved in commercial sex work. All of the self-reported mental health symptoms disclosed by participants are presented in Table 3.

Results are organized around the major research aims and objective of: experiences with mental health services, trafficking experience, and recommendations for service improvement. Prevalent themes are presented in italics with examples of representative quotations presented in Table 4.

[1] For the purpose of this results section, the author will use the term “enter into the life” to refer to the coerced or forced entry into the life by a trafficker or participation in commercial sex work. Entry into the life includes exchanging sex for money, drugs, shelter or other goods involuntarily or deceitfully (Jiménez et al., 2018).

Experiences with Mental Health Services

Services Utilized During and After Trafficking

Participants reported utilizing a myriad of mental health services during their trafficking experiences. Three participants reported utilizing a faith-based program such as a 15-month rehabilitation programs. One reported visiting a psychiatric hospital and two participants reported utilizing group therapy such as a 12-month drug and alcohol program while in prison. 50% (n=5) reported using counseling services.

S*ervice Preference*

Overall, participants expressed a preference for female service provider than male service providers. One participant reported an instance in which she experienced unwanted advances from a male service provider:

> "… I've had counseling from a man and a female and I will never go to a guy counselor again […] Because when you're talking about the type of work that you do or used to do and it's not easy to talk to them […] talking to a man counselor does not work for me. Because he tried to take advantage of the situation." – Participant 4

Barriers to accessing services

Physiological barriers -which can be attributed to the manipulation and emotional abuse experienced during the life- includes: not feeling worthy of receiving services or fear of judicial implications of being involved in the life:

> *"I didn't think I felt worthy at all to accept help either, you know I was like nobody's going to help me, and what right do I have to ask for help? I'm a pathetic piece of shit."* –Participant 9

Trafficking Experiences of Survivor Participants

Participants reported being introduced to the life by close friends or acquaintances, family members, or romantic partners. This is consistent with current literature that states, the first trafficker to introduce victims to the life is often a trusted individual in their social network (Weitzer, 2009). The participants who entered the life at a younger age (3-16 years old) were trafficked by a family member whereas those who entered later in life (17-30 years old) were either trafficked by a romantic partner or acquaintance. For those who experienced trafficking at a younger age, they typically remained in the life longer than those who experienced trafficking later on in life. Women exited the life for a myriad of reasons, the most common of these included being arrested. Other means of exiting the life included escaping following a traumatic experience, leaving the country, or getting rescued by an anti-trafficking organization.

Comradery Among Trafficked Women

In reference to social support participants received while both in the life and during their recovery period, the most common response alluded to the support they received from other trafficked women. One particular participant was trafficked by her romantic partner for over 13 years. During this time her trafficker's business expanded to where he was trafficking on average five to ten women at a time. Due to the nature of their living conditions she stated the following when asked to recount something she recalls most from being in the life:

> *"The girls within the circles that are under his control we're very close. We like[d] each other [...]we were sisters almost."* -Participant 9

Violence And Threats Of Violence

Many participants recounted multiple instances in which their trafficker or buyers inflicted violence on them or other women in the life. Often times the violence participants faced was a combination of physical, sexual, and emotional violence. Participants described the violent outbursts as a result of them attempting to escape:

> *"…he put me in the room and for three days he had me smoking crack cocaine, beating me, raping me, just torturing me, interrogating me you know? "Who have you talked to, what did they look like, what car have you gotten into, what was the address of the domestic violence shelter?" You know "who did you talk to there, what did they look like, what did they say, who did you talk to, what did they weigh, what color eyes did they have?"* –Participant 4

Normalization of Trafficking

Many participants described feelings of normalization of their trafficking experience and associated trauma and violence they faced. For participants who entered the life during their early adolescent years (11 years old) they expressed feeling they were groomed for this life:

> *"I guess in how I was raised, I thought it was normal, for the longest time...I thought that's just what...I was meant to do"* –Participant 1

Manipulation and Control

Participants reported being manipulated to both enter and stay in the life. This varied based on the type of trafficker. A participant described entering the life because her romantic partner and father of her child coerced her into prostitution as a means to financially care for her child. He utilized manipulation tactics and emotional violence in order to justify her to remain in the sex trade:

> *"…That is what he used to coerce me into prostituting basically saying: "well she doesn't have diapers, she doesn't have formula. You're her mother don't you love her? Aren't you a good mother? A good mother is willing to do anything for their child […] this is one little thing that you can do to keep your child safe. You know and you know you need diapers and formula. So you need to go do this."* – Participant 9

Participants Recommendations

Participants reported seven main recommendations for ways in which women who were previously trafficked or involved in commercial sex work could be supported. A total of 6 participants recommended incorporating survivor's perspectives in trainings or as staff members for organizations dedicated to addressing commercial sexual exploitation. 5 participants recommended community based initiatives such as building social support groups for survivors within their community and increasing the number of anti-trafficking organizations catering to the needs of survivors. 4 participants recommendation taking legal measures to decriminalize CSW or shut down strip clubs and implementing innovative mental health services to address the needs of survivors. 3 participants recommended preventative healthcare measures and increased access to treatment for conditions such as STI's or injuries. In addition, 3 participants

recommended additional training for service providers, law enforcement or others who interacted with survivors.

Incorporating Survivors Perspective

Participants expressed support in utilizing individual survivor perspectives and experiences at the forefront of anti-trafficking interventions.

> *"I think probably my number one recommendation is making use of survivor leaders because they know and it's wonderful that there are people who want to help who haven't been there but you need to listen to the voices of people who have."* –Participant 6

Community Based Initiatives

One aspect that several participants considered essential in improving services for trafficked persons is community based initiatives. They acknowledged that this could be a more feasible approach for those who may not be able to access more forma services:

> *"I think a community based solutions are really good like community based support groups and things like that I think can be really effective. I've seen that locally. So in the absence of the ability to get formal one on one help which a lot of people just aren't gonna be able to get I think communities and community support groups and things like that are really good options."* –Participant 6

Structural Interventions

Participants explained that trainings are an effective mechanism to disseminate information regarding prevention trafficking. Participants identified survivor-led trainings

as a beneficial means of highlighting the unfamiliar knowledge to service providers and law enforcement officials alike. They recommended trainings as a means of making providers more aware of the signs they should be aware of:

> *" I would like for the cops to be […] more trained on what to look for so if they see something going on then they could just go in and do something about it."* –Participant 10

Expansion in Service Organizations Efforts

Participants acknowledged the fact that there are service organizations available to survivors in some area (typically larger metropolitan regions). However, they did identify the potential to increase the number of service organization in order to accommodate the needs of women within various backgrounds:

"I would like to see just more places [...] like [anti-trafficking organization] that would be willing to just bring women in and try to help them get stable."–Participant 10

Discussion

Currently, there is limited research which utilizes sex trafficking survivors as participants in order to gain a better understanding of their experiences (Anita Ravi et al., 2017; Aron, Zweig, & Newmark, 2006; Busch-Armendariz, Busch Nsonwu, & Heffron, 2014). Of the limited research utilizing survivor perspectives the scope of the research varies broadly. By incorporating the voice of survivors, this research study offers a better understanding of their lived experiences and informs recommendations to improve tailored services intended to address survivor needs.

The results of this project offer avenues for future studies in reference to trafficking in mental health settings and an opportunity for stakeholders to incorporate survivor's input to improve mental healthcare for this population.

Overall, participants expressed a myriad of mental health consequences as a result of being in the life. They made reference to suicidal thoughts, depression, insomnia, mood-swings, panic attacks, PTSD, and sensory processing disorders. Across the literature on mental health and trafficking, many survivors express similar psychological effects as a result of being in the life (Powell, Asbill, Louis, & Stoklosa, 2018). Service utilization varied from person to person within the study. Among the participants who did express ever using mental health services, the following main themes emerged: service preference and barriers to accessing services.

Services Preferences

Overall, the majority of traffickers and buyers in the sex trade are men (Office of Justice Programs, n.d.). For survivors, their violent experiences with men while in the life can cause them to be more comfortable around women. Participants in the study recounted difficulty in not perceiving all men as evil human beings. Due to this, many participants expressed preference for female service providers as they experienced a higher level of comfort with them.

Barriers to accessing services

Participants noted self-deprecation, limited financial resources, logistical complications, along with a lack of awareness and knowledge as barriers to accessing services. Shame, in many cases, serves as the greatest barrier to seeking mental health services. The stigma associated with mental health conditions, in addition to the stigma surrounding trafficking, makes it difficult for survivors to seek out services. The constant psychological abuse employed by traffickers to ensure victims are submissive to their control also serves as a barrier. One participant expressed feeling unworthy of receiving help as it was engrained in her that she was worthless and did not deserve to be heard.

Trafficking Experience

This analysis focused on characteristics of women who were trafficked including: their trafficking experience, mental health services utilized, and potential barriers or facilitators to accessing these services. The results suggested that women who are trafficked for sex experienced several difficulties congruent with the literature. Many of the participants were trafficked by someone they were familiar with. None of the participants reported being trafficked by a stranger. This is consistent with other forms of gender-based violence in which the perpetrator of violence is often times a familiar person to the victim (World Health Organization, 2012).Once in the sex trade, women begin experiencing significant violence, manipulation and control. Participants often described a sense of normalization of trafficking, which may have prevented them from identifying as a victim or seeking assistance. A major coping mechanism and source of support women were other women who were being trafficked alongside them.

Violence, Threats Of Violence, Manipulation, and Control

Victims reported extremely violent encounters with their traffickers as a result of attempting to escape. It is important to note that even when women gathered the courage and strength to leave, their traffickers would lure them back into the life. Women often viewed their trafficker as someone they loved and cared for. This connection, known as trauma boding, is often difficult to break, which contributes to women returning to the life despite the abuse and violence they experience. Sexual assault was a common form

of abuse experience by survivors. Participants reported being raped by their trafficker, romantic partners, fathers, relatives, and buyers. Due to the nature of the industry, women also reported being forced to engage in sexual behaviors such as bestiality, role-playing, and sex with persons of the same gender.

Normalization of Trafficking

Findings from the study demonstrated a myriad of circumstances, which served as barriers to exiting the life. In addition to the manipulation and control they experienced at the hands of traffickers, survivors also recounted a sense of normalization of trafficking. For participants who were raised in an abusive environment and were trafficked beginning at an early age, they believed sexual exploitation was simply a part of life. One participant described feeling as though unwanted sexual relations was “what she was meant to do.”

Comradery Among Trafficked Women

A main coping mechanism and source of support that was discovered within this study was the sense of comradery among trafficked women. Many of the participants recounted living with several other women at any given time. The women would work together and in some cases stand up to their traffickers in support of on another.

Limitations

The findings from the study should be considered in light of the following limitations. This research study is a qualitative exploration designed to broaden our understanding of survivor's perspectives as it pertains to their trafficking experience, barriers, and facilitators to accessing mental services. Due to the context of qualitative research, the findings of this research study cannot be generalized to the experiences of all commercial sexual exploitation survivors. Moreover, there were a limited number of survivors who participated in the research interviews. A larger sample size will allow for a deeper understanding of the concepts presented. Additionally, this study only involved women ages 18 and older and did not include adolescent survivors of sexual exploitation. African-American women constitute 40.4% of confirmed cases of sex trafficking in the U.S (Lillie, 2014), our sample population included one mixed-raced, African-American and Hispanic participant. There is limited racial diversity among the participants in this study. In addition, there may be a self-selection bias present among the participants who volunteered to participate in the project. The majority of participants were 5-15 years removed from their trafficking experience and offer lack of perspective for those who recently exited the life.

Recommendations

Participants were asked to identify recommendations they had for improving the recovery process for survivors. These recommendations are tailored to meet the aim of

providing survivors with culturally appropriate, efficient, and trauma-informed care. In come cases, the recommendations presented are low in feasibility currently, however they may initiate efforts in support for survivors. The recommendations are as follows:

Survivor-Led Initiatives

Perhaps the most important voices in the movement against sexual exploitation are survivors themselves. A major theme that emerged among participants regarding their trafficking experience was the comradery formed among women who were trafficked together. There is a sense of support and understanding, which survivors have for each other that can play a key role in supporting their recovery process. While service providers, law enforcement, researchers, and the general public play an influential role in addressing trafficking, survivor's roles are invaluable. Survivor-led initiatives in promoting and supporting the mental health recovery can include increased inclusion of survivor voices in the planning and implementation of efforts. Their perspective will serve useful in building trust among other survivors, developing tailored and appropriate material, and potentially providing support for collaborative efforts. It is important to note that this is extremely feasible if efficacy is present.

Community Based Initiatives

Engaging the community in recovery efforts for survivors brings individuals together who may share a common concern for social justice. In doing so, there are

opportunities to increase accessibility to resources. Once survivors exit the life, there are a surplus of needs that must be addressed. Immediate needs may include immediate safety, emergency shelter, basic necessities, and even healthcare. Longer terms needs, which must be met in order to reduce the likelihood of recidivism, include: life skills, education and job training, permanent housing and legal advocacy. Participants referenced providing job opportunities and assistance with accessing basic necessities recommendations. For many women, engaging in the sex trade is the only form of *employment* they may be accustomed to. By providing job skills training or educational opportunities, women will be better equipped to secure permanent employment. This could be achieved by partnering with local job agencies or community colleges in order to offer survivors professional development opportunities. Existing service organizations can incorporate professional development to the life-skills they currently offer. Additionally, sessions on financial literacy, General Educational Development (GED), budgeting, and career development could be offered for within long-term shelters or safe homes for survivors. The aforementioned program implementations are of high feasibility if the infrastructure exists to support women in this capacity.

Structural Interventions

The process of aiding and identifying survivors of sex trafficking begins with proper education and understanding of the issue. Human trafficking is often times described as a crime that takes place in plain sight. This is because survivors may continue to engage with their communities and they do not necessarily self-identify with

their experience. Throughout their exploitation period women way interact with the criminal justice system, utilize medical services, participate in faith services, and utilize local transportation systems without detection (Office To Monitor And Combat Trafficking In Persons, 2018). By continuing with existing efforts to train health providers and law enforcement officials -the two entities, which, interact with women in the life most frequently- appropriate identification measures and response methods can be disseminated.

Expansion in Service Organizations Efforts

Currently there are several service organizations, which exist that serve sex trafficking survivors from various backgrounds and age ranges (Serrata, Hernandez-Martinez, Rodriguez, & Trujillo, 2018). Despite this, there continues to be an inability to meet the needs of survivors from all walks of life. For survivors with children, it is especially difficult to find a service organization that can accommodate them and their children. By expanding the reach of established organization, we can address Sexual exploitation is perhaps on of the most heinous crimes our world currently faces. This expansion can be achieved by increased funding (via grants, private donors, governmental funding), increased presence in the community (via awareness campaigns, community forums, interaction with school systems), and increased partnerships with other service agencies. It violates an individual's human rights and constitutes modern-day slavery. For those who become victims of this crime, they may experience sexual and physical abuse, psychological trauma, and other degrading, inhuman treatment. This

research project describes the characteristics of survivors' trafficking experiences using their own words. It also highlighted the major mental health barriers and facilitators to seeking mental health services among survivors. Sex trafficking is a phenomenon that transcends all social and geographical borders. It does not discriminate and can affect all individuals alike. In order to combat this crime, anti-trafficking efforts must address the warning signs and risk factors. Additionally, the specific barriers to accessing resources and services must be addressed in order to promote the overall health and wellbeing among women in the life.

Future Research

The current study highlighted participants trafficking experience as a means of understanding their mental health symptoms and subsequent needs. Initial questions were targeted at understanding participant's childhood, relationship with family members, and early exposure to abuse. Future research should attempt to tie these contextual factors (adverse childhood experiences: abuse, neglect, poverty) to entering commercial sexual exploitation. By linking the contextual factors pertaining to adverse childhood experiences, interventions may be developed that are targeted to the appropriate population.

Future research efforts should also consider developing effective intervention for sexually exploited women with children. Several of the women in this study reported having children, many of whom were fathered by their traffickers. For many, their

relationship with their children played a crucial role in their narratives. This aspect of their life however is not often a focus of treatment and it is difficult to find service organizations that accommodate and support women with children. Future research efforts could identify ways to assist women in the life with children by identifying means to eliminate some of the barriers they face.

Conclusion

Sexual exploitation is perhaps on of the most heinous crimes our world currently faces. It violates an individual's human rights and constitutes modern-day slavery. For those who become victims of this crime, they may experience sexual and physical abuse, psychological trauma, and other degrading, inhuman treatment. This research project describes the characteristics of survivors' trafficking experiences using their own words. It also highlighted the major mental health barriers and facilitators to seeking mental health services among survivors. Sex trafficking is a phenomenon that transcends all social and geographical borders. It does not discriminate and can affect all individuals alike. In order to combat this crime, anti-trafficking efforts must address the warning signs and risk factors. Additionally, the specific barriers to accessing resources and services must be addressed in order to promote the overall health and well-being of survivors.

References

Anita Ravi, Pfeiffer, M., Rosner, Z., & Shea, J. (2017). Trafficking and Trauma: Insight and Advice for the Healthcare System From Sex-trafficked Women Incarcerated on Rikers Island | Ovid. Retrieved January 28, 2019, from https://oce-ovid-com.proxy.library.emory.edu/article/00005650-201712000-00006/HTML

Chisolm-Straker, M., & Stoklosa, H. (Eds.). (2017). *Human Trafficking Is a Public Health Issue - A Paradigm Expansion in the United States | Makini Chisolm-Straker | Springer* (1st ed.). Springer International Publishing.

Deshpande, N. A., & Nour, N. M. (2013). Sex Trafficking of Women and Girls. *Reviews in Obstetrics and Gynecology*, *6*(1), e22–e27.

Gajic-Veljanoski, O., & Stewart, D. E. (2007). Women Trafficked Into Prostitution: Determinants, Human Rights and Health Needs. *Transcultural Psychiatry*, *44*(3), 338–358. https://doi.org/10.1177/1363461507081635

Gerassi, L. (2015a). From Exploitation to Industry: Definitions, Risks, and Consequences of Domestic Sexual Exploitation and Sex Work Among Women and Girls. *Journal Of Human Behavior In The Social Environment*, *25*(6), 591–605. https://doi.org/10.1080/10911359.2014.991055

Gozdziak, E., & Collett, E. (2005). Research on Human Trafficking in North America: A Review of Literature. In *Data and research on human trafficking: A global survey* (pp. 101–139). International Organization for Migration.

Human Rights First. (2012). *Dismantling the Business of Human Trafficking Analysis of Six U.S. Cases*.

Human Rights First. (2017, January 7). Human Trafficking by the Numbers | Human Rights First. Retrieved February 12, 2019, from Human Rights First website: https://www.humanrightsfirst.org/resource/human-trafficking-numbers

Institute for Women's Policy Research. (2017). *The Economic Drivers and Consequences of Sex Trafficking in the United States*. Retrieved from https://iwpr.org/wp-content/uploads/2017/09/B369_Economic-Impacts-of-Sex-Trafficking-BP-3.pdf

Lillie, M. (2014, April 30). Human Trafficking: Not All Black or White • Human Trafficking Search. *Human Trafficking Search*. Retrieved from http://humantraffickingsearch.org/human-trafficking-not-all-black-or-white/

Office To Monitor And Combat Trafficking In Persons. (2018). Trafficking in Persons Report 2018: Local Solutions to a Global Problem: Supporting Communities in the Fight Against Human Trafficking. Retrieved March 27, 2019, from https://www.state.gov/j/tip/rls/tiprpt/2018/282573.htm

Oram, S., Stöckl, H., Busza, J., Howard, L. M., & Zimmerman, C. (2012). Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review. *PLoS Medicine*, *9*(5), e1001224. https://doi.org/10.1371/journal.pmed.1001224

Polaris Project. (2012). *Understanding The Definition Of Human Trafficking: The Action-Means-Purpose Model*. National Human Trafficking Resource Center.

Polaris Project. (2018). 2017 Human Trafficking Statistics. Retrieved February 11, 2019, from Human Trafficking Search website: http://humantraffickingsearch.org/human-trafficking-statistics-2017/

Powell, C., Asbill, M., Louis, E., & Stoklosa, H. (2018). Identifying Gaps in Human Trafficking Mental Health Service Provision. *Journal of Human Trafficking*, *4*(3), 256–269. https://doi.org/10.1080/23322705.2017.1362936

Serrata, J. V., Hernandez-Martinez, M., Rodriguez, R., & Trujillo, O. (2018, January). *A Scan of the Field: Learning About Serving Survivors of Human Trafficking*. Retrieved from http://nationallatinonetwork.org/images/HT-report-English-final.pdf

Weitzer, R. (2009). Sociology of Sex Work. *Annual Review of Sociology*, *35*(1), 213–234.

World Health Organization. (2012). *Understanding and Addressing Violence Against Women*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1

World Health Organization. (2014, August). WHO | Mental health: a state of well-being. Retrieved March 3, 2019, from WHO website: https://www.who.int/features/factfiles/mental_health/en/

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., … Watts, C. (2008). The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe. *American Journal of Public Health*, *98*(1), 55–59. https://doi.org/10.2105/AJPH.2006.108357

Table and Figures

Table 1: *Socio-demographic characteristics of participants* (N=10).

	N	%
Current Age		
Under 30	1	10%
31-40	6	60%
41-50	3	30%
Age when entered the life		
Under 10	2	20%
11-15	4	40%
16-20	1	10%
21-25	2	20%
26-30	1	10%
Currently Married	3	30%
Have Children	7	70%
Race		
White/Caucasian	9	90%
Mixed Race/Ethnicity	1	10%
Trafficker		
Romantic Partner	2	20%
Friend/Acquaintance	6	60%

Table 2: *Reported physical health problems of participants* (N=10)

Cardiac damage
Chronic pain
Fertility Issues
Gastrointestinal complications
Infectious diseases
Musculoskeletal damage
Obesity
Pelvic trauma
Phantom pain
Lasting physical injuries or scarring
Sexually transmitted infections
Hepatitis C
Chlamydia
Gonorrhea
Temporomandibular Joint Dysfunction (TMJ)
Vaginal trauma

Table 3: *Reported mental health conditions of participants* (N=10)

Anxiety
Social anxiety
Depression
Seasonal depression
Dissociative identity disorder
Insomnia
Mood swings
Panic attacks
Post Traumatic Disorder (PTSD)
Sensory processing disorder

Table 4: *Experiences with mental health services, trafficking experience, and recommendations for service improvement* (N=10)

Experiences with Mental Health Services	
Service Preference	"… I've had counseling from a man and a female and I will never go to a guy counselor again […] Because when you're talking about the type of work that you do or used to do and it's not easy to talk to them […] talking to a man counselor does not work for me. Because he tried to take advantage of the situation." –P4
Barriers to accessing services	"I didn't think I felt worthy at all to accept help either, you know I was like nobody's going to help me, and what right do I have to ask for help? I'm a pathetic piece of shit." –P9
Trafficking Experience	
Comradery Among Trafficked Women	*"The girls within the circles that are under his control we're very close. We like[d] each other [...]we were sisters almost."* -P9
Violence And Threats Of Violence	*"…he put me in the room and for three days he had me smoking crack cocaine, beating me, raping me, just torturing me, interrogating me you know? "Who have you talked to, what did they look like, what car have you gotten into, what was the address of the domestic violence shelter?" You know "who did you talk to there, what did they look like, what did they say, who did you talk to, what did they weigh, what color eyes did they have?"* –P4
Normalization of Trafficking	*"I guess in how I was raised, I thought it was normal, for the longest time...I thought that's just what...I was meant to do"* –P1
Manipulation and Control	*"…That is what he used to coerce me into prostituting basically saying: "well she doesn't have diapers, she doesn't have formula. You're her mother don't you love her? Aren't you a good mother? A good mother is willing to do anything for their child […] this is one little thing that you can do to keep your child safe. You know and you know you need diapers and formula. So you need to go do this."* –P9
Recommendations for Service Improvement	
Incorporating Survivors Perspective	*"I think probably my number one recommendation is making use of survivor leaders because they know and it's wonderful that there are people who want to help who haven't been there but you need to listen to the voices of people who have."* –P6
Community Based Initiatives	*"I think a community based solutions are really good like community based support groups and things like that I think can be really effective. I've seen that locally. So in the absence of the ability to get formal one on one help which a lot of people just aren't gonna be able to get I think communities and*

	community support groups and things like that are really good options." –P6
Structural Interventions	*" I would like for the cops to be […] more trained on what to look for so if they see something going on then they could just go in and do something about it."* –P10
Expansion in Service Organizations Efforts	*"I would like to see just more places [...] like [anti-trafficking organization] that would be willing to just bring women in and try to help them get stable."* –P10

IV. Chapter 4: Methods

This chapter describes the research methods employed to guide this qualitative study including the sample population, instrument design, data collection procedures, data management, thematic analysis, ethical considerations and informed consent. This study was conducted to assess the self-reported mental health symptoms of female adult commercial sex workers and survivors of sex trafficking, their barriers to accessing mental health services, and their experiences with mental health professionals.

Sample Population

This was a qualitative study of female adult sex trafficking survivors and commercial sex workers residing in the United States from November 2018 to March 2019. Participants were recruited for in depth interviews (IDIs) based on their ability to provide their emic perspective or meaningful insight on the research studies topic of the mental health needs of the groups of which they were members (Hennink et al., 2011).

The inclusion criteria for the research study required participants to be English speaking, self-identified females at least 18 years of age, who also reported a history of commercial sex work or sexual exploitation. There were no restrictions on participant's eligibility to participate based on ethnicity, race, or religion. The exclusion criteria for this research study included non-English speakers, those who did not experience commercial sex work or sex trafficking, those with intellectual disabilities that precluded their ability to understand the study and give informed consent (as determined by victim

service agency staff or the researcher), and those for whom the researcher or victim service agency staff had concerns about the potential for negative experiences associated with the interview (trauma triggers).

The following local victim service agencies partnered with the research study in order to reach the women they serve: National Survivor Network, Out of Darkness, StreetGrace, and 4Sarah. Representatives from each agency approved the in depth interview guide to ensure its appropriateness. The agencies also provided logistic support, which included: advertising the research study to their clients and providing private facilities to conduct the IDIs. Once the interview was complete, participants were asked to share the study with their social networks through a process known as chain-referral or snowball sampling. The purpose of utilizing this sampling method was to ensure that survivors of sex trafficking and commercial sex work have the opportunity to engage in the study and provide the details of their authentic experience. According to Atkinson and Flint (2001), this process takes advantage of the individual's social networks and provides the researcher with an expansion set of potential contacts (Atkinson & Flint, 2001). Participants were assured that when contacting potential participants, their names would not be disclosed to the referred individual. Referred individuals were recruited via email. If the referred individual declined or did not mean the inclusion criteria of the research study, then inquiries were made regarding others whom they suggest the study should include.

Study design

Qualitative data in the form of IDIs were collected and analyzed for this paper. Given the personal nature of sexual exploitation and commercial sex work, IDIs granted participants the opportunity to share intimate details and information with the researcher that would be inappropriate or harmful to share in a group setting such as a focus group discussion. Previously, a study conducted by Rajaram & Tidball (2018), also utilized IDI's in exploring the lived experiences of adult survivors of sex trafficking (Rajaram & Tidball, 2018b). A semi-structured interview guide was the sole instrument utilized in this research study (see appendix 6). The interviews included the following five sections: introductory questions, entering the life, experiences while in the life, post-life journey, and closing questions. The guide was composed of 25 open ended questions. These questions were in relation to the mental health symptoms the participant experienced, their trafficking or commercial sex work experience, the mental health services they accessed, potential barriers they encountered when seeking mental health services, and any recommendations for service improvement. Prompts were included to support responses in the event a respondent was reserved in their response. The questions were designed to transition from least sensitive to most sensitive. The interviewer shifted the question order in order to accommodate the flow of the conversation; some questions were either omitted or modified to prevent redundancy. Though the structure and content within the interview guide remained consistent throughout the data collection process, minor revisions were made to improve the guide for clarity and cultural appropriateness.

Data Collection Procedures

The researchers worked in conjunction with local victim service agencies to identify participants for the study. Recruitment flyers describing the study were advertised at the participating agencies and staff notified their clients about the study via email and verbal announcements. Partner agency staffs were instructed to focus on clients whom they felt had processed their experiences to the extent that they were capable of freely discussing the study topics with minimal risk of experiencing stress. As a result of the iterative process of qualitative research, data collected during the initial phases of the research object were used to inform and refine the subsequent data collection stages (Hennink, Hutter, & Bailey, 2011).

All in-depth interviews were conducted from November 2018 to March 2019. The interviews took place at # victim service agencies. Telephone interviews were arranged if participant preferred or they were unable to meet in person. Verbal consent –including permission to audio record -- was acquired prior the interview. Interviews were approximately 45-75 minutes. Participants were given a $25 gift certificate as compensation for their time and participation in the study.

The verbal consent followed the IRB guidelines and included information regarding the purpose of the study, risks of participation, and confidentiality measures in place. Confidentiality was maintained by de-identifying the data one the transcription process was completed. This process included changing participants' names to pseudonyms. In addition, any identifying information such as family or friend's names and job titles were removed from the transcript.

Data Management

IDIs were audio recorded using a Sony ICDPX370 digital audio recorder. The audio files were uploaded to the personal password protected computers of the author of this study and a research assistant (RA). Both the author of this study and the RA's transcribed the recordings verbatim into written English. Following the transcription process, all of the audio and transcript files were deleted from the RA's computer. Backup copies of all recordings and transcripts were stored in the secure, and password protected electronic location, Emory Box which is certified for storing sensitive data. The following safeguards were implemented: a unique PIN in order to access information, inactivity timeout, data storage encryption, and automatic data wiping after ten consecutive failed login attempts.

Data were analyzed using MAXQDA 11 Software, which permitted the coder to read through the text, identify important components, code the transcripts, and analyze deductive and inductive themes. The IDIs were reviewed multiple times in order to develop a codebook consisting of 56 deductive and inductive codes (see appendix 7). The deductive codes were influenced by the interview guide and specific topics purposefully presented by the researcher. They included: "childhood", "introduction to sex", "violence", "trafficking", "trafficker", "buyer", "coping, "drugs and alcohol", "stress", "mental health conditions", "social support", "health problems", and "mental health services". Inductive codes organically emerged from the data and were not necessarily expected. They included: "single parent home", "divorced parents", "blended family", "self-injury", "trauma", "suicide", "religion", "health problems", "funds". "means of

trafficking", "manipulation", "law enforcement", "trust", "death", "autonomy", "living conditions", "recommendations", "pregnancy", and "satisfaction with services."

Thematic Analysis

The Braun and Clark 6-phase approach to thematic data analysis was employed for this research study. The six phases include: data familiarization, initial code generation, theme searches, theme review, theme naming, reporting (Braun & Clarke, 2006).Thematic analysis is widely used in qualitative research as it permits researchers to report themes within their data set with "rich detail" and provides "flexibility" due to its uninhibited theoretical nature (Braun & Clarke, 2006). Unlike other analytic methods such as grounded theory, thematic analysis is most interested in themes, which emerge *within* an individual dataset as opposed to general themes or patterns *across* an entire data set. Currently, the literature surrounding sexual exploitation and commercial sex work has limited inclusion of survivor's perspectives and thoughts on services intended to benefit them. The aim of the current study is to utilize thematic analysis to highlight the authenticity of each participant's experience.

Ethical Considerations and Informed Consent

Since this study included human subjects and sensitive topics, ethical review and approval was required. A protocol and research instruments were submitted to Children's Health of Atlanta's (CHOA) Institutional Review Board (IRB) and approval was granted on October 15, 2018 (#18-124).

There were potential risks to the participants, given the sensitive nature of the study topic, which addressed their experiences with commercial sex work, exploitation, and their mental health needs. These risks included: triggering prior traumatic experiences and distressing reactions such as anxiety, sadness, flashbacks, or other discomforts. Participants were offered the opportunity to have a counselor or victim service agency staff member present during the interview to provide emotional support. If the participant experienced distress during the interview, the researcher was prepared to respond in a trauma-informed manner, suspend the questions and if necessary, cease the interview (Zimmerman & Watts, 2003). Resources for mental health support are available from the victim service agencies working with participants and the researcher provided each participant with a resource guide at the end of the interview.

Conclusion

IDIs were used in this research study in order to allow women to share their perceptions, opinions, and experiences regarding the topics of interest. Several measures were taken in order to protect and ensure the privacy and confidentiality of the participants. These measures included verbal informed consent, de-identification of data, and secure data storage methods. The data collected were analyzed using a thematic analysis approach to identify key themes and provide detailed narratives to address the study topics and objectives.

V. Chapter 5: Results

This chapter provides the results based on ten in-depth phone interviews conducted with sexual exploitation survivors in the United States. This results section is intended to analyze the key emergent themes and describe any similarities and differences across the participants.

Survivor Participant Characteristics

All demographic characteristics are reported in Table 1. The studies participants, all female were between 23 and 50 years of age. The majority of survivor participants self identified as white (90%, *n*=9) with 10% (n=1) identifying as mixed race/ethnicity. The majority of participants reported that they first entered the life[2] between the ages of 10 and 16 (40%, n=4) by a friend or an acquaintance (60%, n=6). Thirty percent (n=3) reported being married currently; seventy percent (n=7) of the participants reported having children. Of the participants who reported having children, 40% (n=4) became pregnant with their first child between the ages of 13-16.

Table 1: *Socio-demographic characteristics of participants* (N=10).

	N	%
Current Age		
Under 30	1	10%
31-40	6	60%
41-50	3	30%
Age when entered the life		
Under 10	2	20%
11-15	4	40%
16-20	1	10%
21-25	2	20%
26-30	1	10%
Currently Married	3	30%
Have Children	7	70%

[2] For the purpose of this results section, the author will use the term “enter into the life” to refer to the coerced or forced entry into the life by a trafficker or participation in commercial sex work. Entry into the life includes exchanging sex for money, drugs, shelter or other goods involuntarily or deceitfully (Jiménez et al., 2018).

Race		
White/Caucasian	9	90%
Mixed Race/Ethnicity	1	10%
Trafficker		
Romantic Partner	2	20%
Friend/Acquaintance	6	60%
Family Member	2	20%

Participants described a myriad of physical health conditions including physical, mental, and gynecological concerns resulting from being trafficked or the poor working and living conditions they experienced. All of the physical health problems reported by participants are presented in Table 2.

Table 2: *Reported physical health problems of participants* (N=10)

Cardiac damage
Chronic pain
Fertility Issues
Gastrointestinal complications
Infectious diseases
Musculoskeletal damage
Obesity
Pelvic trauma
Phantom pain
Lasting physical injuries or scarring
Sexually transmitted infections
Hepatitis C
Chlamydia
Gonorrhea

Temporomandibular Joint Dysfunction (TMJ)
Vaginal trauma

Participants also described the mental health conditions resulting from being trafficked or being involved in commercial sex work. All of the self-reported mental health symptoms disclosed by participants are presented in Table 3.

Table 3: *Reported mental health conditions of participants* (N=10)

Anxiety
Social anxiety
Depression
Seasonal depression
Dissociative identity disorder
Insomnia
Mood swings
Panic attacks
Post Traumatic Disorder (PTSD)
Sensory processing disorder

Several participants made reference to experiencing trauma, depression, and anxiety both while in the life and as a result of their experiences. Participants described their feelings of trauma and anxiety as follows:

> *"I can't sleep, and I feel I'm going to die. I can't breathe and I feel like a big tension on my chest."* –Participant 7

For some participants, their anxiety emerged after leaving the life in the form of social anxiety. For example, participants who were trafficked expressed the inability to go out in public without feeling scared or finding it difficult to communicate with others because they were on guard and cautious at all times.

Several participants reported that their depressive episodes would come in waves, often times related to dates of relevance to the participant:

> *"I deal with depression; it'll just come out of nowhere, but it's usually around an anniversary of some kind, from a date...of something that happened."* –Participant 1

Participants described their feelings of depression as follows:

> *"[…] kind of like depression like it takes over your body. Like just a constant headache, sick feeling."* –Participant 4

Participants also reported chronic fear of men and difficulty seeing men in a positive light as a result of their experiences:

Qualitative Findings

Within the in-depth interviews participants were first asked questions regarding their childhood and first encounters with sex and sexuality. Next, the questions transitioned to the participants trafficking experience. Finally, a series of questions relating to the mental health symptoms they experienced, services accessed, barriers encountered when seeking services, and recommendations for service improvement for survivors were asked.

Table 4: *Experiences with Mental Health Services* (N=10)

Experiences[1]	*Quotes*
Service Preference	"The ones that understood, and were willing to listen […] those were the ones that helped the most. Those were the ones we could relate with the most, you know, that we connected with." –P1 "it just helps me to process [...] and if I have urges or if I see something that happened or if I hear a story that takes me back to the life then I can talk to somebody about it and I don't have to hold on to it." –P10 'I've never had a good experience with therapists or anybody at all. So that had less to do with the sex work and more to do with just not trusting the practices of people who are therapists or even faith leaders." –P8 "… I've had counseling from a man and a female and I will never go to a guy counselor again […] Because when you're talking about the type of work that you do or used to do and it's not easy to talk to them […] talking to a man counselor does not work for me. Because he tried to take advantage of the situation." –P4 "…one thing that didn't really help--as an adult, I was going to therapy and all that stuff, and they couldn't figure out why I wasn't getting better. But what they didn't realize cuz I wouldn't tell them was that it was still going on, and that's why I wasn't getting better." -P1
Barriers to accessing services	"I didn't think I felt worthy at all to accept help either, you know I was like nobody's going to help me, and what right do I have to ask for help? I'm a pathetic piece of shit." –P9 "When I was younger I honestly didn't know that they were available. And as a younger teenager I was afraid of it because I saw that as something that they would force me to tell…by that point…I was worried that I would end up in trouble with the law." –P6 "It wasn't something I was able to do consistent just because it got kind of expensive and without the proper insurance I just was not able to continue going to counseling.." –P4

*[1] These experiences are not mutually exclusive.

Experiences with Mental Health Services

Services Utilized During and After Trafficking

Participants reported utilizing a myriad of mental health services during their trafficking experiences. Three participants reported utilizing a faith-based program such as a 15-month rehabilitation programs. One reported visiting a psychiatric hospital and two participants reported utilizing group therapy such as a 12-month drug and alcohol program while in prison. 50% (n=5) reported using counseling services.

> *"And I still go to counseling to this day like I had counseling this morning like I still continuously seek the healing and the counseling and the accountability within it"* –Participant 10

Overall, only one of the participants reported never utilizing any form of mental health services while in the life.

> *" Even in the program that I was in like I didn't see a therapist there…their main focus was like NA and AA meetings which didn't really apply to me."*
>
> –Participant 3

Currently, 30% (n=3) of participants reported not utilizing any form of mental health services.

> *"No I wish there was something out there…I really do… at this point in my life I do need it. I feel that I am at a place where I understand what it is that I'm looking for."* –Participant 9

The common themes, which emerged from the discussion surrounding participant's experiences with mental health services included: satisfaction with services, dissatisfaction with services, and barriers to accessing services (See Table 4).

Service Preference

Participants expressed a preference with service providers who utilized a trauma informed approach to providing care:

> *"The ones that understood, and were willing to listen […] those were the ones that helped the most. Those were the ones we could relate with the most, you know, that we connected with."* –Participant 1

Other participants described a preference for service providers who cultivated a safe, nonjudgmental space for participants to discuss their trafficking experience and mental health needs:

> *"…it just helps me to process [...] and if I have urges or if I see something that happened or if I hear a story that takes me back to the life then I can talk to somebody about it and I don't have to hold on to it."* –Participant 10

Dissatisfaction with services were attributed to various circumstances, some of which was out of the control of the service provider while others were. Participants expressed feeling a lack of trust towards service providers and their process of guiding recovery:

> *"I've never had a good experience with therapists or anybody at all. So that had less to do with the sex work and more to do with just not trusting the practices of people who are therapists or even faith leaders."* –Participant 8

Participants who received services while they were in the life expressed being dissatisfied with the services. This was attributed to the fact that they were in able to see

improvements due to their continued exposure to the trauma causing them to seek services:

> *"…one thing that didn't really help--as an adult, I was going to therapy and all that stuff, and they couldn't figure out why I wasn't getting better. But what they didn't realize cuz I wouldn't tell them was that it was still going on, and that's why I wasn't getting better."* –Participant 1

Overall, participants expressed a preference for female service provider than male service providers. One participant reported an instance in which she experienced unwanted advances from a male service provider:

> "… I've had counseling from a man and a female and I will never go to a guy counselor again […] Because when you're talking about the type of work that you do or used to do and it's not easy to talk to them […] talking to a man counselor does not work for me. Because he tried to take advantage of the situation." – Participant 4

Barriers to accessing services

Participants reported a myriad of barriers, which prevented them from accessing mental health services. These barriers included both financial and psychological barrier. Financial barriers included: lack of insurance, associated medical cost, and accessibility concerns such as, lack of transportation:

> *"It wasn't something I was able to do consistent just because it got kind of expensive and without the proper insurance I just was not able to continue going to counseling."*
> –Participant 4

Physiological barriers -which can be attributed to the manipulation and emotional abuse experienced during the life- includes: not feeling worthy of receiving services or fear of judicial implications of being involved in the life:

> *"I didn't think I felt worthy at all to accept help either, you know I was like nobody's going to help me, and what right do I have to ask for help? I'm a pathetic piece of shit."* –Participant 9

> *"When I was younger I honestly didn't know that they were available. And as a younger teenager I was afraid of it because I saw that as something that they would force me to tell…by that point…I was worried that I would end up in trouble with the law."* –Participant 6

Trafficking Experiences of Survivor Participants

Initiation of Trafficking

Participants reported being introduced to the life by close friends or acquaintances, family members, or romantic partners. This is consistent with current literature that states, the first trafficker to introduce victims to the life is often a trusted individual in their social network (Weitzer, 2009). The participants who entered the life at a younger age (3-16 years old) were trafficked by a family member whereas those who entered later in life (17-30 years old) were either trafficked by a romantic partner or acquaintance. For those who experienced trafficking at a younger age, they typically remained in the life longer than those who experienced trafficking later on in life. A full review of childhood experiences was beyond the scope of this interview, however, we did determine that there were differences in the experiences among those who entered the life younger.

Exiting the Life

Participants reported exiting the life for a myriad of reasons, the most common of these included escaping (n=4). Other means of exiting the life included being arrested

(n=2), leaving the country (n=1) , or getting rescued by an anti-trafficking organization (n=3).

Key Emergent Themes

The common themes, which emerged from the discussion surrounding participants trafficking experience were: comradery among trafficked women, violence and threats of violence, normalization of trafficking, manipulation and control (See Table 4).

Table 5: *Key Emergent Themes from Trafficking Experience* (N=10)

Experiences	*Quotes*
Comradery Among Trafficked Women	"the girls within the circles that are under his control we're very close. We like[d] each other [..]we were sisters almost."-P9 "other survivors I feel like have helped the most. Just we understand each other, we know how to support each other, understand other triggers"- P3
Violence And Threats Of Violence	"…he put me in the room and for three days he had me smoking crack cocaine, beating me, raping me, just torturing me, interrogating me you know? "Who have you talked to, what did they look like, what car have you gotten into, what was the address of the domestic violence shelter?" You know "who did you talk to there, what did they look like, what did they say, who did you talk to, what did they weigh, what color eyes did they have?" –P4 "…my first pimp he was what was called a gorilla pimp […] because if you did anything wrong he would beat you. The time that sticks out the most with him was he was play fighting with one of my wifies and she hit him back […] and he just like beat the crap out of her like a rag doll, swinging her around from wall to wall and you know stomping on her with his Timberlands […] me and two other girls […] we couldn't do anything. I wanted to save her but I couldn't because I knew that I would receive that same treatment" –P3
Normalization of Trafficking	"I guess in how I was raised, I thought it was normal, for the longest time...I thought that's just what...I was meant to do." –P1 "…when I was in the life like I didn't think that I constituted as being traffic like at all." –P2 "even at a young age I already knew that like any time you become alone with somebody especially a man who's way older than you they're always looking for something." –P8 "I didn't even see myself as a prostitute. We were all just [trafficker's] girlfriends." –P9
Manipulation and Control	"It kind of took over my life for a while cause you have someone kind of controlling your everyday activities and stuff. It changes things." –P4 "…That is what he used to coerce me into prostituting basically saying : "well she doesn't have diapers, she doesn't have formula. You're her mother don't you love her? Aren't you a good mother? A good mother is willing to do anything for their child […] this is one little thing that you can do to keep your child safe. You know and you know you need diapers and formula. So you need to go do this." –P9

Comradery Among Trafficked Women

In reference to social support participants received while both in the life and during their recovery period, the most common response alluded to the support they received from other trafficked women. One particular participant was trafficked by her romantic partner for over 13 years. During this time her trafficker's business expanded to where he was trafficking on average five to ten women at a time. Due to the nature of their living conditions she stated the following when asked to recount something she recalls most from being in the life:

> *"The girls within the circles that are under his control we're very close. We like[d] each other [...]we were sisters almost."* -Participant 9

Participants also referred to relying on the bond they share with other survivors as a coping mechanism. They discussed these relationships aiding in their recovery process due to their ability to relate to one another's experience and provide comfort from a place of understanding:

> *"Other survivors I feel like have helped the most. Just we understand each other, we know how to support each other, understand other triggers."* –Participant 3

Violence and Threats Of Violence

Many participants recounted multiple instances in which their trafficker or buyers inflicted violence on them or other women in the life. Often times the violence participants faced was a combination of physical, sexual, and emotional violence. Participants described the violent outbursts as a result of them attempting to escape:

> *"…he put me in the room and for three days he had me smoking crack cocaine,*

> *beating me, raping me, just torturing me, interrogating me you know? "Who have you talked to, what did they look like, what car have you gotten into, what was the address of the domestic violence shelter?" You know "who did you talk to there, what did they look like, what did they say, who did you talk to, what did they weigh, what color eyes did they have?"* –Participant 4

In other cases, participants recalled instances in which their trafficker became violent towards another women he was trafficking. Participants reported feeling helpless because of their inability to aid the victim of the assault for fear of receiving the same treatment:

> *"…my first pimp he was what was called a gorilla pimp […] because if you did anything wrong he would beat you. The time that sticks out the most with him [is] he was play fighting with one of my wifies*[3] *and she hit him back […] and he just like beat the crap out of her like a rag doll, swinging her around from wall to wall and you know stomping on her with his Timberlands […] me and two other girls […] we couldn't do anything. I wanted to save her but I couldn't because I knew that I would receive that same treatment."* –Participant 3

Normalization of Trafficking

Many participants described feelings of normalization of their trafficking experience and associated trauma and violence they faced. For participants who entered the life during their early adolescent years (11 years old) they expressed feeling they were groomed for this life:

> *"I guess in how I was raised, I thought it was normal, for the longest time...I thought that's just what...I was meant to do"* –Participant 1

For those who were trafficked by a romantic partner later, many described feeling

[3] Wifeys, wife in law, sister wife: what women and girls under the control of the same pimp call each other

as if their involvement in the life did not constitute as being trafficked because they viewed their traffickers as romantic partners:

> *"…When I was in the life like I didn't think that I constituted as being traffic like at all."* –Participant 2

> *"I didn't even see myself as a prostitute. We were all just [trafficker's] girlfriends."* –Participant 9

Participants who experienced adverse childhood experiences such as living in foster care homes, having drug addicted parents, or becoming mothers as early as 13 years old described the over sexualization of their bodies as something they were accustomed to. A participant who self-identified as a commercial sex worker, describes the transactional nature of her relationships with men as follows:

> *"…even at a young age I already knew that like any time you become alone with somebody especially a man who's way older than you they're always looking for something."* –Participant 8

Manipulation and Control

Participants reported being manipulated to both enter and stay in the life. This varied based on the type of trafficker. A participant described entering the life because her romantic partner and father of her child coerced her into prostitution as a means to financially care for her child. He utilized manipulation tactics and emotional violence in order to justify her to remain in the sex trade:

"…That is what he used to coerce me into prostituting basically saying: "well she doesn't have diapers, she doesn't have formula. You're her mother don't you love her? Aren't you a good mother? A good mother is willing to do anything for their child […] this is one little thing that you can do to keep your child safe. You know and you know you need diapers and formula. So you need to go do this." –Participant 9

On the other hand, participants described traffickers watching their every move and keeping a watchful eye, they insinuated this was done to prevent them from escaping of stealing money:

> *"It kind of took over my life for a while cause you have someone kind of controlling your everyday activities and stuff. It changes things."* –Participant 4

Table 6: *Participant Recommendations* (N=10)

Recommendations[1]	*Quotes*
Survivor-led Initiatives	"I think probably my number one recommendation is making use of survivor leaders because they know and it's wonderful that there are people who want to help who haven't been there but you need to listen to the voices of people who have." –P6 "a lot of the safe houses have staff that none of them are survivors, none of them have been trained by survivors and they have absolutely no idea how to deal with us when we come in off the streets." –P3
Community Based Initiatives	"I think a community based solutions are really good like community based support groups and things like that I think can be really effective. I've seen that locally. So in the absence of the ability to get formal one on one help which a lot of people just aren't gonna be able to get I think communities and community support groups and things like that are really good options." –P6 "Services for women in their neighborhoods offering things like food and job skills but without making you have to like jump through a bunch of hoops you know." –P2 "I think that it would be great to have some type of program for like families of survivors so that they learn how to like deal with us and understand what we've been through emotionally." –P3
Structural Interventions	"There are a lot of things that can be done such as if you-if people entertain the idea of making sex work decriminalized." –P8 "I want like strip clubs that have been facilitating trafficking to be shut down." –P2 "Another thing you know phone lines or something more access to the counseling being over the telephone. You know they can't always come." –P9 "The biggest thing for after the life...is trying to find an affordable therapist that gets it. We need that and it doesn't exist"." –P1 " I would like for the cops to be […] more trained on what to look for so if they see something going on then they could just go in and do something about it." –P10

Expansion in Service Organizations Efforts	"I would like to see just more places [...] like [anti-trafficking organization] that would be willing to just bring women in and try to help them get stable." –P10 "We definitely need more safe houses. there's a lot of girls out there that have kids and there's a lot of girls out there who are adult survivors and there's not a lot of safe houses for people like that." –P3 "There needs to be this one website or something that just has everybody's information and agencies, nonprofits, everything on there, government related stuff,[…] [with] everything on it that way we can easily help these women and survivors." –P4

*[1] These experiences are not mutually exclusive.

Participants Recommendations

Participants reported seven main recommendations for ways in which women who were previously trafficked or involved in commercial sex work could be supported. A total of 6 participants recommended incorporating survivor's perspectives in trainings or as staff members for organizations dedicated to addressing commercial sexual exploitation. 5 participants recommended community based initiatives such as building social support groups for survivors within their community and increasing the number of anti-trafficking organizations catering to the needs of survivors. 4 participants recommendation taking legal measures to decriminalize CSW or shut down strip clubs and implementing innovative mental health services to address the needs of survivors. 3 participants recommended preventative healthcare measures and increased access to treatment for conditions such as STI's or injuries. In addition, 3 participants recommended additional training for service providers, law enforcement or others who interacted with survivors.

The recommendation varies based on participant's experiences and current involvement in the anti-trafficking movement. For those who are currently survivor leads or involved in advocacy work, there recommendations were focused on the community or societal levels (See Table 6).

Survivor-led Initiatives

Participants expressed support in utilizing individual survivor perspectives and experiences at the forefront of anti-trafficking interventions:

> *"I think probably my number one recommendation is making use of survivor leaders because they know and it's wonderful that there are people who want to help who haven't been there but you need to listen to the voices of people who have."* –Participant 6

Several participants utilized safe houses after exiting the life, and have since transitioned into becoming a survivor lead the same organizations. They suggested making use survivors as staff members in safe houses as they have first hand experience and knowledge that can prove to be beneficial:

> *"...a lot of the safe houses have staff that none of them are survivors, none of them have been trained by survivors and they have absolutely no idea how to deal with us when we come in off the streets."* –Participant 3

Community Based Initiatives

One aspect that several participants considered essential in improving services for trafficked persons is community based initiatives. They acknowledged that this could be a more feasible approach for those who may not be able to access more forma services:

> *"I think a community based solutions are really good like community based support groups and things like that I think can be really effective. I've seen that locally. So in the absence of the ability to get formal one on one help which a lot of people just aren't gonna be able to get I think communities and community support groups and things like that are really good options."* –Participant 6

Apart from what the research project identified, participants also recommended additional services and needs that women may have during their process of recovery:

> *"Services for women in their neighborhoods offering things like food and job skills but without making you have to like jump through a bunch of hoops you know."*–Participant 2

One participant also identified the need to address the implications of sexual exploitation within the survivor's social network:

> *"I think that it would be great to have some type of program for like families of survivors so that they learn how to like deal with us and understand what we've been through emotionally."* –Participant 3

Structural Interventions

Participants provided recommendations across various systems levels to include, legal considerations, innovative health approaches, and training. In regards to legal considerations, A participant who identified as a previous commercial sex worker who has since transitioned to advocacy work and addressing the rights of CSW's identified legal measures which could be taken when addressing the issue:

"There are a lot of things that can be done such as if you-if people entertain the idea of making sex work decriminalized." –Participant 8

Other participants recommended taking legal actions against exotic dance clubs that facilitated sexual exploitation of their employees:

"I want like strip clubs that have been facilitating trafficking to be shut down." –Participant 2

Regarding innovative health approaches, participants identified several ways in which survivors mental health needs could be met. Some recommended developing tailored resources for survivors who may experience financial and accessibility barriers to accessing care:

"Another thing you know phone lines or something more access to the counseling being over the telephone. You know they can't always come." –Participant 9

In addition, recommendations were made to identify skilled service providers within the financial means of survivors:

"The biggest thing for after the life...is trying to find an affordable therapist that gets it. We need that and it doesn't exist." –Participant 1

Participants explained that trainings are an effective mechanism to disseminate information regarding prevention trafficking. Participants identified survivor-led trainings as a beneficial means of highlighting the unfamiliar knowledge to service providers and law enforcement officials alike. They recommended trainings as a means of making providers more aware of the signs they should be aware of:

> *" I would like for the cops to be […] more trained on what to look for so if they see something going on then they could just go in and do something about it."* –Participant 10

Expansion in Service Organizations Efforts

Participants acknowledged the fact that there are service organizations available to survivors in some area (typically larger metropolitan regions). However, they did identify the potential to increase the number of service organization in order to accommodate the needs of women within various backgrounds:

"I would like to see just more places [...] like [anti-trafficking organization] that would be willing to just bring women in and try to help them get stable."–Participant 10

"We definitely need more safe houses, there's a lot of girls out there that have kids and there's a lot of girls out there who are adult survivors and there's not a lot of safe houses for people like that." –Participant 3

Participants also recommended developing a holistic, potentially national tool with all of the information pertaining to survivors:

"There needs to be this one website or something that just has everybody's information and agencies, nonprofits, everything on there, government related stuff […][with] everything on it that way we can easily help these women and survivors." –Participant 4

Conclusion

10 women with pervious history of sexual exploitation or commercial sex work participated in qualitative interviews for this research study. The purpose of the interviews was to gain a deeper understanding of survivor's experiences with mental health services, their trafficking experiences, and any recommendations they had for service improvement. In reference to mental health services the main themes, which emerged included: service preference and barriers to accessing services. When discussing their trafficking experiences, survivors mentioned, which are congruent with current literature surrounding sex trafficking. These themes include: violence and threats of violence, normalization of trafficking, and manipulation and control. A novel theme, which emerged from our data, was comradery among trafficked women. Finally, participants provided several recommendations for service improvement, many of which were of high feasibility. These themes included: Survivor-led Initiatives, community based initiatives, structural interventions, and expansion in service organizations efforts. The following chapter will evaluate and interpret the aforementioned findings in relation to existing literature.

Chapter 6: Discussion

This chapter will provide an interpretation of the key findings of this study. In addition, this chapter will address the significance of this study and limitations. This study presents exploratory qualitative findings regarding trafficking experiences, barriers, and facilitators to accessing mental health services from the perspective of sexual exploitation survivors. The findings challenge researchers and practitioners to consider additional options to support the recovery process for survivors. In the past, contemporary studies have examined the consequential physical and mental health implications of sex trafficking for survivors (Busch-Armendariz, Busch Nsonwu, & Heffron, 2014; Gerassi, 2015; Hemmings et al., 2016; Hopper & Gonzalez, 2018). This research study adds to the scholarship on survivors by gaining a deeper understanding of the nuances in their experiences and the impact this has on mental health.

Experiences With Mental Health Services

Participants expressed a myriad of mental health consequences as a result of being in the life. They made reference to suicidal thoughts, depression, insomnia, mood-swings, panic attacks, PTSD, and sensory processing disorders. Across the literature on mental health and trafficking, many survivors express similar psychological effects as a result of being in the life (Powell et al., 2018). Service utilization varied from person to person within the study. Among the participants who did express ever using mental health services, the following main themes emerged: service preference and barriers to accessing services were the major themes that emerged.

Services Preferences

For survivors, the trauma caused by known personnel they once trusted often results in pervasive mistrust in others. Repeated histories of betrayal by family members, service systems, and law enforcement may make it difficult for victims to open up and begin to address their trauma. It is important to note that survivors mistrust is also attributable to their fear that connections to service providers can compromise their overall safety (i.e., their trafficker may be able to locate them, fear of deportation, or losing their children).

As service providers, it is key that the process of building trust with trafficking clients is valued and upheld. Participants in our study made reference to being satisfied with service providers with whom they felt heard and had the opportunity to build trust. For those who had previous negative experiences with mental health practitioners due to a lack of trust, they were less willing to utilize services again.

Overall, the majority of traffickers and buyers in the sex trade are men (Office of Justice Programs, n.d.). For survivors, their violent experiences with men while in the life can cause them to be more comfortable around women. Participants in the study recounted difficulty in not perceiving all men as evil human beings. Due to this, many participants expressed preference for female service providers as they experienced a higher level of comfort with them.

Barriers to accessing services

Current research efforts focus primarily on the barriers and challenges of addressing survivors' mental health needs from the service providers point of view (Clawson, Salomon, & Goldblatt Grace, 2008). With that said, barriers presented by participants in this study mirrored what was presented in existing literature. Participants noted self-deprecation, limited financial resources, logistical complications, along with a lack of awareness and knowledge as barriers to accessing services.

Shame, in many cases, serves as the greatest barrier to seeking mental health services. The stigma associated with mental health conditions, in addition to the stigma surrounding trafficking, makes it difficult for survivors to seek out services. The constant psychological abuse employed by traffickers to ensure victims are submissive to their control also serves as a barrier. One participant expressed feeling unworthy of receiving help as it was engrained in her that she was worthless and did not deserve to be heard.

For those who were able to access mental health services, participation in long-term treatment methods is often nearly impossible. Complications with insurance or funding restrictions can limit the quantity of sessions a survivor receives. As previously mentioned a key component in building trust between client and mental health provider is the ability to have sufficient time to cultivate trust. If survivors are unable, due to

financial reasons to have sufficient sessions to develop this bond this may in turn impact their willingness to return.

Trafficking Experience

This analysis focused on characteristics of women who were trafficked including: their trafficking experience, mental health services utilized, and potential barriers or facilitators to accessing these services. The results suggested that women who are trafficked for sex experienced several difficulties congruent with the literature. Many of the participants were trafficked by someone they were familiar with. None of the participants reported being trafficked by a stranger. This is consistent with other forms of gender-based violence in which the perpetrator of violence is often times a familiar person to the victim (World Health Organization, 2012). Once in the sex trade, women begin experiencing significant violence, manipulation and control. Participants often described a sense of normalization of trafficking, which may have prevented them from identifying as a victim or seeking assistance. A major coping mechanism and source of support women were other women who were being trafficked alongside them.

Violence, Threats Of Violence, Manipulation, and Control

The current study highlights the violence and abuse the participants endured while in the life. Romantic partners, who also served as participant's traffickers, often used financial needs and children as a means of coercion and manipulation.

Other common control mechanisms include physical isolation. By controlling where survivors lived, traffickers were able to isolate them. In addition, monetary deprivation was common among women in this study. By depriving women of the money they earned, traffickers created a source of reliance for the women. For some women, they would have to hand over all their monetary gains to their traffickers. This resulted in women remaining in the life for longer periods of time. Additionally, the dependence women had for their trafficker contributed to their prolonged psychological abuse.

Traffickers also used women's drug addition as a form of control. For women who were severely dependent on drugs, traffickers would provide women with drugs only when they were finished meeting with clients. Therefore, women would continue to engage with buyers as a means for receiving drugs.

In addition to employing manipulation and control tactics, traffickers also utilized physical violence, psychological abuse, and sexual assault. For some women in the study, they were exposed to violence throughout their childhood. This violence included sexual abuse at the hands of relatives, physical violence, and a lack of nurturing from their parents. Existing literature suggests that adverse childhood experiences are a risk factor for sexual exploitation (Reid, Baglivio, Piquero, Greenwald, & Epps, 2016). For many women, the violence they experienced as children accustomed them to control and abuse. Victims reported extremely violent encounters with their traffickers as a result of attempting to escape. It is important to note that even when women gathered the courage and strength to leave, their traffickers would lure them back into the life. Women often

viewed their trafficker as someone they loved and cared for. This connection, known as trauma boding, is often difficult to break, which contributes to women returning to the life despite the abuse and violence they experience. Sexual assault was a common form of abuse experience by survivors. Participants reported being raped by their trafficker, romantic partners, fathers, relatives, and buyers. Due to the nature of the industry, women also reported being forced to engage in sexual behaviors such as bestiality, role-playing, and sex with persons of the same gender.

Normalization of Trafficking

Findings from the study demonstrated a myriad of circumstances, which served as barriers to exiting the life. In addition to the manipulation and control they experienced at the hands of traffickers, survivors also recounted a sense of normalization of trafficking. For participants who were raised in an abusive environment and were trafficked beginning at an early age, they believed sexual exploitation was simply a part of life. One participant described feeling as though unwanted sexual relations was “what she was meant to do.”

In other cases, women did not believe they were being exploited. As a result, this may have prevented them from seeking services or assistance. As previously mentioned one aspect of the psychological abuse women experienced while in the life was their relationship with their trafficker. For women who described their trafficker as their

boyfriend, father of their children, or husband, there was an emotional connection present. This emotional connection prevented them from seeing themselves as victims.

Comradery Among Trafficked Women

A main coping mechanism and source of support that was discovered within this study was the sense of comradery among trafficked women. Many of the participants recounted living with several other women at any given time. The women would work together and in some cases stand up to their traffickers in support of on another. One participant described the other trafficked women she lived with as sisters. Women also described other survivors as being influential in their road to recovery. When women exit the life, they require assistance across several outlets. Being surrounded by those who are able to relate to their experience served as a vital means to coping with their experience.

On the other hand, the comradery among trafficked women also included negative implications. In a sense, the deep bond that the women shared reinforced the normalization of violence and exploitation. In doing so, women expressed these bonds as a barrier to exiting the life. This is because women may have found it difficult to leave behind the women that they had come to care for so deeply.

Significance of the Current Study

Currently, there is limited research which utilizes sex trafficking survivors as participants in order to gain a better understanding of their experiences (Anita Ravi et al., 2017; Aron et al., 2006; Busch-Armendariz et al., 2014). Of the limited research utilizing

survivor perspectives the scope of the research varies broadly. Aron et al.(2006), focuses on evaluating existing programs to determine means of improvement, while Busch-Armendariz et al. (2014), identify satisfaction with service providers among survivors. The current study serves as a major contribution to the existing body of literature involving survivors as it fills some of the existing gaps regarding their mental health needs and nuances in trafficking experiences. . By incorporating the voice of survivors, this research study offers a better understanding of their lived experiences and informs recommendations to improve tailored services intended to address survivor needs. The findings of this research are not generalizable to the entire sex trafficking population; however, they serves as a foundation to better comprehend the varied experiences of survivors as they navigate the mental health system.

Limitations

The findings from the study should be considered in light of the following limitations. This research study is a qualitative exploration designed to broaden our understanding of survivor's perspectives as it pertains to their trafficking experience, barriers, and facilitators to accessing mental services. Due to the context of qualitative research, the findings of this research study cannot be generalized to the experiences of all commercial sexual exploitation survivors. Moreover, there were a limited number of survivors who participated in the research interviews. A larger sample size will allow for a deeper understanding of the concepts presented. Based on the limited time frame for data collection and the iterative process of analysis, the researchers did not reach saturation.

This study only involved women ages 18 and older and did not include adolescent survivors of sexual exploitation. African-American women constitute 40.4% of confirmed cases of sex trafficking in the U.S (Lillie, 2014), our sample population included one mixed-raced, African-American and Hispanic participant. There is limited racial diversity among the participants in this study. In addition, there may be a self-selection bias present among the participants who volunteered to participate in the project. The majority of participants were 5-15 years removed from their trafficking experience and offer lack of perspective for those who recently exited the life.

Chapter 7: Recommendation, Future Research, and Conclusion

This chapter will address the recommendations presented by participants supported by the author's perspective. In addition, the chapter will directions for future research of the study. The section ends with overall conclusions.

Recommendations

Participants were asked to identify recommendations they had for improving the recovery process for survivors. The recommendations presented are a synthesis of the study's findings and the scholarly literature. These recommendations are tailored to meet the aim of providing survivors with culturally appropriate, efficient, and trauma-informed care. In come cases, the recommendations presented are low in feasibility currently, however they may initiate efforts in support for survivors. The recommendations are as follows:

Survivor-Led Initiatives

Perhaps the most important voices in the movement against sexual exploitation are survivors themselves. One participant can be quoted saying "it's wonderful that there are people who want to help who haven't been there but you need to listen to the voices of people who have." A major theme that emerged among participants regarding their trafficking experience was the comradery formed among women who were trafficked

together. There is a sense of support and understanding, which survivors have for each other that can play a key role in supporting their recovery process. While service providers, law enforcement, researchers, and the general public play an influential role in addressing trafficking, survivor's roles are invaluable.

Survivor-led initiatives in promoting and supporting the mental health recovery can include increased inclusion of survivor voices in the planning and implementation of efforts. Their perspective will serve useful in building trust among other survivors, developing tailored and appropriate material, and potentially providing support for collaborative efforts. It is important to note that this is extremely feasible if efficacy is present.

Community Based Initiatives

Engaging the community in recovery efforts for survivors brings individuals together who may share a common concern for social justice. In doing so, there are opportunities to increase accessibility to resources. Once survivors exit the life, there are a surplus of needs that must be addressed. Immediate needs may include immediate safety, emergency shelter, basic necessities, and even healthcare. Longer terms needs, which must be met in order to reduce the likelihood of recidivism, include: life skills, education and job training, permanent housing and legal advocacy. Participants referenced providing job opportunities and assistance with accessing basic necessities recommendations. For many women, engaging in the sex trade is the only form of

employment they may be accustomed to. By providing job skills training or educational opportunities, women will be better equipped to secure permanent employment. This could be achieved by partnering with local job agencies or community colleges in order to offer survivors professional development opportunities. Existing service organizations can incorporate professional development to the life-skills they currently offer. Additionally, sessions on financial literacy, GED, budgeting, and career development could be offered for within long-term shelters or safe homes for survivors. The aforementioned program implementations are of high feasibility if the infrastructure exists to support women in this capacity.

Structural Interventions

Participants provided recommendations across various systems levels to include innovative health approaches, legal considerations, and trainings.

As mentioned in the discussion section of this thesis, accessibility of mental health services is a major barrier for survivors seeking to address their mental health needs. In an effort to meet the needs of this vulnerable, transient population innovative approaches to care must be considered. One recommendation to accommodate this is the development of tele-mental health services for survivors. A virtual or telephone based mental health service approach would allow providers to meet survivors where they are in regards to seeking services. For survivors who may fear their confidentiality being compromised this is an effective option to receive care without doing so.

Participants discuss various means in which actions could be taken to dismantle the sexual exploitation franchise. Trafficking survivors recommended decriminalizing sex work as an option. Decriminalization of commercial sex work could potentially allow those who choose to engage sex work to do so more safely while decreasing stigma (Albright et al., 2017). The topic of decriminalization remains widely controversial as the sex work -distinct from sexual exploitation - remains illegal in the United States.

For some survivors their, first exposure to sex trafficking occurred in strip clubs where they were employed as exotic dancers. Participants recommended that legal actions be taken against strip clubs that willingly facilitate trafficking at their location. Across the United States, exotic dancing is a licensed industry subjected to inspections by authorities (Human Rights First, 2012). Despite this, women continue to face exploitation. Therefore greater efforts must be taken to develop more stringent inspection protocols for identifying trafficking within strip clubs.

The process of aiding and identifying survivors of sex trafficking begins with proper education and understanding of the issue. Human trafficking is often times described as a crime that takes place in plain sight. This is because survivors may continue to engage with their communities and they do not necessarily self-identify with their experience. Throughout their exploitation period women way interact with the criminal justice system, utilize medical services, participate in faith services, and utilize local transportation systems without detection (Office To Monitor And Combat

Trafficking In Persons, 2018). By continuing with existing efforts to train health providers and law enforcement officials -the two entities, which, interact with women in the life most frequently- appropriate identification measures and response methods can be disseminated. This can be done by, developing survivor-led trainings to educate health providers and law enforcement officials to better identify the signs of sexual exploitation.

Expansion in Service Organizations Efforts

Currently there are several service organizations, which exist that serve sex trafficking survivors from various backgrounds and age ranges (Serrata et al., 2018). Despite this, there continues to be an inability to meet the needs of survivors from all walks of life. For survivors with children, it is especially difficult to find a service organization that can accommodate them and their children. By expanding the reach of established organization, we can address sexual exploitation is perhaps on of the most heinous crimes our world currently faces. It violates an individual's human rights and constitutes modern-day slavery. This expansion can be achieved by increased funding (via grants, private donors, governmental funding), increased presence in the community (via awareness campaigns, community forums, interaction with school systems), and increased partnerships with other service agencies. For those who become victims of this crime, they may experience sexual and physical abuse, psychological trauma, and other degrading, inhuman treatment. This research project describes the characteristics of survivors' trafficking experiences using their own words. It also highlighted the major mental health barriers and facilitators to seeking mental health services among survivors.

Sex trafficking is a phenomenon that transcends all social and geographical borders. It does not discriminate and can affect all individuals alike. In order to combat this crime, anti-trafficking efforts must address the warning signs and risk factors. Additionally, the specific barriers to accessing resources and services must be addressed in order to promote the overall health and well being among women in the life.

Future Research

The current study highlighted participants trafficking experience as a means of understanding their mental health symptoms and subsequent needs. Initial questions were targeted at understanding participant's childhood, relationship with family members, and early exposure to abuse. Future research should attempt to tie these contextual factors (adverse childhood experiences: abuse, neglect, poverty) to entering commercial sexual exploitation. By linking the contextual factors pertaining to adverse childhood experiences, interventions may be developed that are targeted to the appropriate population.

Continuing with the trend of incorporating survivor perspectives, this should be an integral part of research conducted among this population. Creating a safe space for survivor's opinions and recommendations to be heard will be crucial in developing culturally appropriate programs, policies, and interventions.

Future research efforts should also consider developing effective intervention for sexually exploited women with children. Several of the women in this study reported

having children, many of whom were fathered by their traffickers. For many, their relationship with their children played a crucial role in their narratives. This aspect of their life however is not often a focus of treatment and it is difficult to find service organizations that accommodate and support women with children. Future research efforts could identify ways to assist women in the life with children by identifying means to eliminate some of the barriers they face. Additionally, future research efforts should evaluate the impact of sexual exploitation on the lives of survivors children and determine ways to break the cycle.

Finally, evaluating the social support women in the life provide for each should be further investigated. An unexpected finding in this study was the comradery among trafficked women. This comradery continued well after women exited the life in the support groups that survivors engage in. By understanding the bond that these women create while undergoing these traumatic experiences, this information can be used to inform the structure of group therapy and counseling for survivors.

Conclusion

Sexual exploitation is perhaps on of the most heinous crimes our world currently faces. It violates an individual's human rights and constitutes modern-day slavery. For those who become victims of this crime, they may experience sexual and physical abuse, psychological trauma, and other degrading, inhuman treatment. This research project describes the characteristics of survivors' trafficking experiences using their own words. It also highlighted the major mental health barriers and facilitators to seeking mental

health services among survivors. Sex trafficking is a phenomenon that transcends all social and geographical borders. It does not discriminate and can affect all individuals alike. In order to combat this crime, anti-trafficking efforts must address the warning signs and risk factors. Additionally, the specific barriers to accessing resources and services must be addressed in order to promote the overall health and well-being of survivors.

References

Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. *BMC Psychiatry*, *13*(1), 204. https://doi.org/10.1186/1471-244X-13-204

Ahrens, K. R., Katon, W., McCarty, C., Richardson, L. P., & Courtney, M. E. (2012). Association between childhood sexual abuse and transactional sex in youth aging out of foster care. *Child Abuse & Neglect*, *36*(1), 75–80. https://doi.org/10.1016/j.chiabu.2011.07.009

Albright, E., D&#039, K., & Adamo. (2017). Decreasing Human Trafficking through Sex Work Decriminalization. *AMA Journal of Ethics*, *19*(1), 122–126. https://doi.org/10.1001/journalofethics.2016.19.1.sect2-1701.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V)* (5th ed.). Arlington, VA.

Anita Ravi, Pfeiffer, M., Rosner, Z., & Shea, J. (2017). Trafficking and Trauma: Insight and Advice for the Healthcare System From Sex-trafficked Women Incarcerated on Rikers Island | Ovid. Retrieved January 28, 2019, from https://oce-ovid-com.proxy.library.emory.edu/article/00005650-201712000-00006/HTML

Aron, L. Y., Zweig, J. M., & Newmark, L. C. (2006). *Comprehensive Services for Survivors of Human Trafficking: Findings from Clients in Three Communities: Final Report: (719832011-001)* [Data set]. https://doi.org/10.1037/e719832011-001

Atkinson, R., & Flint, J. (2001). Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies. *Social Res Update*, *33*.

Barner, J. R., Okech, D., & Camp, M. A. (2018). "One Size Does Not Fit All:" A Proposed Ecological Model for Human Trafficking Intervention. *Journal of Evidence-Informed Social Work*, *15*(2), 137–150. https://doi.org/10.1080/23761407.2017.1420514

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, *3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

Busch-Armendariz, N., Busch Nsonwu, M., & Heffron, L. (2014). Kaleidoscope: The role of the social work practitioner and the strength of social work theories and practice in meeting the complex needs of people trafficked and the professionals that work with them. Retrieved February 18, 2019, from ResearchGate website: https://www.researchgate.net/publication/273772329_A_Kaleidoscope_The_role_of_the_social_work_practitioner_and_the_strength_of_social_work_theories_and_practice_in_meeting_the_complex_needs_of_people_trafficked_and_the_professionals_that_work_with_the

Busza, J., Castle, S., & Diarra, A. (2004, June 5). *Trafficking and Health*. Retrieved from https://www.researchgate.net/publication/224366525_Trafficking_and_Health

Center for Disease Control and Prevention. (2018a, April 12). Definitions|Sexual Violence|Violence Prevention|Injury Center|CDC. Retrieved January 7, 2019, from Sexual Violence: Definitions website: https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html

Center for Disease Control and Prevention. (2018b, September 20). Definitions|Suicide|Violence Prevention|Injury Center|CDC. Retrieved January 4, 2019, from Definitions: Self-directed Violence website: https://www.cdc.gov/violenceprevention/suicide/definitions.html

Chisolm-Straker, M., & Stoklosa, H. (Eds.). (2017). *Human Trafficking Is a Public Health Issue - A Paradigm Expansion in the United States | Makini Chisolm-Straker | Springer* (1st ed.). Springer International Publishing.

Clawson, H. J., Salomon, A., & Goldblatt Grace, L. (2008, March 15). *Treating The Hidden Wounds: Trauma Treatment And Mental Health Recovery For Victims Of Human Trafficking*. Retrieved from https://aspe.hhs.gov/system/files/pdf/75356/ib.pdf

Clawson, H. J., Small, K. M., Go, E. S., & Myles, B. W. (2003, October). *Needs Assessment for Service Providers and Trafficking Victims*. Retrieved from https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=202469

Cwikel, J., Chudakov, B., Paikin, M., Agmon, K., & Belmaker, R. H. (2004). Trafficked female sex workers awaiting deportation: comparison with brothel workers. *Archives of Women's Mental Health*, *7*(4), 243–249. https://doi.org/10.1007/s00737-004-0062-8

Deshpande, N. A., & Nour, N. M. (2013). Sex Trafficking of Women and Girls. *Reviews in Obstetrics and Gynecology*, *6*(1), e22–e27.

DeStefano, A. (2007). *The War on Human Trafficking: U.S. Policy Assessed*. Rutgers University Press.

Domoney, J., Howard, L. M., Abas, M., Broadbent, M., & Oram, S. (2015). *Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care*. 10.

Ellison, M. (2009). Sex Trafficking Needs Assessment for the State of Minnesota. *First Annual Interdisciplinary Conference on Human Trafficking, 2009*. Retrieved from http://digitalcommons.unl.edu/humtraffconf/12

Fact Sheet: Human Trafficking. (2017). Retrieved from https://www.acf.hhs.gov/otip/resource/fshumantrafficking

Fong, R., & Berger Cardoso, J. (2010). Child human trafficking victims: challenges for the child welfare system. *Evaluation and Program Planning*, *33*(3), 311–316. https://doi.org/10.1016/j.evalprogplan.2009.06.018

Gajic-Veljanoski, O., & Stewart, D. E. (2007). Women Trafficked Into Prostitution: Determinants, Human Rights and Health Needs. *Transcultural Psychiatry*, *44*(3), 338–358. https://doi.org/10.1177/1363461507081635

Gerassi, L. (2015a). From Exploitation to Industry: Definitions, Risks, and Consequences of Domestic Sexual Exploitation and Sex Work Among Women and Girls. *Journal Of Human Behavior In The Social Environment*, *25*(6), 591–605. https://doi.org/10.1080/10911359.2014.991055

Gerassi, L. (2015b). From Exploitation to Industry: Definitions, Risks, and Consequences of Domestic Sexual Exploitation and Sex Work Among Women and Girls. *Journal Of Human Behavior In The Social Environment*, *25*(6), 591–605. https://doi.org/10.1080/10911359.2014.991055

Gordon, M., Salami, T., Coverdale, J., & Nguyen, P. T. (2018). Psychiatry's Role in the Management of Human Trafficking Victims: An Integrated Care Approach. *Journal of Psychiatric Practice*, *24*(2), 79–86. https://doi.org/10.1097/PRA.0000000000000287

Gozdziak, E., & Collett, E. (2005). Research on Human Trafficking in North America: A Review of Literature. In *Data and research on human trafficking: A global survey* (pp. 101–139). International Organization for Migration.

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., … Oram, S. (2016). Responding to the health needs of survivors of human trafficking: a systematic review. *BMC Health Services Research*, *16*(1). https://doi.org/10.1186/s12913-016-1538-8

Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative Research Methods*.

Hepburn, S. J. D. (2016, May). *Sexual Assault in Human Trafficking*. Retrieved from https://www.nasmhpd.org/sites/default/files/StephanieHepburnNASMHPDSexualAssaultinHT.pdf

Herman, J. L. (2011). Trauma and Recovery: The Aftermath of Violence. *American Journal of Clinical Hypnosis*, *36*(3), 268.

Hopper, E. K., & Gonzalez, L. D. (2018). A Comparison of Psychological Symptoms in Survivors of Sex and Labor Trafficking. *Behavioral Medicine (Washington, D.C.)*, *44*(3), 177–188. https://doi.org/10.1080/08964289.2018.1432551

Human Rights First. (2012). *Dismantling the Business of Human Trafficking Analysis of Six U.S. Cases*.

Human Rights First. (2017, January 7). Human Trafficking by the Numbers | Human Rights First. Retrieved February 12, 2019, from Human Rights First website: https://www.humanrightsfirst.org/resource/human-trafficking-numbers

Institute for Women's Policy Research. (2017). *The Economic Drivers and Consequences of Sex Trafficking in the United States*. Retrieved from https://iwpr.org/wp-content/uploads/2017/09/B369_Economic-Impacts-of-Sex-Trafficking-BP-3.pdf

International Labour Organization. (2017). *Global Estimates of Modern Slavery : Forced Labour and Forced Marriage*. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575479.pdf

Jiménez, T. R., Salazar, M., Boyce, S. C., Brouwer, K. C., Orozco, H. S., & Silverman, J. G. (2018). "We Were Isolated and We Had to Do Whatever They Said": Violence and Coercion to Keep Adolescents Girls from Leaving the Sex Trade in Two U.S–Mexico Border Cities. *Journal of Human Trafficking*, *0*(0), 1–13. https://doi.org/10.1080/23322705.2018.1519753

Kiss, L., Pocock, N. S., Naisanguansri, V., Suos, S., Dickson, B., Thuy, D., … Zimmerman, C. (2015). Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study. *The Lancet. Global Health*, *3*(3), e154-161. https://doi.org/10.1016/S2214-109X(15)70016-1

Lederer, W. L. (2014). *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*. C. A. Annals of Health Law.

Lillie, M. (2014, April 30). Human Trafficking: Not All Black or White • Human Trafficking Search. *Human Trafficking Search*. Retrieved from http://humantraffickingsearch.org/human-trafficking-not-all-black-or-white/

Logan, T. K., Walker, R., & Hunt, G. (2009). Understanding Human Trafficking in the United States. *Trauma, Violence, & Abuse*, *10*(1), 3–30. https://doi.org/10.1177/1524838008327262

National Research Council, Institute of Medicine, Board on Children, Youth, and Families, Committee on the Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States, & Committee on Law and Justice. (2013). *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States*. https://doi.org/10.17226/18358

Obama, P. B. (2012, September 25). Remarks by the President to the Clinton Global Initiative. Retrieved February 24, 2019, from whitehouse.gov website: https://obamawhitehouse.archives.gov/the-press-office/2012/09/25/remarks-president-clinton-global-initiative

Office of Justice Programs. (n.d.). Human Trafficking Task Force e-Guide. Retrieved January 29, 2019, from https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/

Office To Monitor And Combat Trafficking In Persons. (2018). Trafficking in Persons Report 2018: Local Solutions to a Global Problem: Supporting Communities in the Fight Against Human Trafficking. Retrieved March 27, 2019, from https://www.state.gov/j/tip/rls/tiprpt/2018/282573.htm

Oram, S., Stöckl, H., Busza, J., Howard, L. M., & Zimmerman, C. (2012). Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review. *PLoS Medicine*, *9*(5), e1001224. https://doi.org/10.1371/journal.pmed.1001224

OSCE Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings. (2013). *Trafficking in Human Beings Amounting to Torture and other Forms of Ill-treatment*. OSCE Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings.

Pai, A., Suris, A. M., & North, C. S. (2017). Posttraumatic Stress Disorder in the DSM-5: Controversy, Change, and Conceptual Considerations. *Behavioral Sciences*, *7*(1). https://doi.org/10.3390/bs7010007

Polaris Project. (2012). *Understanding The Definition Of Human Trafficking: The Action-Means-Purpose Model*. National Human Trafficking Resource Center.

Polaris Project. (2018). 2017 Human Trafficking Statistics. Retrieved February 11, 2019, from Human Trafficking Search website: http://humantraffickingsearch.org/human-trafficking-statistics-2017/

Powell, C., Asbill, M., Louis, E., & Stoklosa, H. (2018). Identifying Gaps in Human Trafficking Mental Health Service Provision. *Journal of Human Trafficking*, *4*(3), 256–269. https://doi.org/10.1080/23322705.2017.1362936

Rajaram, S. S., & Tidball, S. (2018a). Survivors' Voices—Complex Needs of Sex Trafficking Survivors in the Midwest. *Behavioral Medicine*, *44*(3), 189–198. https://doi.org/10.1080/08964289.2017.1399101

Rajaram, S. S., & Tidball, S. (2018b). Survivors' Voices—Complex Needs of Sex Trafficking Survivors in the Midwest. *Behavioral Medicine, 44*(3), 189–198. https://doi.org/10.1080/08964289.2017.1399101

Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2016). 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

Schauer, E. J., & Wheaton, E. M. (2006). Sex Trafficking Into The United States: A Literature Review. *Criminal Justice Review, 31*(2), 146–169. https://doi.org/10.1177/0734016806290136

Serrata, J. V., Hernandez-Martinez, M., Rodriguez, R., & Trujillo, O. (2018, January). *A Scan of the Field: Learning About Serving Survivors of Human Trafficking*. Retrieved from http://nationallatinonetwork.org/images/HT-report-English-final.pdf

Stoklosa, H., Marti MacGibbon, C.-I., & Stoklosa, J. (2017). Human Trafficking, Mental Illness, and Addiction: Avoiding Diagnostic Overshadowing. *AMA Journal of Ethics, 19*(1), 23–24. https://doi.org/10.1001/journalofethics.2016.19.1.ecas3-1701.

Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from http://www.traumainformedcareproject.org/resources/SAMHSA%20TIC.pdf

Surratt, H., Kurtz, S. P., Weaver, J. C., & Inciardi, J. A. (2018). The Connections of Mental Health Problems, Violent Life Experiences, and the Social Milieu of the "Stroll" with the HIV Risk Behaviors of Female Street Sex Workers. *Journal of Psychology & Human Sexuality*, *17*(1–2). Retrieved from https://www.tandfonline.com/doi/abs/10.1300/J056v17n01_03

The United States Code. (2017). [USC04] 22 USC Ch. 78: Trafficking victims protection. Retrieved January 7, 2019, from http://uscode.house.gov/view.xhtml?path=/prelim@title22/chapter78&edition=prelim website: http://uscode.house.gov/view.xhtml?path=/prelim@title22/chapter78&edition=prelim

The World Health Organization. (2015). WHO | Mental health: a state of well-being. Retrieved January 7, 2019, from WHO website: https://www.who.int/features/factfiles/mental_health/en/

Thomas Greer, B., & Davidson Dyle, S. (2014). Balancing the equity of mental health injuries: examining the "trauma exception" for sex trafficking T-VISA applicants. *International Journal of Migration, Health and Social Care*, *10*(3), 159–191. https://doi.org/10.1108/IJMHSC-11-2013-0042

Twigg, N. M. (2017). Comprehensive Care Model for Sex Trafficking Survivors. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *49*(3), 259–266. https://doi.org/10.1111/jnu.12285

United Nations. (2018). *Countering Trafficking in Persons in Conflict Situations*. Retrieved from http://www.unodc.org/documents/human-trafficking/2018/17-08776_ebook-Countering_Trafficking_in_Persons_in_Conflict_Situations.pdf

United Nations Human Rights Office of the High Commissioner. (1979). OHCHR | Convention on the Elimination of All Forms of Discrimination against Women. Retrieved February 23, 2019, from Office of the United Nations High Commissioner for Human Rights website: https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

United Nations Human Rights Office of the High Commissioner. (2014). *Human Rights and HumanTrafficking: Fact Sheet No.36*. Retrieved from In recent years, the city has emerged at the top of the worldwide list of cities with the highest rates of sex trafficking activity

United Nations Human Rights Office of the High Commissioner. (2019). What are Human Rights? Retrieved March 6, 2019, from United Nations Human Rights Office of the High Commissioner website: https://www.ohchr.org/en/issues/pages/whatarehumanrights.aspx

United Nations Office on Drugs and Crime. (2018). What is Human Trafficking? Retrieved January 29, 2019, from Human Trafficking website: https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html

Vranceanu, A.-M., Hobfoll, S. E., & Johnson, R. J. (2007). Child multi-type maltreatment and associated depression and PTSD symptoms: the role of social support and

stress. *Child Abuse & Neglect*, *31*(1), 71–84. https://doi.org/10.1016/j.chiabu.2006.04.010

Weitzer, R. (2009). Sociology of Sex Work. *Annual Review of Sociology*, *35*(1), 213–234.

Williamson, E., Dutch, N. M., & Caliber, C. (2016). *Evidence-Based Mental Health Treatment for Victims of Human Trafficking*. Retrieved from https://aspe.hhs.gov/report/evidence-based-mental-health-treatment-victims-human-trafficking

World Health Organization. (2012). *Understanding and Addressing Violence Against Women*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1

World Health Organization. (2014, August). WHO | Mental health: a state of well-being. Retrieved March 3, 2019, from WHO website: https://www.who.int/features/factfiles/mental_health/en/

Zimmerman, C., Hossain, M., & Watts, C. (2011). Human trafficking and health: A conceptual model to inform policy, intervention and research. *Social Science & Medicine*.

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., … Watts, C. (2008). The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe. *American Journal of Public Health*, *98*(1), 55–59. https://doi.org/10.2105/AJPH.2006.108357

Zimmerman, C., & Watts, C. (2003). *WHO ethical and safety recommendations for interviewing trafficked women* (World Health Organization, London School of Hygiene and Tropical Medicine, & Daphne Programme of the European Commission, Eds.). United Kingdom: WHO.

Appendices

Appendix 1: IRB Approval Document

Children's Healthcare of Atlanta

Date: 10/16/2018

NOTIFICATION OF APPROVAL
Children's Healthcare of Atlanta Institutional Review Board

Study Title: An Exploration of the Mental Health Needs of Adults in the Commercial Sex Trade and Their Experiences with Mental Health Services
Principal Investigator: Jordan Greenbaum, MD
CHOA IRB#: 18-124
Date IRB Approval Issued: 10/15/2018
Date IRB Approval Expires: 10/14/2019
IRB Review Type: ☐ Full Committee ☒ Expedited
Sites Associated with this IRB Approval:
☐ Children's at Egleston
☐ Children's at Scottish Rite
☐ Children's at Hughes Spalding
☒ Private Practice/ Other sites: Victim Service Agencies in Atlanta

Risk Category:
☒ 46.404 OHRP (50.51 FDA)
☐ 46.405 OHRP (50.52 FDA)
☐ 46.406 OHRP (50.53 FDA)
☐ 46.407 OHRP (50.54 FDA)

Children's Healthcare of Atlanta Institutional Review Board approved the above referenced study.

☐ The stamped approved informed consent document for use in this study is attached. Only this original shall be used to make copies for study enrollment. You may not use any informed consent document that does not have this Institutional Review Board's current stamp of approval. The board has determined one parent signature is required.

☒ The requirement for **written** informed consent, parental permission and assent is waived for this study and an alteration of HIPAA Authorization has been granted. The IRB has determined that all specified criteria described in 45 CFR 46.117(c) and 45 CFR 164.512(i)(2)(ii) has been met as necessary to obtain a waiver of documentation of informed consent, parental permission and an alteration of HIPAA authorization.

☐ The requirement for informed consent, parental permission and assent is waived for this study. The IRB has determined that all specified criteria described in 45 CFR 46.116(d) has been met as necessary to obtain a waiver.

☐ The requirement for authorization for the release of protected health information for research purposes is waived for this study. The IRB has determined that all specified criteria in 45 CFR 164.512 has been met as necessary to obtain a waiver of HIPAA Authorization.

☐ The requirement for HIPAA authorization of release of protected health information is partially waived for this study.

☐ This study is open for data analysis only.

While conducting this research, please ensure that the following occur:

- As applicable, informed consent is sought and appropriately documented from each prospective subject or the subject's legally authorized representative before the subject participates in the research. As applicable, assent is sought and appropriately document from each prospective subject.
- IRB approval for continuation of the study is obtained prior to the above referenced expiration date. Failure to obtain approval for continuation prior to the expiration date results in immediate termination of the research at the above referenced study sites.
- Any modification to the study procedures or documents approved by the IRB are submitted to and approved by the IRB prior to implementing the change.
- Serious adverse events reports are reported to the IRB within ten (10) days of knowledge of them.
- Appropriate study records are maintained as mandated by this institution, the sponsoring agency, and the FDA.
- Hospital staff involved with this study are fully informed and trained regarding their involvement with this research or its subjects.

The IRB office may provide a request for continuing renewal at 60 and 30 days prior to the expiration date indicated above. However, it is the Principal Investigator's responsibility to ensure that the continuing renewal materials are submitted in adequate time to allow IRB review and approval prior to the expiration date. Failure to obtain IRB approval for continuation results in immediate termination of the research. In this case, the study may not be re-opened under this CHOA IRB# unless the continuing renewal materials are received within 90 days of the expiration date and approved by the IRB. Otherwise, the study must be submitted as a new protocol and a new CHOA IRB# will be assigned.

As a reminder, in addition to IRB approval, the PI is responsible for obtaining all applicable organizational approvals for the study (Legal, Clinical Engineering, Sourcing, Departmental, etc.).

Sincerely,
Anna Lum
IRB Coordinator

Documents Approved:
Protocol, *version 05/02/2018*
Verbal Consent Form, *version 10/15/2018*

1687 Tullie Circle NE Atlanta, Georgia 30329 | p. 404-785-7555 | f. 404-785-9470 | choa.org

Appendix 2: Consent Forms

Children's Healthcare of Atlanta, Inc. "Children's" and Emory University "Emory"

Title: An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

Principal Investigator: *Jordan Greenbaum, MD.*

Sponsor's Name: Stephanie V. Blank Center for Safe and Healthy Children

Hello,

I am conducting a research project with Children's Healthcare of Atlanta and I am interested in your experiences associated with commercial sex work. The purpose of this project is to learn about any mental health needs you had, any challenges you experienced with accessing services to meet those needs, and your experiences with mental health professionals. Your participation is completely voluntary, and will involve one in-depth interview that will last about 45-75 minutes. A member of the research team made a donation to the Institute on Healthcare and Human Trafficking, earmarking the funds for gift cards for participants. The gift cards are intended to compensate you for your time and should not otherwise affect your participation. You will receive a $25 gift certificate for your time. You may choose not to take part in this study and if you decide to participate, you may stop being in the study at any time without any negative consequences. We expect to enroll 45 people in this study.

The information you provide will help researchers gain a better understanding of experiences women have 'in the life' and challenges they face in getting help. Your experiences will allow us to identify problems in the system, and work to improve that system, potentially helping others in the future. Given the sensitive nature of the study topic, we welcome your therapist and/or program coordinator being present.

The information you provide will remain strictly confidential. The interview will be audio-recorded and later transcribed. That way I don't need to take notes while talking, and I can fully listen to what you're saying. I will ask you to choose a fake name for yourself, to be used during the interview. A person's voice is considered 'protected health information' because it may be identifiable. As a part of this study, I'm asking you to give authorization to release some of your protected health information (PHI), that is, to allow me to record the interview. This information (your voice) may be shared with other members of the research team, and the Children's IRB. The IRB is a committee of people that approves all research in this hospital and follows all the rules and regulations made by government agencies about how research is done.

They will take special care to maintain confidentiality and privacy about you and your protected health information. It is your choice to let the researchers use and share your health information. You can, at any time, change your mind.

If you change your mind and want to cancel your permission, you need to contact the study team's primary investigator, Dr. Jordan Greenbaum at 404-785-3829. Her address is 975 Johnson Ferry Rd, NE, Atlanta, 30342. I am glad to write that information down for you. At that point, researchers would not collect any more protected health information, but may use or disclose information already collected for safety reasons, to verify research data or if required by law. If you cancel your permission, you will not be able to stay in the study.

Your identity or personal information will not be disclosed in any publication that may result from the study. Do you have any questions about the study? Do you agree to participate? If so, I'd like to turn on the audio recorder now, and then have you confirm your participation. Thank you.

ORAL CONSENT DOCUMENTATION FOR PARTICIPATION
Study ID#_____

Subject: An Exploration of the Mental Health Needs of Adults Working in the Commercial Sex Trade and Their Experiences with Mental Health Services

This consent serves as documentation that the required elements of informed consent have been presented orally to the participant or the participant's legally authorized representative.

Verbal consent to participate in this research has been obtained by the participant's willingness to continue with research by providing answers to a series of questions related to their mental health needs and service experiences.

_____
Surveyor's Name (Printed)

_____
Surveyor's Signature

_____
Date

_____
Participant Pseudonym

Appendix 3: Recruitment Email to Anti-Trafficking Agencies

Hello,

My name is Shanaika Grandoit ; I am a second year MPH candidate at Emory University. Currently, I am working on my master's thesis, which is a research project I have pioneered with CHOA under the direction of Dr. Jordan Greenbaum. We are looking to investigate survivor's perspectives regarding any potential facilitators and barriers to their mental health needs. We have partnered with local organizations such as: Out of Darkness, 4Sarah, and StreetGrace in Atlanta, Georgia to recruit participants.

I'm wondering if you would be interested in participating in this project by helping us to recruit interested adult survivors of sex trafficking for a 45-60 minute completely voluntary interview. The interview would be semi-structured and audiotaped so we could transcribe and analyze the data later. Questions would focus on mental health signs/symptoms experienced during and after exploitation, as well as efforts to seek mental health care services and results of those efforts. It would be held at a place that is comfortable for the participant. We hope to recruit women (18 years and older) who have exited the exploitation but who have not been 'out of the life' for more than two years (to minimize recall bias). They would not necessarily need to have been trafficked as minors. Do you think such a study would be feasible? Would you be interested/willing to participate by helping to recruit participants? Each participant would receive a small compensation in the form of a gift card.

Thank you in advance for your assistance, and I look forward to hearing back from you. I have attached our recruitment flyer for your convenience.

All the best,
Shanaika Grandoit

Appendix 4: Recruitment Flyer

Appendix 5: Mental Health Resource Guide

RESOURCE GUIDE

24 HOUR NATIONAL HOTLINES

National Alcohol/Drug Abuse Hotline * 1-800-784-6776
National Women's Health Information Center * 1-800-994-9662
Rape, Abuse, and Incest National Network (RAINN) * 1-800-656-HOPE
National Domestic Violence Hotline * 1-800-799-SAFE
National STD Hotline * 1-800-227-8922
National AIDS Hotline * 1-800-342-2437
Child Help USA – National Child Abuse Hotline * 1-800-4-A-CHILD

FOOD ASSISTANCE

SNAP
1-877-423-4746
MON – FRI 7:30AM – 2PM

MENTAL HEALTH SERVICES

Dekalb Community Services Board
404-892-46-46
23 Warren St * Atlanta, GA 30317
MON – FRI 8AM – 5PM

Mercy Care
404-787-5826
424 Decatur St * Atlanta, GA 30312
MON – THUR 7AM – 5PM

Georgia Crisis and Access Line
1-800-715-4225

Suicide Crisis Hotline
404-730-1600

PRIMARY CARE SERVICES

Good Samaritan Health
404-523-6571
1015 Donald Lee Hollowed Pkwy NW * Atlanta, GA 30318
MON – THUR 7:45AM – 4PM
FRI – SAT 7:45AM – 12PM

HEALing Community Center
404-564-7749
2600 Martin Luther King Jr Dr SW * Atlanta, GA 30311
MON & THUR 8AM – 5PM
TUE & WED 8AM – 8PM
FRI 8AM – 1PM
SAT 9AM – 1PM

HEALTH INSURANCE

PeachCare for Kids
877-427-3224
MON – FRI 7:30AM – 7:30PM

Healthcare.gov
1-800-318-2596

HOMELESS SHELTERS

Atlanta Day Shelter for Women and Children
404-588-4007
655 Ethel St NW* Atlanta, GA 30318
MON – FRI 8AM – 3PM

My Sister's House
404-367-2465
921 Howell Mill Rd NW * Atlanta, GA 30318

Appendix 6: Interview Guide

Introduction

Hello, my name is *(interviewer's first and last name)*. I am conducting a project through the Institute on Healthcare and Human Trafficking at Children's Healthcare of Atlanta. The purpose of this study is to understand the mental health needs, opportunities, and barriers to accessing mental health services for adult survivors of sexual exploitation.

First, I would like to thank you for taking the time to contribute to our study by answering my questions.

I have some topics we can talk about; however, I am happy to hear of any other thoughts you feel are relevant to the topic at hand. There are no wrong or right answers. We are most interested in your personal opinion and experience. We realize this material is sensitive in nature, so we would welcome your therapist and/or program coordinator being present for support if you so desire.

The questions we will be discussing today address sensitive experiences in your life. I will be asking you to talk about your personal experience with sexual exploitation. In addition, we will talk about experiences you might or might not have had seeking mental health services and potential barriers you faced.

Your participation in this project is voluntary; at any time during our interview if you feel uncomfortable or do not want to answer questions, you can skip questions or end the interview. I want to assure you that all of your answers will remain confidential and nothing we report will be identifiable to you. I'm going to ask you to make up a name for yourself for us to use during the interview.

Our interview will last between 45-75 minutes. I would like to ask your permission to record our conversation so that I can transcribe the interview and analyze it later. We will use the information you share to help improve services for others who have had similar experiences. May I turn on the recorder? Do you have any questions before we begin?

Opening Questions

1. Can you tell me a bit about your experience growing up?

Probe: Where are you from? Who took care of you most of the time?

2. How would you describe your relationship with your parents growing up?
3. What do you remember most about your childhood?
4. How were you introduced to sex and sexuality?

Probe: How old were you when you first had sex?

Entering the Life

Next, we are going to transition into talking about your experiences in the life. I realize this may difficult to discuss and I want to let you know that your participation is completely voluntary and if at any time you would like to take a break or skip a question, please let me know and we can do so.

5. Thinking back to the time you were in the life, can you tell me how it started?
Probe: Who was involved? How did it begin? Did you understand what it was you would be doing?

6. What was the nature of your relationship with the person who introduced you to the life?

Experiences While in the Life

7. Can you tell me about some of the experiences that stick out in your mind from the time you were in the life (ask follow up questions to elicit details)

Probe: What were some of the best experiences? What were some of the worst experiences?

8. How would you describe your living environment?

Probe: How many people did you live with? Did you feel safe? Did you trust these people?

9. Were you able to make your own decisions about being in the life, or staying in the life?

Probe: Was there ever a time when you felt forced to be, or forced to stay, in the life? If yes, can you tell me about it?

10. Many survivors talk about tremendous stress they experienced during the time they were in the life. They experienced that stress in different ways—physical or emotional changes, for example. Did you ever feel especially stressed?

11. How did your body tell you that you were stressed?

12. Would you say you felt stressed all the time, most of the time, occasionally, or only rarely?

13. Were there things you could do to make yourself feel better? What were some of those things?

Probe: Did you use drugs or alcohol to deal with the stress?

14. Were there ways you tried to cope with your stress that did NOT work?

15. Did you ever think about seeking help from someone else, for example a counselor or religious leader?

16. Were there any health care services available to you? If so, what were they?

17. What kind of mental health services if any did you use, for example, individual or group therapy with licensed and/or faith-based counselors, tele-mental health therapy, self-help apps?

If the participant <u>did</u> receive services, then ask,

a. When did you receive this service (while in the life or afterwards)?
    i. How long did you participate?
    ii. How did the service end—did the program come to an end or did you stop going to appointments? If the latter, what led you to stop going to the appointments?

b. What did you like and dislike?
c. Do you think the services were helpful? Why or why not?

If participant did not seek services, then ask:
d. What prevented you from seeking out mental health services?
e. Were there obstacles to getting mental health care? What were those obstacles?

Post-Life Journey

18. Thinking back, how were you able to leave the life?
19. Can you describe any emotional problems you've had as a result of your experience, if any?
20. Can you describe any physical problems you've had as a result of your experience, if any?
21. Can you tell me about your path toward recovery after exiting the life?
Probe: What has helped you recover?
22. Were there programs or people in the community that helped your recovery process?
Probe: What kind of mental health services, if any, did you use?
If the participant did receive services, then ask,
f. When did you receive this service (while in the life or afterwards)?
i. How long did you participate?
ii. How did the service end—did the program come to an end or did you stop going to appointments? If the latter, what led you to stop going to the appointments?
g. What did you like and dislike?
h. Do you think the services were helpful? Why or why not?
If participant did not seek services, then ask:
a. What prevented you from seeking out mental health services?
b. Were there obstacles to getting mental health care? What were those obstacles?

Closing

We are getting ready to wrap up our interview, I have a few closing questions for you before we end.

23. What recommendations do you have for improving mental health services for women in the life?
24. What more would you like to see done to support women in the life?
25. Is there anything else that you would like to talk about, that I might have missed?

Thank you for your time and for participating in this interview

Appendix 7: Codebook

Code	Description	Code Frequency	Type
Childhood	References to experiences in childhood prior to trafficking described by participant	29	Deductive
Single Parent Home	Mention of being raised in a single parent home by participant		Inductive
Divorced Parents	Mention of divorced parents by participant	6	Inductive
Blended Family	Mention of blended home i.e. stepparents, step-siblings by participant	4	Inductive
Siblings	Mention of siblings by participant	9	Inductive
Intro to Sex	First exposure to any sexual act or intercourse	11	Deductive
Violence	Instances of violence to include sexual, physical, and emotional violence mentioned by the participant that they experienced or witnessed.	9	Deductive
Sexual Violence	Includes rape, being made to penetrate someone else, sexual coercion (non-physically pressured sex), unwanted sexual contact (such as groping), and noncontact unwanted sexual experiences (such as verbal harassment). Contact sexual violence is a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.[1]	22	
Physical Violence	Includes a range of behaviors from slapping, pushing or shoving to severe acts that include hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, used a knife or gun. [2]	17	
Emotional Violence		10	

Trafficking	Descriptions of trafficking experience i.e. the life, exploitation	29	Deductive
Leaving_trafficking	How the participant left their trafficking experience	12	
Trafficker	Descriptions of or experiences with those involved in the process of trafficking the participant. i.e., Trafficker, Pimp, Daddy, Madame	42	Deductive
Buyer	Descriptions of or experiences with those who paid or traded something of value for sexual acts with the participant i.e., John, Trick	14	Deductive
Coping	Self-identified means to minimize or tolerate trafficking experience	13	
Self-Injury	Mention of self-injury or self-harm by participant	4	Inductive
Drugs and Alcohol	Quantity, frequency, type, and experiences with drugs or alcohol by participant or others	28	Deductive
Stress	Mention of stress as defined by the DSM-5 before, during and as a result of trafficking experience	17	Deductive
Trauma	Mentions of trauma as defined by the DSM-5 before, during, and as a result of trafficking experience	18	Inductive
Mental Health Conditions	Self identified mental health conditions impacting the participant's psychological and emotional well-being.	4	Deductive
Anxiety		11	
Depression		9	
PTSD		8	
Suicide	Participant expresses having thoughts of suicide, attempting suicide, or having a suicide plan during their trafficking experience. Also includes mentions of not being suicidal	1	Inductive
Suicide_attempt	A non-fatal, self-directed, potentially injurious behavior with the intent to die as a result of the behavior; might not result in injury.[2]	2	
Suicide_ideation	Thinking about, considering, or planning suicide. [2]	5	
Social Support	Identified forms of social support for trafficking i.e. family, friends, religion, and pets. Descriptions of healthy relationships	30	Deductive

	Also includes a lack of social support		
Religion	Mentions religion as a form of coping or support. Also includes lack of religion	6	Inductive
Prayer		1	
Meditation		1	
Church		4	
Faith		2	
Spirituality		1	
Health Problems	Specific self-identified physical and/or mental health problems resulting from trafficking i.e medical conditions, chronic pain.	14	Inductive
Mental Health Services	Mention of mental health services utilized or known to participant	31	Deductive
Counseling		10	
Group_therapy		1	
Faith_based		7	
Tele_med		0	
Talk therapy		1	
Therapy		8	
Medication		7	
Satisfaction w/services	Discussion of mental health service satisfaction, interaction with health care providers (HCPs), availability, cost.	11	Inductive
Funds	Discussion of payments to participant while in the life. Also includes, discussion of funds as a facilitator for participants to remain in the life. Or discussion of insufficient funds as a barrier to accessing mental health services.	23	Inductive
Means of Trafficking	Discussion of where survivors worked while in the life.	3	Inductive
Modeling		2	
Internet-based		2	
Massage Parlor		2	
Strip Club		6	
Manipulation	Participants expressing instances in which they were coerced or influenced by others while in the life.	18	Inductive
Control	Participants expressing instances in which they felt controlled while in the life. Also includes, instances in which participants expressing feeling in control of their actions.		

Law Enforcement	Participants personal account of interacting with those in law enforcement i.e. police officers, parole officers before, during, or after their time in the life.	15	Inductive
Arrest	Participant's personal account of being arrested before, during, or after their time in the life.		
Jail	Participant's personal account of spending time in jail before, during, or after their time in the life.		
Prison	Participant's personal account of spending time in prison before, during, or after their time in the life.		
Trust	References to a lack of trust for their surroundings or social network while in the life. Also, references to trust for their surroundings or social networks while in the life.	11	Inductive
Death	Mentions witnessing death or experiencing the death of someone in their social network while in the life	13	Inductive
Autonomy	Mentions have free will when making decisions concerning being in the life or staying in the life.	16	Inductive
Living Conditions	Reference to the circumstances in participants life—shelter, food, clothing, safety, and access to clean water.	19	Inductive
Recommendations	Any recommendations that participant has for improving MH services for women in the life	28	Inductive
Pregnancy	References: Existing children (own children or partner's children), childbearing attitudes and/or desires, pregnancy, abortion, pregnancy testing, paternity testing, caring for children, responsibility for children, or any childcare issues	7	