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Sex Trafficking Survivor-Advocates' Experience with Aftercare

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SEX TRAFFICKING SURVIVOR-ADVOCATES' EXPERIENCE WITH AFTERCARE

by

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Abstract

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In recent decades, the United States (US) government has made human trafficking a federal offense and federal and state agencies have started funding efforts to get sex trafficking survivors out of trafficking and into aftercare services. However, there has been little research on the quality of aftercare services for survivors of sex trafficking in the US. The author of the current study interviewed eight survivors of US sex trafficking about their experiences with aftercare. The semi-structured interviews were analyzed using grounded theory methodology. The core category of this study was "For sex trafficking survivors, a successful restorative aftercare experience is bookended by high-risk phases of building trust and connection that are critical to healing, hope, and future success." Main themes include the importance of aftercare environments that are safe, empowering, collaborative, and non-transactional; the need for holistic and multifaceted services; and the mixed reactions to faith in the context of aftercare. The study highlights the importance of survivors, service providers, and communities working together, in the context of a safe and ethical aftercare setting, to establish an environment where healing can occur.

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Sex Trafficking Survivor-Advocates' Experience with Aftercare

Human trafficking is recognized as a crime both domestically and internationally (United Nations, 2000; United States Department of State, 2013). In 2012, the International Labor Organization (ILO) estimated that there were over 20.9 million victims of modern day slavery (ILO, 2012). The Global Slavery Index (GSI) estimates that number to be 45.8 million (GSI, 2016). Human trafficking is defined as "the recruitment, transportation, transfer, harboring or receipt of persons" through the use of fraud, coercion, abduction, deception, or abuse of power as a means to control another person (UN, 2000, p. 2; USDS, 2013). International human trafficking is defined as trafficking that happens across international borders while domestic human trafficking is defined as trafficking that stays within the home country of the victim (UN Global Initiative to Fight Human Trafficking, 2013). About 14,000 people are trafficked into the United States (US) annually (USDS, 2013) and 55% of forced labor victims worldwide are women (USDS, 2013). Compared to men, women who are trafficked are at a disproportionate risk of being trafficked for sex (Reid, 2012). Sex trafficking is defined as a commercial sexual transaction (i.e., prostitution) by an adult (18 years of age and older) committed as a result of the use of fraud, force, and/or coercion by another (USDS, 2017). There are no specific data available regarding the prevalence of sex trafficking in the US. Some of the most at-risk groups are runaways, homeless youth, and transgender street youth (Estes & Weiner, 2002). The Urban Institute (Dank et al., 2014) found that, in eight US cities, commercial sex generated between $40 million and $290 million annually per city.

While current literature describes the typical negative outcomes victims experience during captivity, several researchers have stated we known very little about survivors' experiences of aftercare services (Cecchet & Thoburn, 2014; Colby, 2011; Jones, Engstrom,

Hilliard, & Sungakawan, 2011). Survivors of sex trafficking in the US, who have experience with aftercare, are a source of first-hand knowledge of these services and how well they work. Considering that victimization, often by people in authority positions, is a significant component of a sex trafficking survivor's experience, it is important to structure treatment in a way that is patient-centered, culturally competent, and trauma-informed (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Herman et al., 2007; Substance Abuse and Mental Health Services Administration, 2014). With the desire to contribute to patient-centered, culturally competent, and trauma-informed care, the purpose of this study is to learn about the aftercare experiences of adults who survived child or adult sex trafficking in the US.

Experiences During Trafficking

To understand the context of aftercare or any restorative experience, it is important to know details about survivors' contexts during their time as victims. People who have been trafficked have typically been exposed to a variety of negative experiences including, but not limited to, psychological, physical, sexual, and financial violence (Dovydaitis, 2010; Stotts & Ramey, 2009). Acts such as torture, coercion, manipulation, sexual assault, and physical violence are commonly used to subdue trafficking victims and subject them to their traffickers (Fong & Berger Cardoso, 2010; Hartjen & Priyadarsini, 2012; Kara, 2011; Lagon, 2008; Stotts & Ramey, 2009). Reported injuries include cigarette burns, chemical burns, broken bones, bruises, and forced or coerced drug use (Dovydaitis, 2010; McClain & Garrity, 2011; Newby & McGuinness, 2012; Zimmerman, Hossain, & Watts, 2011).

Known Outcomes of Human Trafficking

In addition to knowing what commonly happens to victims while in captivity, it is important that aftercare service providers understand something about the short term and long

term outcomes of these experiences. Much of the research regarding health outcomes of sex trafficking survivors has been compiled abroad or with international participants, including studies done in the Middle East (Cwikel, Chudakov, Paikin, Agmon, & Belmaker, 2004), South Asia (Gupta, Reed, Kershaw, & Blankenship, 2011), and Europe (Ostrovschi et al., 2011; Zimmerman et al., 2008). In the international literature, the most frequently reported health related outcomes include post-traumatic stress disorder (PTSD), sexually transmitted infections (STI)/HIV, and depression (Cwikel et al., 2004; Ostrovschi et al., 2011; Silverman et al., 2014; Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2007). In terms of mental health outcomes, PTSD, anxiety, and depression are the three most frequently reported outcomes of human trafficking (Cwikel et al., 2004; Ostrovschi et al., 2011; Zimmerman et al., 2008). Ostrovschi and colleagues (2011) found high levels of comorbid occurrences of PTSD and anxiety disorders in a population (N = 120) of Moldovan women who were trafficked for sex. In studies involving US populations, Hom and Woods (2013) found complex trauma, shame, and previous sexual abuse were common among human trafficking victims/survivors, and Muftić and Finn (2013) found that women who were sexually exploited experienced significant adverse health outcomes in the areas of mental health and suicidal ideation.

Treatment for Sex Trafficking Survivors

Sex trafficking is a human rights violation, and Stoklosa, Grace, and Littenberg (2015) argue that human trafficking is one of the most dehumanizing acts one can experience. The American Psychological Association's (APA) ethical code (Principle E) emphasizes the need for respecting "people's rights and dignity" (APA, 2002, p. 4), particularly when individuals or communities have or have had an impaired ability to make autonomous decisions. As such, when determining treatment for sex trafficking survivors it is important to listen to survivors as much

as possible and to note that the trauma and marginalization survivors have experienced require serious addressing.

Patient-centered culturally sensitive and trauma-informed care. The premise of patient-centered culturally sensitive care involves providing care that not only shifts the control of clinical decision-making from a top-down to a more egalitarian interaction (Wagner et al., 2005), but also engages in cultural competence from a patient-centered focus on empowerment (Herman et al., 2007). It takes into account the patient's culturally influenced contextual variables, of which the patient is the primary expert. This is essential, not only in maintaining respect for the individual and the biopsychosocial environment in which they live, but also for providing quality health care (Herman et al, 2007).

The Substance Abuse and Mental Health Services Administration discussed the necessity of utilizing a trauma-informed approach for treating trauma survivors (SAMHSA, 2014). There are six principles to this approach: establishing organizational and psychological safety, operating from a stance of trust and transparency, providing opportunities for peer support, equalizing power differentials through collaboration and mutuality, providing an environment of empowerment through encouraging self-advocacy, and engaging with cultural and other intersectional differences (Elliott et al., 2005; Harris & Fallot, 2001). Implementing these principles throughout the aftercare setting enhances the agency of survivors, increases safety, and levels power differentials between providers and patients (Elliott et al., 2005). It also helps to inform treatment by engaging in mutual collaboration to identify ways of improving services and identifying what is ineffective (Elliott et al., 2005).

In consideration of these principles and the move towards patient-centered culturally sensitive care (Herman et al., 2007; Wagner et al., 2005), I felt it was important to learn more

about the restorative experiences of sex trafficking survivors in the US from first-hand accounts of those who have experienced restorative care, and are actively engaged in advocacy (whether as a career or through volunteering). From a trauma-informed stance, survivor-advocates are able to speak to these issues as somewhat of an expert, removing some of the concerns around power differentials and potential for exploitation or the perception of exploitation that need to be paid attention to when working with sex trafficking survivors.

The Current Study

In order to generate a better understanding of aftercare services, I explored survivor needs using grounded theory methodology (Charmaz, 2006; Glaser & Strauss, 1967). Grounded theory requires researchers to collect rich data (participants' detailed and full description of the construct under investigation) and inductively translate the data into themes (clusters) that further inform researchers and clinicians about the construct in a way that was previously unknown or uncertain.

To learn more about the restorative experience of survivors, I only wanted to talk to those who were no longer in danger, had access to support, and were unlikely to be adversely affected by their participation in the study. The people who best fit these criteria were survivor-advocates. Survivor-advocates, because of their intersecting identities, also have additional information from other survivors that provide insight for this study. Therefore, the principle research question of this study, "What are sex trafficking survivor-advocates' lived experiences with restorative services, particularly as it relates to post sex trafficking aftercare in the US?"

Method

Participants

Participants for this IRB approved study were eight individuals who identified as female and ranged in age from 28 to 51 ($M = 40.63$, $SD = 9.10$). Participants listed their ethnic identification as follows, 8 White and 1 African-American. Participants were recruited by utilizing community-based sampling methods, including direct email and phone calls to survivor support centers, Facebook posts, referrals from the anti-human trafficking community, and the solicitation of personal contacts (see Table 1). Participants were prescreened to confirm they met the criteria for inclusion: 18 years old or older; trafficked in the US; a survivor of human trafficking; no longer in crisis; no longer experiencing serious mental health difficulties; and working or volunteering in some capacity that serves the anti-trafficking effort. All respondents who agreed to participate in the study were provided a packet of materials that included the study criteria, informed consent documentation, the semi-structured interview protocol, and a copy of the demographics form.

Table 1

Participant Demographics

Participant	Age	Age First Trafficked	Race Ethnicity	Gender	Region	Honorarium
1	37	19	White	Female	Deep South	Declined
2	49	19	White	Female	Midsouth	Donated
3	47	16	African American	Female	Midsouth	Gift Card
4	37	14	White	Female	Midsouth	Gift Card
5	51	15	White	Female	Midwest	Donation
6	28	18	White	Female	North West	Donation
7	47	14	White	Female	Midsouth	Donation
8	29	10	White	Female	Mountain West	Donation

Researcher's Background and Perspectives

I have been studying the general topic of human trafficking for over six years, including aftercare services for four years. I was also the primary investigator for a Consensual Qualitative Research project investigating service offerings for sex trafficking survivors in the US from the perspective of aftercare providers (who were not survivors themselves). Given my exposure to the topic of human trafficking, frequently strong feelings about the topic, and the nature of the emotions regarding the violence that occurs in sex trafficking, it was impossible to separate my personal knowledge and biases from the data collection and analysis process. Memoing and debriefing was utilized to mitigate the impact of previously obtained knowledge and biases. Memoing is a form of note-taking (Charmaz, 2006) and debriefing is peer discussion (Lincoln & Guba, 1985) that allows researchers to acknowledge and address how their expectations of the data may influence the research process.

Interviews

Data was collected through semi-structured interviews (Charmaz, 2006). Each of the eight participants was interviewed in one of three ways. The first was in-person at a public location in which the participant felt safe, and still provided enough privacy to conduct the interview. The second was over the phone, and the third was conducted via Skype at the request of the participant. Each interview lasted between 50-90 minutes and was recorded in duplicate to serve as back-up in case of equipment failure. When the primary recording was confirmed functional, the back-up recording was erased. One primary recording was found to be faulty and the back-up audio file was used for transcription. One back-up recording was found to be faulty and was subsequently erased. Audio recordings were transcribed with as high level of accuracy as possible. The only exception to this exactness was in regard to the removal of identifying

information, which was recoded to protect the interviewees' anonymity. Participant names were de-identified as "Participant," service provider names were de-identified as "Service Provider," and other people who were identified as close to the participant were recoded according to the following examples "Friend," "Pimp," and "Support Worker."

During the interviews, field notes were maintained to record my interactions, feelings, and impressions as a result of spending time with participants. My observations, during and after each interview, informed updates to subsequent interview protocols as well as participant selection. Grounded theory provides a framework that allows researchers to be continually curious about different aspects of the study, even as these aspects reveal themselves through the stories of participants (Charmaz, 2006). For example, when an interviewee brought up an aspect of sex trafficking aftercare not discussed in previous interviews and missing in the interview protocol, the protocol was updated so that subsequent participants could add their experiences to the data. When it seemed that new interview data added nothing new to the study, the principle of theoretical saturation was achieved and data collection discontinued (Charmaz, 2006; Glaser & Strauss, 1967).

Upon completion of each individual interview, and in an effort to thank participants for their time, participants were offered a choice of receiving a $10 gift card to Target or Amazon.com. Participants could also choose to have the honorarium donated to an anti-trafficking organization of their choice, or to not receive any kind of honorarium.

Methodology

There are two reasons for choosing grounded theory as the primary methodology for this study. First, grounded theory has a long, productive history of aiding fields such as counseling psychology build knowledge about groups, such as sex trafficking survivors, who are

traditionally marginalized in research and practice (Fassinger, 2005). Second, there is a good fit between the current lack of empirical knowledge about sex trafficking aftercare in the US and grounded theory's suitability for generating an initial theoretical direction based on the lived experiences of participants.

Data Analysis

For the purposes of this study, the qualitative data were analyzed through a cyclical process of coding, constant comparison, development of categories, and memoing (Charmaz, 2006). Charmaz (2006) identified coding as the link between data collection and theory development. For the current study, coding occurred in three phases, including initial coding, focused coding, and theoretical coding (Charmaz, 2006; Glaser & Strauss, 1967). During initial coding, a line-by-line reading of each transcript was conducted to extract meaning units, small but independent units of text that are meaningful in relation to the research question (Giorgi, 1970). These meaning units, or initial codes, remained as true to the data, the actual words of the participants, as possible. During focused coding, the meaning units were organized into higher order categories via the constant comparison method (Glaser & Strauss, 1967). Each meaning unit was compared to every other meaning unit and sorted into groups of shared meanings called categories, while still staying as close to the data as possible. Once the categories emerged, each category was then compared to every other category (Glaser & Strauss, 1967). This process continued until the interviews produce no new higher order categories that made sense in light of the experiences survivors of sex trafficking had regarding aftercare services.

When no new higher order categories emerged from the interviews, the theoretical coding phase of the study began. To increase awareness of potential subjective influences on the analysis, this stage of analysis was also informed by memoing notes (Charmaz, 2006). For

example, I have a lot of experience living and functioning in religious contexts. Those contexts were not always healthy, and as such, had the potential to skew my perceptions of the data when religion was described as a healthy coping mechanism for survivors. Another example is that I have experience working with US survivors of sex trafficking and memoing was used to keep my vicarious traumatic interactions from influencing the outcome of the data as much as possible. All higher order categories and line-by-line codes were consolidated into thematic clusters that provided a more robust understanding of the initial categories. These robust clusters were then used to inform the theoretical model.

In accordance with Charmaz (2006), a mid-level theory, or theory that is limited in scope and focuses on a distinct phenomenon, was constructed from the data. Although the findings of the study by themselves may not be generalizable to other populations, results that emerged from the data were linked to existing understandings of survivor aftercare resulting in a more detailed understanding of aftercare that is transferable to other persons, places, and times (Charmaz, 2006; Lincoln & Guba, 1985). It is also important to connect the results to the audience for which the study was intended (Charmaz, 2006). For this study, the intended audiences were both the agencies and clinicians in the US who are working or are interested in working with sex trafficking survivors.

Results

The eight interviews yielded 1155 meaning units. The constant comparison method described above resulted in a hierarchy that consisted of six clusters or major themes (see Table 2). The clusters were then used to create an overarching idea or emerging theory about what was learned from this study. Each cluster is expounded on below within the context of its subsumed categories. The emerging theory, or core category, is explained after the cluster descriptions. Due

to the participants providing information both as survivors and advocates, their experience with aftercare in both contexts is reflected in the following results. The primary focus is on their experience as survivors, and it was important to report their unique perspective as advocates engaged with survivor advocacy and services.

Cluster 1: For a Survivor of Sex Trafficking, the Aftercare Process is Long and Only the Beginning of the Restoration Process

All participants contributed to this cluster, which contains five categories, and provides information related to the lived experiences of survivors post trafficking, including treatment and post treatment. Participants discussed their interactions with aftercare and the challenges experienced once services are no longer available.

Category 1.1. Developing trust in an aftercare program takes time. "Well I mean learning how to trust was a major issue, trying to figure out you know what I mean, because most.. who does things for you for free? You know what I mean? Without any expectations?" (7). Participants (6 of 8) in this category explained that living on the streets meant the only person they could trust was themselves, and even that was difficult as they would sometimes let themselves down. Trust can be difficult to earn because those trying to help are sometimes seen as antagonistic. This tends to be most true for adolescent adults who have developed a trauma-bond to their trafficker. In these cases, the aftercare agency and workers, who are trying to keep them out of abusive and exploitive settings, are seen as the people who are keeping them from those that they love.

> So, I think just, you know coming in to a new life there's a lot of not wanting to trust people and that takes time. Um. But when people tell you that they genuinely care about you, that's almost like why? Why me? I'm kind of like dirt. (2)

All participants informing this cluster stated that it takes time to learn how to trust others, and perhaps especially those who desire to help them.

> Because it's almost like you want to get out of the way of life and you're willing to leave this person that has so much control over you. But to go into a place that has so much control over you, it's, it's scary. You might as well be where you are. (2)

Category 1.2. Age is a determining factor in the likelihood of someone coming out of a life of sex trafficking and staying out.

> Okay I think it's, to be quite honest, I think it's harder for the younger ones than it is for the older ones. They [older survivors] are the ones who know where the bottom is and what a bottom really looks like. (7)

Participants (5 of 8) indicated that there are three life periods when an adult may exit sex trafficking. The first is as an adolescent. All the respondents who contributed to this category stated that the most difficult time to exit sex trafficking is as a young person. Because of adolescent impulsivity, young people were also identified as the group most likely to return to their pimps. The age group that was reported as most likely to exit sex trafficking and stay out was in the range of mid-20's to 30's. After the 30's the likelihood of coming out of the life was reported to decline due to a sense of helplessness and/or addiction.

Category 1.3. Mental health challenges are pervasive throughout the duration of aftercare. Participants (5 of 8) reported having significant mental health challenges throughout the course of their treatment and beyond. The most frequently mentioned challenges were PTSD, depression, social anxiety, and unstable moods. As one participant explained, "So but unfortunately you know the PTSD um was still there and trying to cope um with that, with the past when you least expect it. So that was super difficult" (5). Respondents stated that, at any

time, they or other participants in aftercare could experience flashbacks, night terrors, disassociations, and impulsive anger. As one participant said,

> And that was a big challenge for me um and then working through your trauma is really hard, like really working through it not burying it down and pretending like it didn't happen. Um like working through it and like moving away from that was really hard for me and but it was still needed. (6)

Category 1.4. Learning to incorporate old skills with new skills takes time. All of the participants (8 of 8) contributed to this category and stated that, once out of a life of sex trafficking, the survivor and agency begin the lengthy process of restoration. They also discussed the idea that streetwise skills can be both an asset and detriment in the process of restoration. Some of these skills include the use of negotiation, or saying whatever was necessary to survive a given circumstance and manipulation to gain goods or services.

> Because I was so used to, all the the life was so ingrained in who I was, um, and and how I interact with other people. And me I was very transactional. Um, How, 'I do this for you you do this do this for me' bartering and that's what you do on the street. So a lot of manipulation a lot of, you know, 'what can I get out of this?' (1)

Category 1.5. Each layer of transition in a survivor's life is wrought with challenges. When a survivor comes out of a sex trafficking situation they do not know how to function in the aftercare setting and when they come out of aftercare, they are not always certain of how to navigate the outside world. Participants (6 of 8) described adjustment challenges as they worked through their individual programs. Based on the respondents' descriptions of their aftercare experience, there are four stages of aftercare. In the early stage of aftercare, the focus is often on

initial stabilization and this stage is the most likely time for someone to relapse (or return to their pimps). The following participant described it this way:

> I remember when I was first trying to get into a new and different way of life. I would stand on the bus stop or something and be thinking why are you doing this? You know you could go and get a car. You know you could go and get some money. (2)

Midway through the program, they start learning skills (i.e., job, coping, social) and work intensively on their mental, emotional, and physical well-being. Toward the end of the aftercare program the survivors expressed fears of leaving their place of safety and finding a job to support themselves. The last stage involves living on their own and not always having access to the continued support of organizations from which they were receiving support. Challenges during this stage involve functioning in society-at-large, maintaining employment, and starting families.

Cluster 2: Aftercare Environments that are Safe, Empowering, Collaborative, and Non-Transactional Help Facilitate Positive Change for Survivors

This cluster explicates participants' descriptions of necessary and common components of treatment. Participants expressed the need for restorative care workers to operate from a stance of survivor empowerment. Additionally, the respondents reported that it is necessary for agencies to work together, as agencies that do not build coalitions are not engaging with all available resources to meet survivors' needs. For this cluster, which has four categories, all eight participants contributed to the results.

Category 2.1. A desire for a safe housing component from start to finish. All study participants (8 of 8) contributed to this category. While not all participates discussed housing in the context of an inpatient setting, all eight endorsed that not having the added stressor about where to live and how to survive is important for the establishment and maintenance of stability.

Several participants mentioned that access to housing in a transitional period after treatment would also be helpful. “Housing first, housing, right? A safe place to stay, yeah, food, stability, safe, safety, I felt safe. And those are the things that kept me, made, helped me stay” (7).

Category 2.2. As a survivor, it feels better when workers/volunteers operate from a stance of empowerment, modeling self-care, and maintaining proper boundaries. Um just be mindful watch watch your facial expressions when you’re hearing stories. Okay? We don’t want you to feel sorry for us, we do that, we do that, we do that, we do that, we do a good job of that by ourselves ok? Ok? We need people that are going to empower us. (7)

The motives of helping professionals are an influential factor in the restoration process for sex trafficking survivors. Kind-hearted people who want to help trafficking survivors are not always prepared for the challenges that survivor-advocates experience. All of the respondents contributing to this category (6 of 8) discussed that, even though a helper may be prepared to work with survivors, the helper needs to focus on making sure that they are modeling expected behaviors such as self-care and maintaining appropriate boundaries. This is of vital importance as vicarious trauma is a real concern for both support workers and volunteers.

> Ok. I think a lot of the times aftercare workers get into aftercare because of the social justice topic and it’s a social justice issue that they have seen and wanting to engage on. And so I think um relapse and relapse within the individuals that they’re working with as well as vicarious trauma both are surprises. ... I think we get a lot of people who get so excited about social justice issues that they don’t really believe that they um experience vicarious trauma themselves. (8)

Category 2.3. Collaborative agreements with the community, health service providers, and other support agencies bolster support organizations capacity to work with survivors.

> So, I think one of the biggest areas of improvement and I think because it's a fairly new challenge and issue is that we need to collaborate together and what I see sometimes is it almost feels like competition. We are all doing the same work. This isn't a competition. (1)

With the increase in aftercare service providers, the participants (5 of 8) expressed concern about service providers not working together. It was recommended that, instead of reinventing service provisions with each new provider, agencies should come together to collaboratively meet more needs. Aftercare programs are in a better position to help if they are willing to engage other agencies that have specialties that are not a current part of their service offering.

Category 2.4. The freedom to heal in a non-transactional, ethical, and free environment provides survivors the first interactions with a new way of life. "And so coming into 'Aftercare Setting', and knowing that I have a safe place to live for two years without having to pay a dollar, and I get all my needs met was a pretty beautiful gift" (7). The survivor-advocates (5 of 8) who contributed to this category indicated that, because of the level of exploitation that they had experienced, the aftercare setting should primarily be focused on developing interactions that model healthy relationships free from exploitative transactions. On the streets, survivor-advocates learned that everything has a cost, and the expectation of inappropriate cost should not be a condition of treatment. It was discussed that free choice for the survivor was essential to maintain an ethical aftercare environment. "I was given basically a free

place to live and given the space and time and ability to try to figure out how I was going to get on my feet" (8).

Cluster 3: Holistic and Multifaceted Services are Needed to Help with Survivor Restoration

All eight survivors contributed to this cluster, which consists of three categories that describe the various services they would have had or described as necessary during the course of aftercare. Mental and physical healthcare was by far the category that the respondents commented on the most, followed by the need for life and job skills, and helping survivors navigate the legal system.

Category 3.1. Survivors' mental and physical health was affected by sex trafficking and agencies can be a conduit for basic healthcare needs. All of the participants (8 of 8) contributed to this category and indicated a need for mental health services as part of health treatment, including both individual and group-based counseling. Specific mental health needs discussed included treating complex trauma, mood disorders, and emotional dysregulation. Substance abuse treatment was also discussed as a combined health and mental health category. Other health needs frequently mentioned included medical and dental care, treatment for STIs, and gynecological services. When asked about what aftercare services were most helpful to her, one participant answered:

> I would probably say the counseling. Having someone who was really well versed on trauma and really educated on just the different treatment routes that you can go. I mean I did everything from just talking and cognitive behavioral therapy to DBT at the house um and then I even did EMDR in my counseling towards the end. (6)

Category 3.2. Building relationships with the local community can help with job and life skills training, and education. Participants (8 of 8) who contributed to this category reported several areas in which community services can help with training, such as programs for obtaining a GED, vocational training, and/or help with college admissions. Survivor-advocates often have limited access to education while trafficked for sex, and participants reflected on how many survivors, due to having learned how to survive on the streets or living in volatile families, lack even basic life skills like proper hygiene and socialization. "And I'm talking about basic skills like learning how to grocery shop, this might sound nasty but learning how to take a bath every day. You know just the basic skills that most people take for granted" (7). The respondents who contributed to this category agreed that aftercare programs typically do not have enough capacity to offer comprehensive skills training (i.e., job, interview, life, social) and local communities are a useful resource for providing supplemental programming to help meet these needs.

Category 3.3. Establishing a survivor's legal identity is important for gaining access to social services. "A lot of them need, um, immediate case management or just things like get your birth certificate and um getting those pieces done where you can apply for a job and things like that" (5). Many survivor-advocates (4 of 8) described the need to obtain legal documents or statuses to qualify for various benefits. Specifically, these participants discussed the need to obtain legal identification documents, social security benefits, and registering for government-based social assistance. "Help get individuals get ID is highly needed, Medicare, Medicaid kind of stuff" (8).

Cluster 4: Survivors' Interactions with People in the Community-at-Large Range Between Healthy and Damaging

All of the participants added information to this three-category cluster, which describes how survivors experience a mix of positive and negative interactions when trying to establish new connections with people in the aftercare programs and the community-at-large. Survivor-advocates described having a fear of their former life tainting their integration into society post treatment. This fear was described as powerful enough to continue long past having established healthy and stable relationships.

Category 4.1. Healthy people who care are beneficial and a challenge to interact with. All of the participants (8 of 8) who contributed to this cluster described the process of developing healthy relationships as a volatile and non-linear process. Several survivor-advocates discussed that trying to learn to build healthy relationships sometimes felt stressful. They reported that many of their most meaningful relationships were developed with aftercare support staff. "The people who have supported me are mostly from the program and they are like family" (4). Although these relationships were important, survivor-advocates found it emotionally corrective if community members, and in particular men, were willing to consistently be a part of the restoration process as mentors, surrogate families, and friends. However, due to the complex trauma that survivor-advocates experienced, emotional regulation was challenging, and labile emotions had a tendency to turn many well-meaning workers, volunteers, and community members away as they were not prepared to interact with trauma survivors.

Category 4.2. A survivor's previous life can be haunting to their recovery.

> My biggest fear was that my pimps would find me. Um. And so that was my biggest fear and that actually was something that did become a reality. Is they found out where I'm staying, and they found out where I was living. (8)

The participants (3 of 8) who contributed to this category recounted fears post trafficking, including running into previous johns and being found by their pimps. The survivor-advocates also detailed the self-loathing that comes with having been trafficked for sex and concerns that the general community will see their past, and therefore them, as tainted.

> Um, and then I live now in a small community and kind of a rural small community and um for people who have been trafficked in this area or who were in the life in this area that is really difficult. Because they see people that they knew or they see johns. That you know buyers they see those people walk into stores or into, we have a girl who works at Starbucks and a, and a buyer came in and she had to like ring up his drink for him. (6)

Category 4.3. Survivors' perceptions of support workers' acceptance influences their aftercare interactions and outcomes. The participants (4 of 8) who contributed to this category characterized how a support worker's responses provide insight into how they and other survivors are or were viewed or treated in aftercare. Even though a worker may feel that they are functioning from a non-judgmental stance, survivor-advocates indicate that support staff may still project an air of judgment. The participants stated that they prefer programs and workers who actively monitor themselves for judgmental attitudes and biases. One participant, while referring to her advocacy work, stated that survivors often confide in her because they thought she was less judgmental since she had experienced sex trafficking:

> And so, it um there's a lot of conversations that happen, um, because they think that I get it and that they think that I would understand. And they know that I would never judge them where some of the other staff they know have never had these experiences, they feel a lot of judgment from them even though that's not true. Um, it just.., it it feels dirty and it feels gross to talk about this to somebody who hasn't actually experienced it. (1)

Cluster 5: Survivors' Lives Subsequent to Aftercare are Bolstered by Further Agency Support and Community Connection, and Hindered by Societal Ignorance

Survivors in this cluster (7 of 8) described the necessity for a model of continued support and developing healthy community interactions apart from their support agency. Societal ignorance or views of sex trafficking survivors as former prostitutes who chose that life, contribute to survivors often being marginalized and discriminated against. Having safe places to process this when the re-entering the community-at-large is crucial. Exploitive use of survivors' personal stories of recovery, even by well-meaning aftercare programs attempting to raise money for their organizations, can be very damaging during this time.

Category 5.1. Transitioning to community life post treatment can be tenuous and overwhelming without a gradual decrease of support.

> Accountability after that, because, right when you're in residential programming you don't have a lot of a choice. Um. I kind of say the rubber meets the road when you have your choices to go out and you're your own and somebody might not be able to know if you didn't come that night. You know what do you do then? So I think that the aftercare after the aftercare for the accountability is extremely important. (1)

The participants (4 of 8) contributing to this category described a desire for some level of interaction with service providers after the official program was completed. Aftercare treatment

often comes with some restrictions, and the full experience of freedom post treatment can be a tenuous time for survivors, as the accountability structure is no longer in place. Freedom is described as a component of both aftercare and subsequent life in society-at-large, that participants begin to learn and experience the first day they exit trafficking. While talking positively about her program, which gradually increases survivors' freedom, one survivor-advocate stated, "And then they gradually give those freedoms back so that whenever by the time you leave you're not overwhelmed" (7). Sharing what happens when there is insufficient post treatment support or insufficient gradual experience of freedom, another survivor stated, "Because that's what we're finding is that when the women go back into life or they start using again it's because even though they graduated the program, in the short-term there's no continued support on that" (5).

Category 5.2. It is important to make connections to healthy community. Participants (4 of 8) contributing to this category recalled the importance of making meaningful and non-exploitative connections to members of the community. They described that connecting with members of the community-at-large helps them get outside of the treatment setting and learn how to interact and integrate with society as a whole. Also, relationships developed in the community were useful for finding jobs and developing social networks. One participant recounted that she found it meaningful to have healthy men in her life.

> Because I found men that used to want to date me and when I told him that I wanted to work on myself, some of them actually cared that I worked on myself. Some of them even called and said that you need gas, come get gas. People started doing things for me that I didn't have to trade sex for. (3)

Category 5.3. Some people do not understand the concept of trafficking and unwittingly re-victimize survivors. The participants (4 of 8) who contributed to this category explained that communities desire for details can be damaging, and no child ever chooses to be a sex worker. Churches, other religious entities, and social activist organizations who are supportive of social causes like human trafficking, often utilize stories of hope to raise financial support, recruit volunteers, or even to bolster their own membership or community image. However these entities often do not understand how their desire for specific details regarding the survivors' stories may be re-exploiting. For example:

> I see some organizations out here who are out here on Facebook constantly talking about, they may not say the person's name that they are helping, but they're constantly putting stories out there and using those stories as though people want to hear those real-life stories. People can't be, it can't be like the way that some of these organizations are doing it because all they're doing is selling them again, you know? (6)

It was also reported, often at a young age, survivors found themselves on the streets and had to use sex as a means for survival. Participants shared that society in general often mislabels sex trafficking victims as prostitutes, believing that those who are being trafficked for sex are choosing the life willingly. As one participant shared,

> Okay, well for me it was because whenever I was like a 14 or 15-year-old and I was on the streets, I was considered a prostitute, okay? And everyone just assumed that I chose that, I chose that life for me. Um, they never once did anyone ask me what happened. (7)

Cluster 6: The Mixed Reactions to Faith in the Context of Aftercare

Seven of the participants discussed faith as positive, four of the participants discussed faith as negative, and four of the participants discussed faith as both negative and positive in the

context of restoration. Some survivor-advocates described faith as a means of helping them feel more connected to God, and God was seen as a source of positive feelings. Conversely, when an aftercare program was seen as more concerned about the faith component and less about survivor recovery, survivor-advocates had strong negative reactions and described it as a significant contributor to relapse. Others described concern about the ethics of exposing survivors to the treatment providers' faith system even if the survivors did not always seem to mind.

Category 6.1. Individual participants found faith helpful for their recovery.

> And it's faith-based. And I was being invited to church where I was learning a little bit more about God. And, you know, even though I carried a lot of guilt and shame, I am hearing that God took that and he doesn't see me like that. That I have value and worth and as a prostitute I never felt that. (2)

Faith was seen as a positive aspect of aftercare by several study participants (5 of 8). Survivor-advocates communicated feeling loved by their "big G" God and would state that they could not make it through their program without "His" help. God was described as an anchor that participants were able to focus on when the recovery process was difficult. One survivor-advocate (2) described God as her last option after having tried everything else. Another (4) stated that she felt as if her strength came from God. The participants said having a voluntary faith component in the program is a useful and valuable tool. They also emphasized that faith should not be a required aspect of any treatment program.

Category 6.2. Faith-based providers that focus on dogmatic faith more than ethical service provision run the risk of further exploiting survivors. Faith-based organizations and religious people were often described as willing to help provide material support for the anti-trafficking effort. However, some participants (4 of 8) also described their frustration when

conforming to a particular belief system, or participation in religious worship is a required caveat to funding or staying in a program. For example, as a condition of funding, some faith-based agencies require survivors to participate in religious worship whether the survivors were religious or not. The survivor-advocates who contributed to this category described this requirement as an unethical weakness of aftercare. One participant stated that an agency she was connected with had a sole focus on the spiritual aspects of recovery and never addressed the clinical nature of the trauma that a participant may have experienced.

> They were really, really, they were faith-based but they were really religious and that was a huge focus on their program, just their relationship with God and they didn't really focus a lot on like clinical counseling and trauma and working through your trauma. And, so they didn't understand people who were coming out of situations like that. (6)

Table 2

Clusters and Categories, With Number of Participants Who Contributed Units to Each

Cluster and category titles[a]
Cluster 1: For a survivor of sex trafficking, the aftercare process is long and only the beginning of the restoration process (8)
1.1 Developing trust in an aftercare program takes time. (6)
1.2 Age is a determining factor in the likelihood of someone coming out of a life of sex trafficking and staying out. (5)
1.3 Mental health challenges are pervasive throughout the duration of aftercare. (5)
1.4 Learning to incorporate old skills with new skills takes time. (8)
1.5 Each layer of transition in a survivor's life is wrought with challenges. (6)
Cluster 2: Aftercare environments that are safe, empowering, collaborative, and non-transactional help facilitate positive change for survivors (8)
2.1 A desire for a safe housing component from start to finish. (8)
2.2 As a survivor, it feels better when workers/volunteers operate from a stance of empowerment, modeling self-care, and maintaining proper boundaries. (6)
2.3 Collaborative agreements with the community, health service providers, and other support agencies bolster support organizations capacity to work with survivors. (5)
2.4 The freedom to heal in a non-transactional, ethical, and free environment provides survivors the first interactions with a new way of life. (5)
Cluster 3: Holistic and multifaceted services are needed to help with survivor restoration (8)
3.1 Survivors' mental and physical health was affected by sex trafficking and agencies can be a conduit for basic healthcare needs. (8)

Table 2 (Continued)

Clusters and Categories, With Number of Participants Who Contributed Units to Each

Cluster and category titles[a]
3.2 Building relationships with the local community can help with job and life skills training, and education. (7)
3.3. Establishing a survivor's legal identity is important for gaining access to social services. (4)
Cluster 4: Survivors' interactions with people in the community-at-large range between healthy and damaging (8)
4.1 Healthy people who care are beneficial and a challenge to interact with. (8)
4.2 A survivor's previous life can be haunting to their recovery. (3)
4.3 Survivors' perception of support workers acceptance influences their aftercare interactions and outcomes. (4)
Cluster 5: Survivors' lives subsequent to aftercare are bolstered by further agency support and community connection, and hindered by societal ignorance (7)
5.1 Transitioning to community life post treatment can be tenuous and overwhelming without a gradual decrease of support. (4)
5.2 It is important to make connections to healthy community. (4)
5.3 Some people do not understand the concept of trafficking and unwittingly re-victimize survivors. (4)
Cluster 6: The mixed reactions to faith in the context of aftercare (7)
6.1 Individual participants found faith helpful for their recovery. (5)
6.2 Faith-based providers that focus on dogmatic faith more than ethical service provision run the risk of further exploiting survivors. (4)

Note. DST = Domestic Sex Trafficking

[a] Total of participants who contributed units to the preceding cluster or category in parenthesis.

Core Category

Although the clusters generated by inductively analyzing the rich data provided by participants may be the most significant research output of a grounded theory study, grounded theory methodology also requires researchers to try to create a unified theme or core category (grounded in all the data, meaning units, categories, and clusters) that responds to the main question under investigation. For this study, the main question was "What are sex trafficking survivor-advocates' lived experiences with restorative services, particularly as it relates to post sex trafficking aftercare in the US?" The core category is, "For sex trafficking survivors, a

successful restorative aftercare experience is bookended by high-risk phases of building trust and connection that are critical to healing, hope, and future success."

On the front-end, survivors need safety, understanding, patience, and strength-focused treatment that encourages trust and courage to connect with providers, other survivors, and positive people in the community-at-large. On the back-end, survivors need a gradual decrease of support as they experience a gradual increase in true freedom, continued relationships with aftercare providers and other survivors, and increased connections with the community at-large, particularly in relation to educational or vocational opportunities. This takes a focused effort on the part of the survivor, service providers, and local communities working together to establish an environment where healing can occur throughout and subsequent to the aftercare experience.

Cluster one explicates the responsibility of the survivors when it comes to participating in aftercare services. As survivors progress through a program, their level of commitment and responsibility increases. Time in a program usually equates to a decreased likelihood of a survivor relapsing, and also equates to increased levels of stabilization and support. The development of a survivor's capacity to trust is vital in that it is a necessary component for each step in the restoration process.

Early in the aftercare process, survivors' primary responsibilities should be to rest and begin learning what it is like to function in their aftercare setting. This was described as the most dangerous time. One participant said that it was, "very important um because alone time is dangerous especially in the beginning of recovery" (1). It was during this time that a survivor was most likely to relapse. As survivors progressed through the more intensive work of restoration, they ultimately prepare to integrate into society-at-large. The work at the end of an aftercare program involved the stress of exiting a safe environment and the fear of what it would

be like to be on one's own. Survivor-advocates discussed the usefulness of having a post-aftercare method of assistance. This post-aftercare included the need for transitional housing and additional backing in the form of peer support and guidance while navigating their local communities apart from the aftercare setting.

The responsibility of the support providers was most described in clusters two and three. From the participants' perspectives, safe housing was a major concern. Safe housing provided stability, continuity, and security. Just as important as housing was the availability of services without undue requirements for utilizing those services. Undue requirements were seen as participation in religious worship, payment for services, and sharing survivor stories for the sake of promoting the aftercare program. Services such as counseling, psychological assessment, primary care, OB-GYN, and alcohol and drug treatment are among the healthcare needs of survivors. While it would be ideal to have all of the services a survivor may require in one location, it is not a likely scenario.

In addition to meeting survivors' safety and healthcare needs, agencies are also helpful with skills training. Education, job, social, and life skills are all reported as training opportunities that help survivors make the transition from aftercare to integration with society. In addition to skills training, agencies are also able to advocate for survivor resources when interacting with governmental entities and the legal system. Access to social services such as food stamps and social security, and helping a survivor to obtain identification documents are types of assistance that help foster empowerment with survivors and have a lasting effect when they have completed their aftercare programs.

For agencies that are committed to holistic care and do not have the capacity to offer all of the services survivors need, collaboration with other community organizations opens more

avenues for support, education, and work. The main theme regarding collaboration is characterized by the importance of a willingness to work together. The participants of this study described two ways in which agencies could collaborate. The first is via connecting with providers of specific services (i.e., GED programs, primary care physicians, AA). The second is maintaining amicable and professional working relationships with other aftercare programs.

Clusters four, five, and six primarily detailed the responsibilities that local communities have in assisting survivors' recovery, specifically in the areas of addressing negative social attitudes and providing connection. The negative attitudes of the community-at-large are best addressed through advocacy and increased awareness about sex trafficking, and through educating the community about the various forms of survivor exploitation. Sex trafficking occurs throughout the US. However, it was reported that many local communities do not believe that sex trafficking happens in their area, and if it does, it is because those exploited by sex trafficking choose that life. A first step for communities and related organizations is to actively increase awareness of the existence and dangers of sex trafficking. In tandem with awareness, advocacy focused on removing structural barriers that perpetuate sex trafficking (i.e., buyer demand, inequitable laws, and rape culture) is crucial. Communities should also be aware of the potential for survivor re-exploitation, often unintentional. Re-exploitation occurs in a variety of ways, from using details of survivors' healing process as a means to generate funds, to news media demanding to talk to survivors in recovery, or faith-based service providers requiring participation in religious observance as a condition of receiving care.

Because traffickers deliberately keep victims isolated (Stotts & Ramey, 2009), communities have the opportunity to become sources of connection for survivors. Aftercare programs and services are typically embedded in and funded by their local communities.

Additionally, local communities are a source for social, vocational, and spiritual networking. The more survivors interact with the community-at-large, the more opportunities are available for exposure to healthier social interactions and the ability to make connections that are not exploitative in nature. In the process of developing job skills and obtaining employment, survivors begin to build up a new sense of identity.

Discussion

In order to assist in establishing a patient-centered, culturally sensitive and trauma-informed approach for treating survivors of sex trafficking (Elliott et al., 2005; Herman et al., 2007; Wagner et al. 2005), the current study explored aftercare experiences of those who survived sex trafficking in the US. Participants essentially described how, in a safe environment, a trauma-informed, developmental and strength based process of recovery, was empowering. Through in-depth interviews and analysis, these participants provided additional insight into survivors' experiences with aftercare. Specifically, participants described the likelihood of relapse, the need for continued connection and support subsequent to program completion, and the need for agencies to collaborate with each other to better serve survivors.

Aftercare and Taking Steps Towards Restoration

Relapse. Almost all of the participants described exiting a life of sex trafficking as a difficult process. There was consensus among the survivor-advocates that relapse is common and that aftercare workers need to be prepared for that possibility, especially among younger (teenage to mid-20's) survivors. One respondent offered this caution,

> So somebody exits and then goes back into the life you cannot fully prepare um aftercare workers to deal with that with ways that they can um excel in the midst of their job and excel in the work that they're doing as well as process that accordingly. (8)

Building a bond of trust with survivors is an essential component of aftercare, and if a worker or volunteer breaks that bond, survivors may suffer. Similarly, when a survivor breaks the bond of trust, it may actually affect the support staff in negative ways. Many workers and volunteers approach aftercare as a part of their social justice identity and become emotionally invested in the lives of the survivors. Relapse is a significant break of trust that workers or volunteers may take personally. If workers do not have safe spaces to process their own reactions to a survivor relapsing or other breaches of trust, it could influence the care of other survivors by significantly contributing to staff burnout and turnover. Frequent changes in staff can be detrimental to continuity of care for survivors.

Post-aftercare implications and recommendations. Exiting aftercare was described as a fearful time for survivors as the reality of being on their own became more immediate. Although at the time of exiting aftercare survivors ideally would have developed the skills necessary to address these fears, it is not always easy to do so, especially in light of lingering reminders of their past. The potential for encountering individuals from when they were trafficked becomes more likely as they exit aftercare. As part of transitioning out of aftercare, participants explicated the need for continued connection and support from those who were helping them. For survivor-advocates who developed strong connections with the support staff, they spoke of experiencing loss when access to the staff was no longer readily available. Those who did not have a continuing support system post-aftercare also discussed feelings of fear and loneliness. As a means of connecting, this particular sample of survivor-advocates took to working or volunteering with anti-human trafficking efforts, organizing online support groups, or developing mentoring programs, although this may not be true for all survivors. One participant, when talking about the aftercare program that supported her and with which she is now

employed, discussed how her program is a "forever relationship" and how her program "created transitional housing when survivors are not quite ready to transition out on their own. They have a transitional house that they can live in for year where they have to pay a small rent" (7). Other participants mentioned that they hope programs start to develop similar ways of staying connected. Participants agreed that, in spite of everything achieved through aftercare, being left alone again was often a highly disempowering experience.

Community collaboration. Agencies that are specifically designed to meet the needs of survivors of sex trafficking are increasing in number (Long, 2014; End Slavery Now, 2017). If the increase in competition for resources in the nonprofit sector is any indication, then there has also been an increase in competition to fund survivor care (Thorton, 2006). This environment of competition is harmful in that survivors can be used as pawns, often in the form of exploiting their physical presence at promotional events or sharing their personal stories to obtain more funding (Lambino, 2010). In lieu of viewing other providers as competition, a participant stated that agencies should, "Think of the surviv.. think of the victim first. This is not about um making yourself look good it's not about you're better than another agency" (5).

Implications for counseling and advocacy. The findings of the current study suggest the Patient-Centered Culturally Sensitive Health Care Model (PC-CSH) described by Tucker et al. (2007) may be a helpful framework when working with survivors of human trafficking. It is important to be cognizant of the trauma, loss of power, and contextual variables that sex trafficking victims bring to the restorative process. Consistent with Farley and colleagues (2001), participants indicated that victims are often abused sexually, emotionally, and/or physically as children. For instance, one participant reported that it was "my mom who taught me how to have oral sex on men and it started at the age of six" (7). In the context of those experiences, aftercare

service providers need to be knowledgeable of working with childhood trauma and disordered attachments, in addition to the complex trauma experienced during the course of being trafficked for sex. Also, working with clients who have been exploited and marginalized, often by authority figures; it is important to operate from a patient-centered and culturally sensitive model of treatment (Elliott et al., 2005; Herman et al., 2007), such as Tucker et al.'s (2007) PC-CSH model.

In the context of the need to listen to the clients stories and experiences of treatment, aftercare workers also need to be aware of how they might be affected by the stories they hear (e.g., some clients will return to the trafficker, or the overall complexity of the trauma). Kliner and Stroud (2012) found that helping professionals who work with survivors of sex trafficking are particularly vulnerable to secondary trauma. Provider compassion fatigue and burnout could potentially affect the quality of service that clinicians are able to provide (Kliner & Stroud, 2012). Treating organizations should provide support and opportunities for staff to engage in self-care (Kliner & Stroud, 2012).

Finally, mental health professionals inside and outside of aftercare treatment settings can engage in advocacy for survivors, this is especially important when we know survivors' speaking up themselves may be potentially difficult and re-traumatizing (Office for Victims of Crime, n.d.). However, survivors' participation in advocacy could help bolster their ability to speak out and increase control of their lives. It is important for all advocates to engage with law enforcement, the health care industry, and the community-at-large in an effort to affect structural change in favor of victims and survivors.

Limitations and Strengths

According to grounded theory methodology (Glaser & Strauss, 1967) from a hermeneutical approach (Rennie, 2000; Rennie, Phillips, & Quartaro, 1988), the results presented can have numerous interpretations and the author's careful analysis and interpretation is only one of those possibilities. Although several authors (Hodge, 2014; Johnson, 2012; Macy & Johns, 2011) discuss aftercare as a needed service for survivors, and Aron, Zweig, and Newmark (2006), in a self-published study, reported on interviews with internationally trafficked victims in the US, there are no known published empirical studies that specifically interview survivor-advocates about their experiences of aftercare. Thus, further research is required for a comparison of these results. Also, this study did not include survivors who had not gone on to serve as advocates for anti-human trafficking efforts. All the participants had progressed in their recovery process to the degree that they could share their stories as advocates without a high risk of experiencing re-traumatization. Transferring these results to survivors who are not advocates should be done with caution. The author recruited diverse participants from several regions of the US and the results appear comprehensive as the analysis achieved saturation. However, the majority of the participants were White. Participants of color might have experiences of oppression in addition to their trafficking that affect the aftercare process.

The design of the study includes multiple strengths, including three credibility checks. First, at the conclusion of the interview, participants were invited to provide feedback about the interview process. They were given the opportunity to share their concerns, if any, about how the interviewer conducted the interview or about the manner in which the questions were asked. For instance, participants were asked, "What was it like for you to participate in this interview? Is there anything that would have made you feel more comfortable for the purposes of this

interview?" The final two questions allowed the researcher to obtain more details of the participants' experience by asking specifically about information that may have been missed during the course of the interview. A second credibility check involved re-reading the transcripts thoroughly to compare them with data or categories that was obtained during the analysis process (Denzin, 1989). The third credibility check involved eliciting feedback from participants by sending a summary of the findings to the participants who indicated they would like to receive the results in order to provide additional feedback for the project. Three participants provided feedback, which confirmed the results but did not contribute to any additional information.

This analysis provided evidence that the restorative process for survivors of sex trafficking in the US is not a brief, inexpensive, or easy process. There is significant work to be done by survivors, agencies, and the coalitions among agencies. Future research could include quantitative analyses that examine survivors' responses to mental, physical, and social restoration efforts on the part of aftercare agencies, examining barriers to agencies meeting survivors' needs, and identifying barriers to survivors experiencing the restorative process. The voices of these participants highlight the importance of social justice, advocacy, and the need for more social support with regard to treating survivors of sex trafficking as respected human beings.

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APPENDIX A

Interview Protocol

Introduction

As someone who is interested in developing research and protocols on what works and does not work in human trafficking aftercare programs, I am interested in the perspective of people like you. I am specifically interested in YOUR experience in relation to the ways you experienced and interacted with aftercare services in your own life as well as in your community in your current role as advocate/aftercare worker/otherwise involved in aftercare.

1. What made you decide to continue to want to work, advocate for, or be affiliated with helping survivors of human trafficking?

    What may be unique strengths and challenges associated with being a survivor in the aftercare community?

2. What do you think are the biggest factors that surprise survivors and after-care workers about aftercare?

3. Can you tell me what it was like for you the first few days in an aftercare setting? Is that different or similar to what you see among people currently going through aftercare?

    How so/not so?

4. Do you feel like the services that were provided for you met the needs you were experiencing/meet the needs of current participants?

If yes – Can you tell me about these services?

If no – Can you tell me how or what services may have been more beneficial to you?

What about the services that were not beneficial to you? (less helpful?)

5. Please share your experience and relationships with the person(s) who have supported you or how you see current clients/people coming out of trafficking forming relationships with supportive people.

6. Based on your understanding, is it harder for younger or older people to come out of the life?

7. Based on your experience with aftercare services, what would you say was most helpful for you?

- short term
- mid-term
- long-term

8. Based on your experience with aftercare services, what do you feel are the biggest strengths of support programs?

- short term
- mid-term
- long-term

9. In that same vein, what do you feel are some of the biggest areas for improvement for aftercare facilities?

- short term
- mid-term
- long-term

10. What was the most influential aspect of the support program to you? What do you see working for survivors currently in a program?

11. What were some of the biggest challenges you experienced as a survivor of human trafficking and how did you work through them in aftercare? Is that different or similar to what you see among people currently going through aftercare? How so/not so?

12. What were/are some of your biggest fears as a survivor of human trafficking and how did those influence your participation in aftercare? Is that different or similar to what you see among people currently going through aftercare? How so/not so?

13. If you could sit down and have a talk with someone who wants to help survivors of human trafficking, what would you want to tell them?

14. What would you say to other survivors who are just beginning their entry into an aftercare setting?

15. What are some of the most frequently observed strengths or personal resources of human trafficking survivors that may help in the recovery work?

16. Is there anything you have learned or experienced, as an advocate for survivors of human trafficking that was not already shared during the course of this interview?

17. Given that your story is uniquely your own, what have I missed that is important to you with regard to aftercare services?

18. What was it like for you to participate in this interview?

19. Is there anything that would have made you feel more comfortable for the purposes of this interview?

20. Is there anything specific you might want to ask people about this topic if you were going to give these interviews?

21. What recommendations, if any, would you make for improving this interview process?

APPENDIX B

IRB Approval

Institutional Review Board
Office of Sponsored Programs
University of Memphis
315 Admin Bldg
Memphis, TN 38152-3370

Sept 8, 2017

PI Name: Brian Bruijn
Co-Investigators:
Advisor and/or Co-PI: Elin Ovrebo
Submission Type: Renewal
Title: Human Trafficking Survivor Advocates' Experience of Aftercare Services
IRB ID : 3727
Approval: Sep 8, 2017
Expiration: Sep 8, 2018

Approval of this project is given with the following obligations:

1. If this IRB approval has an expiration date, an approved renewal must be in effect to continue the project prior to that date. If approval is not obtained, the human consent form(s) and recruiting material(s) are no longer valid and any research activities involving human subjects must stop.
2. When the project is finished or terminated, a completion form must be completed and sent to the board.
3. No change may be made in the approved protocol without prior board approval, whether the approved protocol was reviewed at the Exempt, Expedited or Full Board level.
4. Exempt approval are considered to have no expiration date and no further review is necessary unless the protocol needs modification.

Thank you,
James P. Whelan, Ph.D.
Institutional Review Board Chair
The University of Memphis.