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Case Study: Provider for Program to Prevent the Revictimization of Persons Trafficked for Sex

Janis G. Arlow

A thesis submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Masters of Science in Education

Adult Education / Human Resource Development

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FACULTY COMMITTEE:

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Dedication

To the two most important people of my life,

my sons, James and Eric Arlow.

I could not have done this without you.

To my best friend, Patrick Murray,

for planning this journey with me in order

to fill the void his death would leave in my life.

To Bob and Jean Pearman

for giving me shelter to clear my thoughts.

.

Acknowledgements

I would like to thank Dr. Oris Griffin for her honesty, directness and guidance early in my independent research. Her patience in letting me explore a wide range of material to orient my curiosity allowed a better perspective of the research problem. Her willingness to tackle my untamed writings early in the project and provide valuable feedback went above and beyond the call of duty.

Dr. Noorie Brantmeier, acting as my thesis advisor, gave solid direction and form to my developing ideas. Her ability to engage each student and bring us together in the learning process, despite individual anxieties for thesis creation, was an invaluable learning experience. I admired her deep empathy for each student and ability to maintain a positive attitude under pressure.

I was excited to have Dr. Cheryl Beverley join my thesis committee after working with her on a grant writing project. Her ability to recognize what I am trying to express and gently swaying it in a better direction, along with her strong ethical code and playful spirit made all work with Dr. Beverley a pleasure. Without her this thesis would have never taken form or found completion.

Thanks to Dr. Diane Wilcox, my graduate advisor, for building my confidence and directing my learning through five years of illness, loss, and changes in technology and the program. By consistently expressing a belief in my abilities when I stumbled, Dr. Wilcox kept me motivated through a very challenging period of my life.

I am so grateful for the opportunity to learn with these strong, intelligent and caring women. Each served as an excellent mentor as a woman in higher education. A fifth instructor with those same qualities, no longer with JMU, is Dr. Karen Kellison. As

instructor of my favorite class, instructional design, she revolutionized my vision of education and Word, making this document possible.

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Abstract

This case study seeks to identify behavior, skills, and attitudes of a professional providing an effective reintegration program for persons trafficked for sex. New demands on medical and social services were created over the past two decades by legislative changes. Initial research focuses on rescue and unmet primary needs. The service program selected for this study has stepped beyond awareness and rescue efforts to the rehabilitation and prevention of revictimization of trafficked persons. A literature review covers the history of sex trafficking in the United States; the recovery environment; materials, trainings and programs available for professionals seeking knowledge to serve this population; special conditions created by victim characteristics that influence services needed; service provider's perceptual and motivational influences; and vicarious trauma and resilience as described in therapeutic literature. Information collected for the review is used to create open-ended questions for a semi-structured interview. The case study is analyzed for descriptive data to guide and support the development of future programs and providers needed to meet demand.

Keywords: sex trafficking, service provider, Post-Traumatic Stress Disorder, victim rehabilitation, re-victimization, vicarious trauma, vicarious resilience

Chapter One: Introduction

Changes in national and international law in recent years created a new population of individuals defined as persons trafficked for sex. Previously treated as criminal prostitutes, this vulnerable population, labeled as victims by the courts, creates a challenge for many in the health and social sciences. Little is known about this population and how best to serve them (Ledray, Burgess, & Giardino, 2011). As a massage therapist over the course of twenty years, my experience includes work with survivors of sexual assault and incest. Although I read available materials on bodywork and sexual violence, as well as consulted regularly with counselors and psychotherapists on the topic, I often felt underprepared for my experiences with clients.

In 2010, the "Not in my Name" campaign was launched by the Chicago chapter of the American Massage Therapy Association (AMTA) in order to increase awareness of sex trafficking and its link to legitimate massage therapy practices and schools (McCutcheon, 2013). This message, along with my professional experience, lead to this research. Studying the history and current environment of sex trafficking within the United States, I soon realized the big picture was an endless religious and political debate that could consume tremendous resources with an end result possibly insignificant to the population of concern.

Viewing the world of prostitution, to which I had long considered myself superior, through new knowledge and information, I now felt humbled and incompetent in comparison to the resiliency of individuals that have been subjected to this life. From this humility came a deep respect for those individuals working next to trafficked persons. With my bodywork background framed in Jungian psychology, I had observed

and processed the vicarious effects of my work over the years and now recognized these effects from my reading and research. On more than one occasion I had to put down the books for tearful moments: moments of recalling client traumas, memories of loss of my own agency from external circumstances, thoughts of sexism's effect on every aspect of my life, and an overall sadness from perceiving the vileness of mankind. As I worked through the literature review, I was drawn to the concept of vicarious resiliency, the ability to become more resilient by effectively serving highly traumatized populations. Insights into the perceptions of resilient individuals could be one of the greatest resources available for service providers to trafficked persons subjected to sex-crimes.

I acknowledge the design of this research is influenced by my feminist philosophical background, and twenty years as a process-oriented bodywork therapist working with adult survivors of sexual trauma. Experiencing my own empathetic limits in recovery work led to my fascination with the rare individuals identified in literature who manage to work daily with severely traumatized individuals and limited resources, finding strength and resilience, rather than vicarious traumatization. My intent is to identify a service provider's perceptions and actions leading to resilience.

In Chapter One, I examine the process leading to the decision for a case study to best serve professionals and researchers in this field. In order to maintain focus on the service provider, whose focus is the successful reintegration of traffic persons, two research questions were developed. One explores the service provider's intentions and perceptions of program success, while the other examines the provider's experience. Design of the study, along with its significance and limitations are introduced. A population of service providers is defined, and a method of selection discussed; followed

by definition of important trafficking and recovery terminology.

Problem statement

The United States is the top country of origin for victims of trafficking within the United States (U.S. Department of State, OMCTP, 2014). The United States Department of Justice estimates 100,000-300,000 American children are currently victims in the sex industry (U.S. Department of Homeland Security, 2014). Within the United States, California, New York, Texas and Nevada have the highest rates of sex-slave crime violations (McCabe & Manian, 2010). The average age of girls entering into the commercial sex industry is 12 to 14 years old; and for boys, the age is 11 to 13 years old (U.S. Department of State, OMCTP, 2014).

The FBI's Innocent Images unit, which creates and implements national and international efforts against the exploitation of children on-line, reports an astronomical growth rate in sexual exploitation crimes (Commission on Security and Cooperation in Europe, 2006). Others warn that increasing numbers and emotionally compelling stories may over sell the change or distort reality of the present situation (Wallinger, 2010; Zimmerman, 2013). Ferguson (2012) blames inaccurate estimates on moral reform and radical feminism. He explains the development of a moral panic that occurs when media places a disproportionate focus on a particular issue, distorting relevant issues and encouraging public attention and reaction beyond an expected amount.

Calculating the quantity and extent of current and future resources needed is difficult, as existing reliable statistics on human trafficking vary greatly depending on definitions utilized and sources cited. The clandestine nature of this only recently defined

crime is the main reason for the lack of statistical data (Reichert & Sylwestrzak, 2013). A realistic comprehensive picture of the present situation cannot be created from information currently available (Ledray, Burgess, & Giardino, 2011; Wharton, 2010).

Some argue that since sex trafficking comprises only twenty percent of modern-day slavery, the remaining eighty percent, classified as labor trafficking, is underserved with the current focus on sex trafficking (Wharton, 2010). However, the trafficked for labor group is subjected to higher than average numbers of sex-crimes and other forms of brutality as well (Ledray et al., 2011). Therefore, this research endeavors to benefit providers serving all victims of human trafficking by providing data on resources required to effectively serve trafficked person traumatized by sexual abuse.

Purpose of the study

The purpose of this study is to identify the knowledge, skills and attitudes of a service provider working within an effective program for the prevention of revictimization of trafficked persons that have been affected by sex crimes within the United States. Clarification of the target population of service providers, characteristics of the trafficked persons that influence care needed, programs for revictimization prevention, as well as the concepts of vicarious trauma and resilience are examined in the literature review; while insights of a service provider currently operating a reintegration program is explored in a pilot case study. Together these may serve as an exploratory resource to individuals researching, developing or participating in programs or in the professional development of providers offering client-centered trauma-informed services to trafficked persons.

Research questions

Design emerged from a goal to explore the current environment of programs for the reintegration of sex-trafficked person, with the hopes of identifying variables that help decrease revictimization of survivors. A service provider's prospective was chosen as the best access to data. In order to explore the perceptions and experiences of a service provider offering a program for the reintegration of sex-trafficked persons, two questions were created:

1) How does a service provider perceive, plan for, and evaluate success in a program for the prevention of survivor revictimization?
2) How does a service provider experience organizing and operating a reintegration program for persons recovered from sex-trafficking?

Interview questions for the service provider, developed from themes emerging from the literature review, are compared to these two questions to ensure alignment of intention and boundaries.

Assumptions, limitations and scope

The University of Denver Human Trafficking Center (2014) calls for victim-centered, trauma-informed recovery work requiring professionals that prioritize the "rights, dignity, agency, and self-determination of victim-survivors" (University of Denver HTC, 2019, para. 27). Trauma-informed therapy utilizes knowledge and concern of the "vulnerabilities or triggers of trauma survivors, including the physical, mental, and

emotional impacts of trauma, so that service delivery practices do not exacerbate, harm, or re-traumatize survivors" (para. 26). Selection of a service provider for this research sought a program that closely matched these ethical guidelines.

My original intention was to create a multiple case study with selection for provider interviews based on programs with three different philosophical foundations. I found it difficult to isolate three such cases. Most efforts currently operating full rehabilitation services have been organized by religious organization (Zimmerman, 2013). My second approach was to compare gender effects of the trafficked person on the needs of service providers. Again sources for programs intended for men and boys were too scarce to compare or provide data (Reichert & Sylwestrzak, 2013). My final effort for interview requests was based on diverse program locations in order to strengthen internal validity.

The covert nature of programs to protect survivors, and the on-line promotion of organizations without ongoing services, created obstacles for making initial personal contacts. After several contacts were made, months of email correspondences and phone conversations confirmed the importance of program philosophy and provider beliefs as revealed in the literature review. Resistance to participation occurred on a few occasions, when I was unwilling to commit an opinion on legal status for prostitution. I believed this question was irrelevant to my study, if I were to collect and give an unbiased analysis of the data.

Ultimately, time limited this research to a single case study. The long and diverse service of the participating provider to persons trafficked for sex, her willingness to be interviewed without promoting her own agenda, and the lengthy duration of the program

she serves, made this an optimum choice for a pilot case study. By focusing more attention of the initial pilot study on one case, a solid protocol with a saved database of the interview transcription, researcher notes, and coding may serve future research with its tested design.

Significance of study

With sex trafficking recovery work in an infantile stage, this pilot case study seeks exploratory data to guide future research, practice and education. The case study consists of a semi-structured interview to provide descriptive data on the experience of a professional providing services to survivors of human-trafficking sex crimes, and her perception of the program's successes and shortcomings. Descriptions from a subject offering successful services to sex-trafficking survivors contribute valuable insights and details that may guide future research and application efforts in the field. By focusing on internal resources and transformational moments, I aim to identify possible perceptions and attitudes for both survivor and provider success.

Piloting the process and interview instrument with a service provider case study allowed identification of process strengths and areas for improvement, as well as instrument effectiveness. Future studies may then replicate the process and provide more representative samples, informing this growing field of research and service. More representative information can facilitate design and delivery of effective professional development for service providers working with trafficked persons. In addition, I hope these research efforts will contribute to the shifting societal view of a trafficked person from slave/victim to that of reintegrated survivor.

Terminology defined

Constitutive definitions given for terms are taken from federal and international legal documents.

Service provider. Any professional offering services for the recovery of trafficked persons, including medical personnel, psychologists, social workers (U.S. Department of State, OMCTP, 2012), Emergency Medical Service providers, shelter employees and home health care personnel (United Nations Office on Drugs and Crimes, 2008).

Revictimization. Revictimization may be either the re-entry into the sex-trade or victimization by others in power over the person of concern later in life (Lillie, 2013).

Human trafficking. The United Nations (2000) defines "trafficking in persons" as "the recruitment, transportations, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation" (p. 2).

Sex crimes. A commercial sex act is "any sex act on account of which anything of value is given to or received by any person" (U.S. Department of State, 2000)**.** The Office of Refugee Resettlement statement of various forms of commercial sexual exploitation is used to define a sex act; these sex crimes include "prostitution, pornography, stripping, live-sex shows, mail-order brides, military prostitution and sex tourism" (Covenant House, 2013, p. 7).

Trafficked person. Trafficked person terminology differs contextually.

Historically these individuals have been referred to as criminal prostitutes; however, legislative changes citing trafficked persons as sex-slaves and victims are shifting societal perception. For those that work in recovery, these words may still foster negative connotations, representing the concept of loss of agency for the person of concern (Ledray et al., 2011). In order to prevent re-victimization, recovery work aims to shift the trafficked person from victim to survivor by building agency.

Prostitute. An individual participating in the crime of prostitution, as defined by legal documents varying from state to state. All prostitutes under the age of eighteen are sex trafficking victims by law. Adult prostitution must involve threat, force or other forms of coercion to be considered sex trafficking.

Conclusion

This study seeks a proactive approach to care by seeking a holistic view of the current environment for recovery work in the literature review, the characteristics and needs of a professional working in sex-trafficking trauma recovery in a case study interview, and relevant emerging themes from data collection and analysis. Newly defined sex-trafficking persons need many resources and services that have not been considered in the past. With study design, population, sampling, significance, limitations and terminology explained, an in-depth search of the literature is explored in Chapter Two for information on trafficked persons, recovery services and the needs of the professionals that provide them. Resources and data collected for the literature review create a strong foundation of knowledge on which to build succinct, effective, open-ended questions for the service provider interview.

Chapter Two: Review of the Literature

Introduction

This literature review covers materials necessary to create useful and timely questions for the case study interview, while building awareness of environmental issues, concerns and challenges of service providers. First, the population served by the target professional is defined by a review of the history of sex trafficking in the United States. Then, programs supporting sex-trafficking recovery efforts are reviewed for their intent and contributions. Next, victim characteristics that demand unique professional responses from those serving this population are examined. Followed by, an exploration of agency-building efforts for survivors within currently offered programs. Next, service provider motivation is explored for possible effects. And finally, the impact of vicarious trauma and vicarious resilience on service professionals is examined for wording or descriptive phrases that may be identified in the study interview analysis.

The databases used in journal searches include ERIC and the Educational Research Complete and Analytical Psychology and Behavioral Science Collection. Four separate searches were performed between January 2014 and January 2015 with various combinations of the words: sex trafficking, service provider, PTSD, rehabilitation, re-victimization, vicarious trauma, and vicarious resilience. The review is limited to publications after 2010, except for longitudinal studies, preliminary findings in the field, and books by seminal authors. Government and non-profit organizations serving sex-trafficking, along with relevant legal documents were obtained from a google search of "sex-trafficking victims."

Conceptual framework

- A literature review examines service provider's current needs in providing victim-centered, trauma-informed rehabilitation and reintegration services to persons recovered from sex trafficking within the historical context of a rapidly changing legal and service environment.
  - Information gathered is used to create a data collection instrument.
- The data collection instrument is used in a pilot case study to explore service provider's reflections of current interactions in this field for perceived successes for the prevention of revictimization, building of agency and successful reintegration of survivors to society.

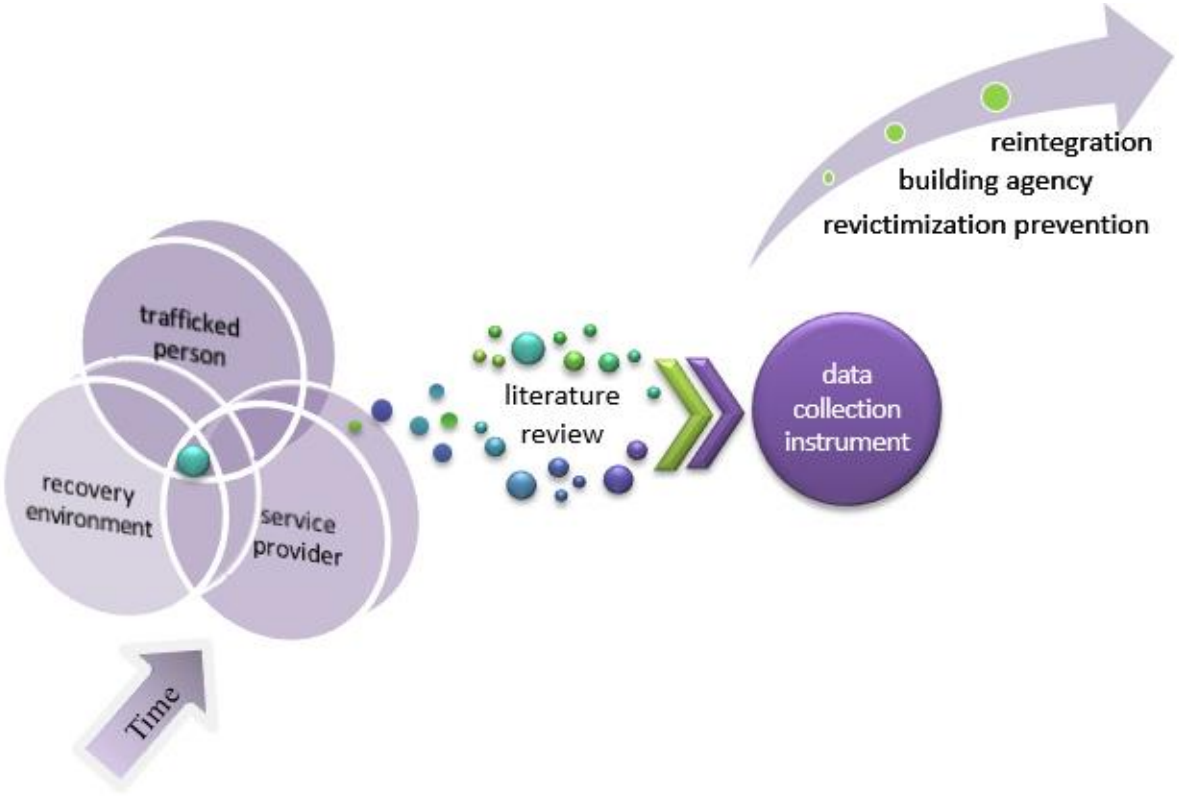


Figure 1: Conceptual framework for research design

Theoretical framework

This study is framed by four notable branches of educational theories: adult learning theory (Knowles, 1980), social learning theories (Bandura, 1971, 1991; Vygotsky, 1978; Lave & Wenger, 1998) transformative educational theories (Mezirow, 1978; Boyd & Myers, 1988; Janik, 2005) and post-modern feminist theories (Tisdell, 1995). These theories are reviewed, first individually, for their relevance in instructional design; and then collectively, for understanding the theoretical framework, upon which this study is based.

Adult learning theory. Malcolm Knowles (1980) first introduced the concept of an instructional need to recognize the learner's interest in a topic before delivering instruction. His concept of student-centered learning for adults developed into his Theory of Andragogy. Since service providers are adult learners, Knowles' theory is foundational for any instructional design efforts to train this population. This theory is based on five assumptions:

- Learners are self-directed.
- Learners bring experience to their learning environments.
- Learners are ready to learn.
- Learning is problem-centered.
- Learners are best motivated by internal factors.

Though originally introduced as a theory distinct from pedagogy in *The modern practice of adult education: From pedagogy to andragogy* (Knowles, 1980); Knowles (1984) revised the concept, in *Andragogy in action*, to one of a continuum between pedagogy and andragogy. The correct design choice is dependent on the circumstance and the

needs of the learner.

Knowles offers a seven step process for creating successful adult learning experiences. The first step is to create a cooperative learning environment. Then with the instructor and learner working together, identification of goals, learners' needs and related interests, and objectives follow sequentially. These choices are incorporated into course design, and then into development of instructional methods and strategies. Each learning experience should end with the learner evaluating the quality of the experience. (Knowles, 1980)

Social leaning theories. Albert Bandura further supports the importance of relationships in learning with the introduction of his Social Learning Theory (1971). Emphasizing the importance of modeling, he explains how the cognitive abilities of foresight and insight allow individuals to guide future behavior. In this way, people can learn from one another. As Bandura continued to develop his Social Cognitive Theory (Bandura, 1991), he focused on an individual's self-regulatory mechanisms for behavior modification and learning. Higher self-efficacy, or a better self-perception of capability to successfully handle situations within an environment, increases resiliency (p. 270). Resilient individuals do not worry about unnecessary threats because they feel confident in their ability to face difficult situations. Others with low self-efficacy, worry about all possible threats for fear of inability to cope. Increasing self-efficacy in clients can bring them into active participation in the recovery process. This increase is recognized as a building of agency, and increases coping in recovery (Benight & Bandura, 2004). Agency is discussed further under trafficked person characteristics.

Vygotsky (1978) expands on the importance of human relationships in learning by

adding that cognitive development is dependent on this social interaction. He introduced the concept of a Zone of Proximal Development (ZPD), an area of potential a learner can expand his/her knowledge within, given the support of a More Knowledgeable Other (MKO).

Lave and Wenger (1998) apply Situated Learning Theory, along with Vygotsky's constructivist concepts, to Communities of Learning. Their emphasis on the importance of context in learning is an important contribution to social leaning theory.

Transformative educational theories. As first introduced by Mezirow (1978), transformative learning is usually triggered by a life crisis or major life transition, a "disorienting dilemma" (Imel, 1998, p. 2) which challenges an individual's frame of reference forcing reflection on the experience with an end result of a more fully developed and functional frame of reference to guide future actions. These frames of reference consists of assumptions and expectations that create an individual's tacit point of view, influencing their thinking, beliefs and actions (Mezirow, 1991).

While Transformative Learning Theory is widespread in its influence, it currently offers many underdeveloped variations. Collectively these variations aim to identify constraints and free an individual from coercive influences in order to build autonomy and self-directed learning. Grabove (1997) shares commonalities between two leading models, the rational and analytical, as "humanism, emancipation, autonomy, critical reflection, equity, self-knowledge, participation, communications and discourse (p.90). All models are based on a constructivist's view requiring active participation of the learner in meaning making (Dirkx, 2006a).

Mezirow's psycho-critical model has evolved around a learning process that is

primarily "rational, analytical, and cognitive" with an "inherent logic" (Grabove, 1997, pp. 90-91). Kegan (2009) identifies a developmental theory of subjective to objective transformative stages. These two models, prominent in educational literature, are dependent on rational critical reflection for a transformation in perspective. Taylor (1998) "concluded that critical reflection is granted too much importance in perspective transformation, a process too rationally driven" (p.33). Levine (2010) cautions that direct manipulation of traumatic material locks in neural pathways that become more difficult to alter in recovery. Merriam (2004) explains the critical reflection and rational discourse of these models demand mature cognitive development, which may not be present for the trafficked person.

Boyd and Myers (1988) psychoanalytical model based on a process of individuation, though less developed, may offer a better structure for learning after trauma. Considered a holistic approach by incorporating emotional and spiritual dimensions (Dirkx, 2006a), this process promotes the acquisition of self-knowledge through a process of discernment. Extra-rational sources such as symbols, images, and archetypes that access nonverbal neural connections are utilized in creating a personal vision or meaning of what it means to be human (Imel, 1998).

The three activities of discernment in the individuation process are receptivity, recognition, and grieving. Being receptive to receiving alternative meaning, and recognition that the message is authentic must take place before learning can occur (Boyd & Myers, 1988; Cranton, 1997; Dirkx, 2006b). Expanding on the psychoanalytical model of Boyd and Myers, Scott emphasizes the role of grief and loss in personal transformation as the critical factory for transformative learning (Scott, 1997). Though

this work may be difficult, Scott describes the motivation for learners as a longing that "comes as an unknown, and the soul continues to glimpse in the individuation process, a coming to be that is different than what came before" (p. 45).

Janik's (2005) neurobiological model supports this creative process for learning post trauma. Mentorship is central to Janik's theory; and its importance to effective learning is heavily supported by educational and neurobiological research (Imel, 1998; Kegan, 2009; Levine 2010). Utilizing Janik's (2004) definition of mentor as "model, interlocutor, interrogator, or imprinteur, but not teacher" (p.56), three main characteristics are discerned. First, the mentor leads by example, through demonstration of curiosity, self-awareness and discovery. Second, a mentor creates the proper environment for transformative learning to occur (Janik 2004, 2005). Cozolino & Sprokay (2006) describe this need for "a safe haven, emotional attunement and a scaffold to support the learning process" (p. 15) in order to maximize learning. Finally, a mentor guides self-discovery, as students connect with their inner rhythms for learning (Janik 2004, 2005). Proper performance of these three functions distinguishes a mentor from a teacher.

Without a perceptive shift from victim to survivor, the trafficked person is susceptible to revictimization (Ledray, Burgess, & Giardino, 2011). A difference in perception shifts a therapist or teacher from vicarious trauma to vicarious resilience (Hernandez, Engstrom, & Gangsei, 2010). By acknowledging the importance of perception on outcome, I seek to identify the perceptions of a resilient provider, as well as perceptual shifts that occur. Identification of perceptive shifts will be examined for reflections that align with various transformative learning theorists, including Boyd and Myers (1988), Dirkx (2006a), Janik (2005), Kegan and Lahey (2009), Mezirow (1991),

and Taylor (2008).

Postmodern feminist theories. Feminist theories are more diverse, and their applications perhaps even more widespread, than transformative learning theories. Theories have developed from what scholars refer to as the three waves of feminism (Hewitt, 2012). These waves of scholarly contributions coincide with political and social movements, and are introduced to provide the reader with foundational beliefs of various researchers used as references, in addition to clarification of my own theoretical framework for this thesis.

The first wave began in July 1848 at the Seneca Falls Women's Rights Convention, and ended in 1920, with the ratification of the 19th Amendment to the US Constitution (Hewitt, 2012). This movement of liberal feminism is based on the belief that men and women are the same. While liberal feminists believe the sexes are equal, circumstances do not give them equal opportunity for success; therefore, they work in legal and political arenas to provide equal rights and opportunities for women. (Tisdell, 1995)

The second wave began in the 1960s as scholars gave form to discourse within a growing movement of activism. In this environment of individuality, a movement within feminism focused on women's unique qualities, rather than similarities to men. In addition, women's diversity was acknowledged as important for the movement. This wave identified and developed movements within feminism, providing a more inclusive, as well as more structured platform for the voice of women. (Hewitt, 2012)

This study takes a postmodern, or poststructural approach, known as the third wave of feminism beginning in the 1990s. From this view, the differences between the

sexes are considered arbitrary and flexible. "Because poststructural theories tend to account for multiple systems of privilege and oppression and their intersections, along with people's capacity for agency or resistance, some forms of socialist feminism could also perhaps be classified as poststructural versus structural theories" (Tisdell, 1995, p. 61). The postmodern feminists divide between theories influenced by psychoanalysis, and those of a more social origin, such as black feminist thought.

Those with a psychological orientation suggest the importance of a woman finding her voice, or learning to distinguish between what she has been told is reality, and what she can come to know based on applying critical reasoning to her own life situation. "The process of coming to voice is developing the ability to verbalize what one truly believes, along with the ability to see oneself as a constructor of knowledge" (Tisdell, 1995, p. 64). By honoring the voice of the learner and collaborating for the construction of knowledge in supportive communities, these feminist theories are in alignment with the previously discussed Theory of Andragogy (Knowles, 1980), Social Learning Theory (Bandura, 1971), Social Development Theory (Vygotsky, 1978), and Situated Learning in Communities of Practice (Lave & Wenger, 1998).

The manner in which women construct knowledge is an important consideration for research and design in curricular development, as well as feminist theory. The building of relationships within converging data, rather than traditional linear, divergent research, is needed for inclusivity of design. Dalke, Grobstein, and McCormack (2006) suggest that rather than a distinction between induction from observations and deduction from postulates, knowledge is constructed by a reciprocal loop between the two. Spiraling rather than linear movements created this feministic design. Although diverse

theories are represented in feminism, Tisdell (1995) identifies recurring themes underlying feminist teaching strategies. These "involve how knowledge is constructed, voice, authority and dealing with difference (p. ix)."

The following passage from Bender (1995) best expresses my own observations on learning with adult females, both as an instructor and as a student. Particularly relevant for social learning, this is a clear statement on how I learn with my female friends:

Stories move in circles.

They don't go in straight lines. So it helps if you listen in circles.

There are stories inside of stories and stories between stories,

And finding your way through them is as easy or as hard as finding your way home.

And part of the finding is the getting lost.

And when you are lost, you start to look around and to listen.

Listening to others is at the core of postmodern analytical feministic theory; yet, many claim this approach, with its concept of safe space, is a design only appropriate for middle-class, white women (Tisdell, 1995). Cozolino and Sprokay (2006) support the need for a "safe haven" (p. 15), along with emotional attunement and scaffolding, in order for learning to occur. Rather than dismiss psychoanalytical approaches as appropriate for only white females, we should consider variations of this approach in other cultural context. Discovering what is perceived as a safe space for women of other cultures could advance designs with this approach in recovery environments.

Integrated framework. Collectively these learning theories serve as a framework for this study with the unifying factor of humanistic psychology. The

humanistic approach recognizes both internal self-regulating and external societal forces affecting behavior; thereby, supporting a holistic design. A postmodern feministic approach focuses on the building of agency (Tisdell, 1995), with psychoanalytical strategies that support an increase in self-efficacy (Benight & Bandura, 2004), and social learning experiences building a supportive community (Lave & Wenger, 1998) Evidence of multiple systems of knowing will be explored within the range of transformative learning theories, from rational analysis (Mezirow, 1978) to emotional, analytic methods (Boyd & Myers, 1988). In addition, Perry's (1981) theory for ethical development of college students is used to frame the perspective of potential instructional designers. Consistent with feminist theory, designers are encouraged to move beyond a dualistic framework to a more inclusive vision of multiplicity, relativism or commitment for ethical instructional design.

History of sex trafficking in the United States

The Emancipation Proclamation outlawed slavery in 1863; however, the first document to legally recognize an objection to the selling of a woman for 'immoral purposes' was not recorded until 1904 in the International Agreement for the Suppression of the White Slave Traffic. Shortly thereafter in 1910, the International Convention for the Suppression of White Slave Traffic provided for punishment of the trafficker, using "violence, threats, abuse of authority, or any other means of constraint" (Wharton, 2010, p. 10). The United States passed the White Slave Traffic Act that same year. Later known as the Mann Act, it made "the transportation of a woman or girl across state lines for the purpose of prostitution or debauchery, or for any other immoral purpose" a felony

(p. 760). Like all legal measures to this point, the concern of this act was society's moral objection to sex rather than slavery. Its use for moral objections did not change until amended in 1978 (pp. 760-762).

The 1920s brought acknowledgement of the involvement of male children in trafficking with the International Convention for the Suppression of the Traffic in Women and Children of 1921. Sixty-three governments agreed to support conditions of the 1904 agreement and the convention of 1910, adding the prohibition of trafficking of children of either sex. The League of Nations followed suit in 1927 by changing terminology from 'white slave traffic' to 'traffic in women and children,' including boys and other races. The 1933 International Convention for the Suppression of the Traffic in Women of Full Age was attended by different groups that supported the previous terminology and added provisions for the prosecution of perpetrators. (Wharton, 2010, p. 761)

The first of the international agreements to be enforced in the United States was the Protocol Amending the International Agreement for the Suppression of the White Slave Traffic and the International Convention for the Suppression of the White Slave Traffic in 1949 (Okech et al., 2011; Wharton, 2010). The UN enacted Trafficking in Persons, Especially Women and Children in 2000, which is commonly known as the Palermo Protocol (Okech et al., 2011; United Nations, 2000). This act defined sex trafficking and distinguished trafficking from smuggling. Trafficking differs from smuggling in that there is a victim that is exploited. Also, smuggling is generally a short-term relationship that ends after the individual reaches his/her destination (McCabe & Manian, 2010).

In 1978 an amendment to the Mann Act finally added protection for exploited

minors of either sex. An amendment in 1986 added protections for minors, included adult males, and replaced "debauchery" and "other immoral purpose" with "any sexual activity for which any person can be charged with a criminal offense" (Wharton, 2010, p. 762). In 1995 the United Nations Fourth World Conference positioned actions to fight trafficking and to support the victims.

The United States followed with the Trafficking in Victims Protection Act (TVPA) in 2000 defining sex trafficking as that part of human "trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age (The Protection Project, 2013, p. 9). This last portion redefined any pimping of a minor as sex trafficking. The TVPA established the Office to Monitor and Combat Trafficking in Persons within the Department of State (Kotrla, 2010).

President Bush amended and signed this act as the Trafficking Victims Protection Reauthorization Act (TVPRA) in 2003. This revision required and delegated responsibilities and duties in addressing human trafficking issues to the Department of State, the Department of Labor, the Department of Health and Human Services and other federal agencies. Medical, counseling, and shelter services were mandated for victims with this revision. The TVPRA was amended again in 2005 to provide tools to combat trafficking worldwide, while recognizing the need to research and fund domestic trafficking (McCabe & Manian, 2010).

Reauthorized with extensive revisions in 2008, the William Wilberforce Trafficking Protection Act supported and funded four more years of anti-trafficking programs. Revisions included holding American military and civilians accountable for

post conflict trafficking, extensive considerations and focus on the care of minors, and support to foreign governments. The 2013 revision set up further child protection and advocacy systems, and grant funding for domestic recovery facilities (The Protection Project, 2013). Although improvements have occurred with each revision, the focus is still heavily skewed to the legal, rather than humanitarian needs (Okech et al., 2011; U.S. Department of Defense, 2010).

Modern day slavery differs from historical enslavement of humans in several ways:

- Operations are run by underground illegal markets, rather than a government.
- Enslavement is a process, rather than a state of being or life (Zimmerman, 2013).
- Individuals are not as valuable today as in the past.
- Slavery is now intraethnic (Ledray et al., 2011).

Networks and resources serving recovery programs

For the purpose of this study, recovery is defined by stages used in a framework the International Labour Office (2006) built from child abuse research. The five stages are fact-finding or investigation, immediate and short term protection, rehabilitation, reintegration, and prevention. Prevention of revictimization as the final step is the focus of this research, since the author's intent is visionary, rather than reactive to the immediate needs of the earlier phases. The interview explores the provider's perception of her success in program operations and the prevention of survivor revictimization. Details of the earlier stages build a foundation for understanding later influences.

Upon rescue, victims need appropriate housing, food, clothing, and legal services, physical and mental health care. Though domestic trafficking is more common (U.S. Department of State, OMCTP, 2014), services have been more available to foreign citizens. In an early stage of recovery, victims identified as foreign citizens may receive a T-visa, created by the TVPA of 2000 for those exposed to severe forms of trafficking and recovered in the United States. The victims are required to work with law enforcement officers in trafficker prosecution in exchange for assistance and access to health care (Okech, Morreau, & Benson, 2011). Other immediate primary investigative concerns include obtaining necessary medical and legal evidence (Ledray et al., 2011), as well as psychological or behavioral identification of abnormalities with referrals to appropriate health and legal professionals (International Labour Office, 2006).

While these services may be available for some victims of international trafficking, it is more difficult to obtain support for U.S. citizens (Kotrla, 2010). Immediate care for physiological needs and safety are of critical importance for the rescue stage of recovery (Ledray et al., 2011). Following Maslow's hierarchy of needs, these deficiency issues need to be addressed before further development of the self can occur (Maslow, 1943). A study of 200 homeless youth in a New York City's Covenant House named shelter as the primary commodity traded to youth for sex. The same study of homeless youth reveals this population as most vulnerable to sexual exploitation (Covenant House, 2013). Mattar (2014) warns against shifting resources from already established programs for the homeless to creating new shelters for sex-crime victims, as they serve the same population.

Ledray et al. (2011) emphasize early moments in rescue as critical for the

individual's development of agency and capacity to cope. Examination of Post-Traumatic Stress Disorder (PTSD) in social context found behaviors resulted from an interaction of events, rather than the trauma alone. This study emphasizes the importance of reduction in self-blame, which often occurs as a response to early reactions by service professionals (Ullman et al., 2007).

Protection and safety factors remain a critical element in transition to the rehabilitative stage of care. The Covenant house study shows 36% of traffickers are family and 27% boyfriends, while only 9% are strangers. Normal support structures are not only absent, they often pose a threat to recovery (Covenant House, 2013). An understanding of the previous two stages and their related issues are necessary for successful rehabilitation and reintegration efforts to prevent re-victimization by traffickers (Snider, 2012).

Revictimization may be the re-entry into the sex-trade or the victimization by others in power over the individual later in life. Longitudinal studies support high incidence of revictimization in children of abuse and the need for intervention to prevent subsequent victimization experiences (Barnes, Nolls, Putnam, & Trickett, 2009; Widom, Czaja, & Dutton, 2008). A study of ninety-nine ethnically diverse females examined emotion regulation roles in revictimization and in predicting PTSD symptoms (PTSS) among survivors of childhood abuse. In addition to findings consistent with previous research connecting emotion regulation with PTSS, a link is made between childhood abuse, PTSS and subsequent revictimization, supporting a cumulative effects model of trauma (Lillie, London, & Bridgett, 2014).

Educational institutions. Currently only two universities have research centers

for human trafficking: Johns Hopkins University and the University of Denver. The Johns Hopkins program operates within the legal discipline departments. In Denver, The Human Trafficking Center "is a nonprofit research and advocacy organization committed to using academic rigor and transparency, sound methodology, and reliable data to understand forced labor and human trafficking. Located within the Josef Korbel School of International Studies at the University of Denver, the institute provides research that improves inter-organizational cooperation and accountability, influences anti-trafficking policy, and raises public awareness about the problem" (Unversity of Denver, 2014).

Networking organizations. Non-profits have joined in support of legal efforts to promote awareness and connect victims with legal services. These business are working with government agencies, as well as educational institutions. The Protection Project, a human rights institute founded in 1994, is based at The Johns Hopkins University School of Advanced International Studies in Washington, DC. This organization addresses human rights violations by building capacity in vulnerable populations (Johns Hopkins University, 2014).

Shared Hope International (SHI) is a Christian abolitionist organization that seeks to prevent the conditions fostering sex trafficking and bring justice to vulnerable women and children (Shared Hope International, 2014). SHI also provides state rankings on laws supporting victims in the protected innocence challenge (National Colloquium, 2013).

In 2002 at Brown University, Polaris Project was developed by two seniors, Katherine Chon and Derek Ellerman, to provide education and support to trafficked persons. Opening a national hotline and support for victims, this organization also focuses on working for legislature to make lasting changes to the underlying structures

that support trafficking. Chon and Ellerman attribute the growth of human trafficking to low-risk and high-profits; therefore, they seek abolition by increasing the risks to traffickers, reporting over 6,500 cases receiving law enforcement responses, and training over 77,000 service providers, law enforcement officers, and corporate leaders to identify and stop human trafficking (Polaris Project, 2016).

Government agencies. Development of the Federal Strategic Action Plan on Services for Victims of Human Trafficking, in the United States in 2013, increased the coordination, collaboration, and capacity of federal agencies working to combat human trafficking (Presidential Interagency Task Force, 2013). The following government programs were explored for current statistics and services provided to combat sex trafficking crimes. Websites are listed to allow the reader further exploration of updated information.

U.S. Department of Health and Human Services (DHHS)

- *Office of Refugee Resettlement (ORR)*
- *Anti-Trafficking Persons Division (ATIP)* provides financing for services to foreign victims of trafficking.
  http://www.acf.hhs.gov/programs/orr/programs/anti-trafficking

U. S. Department of Homeland Security (DHS)

- *Blue Campaign* provides educational materials to citizens about trafficking crimes. http://www.dhs.gov/gallery/blue-campaign
- In conjunction with the Federal Bureau of Investigation (FBI) and other divisions within the Department of Justice (DOJ), the National Center for Missing and Exploited Children **(**NCMEC), and Internet Crimes Against Children (ICAC)

Task Forces, *Operation Predator* works to protect children against child pornography, sex tourism and other crimes of child sexual exploitation. http://www.ice.gov/predator

U. S. Department of State

- *Office to Monitor and Combat Trafficking in Persons (OMCTP)* publishes the annual Trafficking in Persons Report, rating countries on their anti-trafficking efforts. http://www.state.gov/j/tip/rls/tiprpt/

U. S. Department of Justice (DOJ)

- *Office of Juvenile Justice and Delinquency Prevention (OJJDP)* hosts the *Internet Crimes Against Children Task Forces (ICAC).* https://www.icactaskforce.org.
- *Office of Victims of Crime (OVC),* http://ovc.ncjrs.gov/humantrafficking/traffickingmatrix provides assistance to task forces and funding for victim services for foreign national victims and children. In addition the OVC provides resources for Sexual Assault Response Teams at http://ovc.ncjrs.gov/sartkit/
- The *Bureau of Justice Statistics (BJS)* in conjunction with Northeastern University tracks and analyzes human trafficking crimes reported by the Anti-Human Trafficking Task Forces. http://www.bjs.gov/content/pub/pdf/cshti0810.pdf
- *Federal Bureau of Investigation (FBI)* initiatives may be found at http://www.fbi.gov/about-us/investigate/civilrights/human_trafficking/initiatives
    - The Civil Rights Division has a trafficking prosecution unit and task force.

http://www.justice.gov/crt/about/crm/htpu.php

- Their Violent Crimes Against Children, Innocence Lost National Initiate for cases involving children in sex trafficking may be examined at http://www.fbi.gov/about-us/investigate/vc_majorthefts/cac/innocencelost
- The FBI also collaborates with the National Center for Missing and Exploited Children (NCMEC) and Child Exploitation and Obscenity Section (CEOS**)** which prosecutes cases of child pornography, trafficking, parental abduction, and sex tourism**.** http://www.missingkids.com http://www.justice.gov/criminal/ceos/subjectareas/child-sex-tourism.html

Shelters for short and long term recovery. Historically, few shelters were available with the capacity to appropriately serve the extreme problems presented by this population. Recently, shelters are opening around the country attempting to better support this underserved group. A survey to identify recovery programs recognizes thirty-three residential programs offering services to trafficking victims in the United States (Reichert & Sylwestrzak, 2013). The following key findings were identified:

- Nationally, a total of 33 residential programs were found to be currently operational and exclusive to trafficking victims with a total of 682 beds.
- Residential programs were open in 16 states and the District of Columbia; California had the most with nine residential programs offering 371 beds for victims.
- The Western region of the country had the most residential programs for victim with 59 percent of the total beds available there.

- Twenty-eight states had no residential programs for victims of sex trafficking and no plans to open any.
- Most of the programs accepted both domestic and international victims (64 percent) and 36 percent were exclusive to victims of domestic trafficking.
- Most available beds in residential programs (75 percent) were designated for minor victims of sex trafficking.
- Of the surveyed programs, there were fewer than 28 beds for male victims of sex trafficking.
- All but one of the residential programs indicated they offer residential services twenty-four hours a day, seven days a week.
- Twenty-eight of the 37 operational facilities have aftercare services for the victims leaving the residential program.
- Many agencies indicated that they would be opening a residential program: a total of twenty-seven programs offering 354 more beds (Reichert & Sylwestrzak, 2013, p. i).

Philosophical foundations of recovery programs

The shift in terminology from prostitution to sex trafficking became a religious, political, socio-economic and cultural debate (Kempadoo, Sanghera & Pattanaik, 2012; McCabe & Manian, 2010). When relief efforts are filtered through religious or cultural judgments, victims are less likely to trust the aid. Imposing our morality on a person or country that is financially dependent may leave this person or population more vulnerable

than before humanitarian efforts (Dewey & Kelly, 2011). If we are to truly assist these individuals, we must address the deeper political and economic issues that create the environment in which it presently thrives (Barner, Okech, & Camp, 2014). Research must be considered in the religious, feminist or political context which drive the legal and political changes. The skewed presentation of the issues from some campaigns may hinder some from getting the services they need and deserve (Zimmerman, 2013).

"Regardless of philosophical orientation, organizations from within the field recommend a variation of the following services: a central location for support; proper health care; psychological care; counseling and therapy; vocational and job training; and literacy education (Crawford and Kaufman, 2008; Farr, 2005; Jayasree, 2004; Kara, 2009; Kempadoo and Doezema, 1998). In addition, the most successful programs have exhibited the following characteristics: maintenance of confidentiality; elimination of stigmatization and discrimination by service providers; and frequent contacts with families (Chatterjee et al., 2006)." (Wickman, 2009)

Considerations for the trafficked person in trauma-informed recovery work

Acknowledging the diverse and complex issues the trafficked individual may present to the professional, characteristics influencing demands on a professional's response for legal and/or health care services are explored. Attributes identified from the literature as most relevant to services for the trafficked person are Post Traumatic Stress Disorder (PTSD), age of initial abuse, age at rescue, gender, and agency.

Post-traumatic stress disorder. Rape Trauma Syndrome (RTS) was identified by Burgess and Holmstrom in 1974 as presenting in two phases, acute and long-term, with two variations, silent-response and compounded reaction. Immediate and long-term

symptoms include flashbacks, intrusive thoughts of rape, fear, anxiety, nightmares, day terrors, and the development of phobias. The acute phase usually presents as a complete disruption of lifestyle, followed by the long-term process of reorganization of life choices in a new perception of reality. Contact with a compounded reaction may be recognized by a service provider presenting as other disorders, such as alcoholism, eating disorders, depression or anxiety (Ledray et al., 2011).

Six years after RTS was identified, it was included in a PTSD definition under the umbrella of a life-threatening event. Sexual assault is the most common cause of PTSD among women (Ledray et al., 2011). A diagnosis is made after the doctor talks with the person who has symptoms of PTSD. The American Psychological Association defines the following criterion for a diagnosis of PTSD:

1. The person was exposed to: death, threatened death, actual or threatened serious injury or actual or threatened sexual violence.
2. The traumatic event is persistently re-experienced in one of the following way(s):
    a. Recurrent, involuntary, and intrusive memories; *Note:* Children older than six may express this symptom in repetitive play.
    b. Traumatic nightmares; *Note:* Children may have frightening dreams without content related to the trauma(s).
    c. Dissociative reactions, e.g. flashbacks which may occur on a continuum from brief episodes to complete loss of consciousness; *Note*: Children may reenact the event in play.
    d. Intense or prolonged distress after exposure to traumatic reminders

e. Marked physiologic reactivity after exposure to trauma-related stimuli

3. Persistent effortful avoidance of distressing trauma-related stimuli after the event:
   a. Trauma-related thoughts or feelings
   b. Trauma-related external reminders (e.g. people, places, conversations, activities, objects, or situations)
4. Negative alterations in cognitions and mood that began or worsened after the traumatic event: (two required)
   a. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs)
   b. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous")
   c. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences
   d. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
   e. Markedly diminished interest in (pre-traumatic) significant activities
   f. Feeling alienated from others (e.g., detachment or estrangement)
   g. Constricted affect: persistent inability to experience positive emotions

5. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (two required)
    a. Irritable or aggressive behavior
    b. Self-destructive or reckless behavior
    c. Hyper vigilance
    d. Exaggerated startle response
    e. Problems in concentration
    f. Sleep disturbance
6. Persistence of symptoms (in Criteria 2, 3, 4 and 5) for more than one month
7. Significant symptom-related distress or functional impairment (e.g. social, occupational)
8. Disturbance is not due to medication, substance use, or other illness

Full diagnosis is not met until at least six months after the trauma(s), although onset may occur immediately (American Psychological Association, 2013). Courtois (2008) discusses complex trauma that results from repeated exposure to trauma over a period of time. Victims suffering from complex trauma often experience "depression, anxiety, self-hatred, dissociation, substance abuse, despair, self-destructive and risk-taking behaviors, revictimization, problems with interpersonal and intimate relationship (including parenting), medical and somatic concerns, and despair" (p. 87).

PTSD and its associated symptoms are the basis of several studies examining relationships in age of abuse, severity of trauma, emotional regulation and dysregulation, and survivor revictimization. Though each is limited, collectively these create a

foundation for emotional regulation as a key factor increasing risk for substance use, revictimization and suicide among abused women experiencing post-traumatic stress symptoms (PTSS) (Lopez-Castroman et al., 2015; Tull, Bardeen, DiLilloc, Messman-Moore, & Gratz, 2015; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013; Ullman, Townsend, Filipas, & Starzynski, 2007). A phenomenological study of seven women with histories of abuse and PTSD recognizes three emotions experienced by all participants and critical to recovery: grief, shame and blame (Spermon, Darlington, & Gibney, 2013).

> **Age of initial abuse**. Every day of the year, thousands of America's children are coerced into performing sex for hire. Some of these children are brutally beaten and raped into submission. Others are literally stolen off the streets, then isolated, drugged, and starved until they become "willing" participants. Some children are alternately wooed and punished, eventually forming trauma bonds with their exploiters, similar to cases of domestic or intimate partner violence. Still others are living on the streets with no way to survive, except by exchanging sex for food, clothing and shelter (California Child Welfare Council, 2013, p. 10).

The trafficked person's age of initial abuse is important in determining special resources and considerations for the professional. Morrow and Smith's (1995) qualitative study provides particularly useful data on victims of abuse between infancy and nineteen years of age. The only variable associated with age was severe dissociative patterns, as originally documented in Kluft's 1985 study of multiple personality disorder, occurring only when the abuse took place in infancy and early childhood (p. 28).

Age at rescue. An important variable that is addressed within the law is the distinction of legal adult age. Specialized training in working with trafficked children is available at the End Child Prostitution and Trafficking (ECPAT) UK National Training Centre in central London. Training focus is on safe accommodations for children of trafficking as a response to re-victimization by the system acknowledged in 2009 (End Child Prostitution, Child Pornography and the Trafficking of Children for Social Purposes, 2011). Their first principle to safeguard children is "the best interests of the child should be at the center of all decisions regarding the provision of accommodation and related support" (p. 14). While this may seem simplistic, it can be overlooked by many with good intentions (Zimmerman, 2013).

Multidisciplinary teams provide many necessary benefits for child trafficking cases. These include a greater capacity to handle complicated cases, a greater understanding of professional protocols and official processes with more diverse solutions, less professional burnout, and more efficient use of resources by better trained and more capable professionals (International Labour Office, 2006). In order for such a team to act in the child's best interest, each professional must strike a balance in information-sharing between the need to keep a child safe and their need for confidentiality and privacy. ECPAT's 2011 report addresses this and other ethical professional guidelines for services to children (End Child Prostitution, Child Pornography and the Trafficking of Children for Social Purposes, 2011).

UNICEF's practical handbook for social workers, police and other professionals covers clear specific guidelines of professional responses to expected situations working within the field (UNICEF, 2004). Following the lead of the international community,

guidelines and provisions for domestic minor trafficking were included in the William Wilberforce Trafficking Protection Act of 2008 (The Protection Project, 2013). Johns Hopkins University published a third volume of *100 best practices in child protection: A series of 100 best practices* in 2013 (The Protection Project and The International Centre for Missing & Exploited Children, 2013). Since working with minors adds another layer of complexity to this research, my interview will be conducted with a service provider for adults, leaving the aforementioned references for those interested in children's services.

Gender. Men have been underserved since the first legislation for sex trafficking. The promotion of "women and children" as victim is thought to prevent many male victims from seeking help or being recognized by professionals (Cavalieri, 2011). Zimmerman (2013) states the underserving of men in recovery as a result of previous efforts' focus on morality. Sex-crime trauma may create sexual identity crisis for many young boys, as erection often occurs as a sympathetic response of the nervous system to rape. While difficult to integrate physical sexual arousal for either gender involved in rape, boys and men are less likely to seek help and live with sexual identity confusion (Ledray et al., 2011).

While the majority of trafficked individuals are female, the agency-building feministic model could leave trafficked males underserved. Since international research has shown that trafficked person victimization increases with poverty, feminist calling for attention to the gender socioeconomic inequality causes of trafficking may address the trafficking of males by preventive measures, if not recovery (True, 2012). However, with both the feminist and religious movements supporting women's rights, the question remains as to what efforts will be made to protect and serve the vulnerable male

population of trafficked persons.

Agency. A layering effect from multiple traumas makes a person more susceptible and increases likelihood of psychological disorders (Kotrla, 2010). Sexual abuse can range from non-physical sexual abuses, such as pornography, to sexual torture of penetration by guns and knives or even more sadistic acts. A qualitative study of sexual assault survivor's coping mechanisms revealed that at all levels of abuse, the victim "experienced overwhelming emotions of fear, pain, terror or rage" (Morrow et al., 1995, p.27). The more severe the assault, the more negative social reactions and less self-blame (Ullman et al., 2007).

In addition to being overwhelmed by feelings, sexual assault survivors experienced what was termed "helplessness, powerlessness and lack of control" (Morrow & Smith, 1995, p. 27). Lillie (2013) found in a study of children identified as victimized by sex trafficking that not only had ninety-eight percent experienced previous involvement with child welfare services, but many were actually in the legal care and custody of the state, while they were being prostituted by traffickers (p. 2). As one survivor put it:

> … Being in foster care was the perfect training for commercial sexual exploitation. I was used to being moved without warning, without any say, not knowing where I was going or whether I was allowed to pack my clothes. After years in foster care, I didn't think anyone would want to take care of me unless they were paid. So, when my pimp expected me to make money to support 'the family,' it made sense to me (Lillie, 2013, p. 3).

Service provider influences and interactions

The U.S. Department of State recognizes medical personnel, psychologists and social workers for their critical role in recovery work for trafficked persons (U.S. Department of State, OMCTP, 2012). Social case workers provide a crucial link for the legal and medical system to effectively handle trafficking victims (Hodge, 2014; Kotrla, 2010). Other rescue fields that may contact trafficked persons on either side of captivity include Emergency Medical Service providers, shelter employees and home health care personnel (United Nations Office on Drugs and Crimes, 2008). Team therapy may also include Occupational and Physical Therapists in the reintegration stage (Snider, 2012)

Motivational influences. Transformation of public health practices and ethical treatment of sex-trafficked persons may depend more on the realistic evaluations of beliefs and motivations of the professionals serving this population than any other measure (Zimmerman, 2013). Expanding on the religious undercurrent of the legal environment in the Bush administration that created the TVPA in 2000, Zimmerman cautions against continued inappropriate moral judgments.

Vicarious trauma, post-traumatic growth and resilience. Vicarious trauma is a form of post-traumatic stress response that may be experienced by individuals indirectly exposed to a traumatic event, such as a spouse, friend, therapist, case worker or teacher of a traumatized individual. Ilesanmi and Eboiyehi (2012) define it as the "cumulative and pervasive transformative inner changes in the clinician's sense of self, spirituality, worldview, interpersonal relationships, and behavior over time as a result of their emphatic engagement with client's trauma material" (p. 4445). Their Nigerian case study provided quantitative and descriptive analysis of the consequences of sexual violence on

acquaintances of victimized Nigerian university students and explained vicarious trauma as a normal result of continued empathetic interaction with survivors of trauma. The normalcy of this reaction as a cumulative effect to secondary trauma is supported by others (Baker, 2012; Barrington & Shakespeare-Finch, 2013; Hernandez, Engstrom, & Gangsei, 2010; Nen, et al., 2011).

Seeking actions to reduce vicarious trauma (VT), Ilesanmi and Eboiyehi (2012) hypothesize that the clinicians‘ childhood history is associated with higher levels of VT and his/her use of coping strategies is associated with less VT. Emphasizing the need to resolve these issues for any long-term support system for trauma, findings supported their hypothesis. To reduce vulnerability to VT, a healthy balance between work, play and rest that “includes socializing with friends and family, being involved in creative activities, and being physically active” (p. 4463) is recommended. A Malaysian study of vicarious trauma on therapists of children sexual assault cases suggested that professionals were not even aware of the profound effect VT could have on their lives, and the authors suggest preperatory risk trainings to reduce the effects of VT (Nen, et al., 2011).

Vicarious post-tramatic growth occurs when a person is affected by the recovery process of an individual that has suffered severe trauma. As witness to traumatized individuals overcoming tremendous obsticles despite despair, a therapist or teacher describes personal growth in his/her own life as a result. Abel, Walker, Samios, and Morozow (2014) describe post-traumatic personal growth that occurs when an individual recovering from trauma is able to reconcil his/her pscychic dilemma of the reality known before and after trauma. They researched 126 participants to find if vicarious personal growth was also part of a empathetic relationship. The research revealed post-traumatic

personal growth was influenced by beliefs that allow meaning to be given to the traumatic event(s). A qualitative study of seventeen managers and administrators working with refugees who had been tortured confirmed the importance of meaning making after the destruction of previously held constructs of reality had been destroyed in order for post-traumatic personal growth or vicarious growth to occur (Barrington & Shakespeare-Finch, 2013).

In a qualitative study of eleven graduate students in trauma therapy, Baker (2012) explored the "double-edge sword" (p. 6) of walking the dark path of humanity empathetically and receiving heightened appreciation for life and enhanced spirituality. This conflicted with previous studies that claim VT injures spirituality. Hernandes et al. (2010) distinquish post-traumatic growth from vicarious resilience (VR), claiming VR is a process of positive transformation of the therapist from his/her empathetic engagement creating positive growth, meaning making and transformation. A multi-case study of therapists serving traumatized children and youth linked optimism and hope with VR, encouraging further study into this phenomenon (Silveira & Boyer, 2014). Identification of vicarious trauma and resilience within this collective case study may add to the growing body of knowledge of characteristics that increase personal resilience for recovery from trauma.

Professional relationships. In emphasizing the importance of well adapted multi-disciplinary teams, the ILO cautions that uncoordinated services can cause re-traumatization for the victim. Multidisciplinary, diverse teams are the best protection for survivor rights (International Labour Office, 2006). The U.S. Department of Justice promotes collaborative team efforts as task force to successfully meet the needs of

victims. Formal memoranda of understanding, information sharing protocols, and shared policies, practices, and procedures allow agencies to effectively collaborate, while honestly representing and acknowledging each's boundaries and limitations (U.S. Department of Justice, OVC TTAC, 2014).

In addition to collaboration, centralized case management supports effective service delivery. The following key elements have been identified by service providers and law enforcement as important ingredients for effective case management:

- Establishing a hopeful, trusting relationship with the client.
- Assessing client's strengths and needs.
- Developing, in partnership with the client, a service plan to achieve desired outcomes.
- Locating, linking, and following up with needed services and support.
- Monitoring, coordinating, and adjusting services and supports to achieve desired outcomes.
- Providing crisis prevention and intervention services and support.
- Advocating for the client as well as helping the client to develop self-advocacy skills. (U.S. Department of Justice, OVC TTAC, 2014)

Maintaining professional boundaries may be difficult for service providers when clients may have no other social supports initially or for some time into service delivery. Utilizing a strengths-based approach to case management builds social supports for the client outside the realm of professional services to protect the client's best interests and fosters his/her independence. While maintaining consistent, equal, and objective services may be difficult at times, in the long run it will protect the interests of all clients. (U.S.

Department of Justice, OVC TTAC, 2014)

Conclusion

Chapter Two defined the population served by the target professionals by a review of the history of sex trafficking in the United States, described the current environment of sex-trafficking recovery efforts, as well as examined victim characteristics and agency-building, service provider training and motivation, vicarious trauma and resilience. The materials covered are used as a foundation for the creation of interview questions and case study design as described in Chapter Three.

Chapter Three: Methodology

Introduction

This chapter describes the methodological strategies I used in the pilot case study. Beginning with an overview of the study's goals and design, the description of method continues with details of the population and procedures for service provider selection. Development of instrumentation is described as the evolution of semi-structured interview questions that emerged from the literature, followed by a description of data analysis. Validity and reliability are considered, as is data analysis, followed by conclusions.

Research design

A quantitative study for predictive population results is not feasible at this time due to a lack of reliable statistics. Field study experimentation is not considered a valid option, due to the vulnerability of the population being served by the professionals. Case study research is utilized as the most effective method due to its non-invasive explanatory goals. Yin (2013) supports this choice arguing case study research as the preferred method "in situations when (1) the main research questions are "how" or "why" questions; (2) a researcher has little or no control over behavioral events; and (3) the focus of study is a contemporary, (as opposed to entirely historical) phenomenon" (p. 2). Since the research problem and questions match the previous criteria, case study research is the chosen methodology.

Since case study research uses analytical generalizations, rather than statistical (Yin, 2013), potential also exists for identifying underlying themes from a service

provider that may contribute to the growing body of research of vicarious trauma and resilience. Based on the premise that successful agency building for revictimization prevention is dependent on the attitudes and beliefs of a service provider, as well as all other levels of support, protocol topics seek to reveal supports. Service provider's perception of revictimization prevention will be used as an outcome measure of success.

The research design follows guidelines created by Yin (2013) in order to explore the internal and external conditions for a service provider of recovery programs. Rather than a linear process, many steps in the design process lead to revisions to previous plans. This adaptive design process is illustrated in Fig. 2 below.

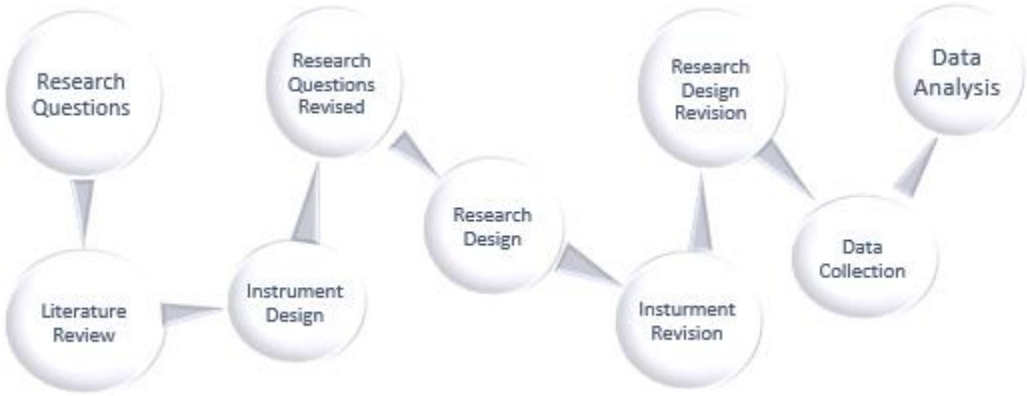


Figure 2: Adaptive design process

Design emerged from a goal to explore the current environment of programs for the reintegration of sex-trafficked person, with the hopes of identifying both variables that decrease revictimization and that sustain service providers working with this traumatized population. In order to explore the perceptions and experiences of a service provider offering programs for the reintegration of sex-trafficked person two questions

were created:

1) How does a service provider perceive, plan for, and evaluate success in a program for the prevention of survivor revictimization?
2) How does a service provider experience organizing and operating a reintegration program for persons recovered from sex-trafficking?

Interview questions developed from themes emerging from the literature review are compared to these two questions to ensure alignment of intention and boundaries.

Letters of intent, as found in Appendix B, were sent to selected service professionals offering reintegration programs throughout the fall of 2015. The participant downloaded, signed and returned an informed consent, as found in Appendix C. Instructions were given to use encrypted email to protect her confidentiality, with my phone number to call if instruction was needed. The printed consent form was stored in a locked safe accessible only to the research advisor and the encrypted electronic copy was deleted upon receipt and printing.

Data collection consisted of a semi-structured phone interview, scheduled at the provider's convenience, and conducted on my cell phone. Since the original research design included a digital recording of the interview, research notes consisted entirely of reactions and perceptions of the provider's responses. This transcription was sent by encrypted email to the interviewee to be checked for accuracy.

Data analysis took place in the winter of 2016, with the thesis defense on March 28th. Revisions were made and sent to the committee for approval the first week in April. The approved thesis was filed with The Graduate School by April 20, 2016. A letter of appreciation was sent to the service provider upon acceptance by the committee.

Based on the premise that successful agency building for reintegration with revictimization prevention is dependent on the attitudes and beliefs of a service provider, as well as all other levels of support, protocol topics seek to reveal these characteristics. The service provider's perception of revictimization prevention is used as the desired outcome measure. This case study acknowledges dependence on the perceptions and motivations of everyone in the recovery environment in order to reach that goal, as illustrated in Figure 3. This recovery environment is viewed holistically, with provider and trafficked person interacting within the context of the program, and its interactions within the larger community. This matches Trisdell's (1995) feministic vision of the larger learning environment (p. 1).

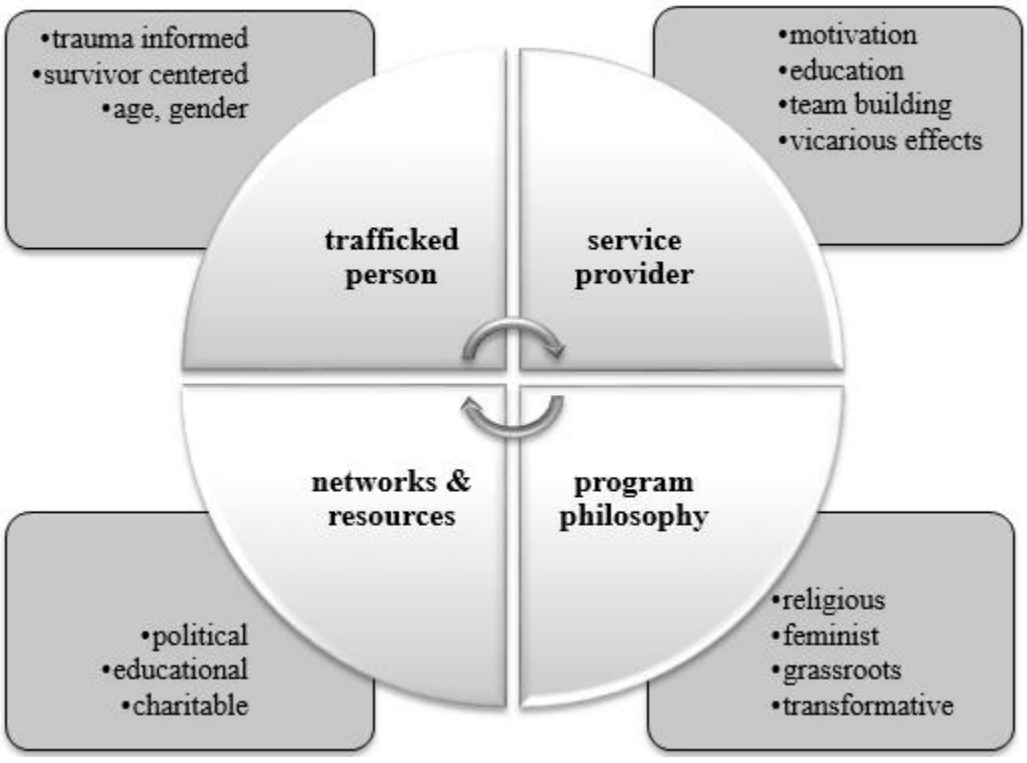


Figure 3: Perceptual influences on recovery process

Population

As discussed in Chapter One, the population of service providers may come from various background professions. The population of focus for this research is a professional actively working for the reintegration of survivors in sex trafficking recovery programs. A qualifying question explores the professional training of the participant. By isolating a program that considers the final stages of recovery, I hope to gain insight from a visionary that has taken a pro-active approach with long-term goals, rather than being overwhelmed by the underserved primary needs of victims in the current environment.

Identification of reintegration programs was more complex than expected. The issue of revictimization of survivor demands a certain covert nature to the recovery process. The conflict between outreach and privacy limits access to program data for service provider selection. The selection process itself was based on self-promotion of programs from the Internet, which may limit the generalizability of results to covert programs. Participants were at least 18 years of age or older.

Instrumentation

Yin (2013) describes the importance of protocol planning in providing rigor to case study research. Protocol topics evolved from a review of the relevant theoretical literature and development of the hypothetical logic model, with an open-ended question created for each protocol topic. From each question, an anticipated outcome was derived to check alignment with research goals and questions. Revisions were made to any question deviating from the study's intent. The complete protocol can be found in Appendix A.

Interview transcription and researcher notes from interactions served as the data sources. The decision to utilize an interview for my data source was based on the lack of reliable and accurate data from other sources, as observed throughout the literature review. The interview adds depth of experience to findings from the review. The data collection instrument, as developed from protocol topics, can also be found in Appendix A: Protocol.

Data collection

A phone interview was chosen as the preferred method of data collection, based on the fact that service providers are working with a vulnerable population, making privacy and confidentiality a top priority. In addition to increased privacy, other relevant cultural issues revealed by Kee and Browning (2013) that support the use of the telephone interview as the preferred method for this research include:

- Richness of description is enhanced. As a respondent realizes non-verbal clues are not being conveyed, he or she seeks clear vocabulary choices to be better understood.
- Fewer interruptions are allowed, as culturally Americans prioritize telephone conversations.
- Privilege and power are neutralized in the conversation space, when demographic variables are not obvious or prominent. (pp. 6-7)

Access to this service provider came from a website promoting service organizations. Once printed, the consent form was secured in the safe. The interview was scheduled at the service provider's convenience to provide flexibility and a sense of control for the participant. Interview procedure followed seven steps provided by Kee

and Browning (2013) as a basic guide to this research process. The interview was guided by these steps:

1. The interviewer's intent was clarified, with an opportunity to empower the interviewee by inviting a question from him/her at the beginning of the call.
2. Trust was built by specifying actions being taken and clearly stating expectations, such as, "I am now turning on the recording device."
3. Verbal consent was obtained by a response to the statement, "*Name*, you are now on speaker phone and being recorded, can you hear me alright?"
4. A general biography question was given to engage participant with ease.
5. Biographies were used to customize the remaining questions in the interview. Other personal questions directed at more emotional content were reserved for the end, in order to allow a continued deepening of trust.
6. An opportunity for free-flow narrative was provided at the end of the interview to allow other themes to emerge.
7. The participant was offered the opportunity to participate in an article for publication, in order to conclude with the same trust that has been created throughout the entire process. (pp. 17-22)

Since researcher notes taken focused on observations of interviewee for skills and attitude analysis, I was dismayed to learn the flashing lights on the Zoom H1 recorder did not indicate recording of the interview. The same button for turning the recorder on, paused the recording, and I had accidently double-clicked it at the beginning of the interview. I responded to this mishap by first checking in with my adviser, and then immediately, pulling up the questions on my laptop, and typing the answers to each

question to the best of my recollection. These notes were saved as an encrypted file. A copy was transferred to my password protected home computer, and another sent to the service provider by encrypted email. She then was asked to improve upon the notes with her own wording and details that may have been lost through my interpretation of answers. Due to the change in the residential program between the interview and transcription approval, a follow-up email was sent requesting more details. These were incorporated in to the final transcript stored in the database.

Yin's (2013) guidelines for the shorter case study interview were used for strength in targeted and insightful explanations of a current real life phenomenon. The shorter interview minimizes a methodological threat created by the conversational nature of the longer, less structured interview (p. 112). Sensitivity to the reflexive threat aims to reduce that which is problematic of the shorter interview. Question revisions reduce bias and reflexivity. "Why" questions are reworded to "how" to reduce defensiveness and encourage open responses (Yin, 2013). Fewer questions calling for rich description are used to encourage revelation of perceptions and attitudes.

Yin's (2013) four principles of data collection were utilized in design to establish construct validity and reliability of evidence. The principles used for design are as follows:

- Original design called for multiple programs for data triangulation seeking "converging lines of inquiry" (p. 120).
- A data base of interview transcription and field notes separate from the case studies report was established to allow more complete analysis by other researchers and to significantly increase the reliability of this case study.

- The chain of evidence was maintained and presented so that external observers may follow the two-way pathway from case study questions, protocol topics, informant topic responses, collective database, to the conclusion within the case study report.
- Any data retrieved was checked with informant for accuracy before publishing in the case study report.

Data analysis

Data analysis is the least developed aspect of case study research; and therefore, clarity of intent for analysis is an essential design element, along with consideration of alternative interpretations of evidence. Data analysis focuses on experienced effective learning moments; mentorship opportunities; survivor reintegration as evaluated by service provider; provider's functional adaptations in behavior from the interaction of perceptions; vicarious trauma; vicarious resilience; and other themes that emerge in data collection and analysis.

Information analysis began after data collection with preset protocol topics established from the literature review. Sampling logic was applied; evolving themes were identified. Triangulation of data in a cross-topic analysis explored theme continuity. Data reporting reviewed protocol topics, as well as examined evolving themes from analysis for relevant contributions to professional development and resilience studies.

Limitations: validity, reliability, and generalizability

Twenty years of experience as a massage therapist working with adult survivors of

childhood sexual abuse and rape trauma, along with the researcher's feministic background provides motivation, as well as potential for bias. With a foundation in process bodywork, awareness for the bias towards Boyd's interpretation of transformative learning is acknowledged. Recognizing this potential, I attempted to transform my own perceptual influences to allow the clearest interpretation and analysis of responses given in the interview for any possible contributions to Transformative Learning Theory development. Explanation of my interpretations includes relevant background information that may provide insight on bias to the reader. By recruiting professional support in both the process and evaluative process of this research from multiple disciplines, I strove to reduce any personal or professional bias.

Replication logic was replaced by sampling logic when the research design changed to a single case study. The rapidly changing legal environment continues to change resource options creating a historical threat to internal validity. Pattern matching, explanation building, and logic models are used during data analysis to build internal validity (Yin, 2013). Construct validity is supported by an established chain of evidence during data collection and a key informant review of transcriptions before composition. Reliability is supported by the use of a case study protocol and the development of a case study database as suggested by and described by Yin.

Protection of human subjects

Due to the vulnerability of the population served by the research subject being interviewed and the care needed for validity and rigor in case study research, special precautions were taken throughout the design and implementation of this study to protect

human subjects. Informed consent was obtained from participant after introducing the nature of the study in a letter of intent requesting volunteerism to participate. An opportunity was provided on the signed consent for expression of any participant concerns or precautions that were not included in the protocol design. This precaution gave another layer of protection to the participant, as well as allowing for design adaptability for the case study to most effectively meet its goals. Clarity of intent, careful planning of protocol, and honesty in interactions protected the subject from harm.

All data analysis was performed while working offline. Transcriptions and working files were secured by Windows Encrypting File System (EFS). A signed confidentiality form was stored in the advisor's locked safe and destroyed at the end of the study. All technical or procedural security recommended by the IRB were incorporated into data collection procedures to ensure maximum protection of the participant.

Due to this provider's exceptional qualifications, the possibility of recognition was discussed before the interview began, in order to direct data collection and analysis. She expressed concern about promoting knowledge in the field, and was not concerned about her anonymity. Any identifiable information was deleted from the transcription saved within the database, as well as omitted from the thesis. All possible measures to protect the subject's privacy and confidentiality were taken. The subject was informed of risks associated with being selected from a small population. While all possible measures were taken originally to interview providers from programs with differing philosophical backgrounds, limited options shifted protection to the standard that no group was unfairly excluded from the research. No deception was used during this research.

Conclusion

Careful adaptive methodological planning is critical for solid case study research design. In Chapter Three research goals were defined, followed by a description of participant selection and protocol development. A description of data collection, analysis and reporting guidelines, following a question and answer format as developed in the research protocol, create a solid foundation for the handling of data. Measures taken to address limitations of validity and reliability and to protect human subjects were also addressed in this chapter. Chapter Four examines the findings from the service provider interview.

Chapter Four: Findings

Introduction

For the purpose of this discussion pseudonyms will be used for the service provider and the program she describes. Dr. Louise Sheppard, an African-American woman in her late fifties who comes from the community she now serves. She is Executive Director of Blue Skies, a non-profit with thirty years of service to prostitutes in a city, on the outskirts of a major human-trafficking metropolitan area in the United States. A lengthier post-interview process for this case study was used to assure accuracy of data collection. Once transcribed the interview was sent to Dr. Sheppard to enhance any data that may have been omitted and to correct any misinterpretations. A follow-up phone call to discuss changes was made to ensure clarity of details. A database was created by protocol topic responses from the interview, with themes identified within topics and cross-topic. This database was maintained separate from the thesis, as recommended by Yin (2013) for validity. The protocol created by this study was preserved as part of the thesis in Appendix A to encourage future research. Letters of communication with Dr. Sheppard can be found in Appendices B through D. The findings from topic analysis are reported here within the four perspective influences affecting the prevention of revictimization of clients.

Resources

Federal program funding is not utilized for Blue Skies due to restrictions these monies place on services. The majority of funding is provided by private resources and small foundations. Contributions to Blue Skies' income by percentage are as follows:

foundations 45%, individuals 20%, local government 13%, fundraising 11%, corporations 9%, and churches 3%. Grant monies are used for programs, as it is difficult to get grant money for operations, i.e. payroll expenses. Programs include drop-in centers, a prostitution diversion program, street outreach and community education awareness. Services for domestic minor sex trafficking were recently added, and a residential program was discontinued. An effort is made to keep salaries at a minimum. Other sources of income include a yearly fundraiser, service and investments.

Large government grants are not being sought at this time due to the fact that Blue Skies does not have a professional grant writer. While this reduces overall funding that could be available, it has a benefit of avoiding restrictions to the kind of care provided and the population that can be served. This discussion by Dr. Sheppard is supported by previous concerns expressed in the literature review. By utilizing multiple local funding sources, Blue Skies' programs provide services to men and transgendered individuals that would be prohibited from care by organizations obtaining funding from these sources. The down side is a lack of available funds that must be raised through additional staff efforts. By utilizing multiple local funding sources, Blue Skies is able to provide services for any individual with a desire to step away from being prostituted. As Dr. Sheppard made clear, there is a compromise with whichever source a program chooses, and Blue Skies chooses to keep the doors open to all that need support.

Since the organization has been operating successfully for thirty years, Blue Skies has continued operating within the established financial support system under the new leadership. The awareness of service restrictions created in recent grants, by individuals already providing care, confirms concerns raised in the literature of taking resources from

one group being served to give to another (True, 2012; Mattar, 2014). Dr. Sheppard emphasizes the trafficked person's desire to leave the life as a primary factor to successful reintegration, as well as the importance of the service provider being able to help each individual with that effort, regardless of gender. A *non-judgmental* attitude was identified in analysis as demonstrated by Dr. Sheppard.

In addition to availability of services regardless of gender, this group has established programs that cover all five stages of recovery established by the International Labour Office's research on child abuse (International Labour Office, 2006). Extensive local networking allows services from community outreach to educational tutoring. The key to Blue Skies' operational success seems to come from networking skills *generating local community support*. Originating as a program by women from a religious organization that wanted to get prostitutes off the street in front of their church, this group has spread to a larger community. From current success, to future plans of expansion, community involvement is vital to success. Federal government activity for this population has not impacted Blue Skies to date.

Program

Blue Skies' philosophical foundation could not be classified as any one of the three philosophies identified in the literature. Although it originated several decades ago with a grant from a woman's religious organization, Blue Skies has had "a long history of providing non-faith based services to trafficked individuals." Currently there is no particular religious affiliation, with only three percent of their income raised from churches. A persistent commitment to serving males and transgendered individuals

demonstrates no strong association with a feministic view. Although Blue Skies did not originate as a grassroots movement, its current growth and success is based on peer-to-peer counseling and hiring of graduates.

By not taking a feminist approach, Blue Skies is currently the only organization in the area providing services to adult trafficked victims other than women. As the only Prostitution Diversion Program available in the area, these services are vital to "men and whatever gender an individual on the street chooses to be identified as." The Prostitution Diversion Program allows clients to get charges dismissed from their records, while educating them on service and resources to help them leave the life. Getting the prostitution charge dismissed on their records is important for any future opportunities in life. "Our drop-in center is open to all, and we strive to create an atmosphere of receptivity and non-judgment that can be felt when someone comes through our door." While some grant funding is lost by this approach, "we choose to provide services for anyone that comes to us with a desire for the opportunity to leave the life."

In searching for transformative learning that may occur in this environment, Dr. Sheppard describes a transformation of perception she experienced early in her role at the center with a woman. Her voice was slow and methodical with long pauses throughout. I was struck by the *authentic presence* conveyed in her silence, as well as her words:

> She ask me if she could have something to eat. After being told she could get whatever she wanted, I watched her standing in front of the refrigerator, (pause) staring. (Pause) I realized that she was not used to making choices of what to eat, whenever she wanted to. Do you get that? That was my "aha" moment. A 23 year old woman stood before me, about

> twenty pounds under-weight, and she had not been allowed to make a decision for herself, since she was taken into the life at 13. Her pimp told her what, when and even if she could eat. She didn't know how to decide for herself. (Longer pause) That was a real 'aha' moment for me. To see what it was like for her in that moment. To realize food had not been a choice she had been able to make in her adult life. What that meant - that was my 'aha' moment.

Did I get that? More than words could express; that kind of awareness seems to be best shared in silence. As she paused, I had images arise in my mind of my own client and my own 'aha' moment. I remember listening to my client in that 'aha' moment and thinking: How does your situation and reality coexist in my world? And yet, I cannot even begin to understand you, your perception or your existence. How are you not full of rage and anger? How do you live with this? How do I? Yes, I understood her moment, the one where my perception of truth cannot coexist with this reality. A moment I could no longer think, or pretend to think, like I did before a more inclusive reality was brought to my awareness. An awareness that didn't just add to what I knew before, but changed everything I thought I knew.

How does one build agency support structures for an individual that does not know how to choose food? Interesting to me was that her choice of 'aha' moment pinpointed my concern throughout the literature research. Who are the individuals reaching out to help in the recovery work with trafficked persons? This vulnerable population is extremely susceptible to revictimization, so who can best protect the principle of 'do no harm.' Are actions in the best interest of the client or the provider? In

this case study, the client's interest seems at the forefront of each consideration, but as Dr. Sheppard revealed in her sharing, this is not always easy.

Her realistic perception of the current environment and the potential of her impact was evident from her statements. Dr. Sheppard's moment appears to reflect Mezirow's (1991) description of an individual's frame of reference that is challenged, forcing reflection and creating a more fully developed and functional frame of reference. Dr. Sheppard's commitment to identifying the client's perception and need, along with her commitment to understanding and supporting the client's recovery process, transformed her own perspective.

Trafficked person

As I read the volumes of information on considerations for serving this population, I wondered how anyone would be able to lead such an organization without harming those that were intended to be helped. The answer provided by Dr. Sheppard was not as complicated as I had imagined; Blue Skies began with client's safety and ended with meeting the client's needs. Beginning with outreach on the street, the client's safety is considered by handing out personal items, such as lipstick, with hidden contact information. Providing information in a safe and respectful way, and being available at the center creates opportunities for the trafficked person to seek help.

Once in the center, the client-centered, trauma-informed services provided to the individual begin with an initial intake form. Dr. Sheppard emphasized the importance of this process. This intake process helps formulate why the individual came to the program and what he/she wants to accomplish. All plans begin with the individual's goals and

desires. If her goal is to get a GED, the necessary resources to get her GED are the focus of support. The client is not told to get a GED, rather he/she is supported to succeed at it, if that is his/her choice. "We simply support the client's goals." The case worker follows progress throughout the client's participation, to the exit interview, and beyond with follow-up.

All these services are provided free of charge. A variety of programs are offered that focus on meeting the clients where they are to build agency. Different approaches are utilized; what helps one person may actually hurt another. While one person may enjoy and benefit from art therapy, another may be annoyed by the approach. Diverse activities help to balance the programs, benefiting participants.

Though the residential program has been closed since 2014 due to financial strains, it was designed to give clients a financial nest-egg when leaving. When the client received welfare or other checks, Blue Skies collected and escrowed funds for them. When the time came for a client to move out on his/her own, he/she had money with which to begin a new life. This was a unique and useful concept for client-centered services. Educating the client on budgeting and finances can further increase his/her chances for successful reintegration.

In order to improve on current offerings by Blue Skies, Dr. Sheppard would like to offer more satellite programs to increase accessibility to services; expand outreach to areas where the need exist, and support ongoing expansion in employment opportunities for clients. She identifies a lack of employment opportunities as a major obstacle to successful reintegration. A program recently initiated with the District Attorney's office for younger victims helps to keep their records clean, while providing them with

resources to begin a new life. A clean record is the first essential step for future employment. Ensuring that they have the employment opportunities to sustain themselves would be the direction of improvement Dr. Sheppard would most like to see. This involves a reaching out to the broader community for integration.

Blue Skies gives employment to clients whenever they can. Survivor mentors lead group sessions. Not only are they more effective in their work with other clients, but the mentors benefit greatly from the position. Mentors have reported feelings of fulfillment and a sense of purpose from their group leadership positions.

> We consider the peer mentorship program critical to survivor reintegration success. This is where they begin to conceptualize the square life, that's what they call those of us that live the nine to five, doing our business during the day, the square life. Most can't even imagine being a part of the square life. By sharing with each other in group, they build on the life they know together, to begin a design of how each might be in the square life. It's their design, we're not telling them how to be or what to do. They create their new lives.

Rather than follow-up for successful survivor reintegration with surveys that won't be returned, Blue Skies throws a Christmas party each year for everyone that has gone through the program. A survivor/facilitator calls to invite and inquire as to the well-being of each previous client. "Survivors are more honest with each other. If I call, they are more likely to lie to please me, because they know what I want to hear. They want to please me. But if a survivor who they have been in the program with calls, he/she is more likely to receive an honest answer."

This method of evaluation has revealed a 77% client success rate for those that have completed Blue Skies' program. These successes confirm the impact of the grassroots' efforts I had recognized in self-promotion of the larger organizations on websites. I perceived Dr. Sheppard as *patient with a process* of other's learning experiences, as she demonstrated her willingness to let clients find their own way, with a willingness to *act persistently within a reflective practice toward an outcome* of maximizing client's benefits.

Service provider

An educational background with an emphasis on psychological skills was identified by Dr. Sheppard as critical for anyone desiring to work with this population. Due to years of trauma and abuse, many survivors can be extremely manipulative. "The art of manipulation keeps them alive on the streets." Dr. Sheppard emphasized the survivor's need to work with individuals that are strong enough psychologically not to be manipulated by them. As she stated, "There is no better or clearer way to say it, than in their own words, "someone that will call them out on their bullshit.""

Dr. Sheppard has an undergraduate degree in sociology and master's degree in behavioral science, providing a strong psychological foundation for working with trafficked persons. In addition, a doctorate of education, with a concentration in organizational leadership, provide her with the necessary skills for the daily operational demands of this leadership position. Her previous position as a police officer has given her extensive exposure to the street life and the crime of prostitution. While working in vice, she saw that prostitutes were victimized and needed help to get out of the life.

Since her job was to make arrest, she did. At the same time, she learned more about the needs of the victims and the programs available to them. Blue Skies was already in existence during her time as an officer, so she utilized this resource for both those she arrested, and those left on the street.

As a vice officer from the community she served, Dr. Sheppard began to notice African American women from other communities showing up on their streets several year ago. This observation supports the perception of increased trafficking in her area, by the movement of those being sold for sex. This perception led to her interest in volunteering with Blue Skies; which later approached her to fill the position of Executive Director. With an educational background in behavior sciences and leadership, and work experience as Vice Sergeant, this opportunity united her education, experience and curiosity. Once in the position, client's stories of success have kept her motivated.

Despite this extensive experience and educational preparation, Dr. Sheppard had a quick and vivid recall of vicarious trauma that she experienced from a session with clients. She described a woman with cuts all over her body sharing in a group:

> She stated that she cut herself everywhere on her body that a man had touched her. I had seen a lot on the streets. You think you can handle most anything, but recovery work is different: looking at her with all her scars and hearing her say she had to cut everywhere on her body a man had touched her. I had to pull off the freeway on my way home to cry. I cried.

This incredibly strong, educated and prepared leader had to pull off the road to

process emotions that result when working with traumatized populations. While these emotions may motivate service providers, they may also endanger them to the vulnerability of vicarious trauma. Dr. Sheppard demonstrated a willingness to tend to her own process, in addition to numerous statements of attentiveness to the client's process throughout the interview. *Listening attentively to self and others* is identified as a skill contributing to her success.

Additional support for Dr. Sheppard may be offered by interdisciplinary, multidisciplinary or transdisciplinary teams. At this time all activities from multiple disciplines offering resources are operated independently of one another. While all therapies serve to provide strong psychological support to program participants, an integrative team approach may not only strengthen those efforts, but also provide additional support to service providers. This is the only weakness revealed in program design and development, as identified in the literature.

Wisdom obtained from working on the streets as an officer before her service to Blue Skies gave Dr. Sheppard a valuable and unique perspective. She conveyed deep appreciation of clients with a *sense of humor* that allows personal investment and empathetic engagement in her role of organizing and operating this reintegration program. Her respect for clients was evident not only in her treatment of each, but in her experience of each. She laughed lightly in the interview, expressing joy in her reflections on daily interactions and descriptions of clients. As a researcher, I observed her deep awareness and empathetic engagement as reflected in descriptive details of client's experiences, as a *respectful concern for others* that personalizes the optimal client-centered services as described in literature.

Conclusion

Dr. Sheppard's skills identified within this chapter were obtained by cross analysis of the researcher's notes and interviewee's responses. Attitudes were triangulated from researcher notes in a cross-topic analysis. Knowledge was self-identified by Dr. Sheppard. As an exemplary case study, Dr. Sheppard's knowledge, skills and attitudes may provide a guideline for future service providers, and those seeking to create courses for provider training and development. In addition, cross-topic triangulation identified the importance of community involvement and education for employment as emerging themes for the prevention of revictimization. These findings will be examined against the original goals established for this research in Chapter Five.

Chapter Five: Discussion and Conclusion

Summary

As a case study seeking to create a holistic view of sex-trafficking recovery efforts through the perceptions of a service provider, several goals were considered. Goals established in the first three chapters of this thesis, along with relevant findings from Chapter Four, will be addressed in Chapter Five. The goals are identified as follows:

- to serve as an exploratory resource: delivering data to individuals either researching, developing or participating in recovery programs, or in professional training of providers offering services for trafficked persons;
- to contribute to a realistic perspective of the current environment for providers of recovery services for persons trafficked for sex;
- to aid in the shift of societal perception of a trafficked person from slave/victim to reintegrated survivor;
- to identify a service provider's perceptions and actions leading to resilience in both trafficked persons and provider, and the relationship between the two;
- to identify knowledge, skills and attitudes of a professional providing effective reintegration programs for persons trafficked for sex; and
- to provide detailed description of transformative learning moments for trauma survivors as supported by current models of theory.

The success of each goal varied in degree; the most successful being the study's use as an exploratory resource. Casting a broad net to explore connections in concepts for instructional design purposes, allowed a holistic view from the literature, to then compare with a grounded perspective from an individual experienced in the field.

Staying true to my objective to find a program with long term goals of revictimization prevention, though trying, proved to be worthwhile; allowing a service provider focused on long-term results to be identified. By creating a protocol and testing it with this exemplary case, a refined protocol is available in Appendix A for a future study to contribute to a realistic picture of the environment for service providers offering services to persons trafficked for sex.

I had given extensive consideration to terminology and the goal of shifting societal perception of a trafficked person from slave/victim to reintegrated survivor. So I was surprised by a challenge to my own perception during the interview, as I noticed Dr. Sheppard's only use of these terms occurred in repeating question information. Rather than terms from the literature, she referred to trafficked persons as clients in each description, from outreach on the street to successful completion of the program. As Dr. Sheppard spoke of clients, I began to grasp the level of respect she emanates to participants in the program. The least successful goal from research design was the trafficked person labelling. No labels were mentioned by Dr. Sheppard, just *respectful concern* for the individual *without judgment*; therefore, this goal was omitted in the revised protocol in Appendix A.

Obtaining an interview was the most challenging process of this research, and confirmed attitudes and perceptions revealed in the literature. The reality of tremendous need and a lack of resources became my own, after months of exhausting lists and web sites with emails and phone calls leading to someone with no time to provide an interview. I noticed many transitions in this five-month search, both organizations closing, moving, changing names, as well as changing contacts. One service provider

stated that unless the interview would result in funds, there was just no time to contribute. A sense of urgency and immediacy was common.

While I had begun with the intension of a multiple case study to compare and contrast the various concepts revealed in the literature review, I began to give up hope for finding even one individual in this business with time to contribute to my research. Then a case began to reveal itself through a long period of messaging that eventually lead to an interview for this exemplary case study.

What I noticed immediately in my communications with this group was the relaxed, yet professional and concise manner in which all communications were handled. Though several voice and text messages were transferred before direct communication was possible, the staff and director listened attentively and responded clearly. After each communication written or oral, I felt heard and acknowledged. What I also noted immediately in my interactions with Dr. Sheppard was her authentic presence; and in the follow-up communications, she demonstrated patience when dealing with obstacles and persistent action in meeting the steps to get to the end result.

Though Dr. Sheppard was dealing with the same issues as most providers I had spoken to, she presented her written and oral conversations in a more concise, positive and direct manner. The more interaction I had with this provider, the greater my confidence grew in her capacity to serve as an exemplary case study. During the interview, I noted the relaxed way in which she rapidly and methodically formulated and completed each idea; yet, she would take the time to pause at moments of emotional impact. She conveyed a sense of *acceptance of her current work environment despite her realistic perception*. Identification of the actions of a resilient provider were identified

first during these interactions, and reinforced by the words she presented in the interview. Patience, persistence and acceptance of current conditions despite a realistic perception were identified in Dr. Sheppard's actions as attitudes supporting her resilience.

Implications for practice

Community involvement evolved as a cross-topic theme that has several management implications for the service provider. Dr. Sheppard's perception began in community consciousness, where her own cultural identity led her to identify the changes in community identity. Second, in Dr. Sheppard role of leadership, she is dependent on the community for financial support to keep programs in operation. And finally, her goal for the future is based on community acceptance and support for client employment, the most effective barrier to revictimization. From staff paychecks to client's future employment, all outcomes are dependent on community interaction.

The knowledge, skills, and attitude of this exemplary service provider should be considered by organizations looking to fill a provider position, individuals desiring to serve this population and instructional designers for curricular development in this field. Knowledge and skills were built from cross analysis of researcher's notes and interviewee's responses. Attitudes were triangulated from researcher's notes in a cross-topic analysis. The following were identified with Dr. Sheppard in Chapter Four: Findings:

Knowledge: Educational background with an emphasis on psychological skills.

Skills: Generates local community support.

Listens attentively to self and others.

Conveys authentic presence.

Demonstrates patience with a process.

Acts persistently, within a reflective practice, toward an outcome.

Attitudes: Non-judgment of and respectful concern for others.

Acceptance of current work environment,

despite realistic perception.

Sense of humor.

Several observations were noted as relevant in applying theory to practice for curricular development. First, this case confirms my own observation from online searches that the larger and rapidly growing organizations are grassroots driven. Descriptions of successful group therapy and mentorship programs support Albert Bandura's (1971) (1991) Social Cognitive Learning Theory and Lev Vygotsky's (1978) Social Developmental Learning Theory, as well as Jean Lave and Etienne Wenger's (1998) (Wenger, 2009) Situated Learning Theory for communities of practice. The application of these theories should be heavily integrated into future course designs.

Since their use has been effective for the client, these theories could prove to be beneficial, if applied to training and evaluation needs of service providers. Wenger, Trayner and deLaat (2001) offer a conceptual framework for promoting and assessing value creation in on-line communities and networks that may be the most efficient resource available for evaluative measures in this widespread population. Service providers could maximize the learning potential of survivor led activities, with the immediate feedback available from participation in an on-line community of learning.

Data collected and analyzed on service providers would be valuable to instructional designers creating more effective training designs.

With long term vision and goals to prevent the revictimization of persons recovered from sex trafficking, this provider offers two priorities for care from emerging themes, a predicted value by Yin (2013). These add to the building of agency, previously identified as a priority in preventing revictimization in the literature review. First is the goal to clear any prostitution convictions from the client's record, and second, is to prepare the client for stable employment. The conviction record is becoming an easier issue to address with new legal options. In February of 2015, National Public Radio reported the availability of "vacatur" in 20 states (McEvers, 2015). This legal process allows the removal of prostitution charges from a record, if an individual has evidence of force, threat or coercion, as present in trafficking. Increasing the availability of this process should be a priority for those involved in legal efforts for trafficked persons, and informing persons being trafficked of their availability should be a function of any recovery or informative program for persons trafficked for sex.

Recommendations for future study

Vocational training for traumatized populations. Since the most critical area for growth identified by Dr. Sheppard was employment, research efforts should focus here as well, on employment interests, potential benefits and threats of various occupations, training options, community interactions, and opportunities. Two areas offering guidance for preparing trafficked persons for employment are research from the field of occupational therapy and the field of education. Zinnecker's (2011) dissertation

offers a framework for course development offering instruction in how occupational therapists are to provide person-center care. This comprehensive work offers potential as a foundation for course development in client-centered care for other professions.

Emotions in transformative education. In addition, the role of emotions and transformative learning in the field of education should be a research priority in order to contribute to employment training efforts for traumatized populations. Dr. John Dirkx offers potential with his vocational education research as director of the Michigan Center for Career and Technical Education at Michigan State University, along with his extensive research background in the role of emotions in transformative education (Dirkx, 1997, 1998, 2001, 2006a, 2006b, 2006c, 2008, 2012). Spermon, Darlington, and Gibney (2013) recognized three emotions critical to recovery that should be further explored in the field of education: grief, shame and blame. Grief is an essential element of Scott's (1997) interpretation of Transformative Education.

Role of blame in recovery. Further study of educational and psychological research on perceptions of blame and shame, or self-blame, should be examined within the recovery and educational environment. Ullman, Townsend, Filipas, and Starzynski (2007) found that the more severe a rape, the more negative social reactions and the less self-blame. Bandura (1971) claims that "self-punishment often serves as an effective means of lessoning negative reactions from others" (p. 35). The American Psychological Association (2013) lists persistent negative emotions, such as shame and distorted blame of self or others, as two negative changes that are used as criterion for a diagnosis of PTSD. To continue with a humanistic approach, we must simultaneously view society's struggle with the shift in blame placement, along with the inner struggle of the person

trafficked for sex. Perhaps within this continuum between blame and shame, we may find balance and recovery, individually and collectively as a society.

Multidisciplinary and transdisciplinary research. Any focus on transformative learning in education for a traumatized population would need multidisciplinary support for design, development, implementation and evaluation. Multidisciplinary approaches allow representatives of each field to contribute their expertise and to identify inconsistencies between the disciplines. Dalke and McCormack (2007) argue that transdisciplinary design allows a supportive framework as disciplines break down previous assumptions and construct new knowledge together. In a transdisciplinary approach, results are not compared at the end of the individual expert's contributions as in multidisciplinary research, rather the members of disciplines collaborate throughout a project to resolve discrepancies found and to construct new knowledge together. Additional effort in multidisciplinary and transdisciplinary designs could offer widespread benefits to organizations such as military, health care and public school systems, as well as provide data to guide providers of recovery services.

Inclusiveness and integration of services. More qualitative research of trafficked persons is needed to develop client-centered care. This should include research on ways to best provide recovery services to males and transgendered individuals in order to build more diverse programs. Current trends in grants being offered should be considered for overall community effects. Views expressed by Dr. Sheppard support True's (2012) claims that limiting or shifting resources further endangers the male and transgendered individuals that have been trafficked for sex. Mattar (2014) also warned against shifting resources from already established programs for the homeless to shelters

for trafficked persons, as they are often the same population. Men, women and transgendered individuals should be given equal access to protections under the law with access to integrated, effective recovery services for person trafficked for sex.

Questions revealed by this exploratory research, deserving further investigation are identified as follows:

- What are best practices for introducing and supporting agency for clients with PTSD?
- How can male and transgendered services be effectively, efficiently and fairly integrated into grants and recovery programs?
- Are residential programs necessary for the recovery and prevention of revictimization of persons trafficked for sex?
- What educational efforts and trades training options would best increase opportunities for employment for this vulnerable population, with client-center trauma-informed and community-environmental considerations at the core of analysis?
- In what way can transformative and social learning theories enhance educational design for training of service providers and the activities they provide to clients in recovery programs for persons trafficked for sex?
- How do interdisciplinary and multidisciplinary approaches to integrated care affect instructional design choices?

Reflections on process

What began as a scattered inquiry to make meaning of new information about sex

trafficking in my profession as a massage therapist, ended with a sense of interconnectivity. Having spent my professional career in a developing field, I had grown accustomed to doing my own research, to asking the questions others were not, to stepping beyond best practices to find what worked today, and how it will be expanded on tomorrow. As a life-long learner, I was perfectly comfortable stepping into the unknown with nothing but my own curiosity and capabilities.

The process of completing the literature review was a constant battle with depression; however, as an overwhelming sadness developed from empathetic engagement with the material. My own grief stage of this transformational process arose from a much darker vision of the world, than for which I was prepared. What drove me forward was not what I had to say, not an argument to be made from a limited dualistic view of right and wrong (Perry, 1981). Rather I sought an answer to be found from someone else, a deep longing for someone who could make this world acceptable again. And so I continued to prepare myself with as much knowledge as possible to be able to ask the right questions of the person with the right answers.

The idea of being able to deliver valuable information in a timely manner was the motivation that helped me to persist toward my goal. This view is identified by Perry (1981) as multiplicity, a second stage of moral/ethical development in college students. Though I was not certain an expert existed, I would need one, if I were to participate in scientific inquiry. Once found, what impressed me most about my interviewee was her own sense of curiosity. Despite years of formal education and work experience, she approached each client as I would in my own work. She reflected on the best interest of her client with each action, and her curiosity for solutions overrode her need to be

acknowledged as an expert.

While Dr. Sheppard provided an exemplary case study, questions she presented in the interview acknowledged further research would be necessary to create a holistic view of best practices and approaches for preventing the revictimization of persons trafficked for sex. My own self-acceptance of limitations grew as I heard Dr. Sheppard acknowledge her own. Her commitment to relativism (Perry, 1981) led my own ethical development, as I worked through data analysis. Changing through the process, I moved past my misconceptions to assists in this construction of knowledge. Completing this study with a renewed sense of inspiration and agency, I am grateful for a deeper sense of connectedness and self-acceptance recognized within myself through my own self-reflective process.

Conclusion

As an exploratory study, this case assists in creating an understanding of a culture of respect for clients who have recovered from sex-trafficking. A service provider for an organization that plans for and evaluates success based on the needs of the client gives valuable insights to the building of client agency within the daily operations of a client-centered recovery program. In addition to prioritizing the building of agency, as promoted in the literature, Dr. Sheppard presents two other variables. She discusses a clean legal record and employment as two essential elements for the prevention of revictimization. Community support is identified as a core link for successful client outcomes. The strong focus on community involvement supports the numerous efforts currently being implemented for public awareness and education.

The knowledge, skills and attitudes of the provider of this successful program were identified. Dr. Sheppard emphasized that anyone wishing to work with this population should be a graduate of an educational program with a strong psychological foundation. She presented as non-judgmental, with a realistic perception of the current environment and program impact, a gentle sense of humor and a respectful concern for others. Skills that Dr. Sheppard demonstrated in the interview and in researcher interactions included the ability to generate local community support, listen attentively to self and others, conveying an authentic presence, demonstrating patience with process, and acting persistently within a reflective practice toward outcome. She seemed to enjoy her work experiences, and attributed program success to the client's efforts.

My intent was to convey Dr. Sheppard's wisdom in such a manner that readers may self-reflect on their own attitudes and behaviors that contribute to slavery for sex in a civilized society. By examining the complexity of attitudes and interactions, and recognizing our own interconnectivity and contextual influences, individuals designing and delivering educational materials may be moved beyond their current ethical developmental stage into a more constructive approach for therapeutic solutions and ethical curricular design. In order to contribute to a more inclusive vision, a protocol was created from this study for future multiple case studies. For ethical client-centered instructional design, unbiased research of the client should precede proposed solutions. Such research could serve to deliver data to individuals researching, developing or delivering recovery programs for persons trafficked for sex.

Appendix A: Protocol

Overview of study

Goals

The following goals were established for this study:

- to identify behaviors, skills, and attitudes of a professional providing effective reintegration programs for persons trafficked for sex;
- to identify a service provider's perceptions and actions leading to resilience in both trafficked persons and provider and the relationship between the two;
- to contribute to a realistic perspective of the current environment for providers of recovery services for persons trafficked for sex;
- to serve as an exploratory resource: delivering data to individuals either researching, developing or participating in recovery programs, or in professional training of providers offering services for trafficked persons; and
- to provide detailed description of transformative learning moments experienced by service providers as supported by current models of theory.

Research questions.

The nature of this study is to explore the experiences of a service provider offering a program for the reintegration of sex-trafficked person by exploring two questions:

1) How does a service provider perceive, plan for, and evaluate success in a program for the prevention of survivor revictimization?
2) How does a service provider experience organizing and operating a reintegration program for persons recovered from sex-trafficking?

Interview questions, developed from themes emerging from the literature review, are compared to these two questions to ensure alignment of intent and scope of research.

Theoretical framework

This study is framed by four notable branches of educational theories: adult learning theory (Knowles, 1980), social learning theories (Bandura, 1971, 1991; Vygotsky, 1978; Lave & Wenger, 1998) transformative educational theories (Mezirow, 1978; Boyd & Myers, 1988; Janik, 2005) and post-modern feminist theories (Tisdell, 1995). These theories are reviewed, first individually, for their relevance in instructional design; and then collectively, for understanding the theoretical framework, upon which this study is based.

*Adult learning theory***.** Malcolm Knowles (1980) first introduced the concept of an instructional need to recognize the learner's interest in a topic before delivering instruction. His concept of student-centered learning for adults developed into his Theory of Andragogy. Since service providers are adult learners, Knowles' theory is foundational for any instructional design efforts to train this population. This theory is based on five assumptions:

- Learners are self-directed.
- Learners bring experience to their learning environments.
- Learners are ready to learn.
- Learning is problem-centered.
- Learners are best motivated by internal factors.

Though originally introduced as a theory distinct from pedagogy in *The modern practice of adult education: From pedagogy to andragogy* (Knowles, 1980); Knowles (1984)

revised the concept, in *Andragogy in action*, to one of a continuum between pedagogy and andragogy. The correct design choice is dependent on the circumstance and the needs of the learner.

Knowles offers a seven step process for creating successful adult learning experiences. The first step is to create a cooperative learning environment. Then with the instructor and learner working together, identification of goals, learners' needs and related interests, and objectives follow sequentially. These choices are incorporated into course design, and then into development of instructional methods and strategies. Each learning experience should end with the learner evaluating the quality of the experience. (Knowles, 1980)

Social leaning theories. Albert Bandura further supports the importance of relationships in learning with the introduction of his Social Learning Theory (1971). Emphasizing the importance of modeling, he explains how the cognitive abilities of foresight and insight allow individuals to guide future behavior. In this way, people can learn from one another. As Bandura continued to develop his Social Cognitive Theory (Bandura, 1991), he focused on an individual's self-regulatory mechanisms for behavior modification and learning. Higher self-efficacy, or a better self-perception of capability to successfully handle situations within an environment, increases resiliency (p. 270). Resilient individuals do not worry about unnecessary threats because they feel confident in their ability to face difficult situations. Others with low self-efficacy, worry about all possible threats for fear of inability to cope. Increasing self-efficacy in clients can bring them into active participation in the recovery process. This increase is recognized as a building of agency, and increases coping in recovery (Benight & Bandura, 2004).

Agency is discussed further under trafficked person characteristics.

Vygotsky (1978) expands on the importance of human relationships in learning by adding that cognitive development is dependent on this social interaction. He introduced the concept of a Zone of Proximal Development (ZPD), an area of potential a learner can expand his/her knowledge within, given the support of a More Knowledgeable Other (MKO). Lave and Wenger (1998) apply Situated Learning Theory, along with Vygotsky's constructivist concepts, to Communities of Learning. Their emphasis on the importance of context in learning is an important contribution to social leaning theory.

Transformative educational theories. As first introduced by Mezirow (1978), transformative learning is usually triggered by a life crisis or major life transition, a "disorienting dilemma" (Imel, 1998, p. 2) which challenges an individual's frame of reference forcing reflection on the experience with an end result of a more fully developed and functional frame of reference to guide future actions. These frames of reference consists of assumptions and expectations that create an individual's tacit point of view, influencing their thinking, beliefs and actions (Mezirow, 1991).

While Transformative Learning Theory is widespread in its influence, it currently offers many underdeveloped variations. Collectively these variations aim to identify constraints and free an individual from coercive influences in order to build autonomy and self-directed learning. Grabove (1997) shares commonalities between two leading models, the rational and analytical, as "humanism, emancipation, autonomy, critical reflection, equity, self-knowledge, participation, communications and discourse (p.90). All models are based on a constructivist's view requiring active participation of the learner in meaning making (Dirkx, 2006a).

Mezirow's psycho-critical model has evolved around a learning process that is primarily "rational, analytical, and cognitive" with an "inherent logic" (Grabove, 1997, pp. 90-91). Kegan (2009) identifies a developmental theory of subjective to objective transformative stages. These two models, prominent in educational literature, are dependent on rational critical reflection for a transformation in perspective. Taylor (1998) "concluded that critical reflection is granted too much importance in perspective transformation, a process too rationally driven" (p.33). Levine (2010) cautions that direct manipulation of traumatic material locks in neural pathways that become more difficult to alter in recovery. Merriam (2004) explains the critical reflection and rational discourse of these models demand mature cognitive development, which may not be present for the trafficked person.

Boyd and Myers (1988) psychoanalytical model based on a process of individuation, though less developed, may offer a better structure for learning after trauma. Considered a holistic approach by incorporating emotional and spiritual dimensions (Dirkx, 2006a), this process promotes the acquisition of self-knowledge through a process of discernment. Extra-rational sources such as symbols, images, and archetypes that access nonverbal neural connections are utilized in creating a personal vision or meaning of what it means to be human (Imel, 1998).

The three activities of discernment in the individuation process are receptivity, recognition, and grieving. Being receptive to receiving alternative meaning, and recognition that the message is authentic must take place before learning can occur (Boyd & Myers, 1988; Cranton, 1997; Dirkx, 2006b). Expanding on the psychoanalytical model of Boyd and Myers, Scott emphasizes the role of grief and loss in personal

transformation as the critical factory for transformative learning (Scott, 1997). Though this work may be difficult, Scott describes the motivation for learners as a longing that "comes as an unknown, and the soul continues to glimpse in the individuation process, a coming to be that is different than what came before" (p. 45).

Janik's (2005) neurobiological model supports this creative process for learning post trauma. Mentorship is central to Janik's theory; and its importance to effective learning is heavily supported by educational and neurobiological research (Imel, 1998; Kegan, 2009; Levine 2010). Utilizing Janik's (2004) definition of mentor as "model, interlocutor, interrogator, or imprinteur, but not teacher" (p.56), three main characteristics are discerned. First, the mentor leads by example, through demonstration of curiosity, self-awareness and discovery. Second, a mentor creates the proper environment for transformative learning to occur (Janik 2004, 2005). Cozolino & Sprokay (2006) describe this need for "a safe haven, emotional attunement and a scaffold to support the learning process" (p. 15) in order to maximize learning. Finally, a mentor guides self-discovery, as students connect with their inner rhythms for learning (Janik 2004, 2005). Proper performance of these three functions distinguishes a mentor from a teacher.

Without a perceptive shift from victim to survivor, the trafficked person is susceptible to revictimization (Ledray, Burgess, & Giardino, 2011). A difference in perception shifts a therapist or teacher from vicarious trauma to vicarious resilience (Hernandez, Engstrom, & Gangsei, 2010). By acknowledging the importance of perception on outcome, I seek to identify the perceptions of a resilient provider, as well as perceptual shifts that occur. Identification of perceptive shifts will be examined for reflections that align with various transformative learning theorists, including Boyd and

Myers (1988), Dirkx (2006a), Janik (2005), Kegan and Lahey (2009), Mezirow (1991), and Taylor (2008).

Postmodern feminist theories. Feminist theories are more diverse, and their applications perhaps even more widespread, than transformative learning theories. Theories have developed from what scholars refer to as the three waves of feminism (Hewitt, 2012). These waves of scholarly contributions coincide with political and social movements, and are introduced to provide the reader with foundational beliefs of various researchers used as references, in addition to clarification of my own theoretical framework for this thesis.

The first wave began in July 1848 at the Seneca Falls Women's Rights Convention, and ended in 1920, with the ratification of the 19th Amendment to the US Constitution (Hewitt, 2012). This movement of liberal feminism is based on the belief that men and women are the same. While liberal feminists believe the sexes are equal, circumstances do not give them equal opportunity for success; therefore, they work in legal and political arenas to provide equal rights and opportunities for women. (Tisdell, 1995)

The second wave began in the 1960s as scholars gave form to discourse within a growing movement of activism. In this environment of individuality, a movement within feminism focused on women's unique qualities, rather than similarities to men. In addition, women's diversity was acknowledged as important for the movement. This wave identified and developed movements within feminism, providing a more inclusive, as well as more structured platform for the voice of women. (Hewitt, 2012)

This study takes a postmodern, or poststructural approach, known as the third

wave of feminism beginning in the 1990s. From this view, the differences between the sexes are considered arbitrary and flexible. "Because poststructural theories tend to account for multiple systems of privilege and oppression and their intersections, along with people's capacity for agency or resistance, some forms of socialist feminism could also perhaps be classified as poststructural versus structural theories" (Tisdell, 1995, p. 61). The postmodern feminists divide between theories influenced by psychoanalysis, and those of a more social origin, such as black feminist thought.

Those with a psychological orientation suggest the importance of a woman finding her voice, or learning to distinguish between what she has been told is reality, and what she can come to know based on applying critical reasoning to her own life situation. "The process of coming to voice is developing the ability to verbalize what one truly believes, along with the ability to see oneself as a constructor of knowledge" (Tisdell, 1995, p. 64). By honoring the voice of the learner and collaborating for the construction of knowledge in supportive communities, these feminist theories are in alignment with the previously discussed Theory of Andragogy (Knowles, 1980), Social Learning Theory (Bandura, 1971), Social Development Theory (Vygotsky, 1978), and Situated Learning in Communities of Practice (Lave & Wenger, 1998).

The manner in which women construct knowledge is an important consideration for research and design in curricular development, as well as feminist theory. The building of relationships within converging data, rather than traditional linear, divergent research, is needed for inclusivity of design. Dalke, Grobstein, and McCormack (2006) suggest that rather than a distinction between induction from observations and deduction from postulates, knowledge is constructed by a reciprocal loop between the two.

Spiraling rather than linear movements created this feministic design. Although diverse theories are represented in feminism, Tisdell (1995) identifies recurring themes underlying feminist teaching strategies. These "involve how knowledge is constructed, voice, authority and dealing with difference (p. ix)."

The following passage from Bender (1995) best expresses my own observations on learning with adult females, both as an instructor and as a student. Particularly relevant for social learning, this is a clear statement on how I learn with my female friends:

Stories move in circles.

They don't go in straight lines. So it helps if you listen in circles.

There are stories inside of stories and stories between stories,

And finding your way through them is as easy or as hard as finding your way home.

And part of the finding is the getting lost.

And when you are lost, you start to look around and to listen.

Listening to others is at the core of postmodern analytical feministic theory; yet, many claim this approach, with its concept of safe space, is a design only appropriate for middle-class, white women (Tisdell, 1995). Cozolino and Sprokay (2006) support the need for a "safe haven" (p. 15), along with emotional attunement and scaffolding, in order for learning to occur. Rather than dismiss psychoanalytical approaches as appropriate for only white females, we should consider variations of this approach in other cultural context. Discovering what is perceived as a safe space for women of other cultures could advance designs with this approach in recovery environments.

Integrated framework. Collectively these learning theories serve as a framework

for this study with the unifying factor of humanistic psychology. The humanistic approach recognizes both internal self-regulating and external societal forces affecting behavior; thereby, supporting a holistic design. A postmodern feministic approach focuses on the building of agency (Tisdell, 1995), with psychoanalytical strategies that support an increase in self-efficacy (Benight & Bandura, 2004), and social learning experiences building a supportive community (Lave & Wenger, 1998) Evidence of multiple systems of knowing will be explored within the range of transformative learning theories, from rational analysis (Mezirow, 1978) to emotional, analytic methods (Boyd & Myers, 1988). In addition, Perry's (1981) theory for ethical development of college students is used to frame the perspective of potential instructional designers. Consistent with feminist theory, designers are encouraged to move beyond a dualistic framework to a more inclusive vision of multiplicity, relativism or commitment for ethical instructional design..

Role of protocol

This study serves as a pilot for the protocol with a service provider to allow for identification of process strengths and areas for improvement, as well as in protocol effectiveness. Larger studies may use this protocol to replicate the process, providing more representative samples and information to this growing field of research and service. More representative information can facilitate design and delivery of effective professional development for service providers working with trafficked persons.

Data collection procedures

Contact information for parties responsible for administration and supervision of research are clearly stated in all communications with the participant and potential

recruits for the study. The student researcher and adviser for this original study may be contacted with any questions in the future by email at the following addresses:

Janis Arlow, graduate student researcher, janis.arlow@gmail.com, and

Dr. Cheryl Beverly, research adviser, beverlcl@jmu.edu

Yin's (2013) four principles of data collection were utilized in design to establish construct validity and reliability of evidence. The principles are as follows:

- Multiple programs may be used for data triangulation seeking "converging lines of inquiry" (p. 120).
- A data base of interview transcriptions and field notes separate from the case studies report should be established to allow more complete analysis by other researchers and to significantly increase the reliability of this study.
- Any data retrieved from electronic sources is checked with informant for accuracy before publishing in a case study report.
- Chain of evidence is maintained and presented so that external observers may follow the two way pathway from literature review, case study questions, protocol topics, informant topic responses, findings from analysis, to the conclusion within the case study report.

Access to service providers comes from websites or promotional materials from organizations. Internal approval processes, such as internet forms and agreements may be necessary to gain access to providers. Care is taken to ensure that any added requirement will not influence analysis of the research. Informed consent is obtained from participants, after introducing the nature of the study in a letter of intent, requesting volunteerism to participate. An opportunity is provided on the signed consent for

expression of any participant concerns or precautions that are not included in the protocol design. This precaution gives another layer of protection to subjects; as well as allowing for design adaptability, so the case study can effectively meet its goals. Printed consent forms are stored in a locked safe accessible only to the researcher and advisor, and electronic copies are deleted upon receipt and printing.

Clarity of intent, careful planning of protocol and honesty in interactions protect the subjects from harm. All possible measures to protect the subject's privacy and confidentiality are taken; however, subjects are informed of risks associated with being selected from a small population. While all possible measures are taken to equally distribute philosophical backgrounds of the programs selected, limited options shift protection to the standard that no group is unfairly excluded from the research. No deception is used during this research.

Audio files are transcribed to an encrypted file on a password protected computer. Once a backup file is created the original recording is erased from the recording device. Until this time, the recording device is secured in a fireproof safe. The key to the safe remains with, and secured by, researcher at all times. Identification codes, used for labeling all recordings and transcripts in order to safeguard confidentiality, are recorded on a sheet of paper secured in researcher's safe, with a back-up hard copy in the advisor's locked safe, to offer maximum protection for the small number of participants.

Personal transcription of all audio files increases understanding. Wearing of headphones during this process prevents accidental exposure to anyone in the vicinity. All data analysis is done while working offline. Typed transcriptions are secured by encrypted files. Signed confidentiality forms stored in the advisor's locked safe are

destroyed at the end of the study. If a participant declines recording after a description of confidentiality safeguards, he or she is removed from the study to ensure accuracy of data. Any added technical or procedural security recommended by the IRB will be incorporated into data collection procedures to ensure maximum protection of participants.

Preparation for interview

The following resources are selected as the most valuable to support a balanced understanding of the perceptual influences of each of the four factors interacting in the recovery environment: trafficked person, service professional, program philosophy, and resources. Case study format is based on: Yin, R. (2013). *Case study research: Design and methods.* Washington D.C.: Sage Publication.

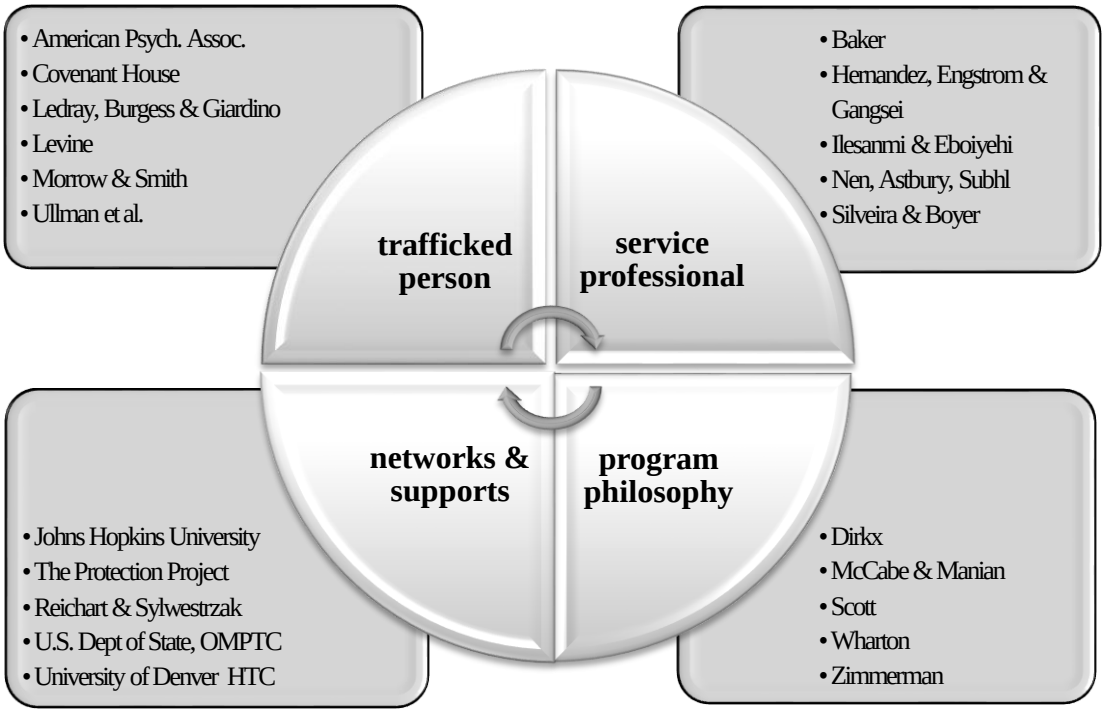


Figure 4: Resources for understanding perceptual influences

Resources for a trauma-informed practice:

American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Retrieved from U.S. Department of Veterans Affairs: http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp

Covenant House. (2013). *Homelessness, survival sex and human trafficking: As experience by the youth of Covenant House.* New York, NY. Retrieved from http://center.serve.org/nche/downloads/cov-hs-trafficking.pdf

Ledray, L., Burgess, A., & Giardino, A. (2011). *Medical response to adult sexual assault: A resource for clinicians and related professionals.* St. Louis, MO: STM Learning.

Levine, P. (2010). *In an unspoken voice.* Berkeley, CA: North Atlantic Books.

Morrow, S. L., & Smith, M. L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Counseling Psychology, 42*(1), 24-33. doi:10.1037/0022-0167.42.1.24

Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007). Structural models of the relations of assault severity, social support, avoidance coping, self-blame, and PTSD among sexual assault survivors. *Psychology of Women Quarterly, 31*, 23-37. doi:10.1111/j.1471-6402.2007.00328.x

Literature on vicarious trauma and resilience

Baker, A. A. (2012). Training the resilient psychotherapist: What graduate students need to now about vicarious traumatization. *Journal of Social, Behavioral, and Health Sciences, 6*(1), 1-12. doi:10.5590/JSBHS.2012.06.1.01%

Hernandez, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on

therapists: Vicarious resilience and related concepts in training. Journal of Systemic Therapies, 29(1), 67-83. doi:10.1521/jsyt.2010.29.1.67

Ilesanmi, O. O., & Eboiyehi, F. A. (2012). Sexual violence and vicarious trauma: A case study. *Gender & Behaviour, 10*(1), 4443-4469. Retrieved from http://eprints.covenantuniversity.edu.ng/2593/1/The%20roles%20of%20libraries.pdf

Nen, S., Astbury, J., SubhI, N., Alavi, K., Lukman, Z., Sarnon, N., . . . Mohamad, M. (2011). The impactof vicarious trauma on professionals involved in child sexual assault cases. *Pertanika Journal of Social Sciences and Humanities., 19*(s), 147-Í55. Retrieved from http://www.pertanika.upm.edu.my/Pertanika%20PAPERS/JSSH%20Vol.%2019%20%28S%29%20Oct.%202011/25%20Pg%20147-155.pdf

Silveira, F. S., & Boyer, W. (2014). Vicarious resilience in counselors of child and youth victims of interpersonal trauma. *Qualitative Health Research*, 1-14. doi:10.1177/1049732314552284

Literature sources for philosophical foundations in recovery programs

Dirkx, J. M. (2006). Engaging emotions in adult learning: A Jungian perspective on emotion and transformative learning. New Directions for Adult and Continuing Education, 109, 15-26. doi:10.1002/ace.204

McCabe, K., & Manian, S. (2010). *Sex trafficking: A global perspective.* Lanham, MD: Lexington Books.

Scott, S. M. (1997). The grieving soul in the transformation process. *New Directions for Adult and Continuing Education, 74*, 41-50. doi:10.1002/ace.7405

Wharton, R. L. (2010). A new paradigm for human trafficking: Shifting the focus from prostitution to exploitation in the trafficking victims protection act. *Wm & Mary J. of Women & Law, 16*(3), 753-780. Retrieved from http://scholarship.law.wm.edu/wmjowl/vol16/iss3/6/

Zimmerman, Y. (2013). *Other dreams of freedom: Religion, Sex, and Human Trafficking.* New York: Oxford.

Outside networks and resources relevant to recovery services

Johns Hopkins University. (2014). H*ome*. Retrieved from The Protection Project: http://www.protectionproject.org/

Reichert, J., & Sylwestrzak, A. (2013). *National survey of residential programs for victims of sex trafficking.* Chicago: The Illinois Criminal Justice Information Authority. Retrieved from http://www.icjia.state.il.us/assets/pdf/ResearchReports/NSRHVST_101813.pdf

The Protection Project. (2013). *The TVPA in 5 colors.* Baltimore, MD: Johns Hopkins University Press. Retrieved from http://www.protectionproject.org/wp-content/uploads/2013/06/TVPA-in-5-Colors_2013_FINAL.pdf

U.S. Department of State, OMCTP. (2014). *Trafficking in persons report.* Washington, D.C.: U.S. GPO. Retrieved from http://www.state.gov/j/tip/rls/tiprpt/2014

Unversity of Denver. (2014). *HTC Who Are We*. Retrieved from Human Trafficking Center: http://humantraffickingcenter.org/who-we-are

Preparing participants for the interview

An interview is scheduled at the service provider's convenience to provide flexibility and a sense of control for participants. Interview procedures follow a basic

guide provided by Kee and Browning (2013) for students learning this qualitative research skill. Building of trust begins before the interview and continues throughout the following steps:

- Interviewee is reminded of the risk involved in being selected from a small population and advised to consider that risk with each response.
- Intent of interview is clarified, with an opportunity to empower interviewee by inviting a question at the beginning of the call.
- Actions are clearly stated by interviewer, as being taken. For example: "I am now turning on the recording device."
- Verbal consent is obtained by a response to the statement, "*Name*, you are now on speaker phone and being recorded, can you hear me alright?"
- A general biography question is given to engage participant with ease.
- Biographies are used to customize the remaining questions in the interview. Other personal questions directed at more emotional content are reserved for the end, in order to allow a continued deepening of trust.
- An opportunity for free-flow narrative is provided at the end of the interview to create other themes to emerge.
- The participant is offered the opportunity to participate in an article for publication, in order to conclude with the same trust that has been created throughout the entire process. (pp. 17-22)

Data collection questions

The following questions were derived from information collected for the literature review.

Networks and resources

1.1 Please explain how government, non-profit, and/or private resources are utilized in order to provide financial, educational, or affective support for your efforts.

1.2 How do you perceive the benefits and negative consequences of association with any group providing resources utilized by your program?

1.3 How did your participation in previous professional educational programs prepare you for your work with sex trafficked persons?

1.4 What educational efforts do you think could improve future service provider's success in working with trafficked persons?

Program's philosophical foundations

2.1 Recall one or more "aha" learning moments for you while working with a survivor in the program that impressed you as transformational and describe, with as much detail as memory allows, this experience and what that moment meant to you?

2.2 Grassroots, religious and feministic efforts are the primary driving forces behind recovery efforts for victims of sex trafficking. Which of these is the primary force driving your program and how is that conveyed in the services offered?

2.3 I am going to ask you to describe two interactions with trafficked persons regarding the philosophical orientation of your program just described. First, please tell me of a situation where this orientation drove behavior with a favorable outcome for the trafficked person.

2.4 For the second interaction, please describe a situation where the philosophical foundation created an issue or problem with or for the trafficked person.

Trafficked person

3.1 The Human Trafficking Center calls for victim-centered, trauma-informed recovery services. Describe ways in which you perceive your program's design and operations meet this criteria?

3.2 What are improvements you believe could be made to your program in order to meet these guidelines?

3.3 Describe as many actions, as you can recall, taken within your program to build survivor agency for revictimization prevention?

3.4 How does your program define, track and evaluate successful reintegration of survivors?

Service provider

4.1 Sharing only details which you are comfortable revealing to me, what was your primary motivation for initiating and continuing your work with sex trafficked persons, including ways or events that may have altered your drive with either a positive or negative impact.

4.2 Literature describes therapists and educators experiencing trauma vicariously through their work with traumatized populations. Please share with me any moments where you experienced feelings of either trauma and/or deep inspirations from your work with trafficked persons, and ways in which you, or the program, dealt with these feelings.

4.3 How has your organization used mentorships for providers, volunteers, or survivors? Include experienced or witnessed interactions between mentor and mentee that help reflect mentoring relationship usage, benefits or challenges.

4.4 Interdisciplinary, multidisciplinary, and transdisciplinary teams help protect the interest of the trafficked person. Describe team organization within your program and the benefits or challenges this structure presents the service provider.

Guide for the case study report

Assemblage of this report was a two-step process. The first three chapters, with literature review, defined methodology, and bibliography were completed in order to create the protocol design. The first two chapters will be published as part of my portfolio at http://janisarlow.weebly.com/thesis.html, following final approval from my committee, and acceptance by the graduate school. This is being done in order to make resources collected in the literature review available to persons interested in sex trafficking in a timely manner. My complete study is reported in my thesis for the College of Education, Department of Learning, Technology and Leadership Education at James Madison University.

Reporting from the case study was done within the themes derived from the literature review, with consideration of themes emerging in analysis. This style of report allows the reader easier navigation to specific topics of interest in the range of themes examined within this holistic view (Yin, 2013, p. 185). Other elements in the design and development of this research to be considered for future reports include timing, an audiences' need for the report, compositional structure, and purpose of the study (Yin, 2013, pp. 179-190). While this exploratory study utilizes a linear-analytic compositional structure, future research may shift in purpose to explanatory or descriptive, which may be better served by other compositional structures (p. 187). Yin sets higher standards for

case studies. To be exemplary, a case study must be significant, be complete, consider alternative perspectives, display sufficient evidence, and be composed in an engaging manner. (pp. 200-206) To the degree that this small study could meet that criteria, I sought an exemplary design for this pilot case study.

After acceptance by the Graduate School, a thank you letter was sent to the participant to inform her of availability of the final report and to negotiate for future publication. At this time the participant has the option for the right to read and approve any data analysis relevant to her interview for journal publication, or the right to co-author an article for publication. I chose a co-authorship option to continue my effort to give voice to service providers.

Appendix B: Letter of Intent

December 7, 2015

Dr. Louise Sheppard
Blue Skies
Over the Horizon
New Hope, HI 24549

Dear Dr. Sheppard:

Many of my twenty years as a massage therapist were spent in a shared professional community of psychiatrists, psychotherapists, and counselors working with adult survivors of sexual abuse. While I felt unprepared in the beginning to work with this vulnerable population, I was fortunate to be supported by mental health professionals that helped my growth in this service. In 2010, the "Not in my Name" campaign, launched by the Chicago chapter of the AMTA in order to increase awareness of sex trafficking and its link to legitimate massage therapy practices, reignited my interest in work with survivors of sexual abuse. While training as an Emergency Medical Responder in a college city, I was shocked and dismayed to learn that no one in our emergency services had received training for assisting sexual assault victims.

As an education major training in instructional design, I am interested in creating materials for professionals serving persons recovered from sex crimes associated with human trafficking. I decided that the few exceptional early programs that perceived themselves as successful in the prevention of revictimization would provide the best data on the internal and external environments that would allow providers to serve this

population over time. I am currently conducting interviews with professionals offering services for the reintegration of sex-trafficked survivors with the hope of accessing information that will help clarify the current environment and identify challenges and supports for service providers.

Participation in this research will take one to two hours of your time. With sex trafficking recovery work in an infantile stage, this multiple case study seeks exploratory data to guide future research and practice. As a pioneer in the field, you will be contributing to the future quality of service being offered to survivors of human trafficking sex crimes. While studies are being undertaken to address external resource limitations, this study hopes to reveal internal resources and supports for survivor and provider success.

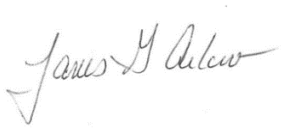
In addition, I hope to contribute to the shifting societal view of a trafficked person from victim to reintegrated survivor by sharing the first three chapters of my study on my on-line educational portfolio. Any intent for publication of my research beyond that of my thesis by The Graduate School at James Madison University will be negotiated with you as a participant after committee approval. A de-identified data base of transcripts will be kept for future research in the field to add reliability to this study. The greatest risks from your involvement arises from possible identification due to the limited number of programs offered at present; while your input could enhance opportunities for yourself and your colleagues.

Though you were chosen due to your perceived success, your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time before data analysis has begun without

consequences of any kind. However, once your interview is recorded and transcribed, you will not be able to withdraw from the study. In order to ensure accuracy, transcriptions of the interview will be sent to you for review by February 28, 2016.

Due to the limited number of successful programs, your input would be extremely beneficial at this time. If you are willing to participate, you may respond to arlowjg@dukes.jmu.edu with your name, phone number and best time for contact. I will be in touch to set up an interview time. In the meantime, please download the attached informed consent form, sign, scan and return by encrypted email. Encryption of email is a simple process that will support your confidentiality for our research. Feel free to contact me by email or phone 540-555-5555, should you have questions about this process or other concerns about this study. Thank you for your time.

Sincerely,



Janis G. Arlow

Graduate student, College of Education,

James Madison University

Appendix C: Informed Consent

This study has been approved by the Internal Review Board at James Madison University: protocol No. 16-0056.

Research Procedures

This study consists of a phone interview in which I will be asked to provide answers to a series of questions related to my professional service to the prevention of revictimization of sex trafficking victims. Topic to be covered include the philosophical orientation of my program; personal motivations; professional background; efforts in victim-centered, trauma-informed recovery; vicarious trauma and resilience; resources and networks utilized; learning events with mentorship or transformative learning that build agency, prevent revictimization and support reintegration.

Time, Risks & Benefits

The investigator, Janis Arlow, has informed me of the one to two hours required for an interview and possible risks and benefits associated with this research in an introductory letter dated December 7, 2015..

Confidentiality

I understand my phone interview will be recorded to digital audio files, transcribed at a private location, and secured by Windows Encrypting File System (EFS). The results of this project will be coded in such a way that my identity will not be attached to the final form of this study. The only record of my name in this study will be on the signed informed consent, which will be stored in a locked safe accessible only to the researcher and destroyed at the end of the study. A database of de-identified interviews will be kept for future research efforts.

Participation & Withdrawal

My participation is entirely voluntary. I am free to choose not to participate. Should I choose to participate, I can withdraw at any time before transcription without consequences.

Questions about the Study		**Questions about Your Rights as a Research Subject**
If you have questions or concerns during or after the time of your participation in this study, please contact:		*Please contact:*
Janis Arlow College of Education JMU (540) 560-5215 arlowjg@dukes.jmu.edu	Dr. Cheryl Beverly College of Education JMU (540) 568-6262 beverlcl@jmu.edu	Dr. David Cockley Chair, IRB James Madison University (540) 568-2834 cocklede@jmu.edu

Giving of Consent

I have read the letter dated December 7, 2015, along with this consent form. I understand what is being requested of me as a participant in this study. I freely consent to participate. I certify that I am at least 18 years of age. By signing and returning this form to beverlcl@jmu.edu, I am consenting to participate in this research.

_____ _____

Name of Research Subject Date

I have stated any concerns or precautions that I have regarding protocol design below (or linked to an attachment if more space is needed). I *would / would not* (please circle one) like to discuss this with the researcher before our scheduled interview.

Appendix D: Letter of Appreciation

March 22, 2016

Dr. Louise Sheppard
Blue Skies
Over the Horizon
New Hope, HI 24549

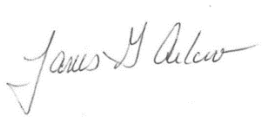
Dear Dr. Sheppard.:

Thank you so much for your participation in my research. Your pioneering work in this developing field brought valuable insights that could not have been recognized without your efforts. I hope that our time spent on this project will offer other service providers guidelines in developing and sustaining client-centered, trauma-informed recovery programs for survivors.

As programs are developed and funding becomes available, a clear understanding of the current problem, the needs of professionals working within this environment, and recognition of effective efforts to address these issues are critically important. Your time addressing questions to add to this knowledge will support other's understanding of these issues.

Again, thank you for your time.

Sincerely,



Janis G. Arlow,

Graduate student, College of Education

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