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# "Sometimes, Somebody Just Needs Somebody – Anybody – to Care:" The power of interpersonal relationships in the lives of domestic minor sex trafficking survivors

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ABSTRACT

Domestic minor sex trafficking (DMST) is the recruitment, harboring, transportation, provision, or obtaining of U.S. minors for the purposes of a commercial sex act. DMST victims and survivors often become involved with state-level systems including the child welfare and/or juvenile justice systems. This study presents exploratory qualitative findings regarding the role of interpersonal relationships in the lives of system-involved DMST survivors from the perspectives of DMST survivors. Results indicate survivors perceive interpersonal relationships as key to promoting risk, providing protection, and fostering resiliency over DMST. Findings from the current study not only provide a context for understanding the role of interpersonal relationships in the lives of DMST survivors but also point to directions for development of interventions targeted toward this population.

## 1. Introduction

Domestic minor sex trafficking (DMST) is the recruitment, harboring, transportation, provision, or obtaining of U.S. minors for the purposes of a commercial sex act (Trafficking Victims Protection Act [P.L. 106–386]). DMST also includes a person's exchange or acceptance of sex acts as a means of meeting basic needs, also termed *survival sex* (e.g., sex in exchange for food or shelter; Adelson, 2008). Due to a lack of parental supervision and the illegal acts inherent in the crime, DMST victims and survivors have a higher chance of becoming involved in state-level systems (e.g., the child welfare and/or juvenile justice systems; Fong & Berger-Cardoso, 2010; Jordan, Patel, & Rapp, 2013; Stransky & Finkelhor, 2008). Similarly, known risk factors for DMST include both childhood abuse and delinquent activities such as drug use, running away, fighting, and gang activity (Lutnik, 2016; Watson & Edelman, 2012). At the same time, researchers and clinicians are unclear about what would foster resiliency among these children, thereby reducing their risk of future or ongoing DMST victimization. Interpersonal relationships have been identified as both a risk and protective factor for a number of risky adolescent behaviors including early sexual relationships, delinquency, and drug use (Boyden & Mann, 2005; Fraser, Galinsky, & Richman, 1999; Tusaie & Dyer, 2004). It remains unclear if interpersonal relationships play a similar role for system-involved victims and survivors of DMST.

### 1.1. Domestic minor sex trafficking in the United States

DMST is one of the most hidden forms of child abuse in the United States (Clawson & Goldblatt Grace, 2007; Kotrla, 2010). DMST traffickers are motivated to keep their criminal acts concealed and- if caught- are often prosecuted for crimes parralell to trafficking

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such as pimping (Lutnik, 2016). Thus, only scant research exists about traffickers and other exploiters who contribute to the perpetration of this crime (Lutnik, 2016; Schauer & Wheaton, 2006). Similarly, DMST victims are a hidden population made up of children who might not wish to be identified, such as runaways or those who suffer from addictions (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009). For these reasons, the research methods typically used for investigating prevalence and incidence are not useful when attempting to establish the scope of DMST (Smith, Vardaman, & Snow, 2009). The true incidence and prevalence of DMST is unknown (Lutnik, 2016; Stransky & Finkelhor, 2008).

Among DMST victims, the lack of parental supervision and the illegal nature of their activities is likely to bring these young victims to the attention of authorities. Thus, survivors of DMST become clients in the public child welfare system (Clawson & Goldblatt Grace, 2007; Fong & Berger-Cardoso, 2010) and/or the juvenile justice system (Jordan et al., 2013; Stransky & Finkelhor, 2008). New federal and state legislation recognizes the importance of identifying and providing services to system-involved DMST survivors, and requires that states identify and provide services for all children who are either at risk for being sex trafficked or are survivors of DMST (e.g., the Preventing Sex Trafficking & Strengthening Families Act [P.L. 113–183], Trafficking Victims Protection Act [P.L. 106–386], and state-level Safe Harbor laws [Polaris Project, 2015]). Although this legislation is important, little is known about the lives and vulnerabilities of system-involved DMST survivors, which hinders attempts toward prevention and care (Brittle, 2008; Fong & Berger-Cardoso, 2010; Lutnik, 2016).

### 1.2. Risk factors, protective factors, and resiliency

Studies have determined important risk and protective factors associated with resiliency among populations of at-risk youth (e.g., foster youth), but have yet to determine if these factors are similar to- or unique from- those fost DMST. Distinguishing DMST-specific risk and protective factors would provide a beneficial focus for DMST victim and survivor identification, as well as for treatment protocols (Hamby, Grych, & Banyard, 2017). Accordingly, an urgent need exists for evidence to guide the development of identification strategies for system-involved DMST victims/survivors and those at risk of DMST victimization to address this public health problem and aid in primary prevention efforts.

To this end, the risk and resiliency framework is valuable for understanding individual and environmental risks, protections, and the subsequent likelihood of demonstrating resiliency over childhood adversities, including sexual exploitation (Fraser et al., 1999). Individual and environmental risk factors, as well as individual risk-related life events (e.g., death of a parent), are likely to influence a survivor's sense of agency and future outcomes (Fraser et al., 1999; Tusaie & Dyer, 2004). Similar to risk factors, protective factors also help predict future outcomes by either modifying risk or moderating the relationships among risk factors (Fraser et al., 1999; Ungar, 2003). Put another way, an individual's likelihood of demonstrating resiliency when faced with unsafe or illegal activities (including DMST) can be either hindered by risk factors or promoted by protective factors (Boyden & Mann, 2005; Fraser et al., 1999; Tusaie & Dyer, 2004). Moreover, the terms *resilience* and *resiliency* refer to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and/or avoiding the negative trajectories associated with risk (Bonanno, 2004; Fergus & Zimmerman, 2005). Negative trajectories associated with risk could be initial, renewed, or ongoing risky activities that can contribute to future risk (Fergus & Zimmerman, 2005).

#### 1.2.1. Risk

Risk can exist in multiple areas of a young person's life. A child can encounter risk factors within their community, their family, or themselves (e.g., low self-esteem, poor self-soothing; Fraser et al., 1999). Risk factors are often interconnected such that youth who experience risk (e.g., physical maltreatment) are more likely to experience additional risk (e.g., sexual maltreatment) (Finkelhor, Turner, Ormrod, & Hamby, 2009; Hamby et al., 2017). In addition, risks factors are additive meaning that the more risk factors present in a person's life, the greater the person's need for resiliency to overcome hurdles and adverse situations (Hamby et al., 2018). Children and youth living in environments where they are exposed to sexual exploitation might perceive such behavior as normalized or even encouraged by family members and friends. In turn, such children may develop internal beliefs that DMST is a primary means to meet their basic needs, and that other nethods of attaining/maintaining their basic needs do not exist or are otherwise unattainable. This example exemplifies multiple areas of DMST-related risk because there are risk factors at the community, family, and individual levels. Similarly, there may be a cumulative effect of these risk factors. Specifically, if a child or youth were to address one of these risk factors (e.g., self-esteem), she or he would continue to have two other areas of risk to overcome (e.g., community and family). Both additive risk and multiple areas of risk are likely to increase the overall risk of DMST engagement.

In the literature, risk factors have been used to predict diverse youth problems, including substance abuse, violence, delinquency, school drop out, and teen pregnancy (Coleman & Hagell, 2007; Fraser et al., 1999). Extant research seems to indicate that there are many overlapping risk factors for violent behaviors among youth (Finkelhor et al., 2009; Hamby et al., 2018). However, it remains unclear if there are any specific DMST-related risk factors, or if risk factors for DMST are similar to risk factors for other forms of youth violence. Risks factors that have been associated with DMST include the adolescents' age, history of child maltreatment by a caregiver, involvement in the child welfare system, and low socioeconomic status (Estes & Weiner, 2002; National Clearinghouse on Families & Youth [NCFY], 2005). Frequent incidents of running away have also been associated with DMST (e.g., Biehal & Wade, 2000; O'Brien, White, & Rizo, 2017; Tyler, Whitbeck, Hoyt, & Cauce, 2004).

#### 1.2.2. Protective factors

Protective factors buffer exposure to risk (Boyden & Mann, 2005; Fraser et al., 1999; Tusaie & Dyer, 2004). Similar to risk factors, protective factors can be individual characteristics (e.g., IQ, temperament), family factors (e.g., parental warmth), or extrafamilial

conditions (e.g., supportive friends, supportive school; Fergus & Zimmerman, 2005; McLoyd, 1998). Also similar to other areas of risk and resilience research, little research has examined protective factors among adolescents at risk for DMST. Indeed, protective factors are often described as the absence of risk as opposed to unique factors that predict better adjustment and bolster resiliency among youth who have experienced hardship and adversity (Hamby et al., 2017; Masten & Tellegen, 2012). Some researchers have suggested that DMST-related protective factors are similar to protective factors for adolescent delinquency (NCFY, 2005), including warm caregiver relationships, positive friendships, high IQ, easy-going temperament, and positive community environment (Estes & Weiner, 2002; Finkelhor & Ormrod, 2004; NCFY, 2005).

#### *1.2.3. Resilience*

Though specific definitions for resilience differ, most researchers agree that resilience requires exposure to an adverse and/or traumatic event, and evidence of healthy functioning following this event (Fraser et al., 1999; Hamby et al., 2017; Ungar, 2003). Demonstrating resiliency over an adverse event (or conversely, failure to demonstrate such resiliency) contributes to future risk and protective factors (Fergus & Zimmerman, 2005). Importantly, resilience is not a static trait, but one defined by fluctuations and interactions across contexts, populations, risks, protective factors, and outcomes (Fergus & Zimmerman, 2005). For example, an adolescent might be resilient after experiencing one adverse event but fail to demonstrate resiliency over other another adverse event. Some adolescents at risk for DMST might demonstrate resiliency over the negative effects of sexual activity portrayed in the media (i.e., a potential risk factor for DMST) because they have supportive families. However, some of these same adolescents might be less successful in overcoming the effects of living in community poverty, which is another DMST risk factor. In this example, the risks of living in community poverty might require more than family support alone to overcome. Taken together, the extant research shows that an understanding of the relationships among risk and protective factors is necessary to an overall understanding of adolescent resiliency as well as to the specific understanding of the child welfare-involved youth's resilience to DMST (Fergus & Zimmerman, 2005; Hamby et al., 2017).

### *1.3. Interpersonal relationship*

The term *interpersonal relationship* is defined as "a strong, deep, or close association or acquaintance between two or more people that may range in duration from brief to enduring" (Linehan, 1993, p. 152). Interpersonal relationships include primary caregiver relationships, familial relationships (e.g., a parent, aunt, uncle, or grandparent), or extrafamilial relationships (e.g., a coach, teacher, or spiritual advisor; Fergus & Zimmerman, 2005; McLoyd, 1998). Previous literature has identified interpersonal relationships as both risk and protective factors for sexual abuse, substance use, and delinquency among adolescents (Boyden & Mann, 2005; Fraser et al., 1999; Tusaie & Dyer, 2004). Specifically, previous researchers have explored the ways in which interpersonal relationships mediate the relationships between risk factors and resilience over varied adversity, regardless of social and cultural context (Boyden & Mann, 2005; Fraser et al., 1999; Tusaie & Dyer, 2004). However, the role that interpersonal relationships play for system-involved DMST survivors remains unclear.

## 2. Current study

Risk and protective factors are not necessarily equal indicators for DMST survivor identification. For example, having similar risk and protective factors does not necessarily mean that all children with these factors will be involved in DMST. However, evidence underscores the critical importance of understanding risk and protective factors as well as methods of fostering resiliency among system-involved DMST victims and survivors. Previous literature has suggested that interpersonal relationships are salient to the risks, protections, and resiliency associated with DMST victimization among system-involved DMST victims and survivors (Boyden & Mann, 2005; Bounds, Julion, & Delaney, 2015; Fergus & Zimmerman, 2005). Further, interpersonal relationships can change over time as a function of structural, social, and cultural factors. Knowledge of the role of interpersonal relationships in the lives of DMST victims and survivors can help guide future service delivery, as well as the development of best-practice protocols for identifying system-involved DMST survivors.

To address this critical knowledge gap, an exploratory qualitative study was conducted with DMST survivors to investigate the role of interpersonal relationships in the lives of system-involved DMST survivors. The existing knowledge base related to DMST is limited—particularly knowledge regarding system-involved DMST survivors. Qualitative research is often used as a first step in understanding complex phenomena with limited extant data (Padgett, 2008; Patton, 2002). The current study was guided by a broad research question intended to help discover all relevant interpersonal experiences related to childhood sexual exploitation: *What is the role of interpersonal relationship in the lives of DMST survivors?* The risk and resilience framework was applied to this broad question to explore participants' perspectives on how those relationships created risk, were protective, and/or fostered resiliency.

## 3. Method

### *3.1. Participants*

Qualitative data were collected from 13 DMST survivors. Study inclusion criteria for survivors included that the individuals must self-identify as (a) a U.S. citizen at the time of her or his sex trafficking experience; (b) younger than 18 years at the time of her or his sex trafficking experience; and (c) fluent in written and spoken English. In addition, to help ensure participant safety, participants had

to self-identify as (a) currently living/residing in a safe location, free from harm; (b) free from any trafficking situation; and (c) have no open court/legal cases related to their trafficking experiences. Equally important, individuals *did not* have to self-identify as sex trafficking survivors to participate in the current study. Instead, individuals simply had to affirm that they had engaged in sex or a sexual act for goods, service, drugs, or money prior to age 18 years. Additionally, study inclusion did not require contact with the child welfare system or juvenile justice system because survivors might have had only brief contact with child welfare services (e.g., CPS came to the house, but a case was not opened) or the juvenile justice system (e.g., brief encounters with police at schools or malls), and therefore, did not consider themselves to be "involved" in the state or local-level systems. Despite their limited system involvement, such survivors would likely have valuable input on ways these systems could be more effective or helpful to DMST victims and survivors.

Survivor recruitment was conducted through child welfare staff and human trafficking service providers who had connections with survivors, and felt that the survivor with whom they had worked might be interested in study participation. Recruitment was also conducted through DMST-survivor peer advocates, who are DMST survivors currently working to advocate for the needs of DMST survivors. DMST-survivor peer advocates (hereafter, *peer advocates*) engage in public speaking about their trafficking experience, have written books about their recovery process, or engage in policy advocacy using their own trafficking experiences as compelling case examples. In addition to aiding in study recruitment, peer advocates were also eligible for study participation.

Study eligibility checklists and study fact sheets were given to service providers and peer advocates who offered to help locate survivor participants. Study eligibility checklists were created to help service providers and advocates mindfully choose potential study participants, and included information about each of the study's survivor inclusion criteria. If a potential survivor participant was interested in learning more about the study, the service provider or advocate could provide a copy of the study fact sheet. The PI's study-specific e-mail and phone number were provided on fact sheets, and interested survivor participants were instructed to contact the PI directly to indicate their interest in study participation. All contact with potential participants was initiated by the potential participant. In no case did the PI intiate contact with any survivor participant.

Research has suggested that trafficking survivors might not feel comfortable discussing trafficking, even in a depersonalized way, with individuals they do not know well (Kotrla, 2010). After the first interview was completed, to ensure that this research yielded rich details regarding survivor perspectives on risk factors, protective factors, and identification practices, participants were asked if they would be willing to complete a second interview. The second interview was conducted 3–4 weeks after the initial interviews were completed. Notably, all 13 survivor participants chose to complete a second interview.

### 3.2. Data collection procedures

Qualitative data were collected from 13 DMST survivors through individual interviews conducted by the PI. Interviews lasted from 1.5 to 2 h ($M$ = 105.32 min, $SD$ = 16.76 min). Interviews were held in person, via video (e.g., Skype), and/or via phone in private spaces designated as comfortable by participants (i.e., a location familiar to participants). To ease the burden of study participation, survivor participants were provided several supports for each round of interviews, including bottled water; a small snack; child care (if applicable); transportation reimbursement (if applicable); and a $30 gift card in appreciation of their time. Immediately preceding all interviews, the PI obtained participants' oral informed consent to perform the interview and to digitally record the interview. All procedures were approved and conducted under the guidance of The University of North Carolina-Chapel Hill Institutional Review Board.

The in-depth individual interviews were conducted using a semi-structured interview guide consisting of open-ended questions and follow-up probes. The interview guide was developed by the research team and informed by the extant literature (Patton, 2002). Interview questions allowed for a wide range of responses and encouraged respondents to generate novel themes (Patton, 2002). Example interview questions include: (1) What are some things that might put a child at a greater risk of exchanging sex and/or a sexual act for goods, services, drugs or money?; and (2) What are some areas, issues, and/or systems that are critically important in helping children and youth so that they do not feel as though they need to trade sex? Follow-up probes were used in conjunction with these questions to encourage depth of response. An example prompt to the aforementioned questions might be: (1) Tell me more about the time order of these items- is there an age when the risk is greatest?; and (2) Are these areas, issues, and/or systems you just mentioned stronger when they work at the same time, or when they act independently?

The interview guide for the first and second interview included the same questions; however, follow-up prompts were changed to elicit new details from participants. These prompts were meant to further explore common themes. For example, while many people mentioned relationships during their first interview, prompts for the second interviews were targeted at futher exploring further details of relationships including the longevity, transitions, context, age, and time-order. All interviews were digitally recorded, and the digital files were transcribed verbatim and reviewed for accuracy by members of the research team not present at the interview. Digital files were stored on a password-protected computer within a password-protected file. Following transcription, all digital files were deleted.

### 3.3. Assessments and measures

To complement the qualitative interview data, participants were asked to complete a demographic survey. To ensure all participants could participate equally without regard to literacy, disability, or education status, participants could choose to complete the measures as self-report questionnaires or through oral interviews.

#### 3.3.1. Demographic survey

A 10-item survey was developed to collect general demographic data from all research participants; data collected included age, race, gender identity, biological sex, relationship status, employment, and education.

All participants were free to skip over any questions they felt uncomfortable answering. Although the surveys largely consisted of close-ended, multiple-choice questions, some open-ended questions were included to provide opportunity for expanded responses and clarification (e.g., "other:___"). The self-report surveys were completed confidentially.

### 3.4. Data analysis

Qualitative content analysis was used for all qualitative data analysis. An inductive approach to content analysis was used because prior knowledge regarding the phenomenon of interest under investigation (e.g., DMST) is limited or fragmented (Cho & Lee, 2014; Elo & Kyngäs, 2008).

After initial data collection was completed (i.e., the completion of all Round 1 interviews), transcriptions of the interview data were imported into ATLAS.ti (version 8.0; Mühr & Friese, 2004). An open-coding approach was used to form preliminary codes through reviewing transcripts from three survivor interviews. The risk and resiliency framework helped shape initial category development, including time-order trajectories such that risk and protective factors preceeded resiliency. Themes were drawn directly from the data (Elo & Kyngäs, 2008; Mayring, 2000; Padgett, 2008). All representative transcripts were independently coded by two coders. Initial codes were revised and additional categories were created through a series of meetings and mutual discussions between coders (Cho & Lee, 2014). Once the preliminary codebook was complete, two consultants, who were expert service providers, independently reviewed the coding scheme to ensure major themes and constructs of interest were appropriately represented.

Following the preliminary coding plan, two research team members independently reviewed each interview transcript to examine and revise the codes in the context of the data. Coding discrepancies among the team were resolved through mutual discussion and agreement. Patterns were identified and the analysts implemented constant comparison procedures by comparing and contrasting existing themes with the themes generated from each analysis (Glaser & Strauss, 1967). In addition, regular debriefing and consultation among research team members helped guard against research bias. Successive reviews refined the definitions of existing codes, which prompted hierarchical sorting of codes, as well as code additions and deletions (Glaser & Strauss, 1967; Padgett, 2008; Patton, 2002). Understood connotations and category development informed the follow-up prompts used in second round interviews with survivors, which were subsequently coded using the same methods described above.

Methods to enhance the rigor of the research included obtaining (1) consultation from expert service providers, (2) obtaining feedback from research experts on the semi-structured interview guide, (3) the use of detailed case notes capturing nonverbal participant cues, and (4) member checking (Padgett, 2008). Demographic data were aggregated using SPSS and used to describe the participant population.

**Table 1**
Survivor Characteristics.

| Characteristics | Survivor $N = 13$ % ($n$) |
|---|---|
| Race | |
| Non-White | 23.1 (3) |
| White | 76.9 (10) |
| Education | |
| Completed high school/GED | 23.1 (3) |
| Completed college/technical school | 53.8 (7) |
| Completed graduate school | 23.1 (3) |
| Employment | |
| Full-time employment | 46.2 (6) |
| Part-time employment | 38.5 (5) |
| Homemaker | 7.7 (1) |
| Unemployed | 7.7 (1) |
| Health insurance | |
| No health insurance/self-pay | 7.7 (1) |
| Medicaid/Government insurance | 38.5 (5) |
| Private insurance | 53.8 (7) |
| Relationship Status | |
| Single | 53.8 (7) |
| Married | 30.8 (4) |
| Divorced | 15.4 (2) |

## 4. Results

### 4.1. Sample characteristics

All sample demographic characteristics are reported in Table 1. Survivor participants ranged in age from 29 to 66 years ($M = 40.8$, $SD = 10.2$). Almost all survivor participants were recruited via peer network ($n = 11$; 84.6%). The majority of survivor participants self-identified as White ($n = 10$; 76.9%), with 23.1% ($n = 3$) self-identifying as non-White/multi-racial. Although gender and sex data were collected, there was minimal diversity and those data are not reported to reduce the risk of deductive disclosure. All survivor participants either had contact with the child welfare system ($n = 4$; 30.8%), the juvenile justice system ($n = 1$; 7.7%), or both ($n = 8$; 61.5%). The study sample of DMST survivors was highly educated. All participants had received a high school degree or its equivalent, a majority of survivor participants ($n = 7$; 53.8%) indicated they had completed college or obtained a technical school degree, and a few had completed graduate school ($n = 3$; 23.1%). More than 80% of participants ($n = 11$; 84.6%) were employed full- or part-time. The remaining 15.4% ($n = 2$) of survivor participants were unemployed or self-identified as a full-time homemaker. Most participants carried some form of health insurance ($n = 11$; 84.6%).

### 4.2. Qualitative findings

Using the risk and resiliency framework to guide the analysis of the individual interviews with DMST survivors, three overarching themes emerged regarding interpersonal relationships: (a) Interpersonal relationship as a risk factor; (2) Interpersonal relationship as a protective factor; and (3) Interpersonal relationship as fostering resiliency. Themes are presented in time order. Specifically, quotes in each theme reflect the trajectory of risk involved in DMST victimization. That is, interpersonal relationships that foster risk and protective factors, which in turn, lead to subsequent interpersonal relationships that foster resiliency.

As opposed to offering specific numbers of participants, terms such as "many" or "few" are used to denote varying degrees of participant endorsement on a particular theme or sentiment. These terms were chosen because providing specific numbers of individuals who endorsed each theme could be misleading. For example, just because a participant did not specifically mention a concept does not necessarily mean that the participant would not agree with or endorse the concept more generally. Rather, the absence is an indication that the concept did not arise organically from the semi-structured interview. In this manuscript, the term *many* denotes more than three quarters ($> 75\%$) of participants endorsed that particular theme or sentiment, and the term *most* is used to denote that more than half ($> 50\%$) of participants endorsed the theme or sentiment. In contrast, the term *some* indicates that less than half ($< 50\%$) of participants endorsed the theme or sentiment, and the term *few* is used to denote that less than one quarter ($< 25\%$) of participants endorsed the theme or sentiment.

### 4.3. Theme 1: interpersonal relationship as a risk factor

The theme of interpersonal relationship as a risk factor was characterized by participants' discussions of the ways interpersonal relationship can contribute to a child's vulnerability to DMST victimization. Any interpersonal relationships that contributed to risk were included in this theme, with respondents discussing relationships with parents, siblings, mentors, religious leaders, and peers.

#### 4.3.1. Survivors

All survivors noted that negative interpersonal relationships with primary caregivers were an important risk factor for sexual exploitation, and particularly DMST. For most survivors, negative interpersonal relationships with primary caregivers were characterized by physical and/or sexual abuse. In a sentiment echoed by many, one survivor stated,

> Any kind of physical or sexual abuse puts a child at risk. Particularly sexual abuse where they're feeling like, "This is what I am here for." In my case, it was "This is what I am alive for. This is my lot in life." I didn't think I was useful for anything else.

A few participants reported that early childhood sexual abuse normalized unwanted sex and reduced the likelihood that a victim would recognize the warning signs of exploitative sexual relationships. These participants emphasized that DMST victimization might not feel different from the abuse children had sustained within their family-of-origin. Not perceiving DMST as differentially dangerous to the abuse that was already being sustained by a caregiver is likely to increase the risk of sexual exploitation. As one survivor participant noted,

> Let's start with the molestation or sexual abuse. If you've got the sexual part of your being turned on early or quicker than your brain can figure out what's going on, then kids don't—they can't—grasp the fact that having sex for money may be very, very wrong. It's just part of the life that they live, you know, from a very early age.

Most survivor participants noted that neglect—or lack of interpersonal relationships— had the potential to be equally harmful as physical or sexual abuse. In particular, survivor participants noted that a lack of parental supervision and caregiver connection could contribute to a child seeking relationships from individuals outside of the home, including a trafficker. In the words of one survivor,

> Then you also have the neglect factor or the single-parent factor where the child is looking for love in all the wrong places and they don't have that structured guidance to say to them "I know this looks good in the media but this isn't exactly what it is on the inside."

Reflecting on their own experience, survivors noted that although there was often sexual, physical, and emotional abuse in their past, that it was parental absence that led to their exploitation. The comment of one survivor reflected the sentiment of many:

> I was bullied…my Mom was never around…When I first met [my trafficker], he looked at me—he looked at me and he took the time to learn my name, he said, "Hello. Hi." And I was just so filled with [hands thrown up indicating excitement]—I loved that feeling so much! I pursued him. I'm sure he kind of knew that I would pursue him. He gave me this feeling that I was worth something. He gave me a feeling that I was special. So I pursued him.

Last, a few individuals noted that interpersonal relationships formed via the Internet could increase risk of sexual exploitation. Examples of interpersonal relationships formed via the Internet included the Internet marketplace (e.g., Craigslist), Social media (e.g., Facebook), Internet-based dating sites (e.g., Tinder), and cyber bullying.

### *4.4. Theme 2: interpersonal relationship as a protective factor*

The theme of interpersonal relationships as protective encompassed participants' perspectives regarding factors that might mitigate or otherwise reduce their risk of DMST invovlement. Just as sharks do not bite the majority of swimmers who swim in shark-infested waters, not all children who are at risk for DMST are victimized. Interpersonal relationships was universally identified by participants as an important factor in keeping children at risk for DMST victimization from being victimized in this manner.

#### *4.4.1. Survivors*

Just as negative early relationships were identified as propagating risk, survivors identified positive early relationships as having the potential to protect children from DMST victimization. Specifically, survivors noted that learning self-worth, interpersonal boundaries, and sexual limit-setting were not only important in mitigating risk for DMST victimization but also important to be taught during early interpersonal relationship with a caregiver, family member, or trusted community partner. As one survivor stated, "Being taught self-respect and self-worth and being taught at a very young age is definitely a protection. Nothing is more protective than knowing you have a voice that people should listen to." In the words of another survivor,

> Having people that love you unconditionally is key. Love is so strong. Knowing you are worthy of love means you don't have to go with a trafficker or pimp. You don't have to look for that love in the wrong places.

Exposure to and participation in healthy interpersonal relationship was also identified as being an important way in which children could learn and understand warning signs or relationship "red flags." Understanding warning signs of a potentially unsafe or exploitative relationship was acknowledged by many to be highly protective and mitigate existing risk. As one survivor stated,

> When I saw a healthy relationship for the first time, I knew it was possible. It was just a little glimpse, like, "Oh, that's how other relationships work" or "Is that how other people treat their children?" and then the seed was planted. Like, "Do you have these good relationships? Because you should have these good things." Everybody should have these good things.

Equally important, survivors recognized that protective interpersonal relationships can be difficult to build, particularly for individuals who had experienced early abuse at the hands of a caregiver. As one survivor stated,

> I remember going to a foster home and the woman was nice. She made me cookies, let me watch TV, and I had my own bed. I think I stayed 3 days. I still remember thinking it was, like, the Twilight Zone. Like, "No one is this nice in real life. What is she gonna do to me when I'm not expecting it?"

Nonetheless, survivors emphasized that simple exposure to healthy relationships could be protective against victimization and offer hope. In a statement echoed by most, one survivor stated,

> Hope is a very powerful thing. People don't realize how powerful that is. People that are normal—in more typical, normal relationships—they don't know what they have. They don't know what they have to give [a child at risk of sexual exploitation] just by doing almost nothing—just being who they are.

Another survivor stated this thought more simply: "Sometimes, somebody just needs somebody—anybody—to care."

### *4.5. Theme 3: interpersonal relationships fostering resiliency*

The third theme, interpersonal relationships fostering resiliency, reflected participants' perspectives on how interpersonal relationships might foster resiliency against sexual exploitation. Participants discussed fostering resiliency over initial, ongoing, and renewed exploitation. Equally important, participants who discussed fostering resiliency against returning to a pimp or trafficker after initially escaping that life, usually also discussed fostering resiliency related to the risk of engaging in sex work more generally (i.e., prostitution).

#### *4.5.1. Survivors*

Most survivors commented that even after leaving the life where they were exploited, the pull to return to sex work was strong, particularly during times of emotional or financial hardship. In a statement echoed by many, one survivor recalled,

> Whenever I couldn't quite make rent, or I needed something badly, like a medication…There was something inside of me that was like a magnetic force saying, "You need to go back to prostitution…" When I was trafficked, you know, I knew what would happen, I knew how to act, I knew how to do my job. [After escaping trafficking] I didn't know how to go to school. I didn't know how to live life. I didn't know how to keep house. I didn't know how to interact with people. I didn't know how to build relationships with people…when that's all you've known is the other life, it's really hard to be integrated back into this life.

However, despite this strong pull, survivors noted that interpersonal relationships helped them to persevere in their new life and not return to trafficking. These interpersonal relationships were sometimes found via professionals working with survivors such as safe house staff, advocates, and mental health providers. Survivor-to-survivor mentorship was also mentioned as a key type of interpersonal relationship that fostered resiliency. Survivors most commonly mentioned two or three different types of relationships, the combination of which helped them reintegrate into mainstream communities and thrive. As one survivor stated,

> I see therapists, I see these mentors or people who believe in you, who are walking this journey of life with you, who are investing in you, making a significant investment in you and then the service providers can come alongside all—both of those—and it becomes this beautiful collaboration of the three. That is what I see to make the most significant benefit for human trafficking survivors to be able to really live life fully and not fall back into the life.

Another survivor noted,

> Good, healthy relationships are so empowering…There is a scripture that says, "a threefold chord is not easily broken." So if you have the lifeline like the personal relationship or physical lifeline to get out of the life, and then you have a goal or purpose once you get out, something that a person can connect you with that you can value and be valued at, and then you have a relationship with someone that really cares for you— that's a threefold chord. It can't be easily broken. That's how you're going to rescue people for real— like, really get them out.

The role of religious organizations in fostering resiliency was somewhat contested among survivor participants. A few survivors felt that their relationship with a higher power, as well as their interpersonal relationships with others in similar religious organizations (e.g. church groups), was key to DMST recovery and resiliency. A few other survivors were resolute in their stance that religious organizations did more harm than good in fostering healthy communities where trafficking survivors could exit the life and remain safe. Most survivors fell somewhere in the middle: "Churches, I believe, have a very important part to play but they are not the whole thing…It takes a village and churches are a part of that but other organizations and people are too."

## 5. Discussion

This study presents exploratory qualitative findings regarding the role of interpersonal relationship in the lives of system-involved DMST survivors from the perspectives of DMST survivors. The risk and resiliency framework was used as a guide to frame results. Given the dearth of available information regarding survivors' lived experiences (Busch-Armendariz et al., 2016), this research makes a timely contribution to the existing, limited knowledge base. Findings from the current exploratory study provide a context for understanding the role of interpersonal relationships in the lives of DMST survivors and may point to directions for future intervention development.

Qualitative data from the current study offers important information to contextualize the role of interpersonal relationships in the lives of DMST survivors. Survivors agreed that interpersonal relationships have a profound impact on victims' entry into "the life" as well as their exit and subsequent reentry into their chosen communities. Three overarching themes, informed by the risk and resiliency framework, emerged from individual interviews: Interpersonal relationship as a risk factor, interpersonal relationship as a protective factor, and interpersonal relationship fostering resiliency.

Study participants noted that early interpersonal relationships were extremely important in promoting or hindering a child's risk for sexual exploitation, especially DMST exploitation. Many participants reported that negative early interpersonal relationships—particularly sexually abusive relationships—were primary risk factors for later exploitation. Sexual abuse was frequently discussed as a way that traffickers or pimps might groom victims or normalize nonconsensual sexual experiences. This finding is consistent with previous studies that have found that rates of sexual abuse are extremely high among DMST victims and survivors (Estes & Weiner, 2002; Finkelhor & Ormrod, 2004; Gragg, Petta, Bernstein, Eisen, & Quinn, 2007; Tyler et al., 2004). Further, children who have experienced sexual abuse often have difficulty nurturing healthy interpersonal relationships, including sexual relationships (Beitchman et al., 1992). Such children might be particularly vulnerable to trafficking because they might perceive of their trafficker as a caretaker. For example, Reid (2014) found that sexual abuse was one of the key factors differentiating adolescence limited sexual exploitation (e.g., DMST) and early onset adult sexual exploitation (e.g., prostitution, adult sex trafficking).

By contrast, study participants noted that positive interpersonal relationships could be protective, even for those who had previously experienced negative interpersonal relationships or abuse. Specifically, participants reported that positive interpersonal relationships might help a child be sensitive to relationship red flags, provide a template for what a healthy relationship might look like, and foster trust that challenges the secrecy inherent to the crime of DMST. Previous research has also emphasized the importance of positive interpersonal relationships in the lives of children (Bowlby, 1969; Martin & Dowson, 2009). In particular, consistent and postitive early relationships with caregivers are associated with secure attachment (Bowlby, 1969). When a child is able to consistently trust his or her caregiver, a child can demonstrate secure attachment (Bowlby, 1969). Secure attachment manifests in behaviors such as higher levels of self-esteem, healthy interpersonal relationships, and lower rates of depression and anxiety (Bowlby,

1969; Kotrla, 2010).

Finally, interpersonal relationships were found to be key in fostering DMST victim and survivor resiliency against ongoing or renewed exploitation. Little is known about fostering resiliency among youth who have been sexually exploited, which hampers the development of new services and protocols for those who work with DMST survivors (Fergus & Zimmerman, 2005; Fraser et al., 1999). The current exploratory study suggests that although early interpersonal relationships can promote or mitigate risk of initial exploitation, the relationships that survivors form after leaving lives of exploitation have a great impact on the victim/survivor's trajectory moving forward. Namely, positive interpersonal relationships and feelings of support can help a survivor demonstrate resiliency over renewed or ongoing exploitation. Prior research has shown that resiliency over adverse situations such as DMST (or, conversely, failure to demonstrate such resiliency) often contributes to future risk and protective factors (Fergus & Zimmerman, 2005; Finkelhor et al., 2009; Hamby et al., 2017;). Therefore, the resiliency a victim/survivor shows over renewed or ongoing exploitation might become protective against future victimization through DMST or sexual exploitation more generally (e.g., adult sex trafficking, prostitution). Quotes from survivors highlight the importance of fostering positive interpersonal relationships early in life. However, the participant quotes also indicate that it is never too late to introduce a positive interpersonal relationship or mentor into a survivor's life.

### 5.1. Limitations

Findings from the current exploratory study should be considered in light of their limitations. Specifically, findings from the current study reflect 13 participant perspectives that may be different from the perspectives of the greater DMST victim/survivor population. Participants were asked to reflect retrospectively on their trafficking experiences, which can lead to some bias. Despite efforts to ensure confidentiality and describe protocols to participants, some participants might have feared being honest regarding their experiences. Participants might have worried that their honest opinions would result in negative repercussions at their jobs, with service providers, or within their communities. Recruitment for survivors was done via e-mail LISTSERVs, service provider referral, and peer advocate referral. These recruitment efforts, while effective at reaching a traditionally difficult to reach and engage population, limited recruitment to survivors with access to computers, a personal e-mail address, and connections with a larger survivor/service provider community. Thus, the sample in the current exploratory study may not be representative of the larger DMST victim/survivor community. Further, survivors had to make efforts to directly contact the PI to express an interest in the study to be eligible for inclusion. Some potential survivor participants might have felt uncomfortable contacting an unknown person via e-mail. We attempted to address this by allowing survivor peer advocates to help with recruitment. We also addressed this potential limitation by gathering input from service providers and survivors on interview questions and study protocols.

### 5.2. Implications for practice and research

#### 5.2.1. Practice implications

The wide variation in participants' perspectives regarding interpersonal relationships highlights the extreme variability of the types of relationships that might be present in the lives of DMST victims/survivors. Indeed, the strengths and types of interpersonal relationships in a victim/survivor's life can be different in every case, and therefore, have an important impact on the person's overall vulnerability to DMST and perceived agency. For these reasons, contextualizing an individuals' relationships is an important factor in treatment planning and intervention implementation. Specifically, practitioners should involve victims and survivors in the process of identifying meaningful individuals in their lives and steer clear of more generalized approaches (e.g., relationships with teachers are always good, relationships with intimate partners are always bad). Intervention scientists should aim to tailor programs for this population to facilitate survivors' positive interpersonal relationships, thereby mitigating extant risk and increasing the likelihood of demonstrating resiliency over new, continued, or renewed exploitation. Tailored programs might be particularly useful among system-involved youth, who have been found to be particularly vulnerable to DMST and ongoing sexual exploitation.

Child welfare services aim to promote child permanency and well-being; however, almost 90% of DMST survivors have a history of child welfare-involvement (M'jid, 2011). Indeed, according to the 2011 United Nations official report on commercial sexual exploitation in the United States, 86% of DMST victims had run away from foster care placements (M'jid, 2011). Similarly, many sex trafficking victims are served by the juvenile justice system because their risk factors are often criminogenic, resulting in juvenile justice involvement through activities such as drugs and alcohol use, running away, fighting, and gang activity (Roe-Sepowitz, Bracy, Massengale, Cantelme, & Ward, 2015; Watson & Edelman, 2012). In the current sample, eight of the 13 survivor participants reported past involvement with both the juvenile justice and child welfare systems. Sadly, Dauber and Hogue (2011) found that youth served by multiple systems were more likely to have unmet physical and emotional needs than their peers involved with just one system. Youth involved with both the juvenile justice and child welfare systems have repeatedly been found to have many risk factors for sex trafficking, including a history of running away, sexual abuse, absent or neglectful parents, homelessness, and drug or alcohol use (Bounds et al., 2015).

Fostering positive interpersonal relationships might be one way the child welfare and juvenile justice systems can work to protect children and mitigate their risk of DMST victimization. Nurturing relationship formation could be achieved through trainings for child welfare staff, juvenile justice staff, and foster care families regarding what DMST is (e.g., federal and state legal definitions), the effects of DMST (e.g., complex trauma), and trauma-informed care. Such trainings would likely increase service providers' general awareness of DMST, and might help prepare providers and foster families to engage in the positive interpersonal relationships that are critical to protecting vulnerable children from new, ongoing, or renewed exploitation. Furthermore, parenting programs for

DMST survivors may also be useful. Many teens and young adults who have been victimized may have children of their own, or plan to be parents in the future. Research suggests that many of these survivors may not have had good relationships with their primary caregivers (Gragg et al., 2007). Thus, a parenting program may mitigate the risk of future DMST victimization by emphasizing the importance of parent/child relationships and providing examples of ways to foster such relationships with your own children.

#### *5.2.2. Research implications*

Little information is available regarding the type of programming and interventions most helpful for system-involved DMST victims/survivors (Lutnik, 2016). Thus, additional research with expanded samples that explores DMST programming for these vulnerable youth is needed. In particular, findings from the current exploratory study suggest that integrating mentorship programs and other opportunities for interpersonal connection could fill a critical need for survivors. Although previous research has indicated that tremendous overlap exists between DMST survivors and the child welfare and juvenile justice systems (M'jid, 2011; Roe-Sepowitz et al., 2015), few system-related programs have directly addressed DMST survivors' needs or included a DMST-specific program component. Creation of DMST victim/survivor specific programs, particularly programs that include opportunities for the development of strong interpersonal relationships, should be rigorously evaluated to ensure they are meeting DMST victim/survivor needs. Long-term follow-up among youth graduating from such programs will also offer important information about survivor well-being, recidivism, and iatrogenic effects.

In addition, future researchers should also explore Internet-based relationships among survivors, and the potential for these relationships to foster resiliency. Though previous research has overwhelmingly focused on the risks associated with Internet use among children and youth, results from a nationally-representative survey indicates that the majority of the friendships children and youth foster online may be no more harmful than those they form in traditional settings such as schools and youth groups (Finkelhor, 2014; Ybarra, Finkelhor, Mitchell, & Wolak, 2009). Accordingly, the Internet may be an innovative way to foster positive interpersonal relationships among at-risk youth, particularly youth in areas that may have limited access to traditional services.

Overall, this study takes an important step toward better understanding the role of interpersonal relationship in the lives of system-involved DMST victims and survivors. Research on this topic is critically important given the increased attention to DMST nationally, and the federal mandates to identify and address the needs of sexually exploited youth.

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