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Understanding Victim Resistance: An Exploratory Study of the Experiences of Service Providers Working with Victims of Child Trafficking

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Introduction

Although trafficking has been around probably since the very beginning of time, you know, we've exploited people forever, but there are very few concrete ways to deal with it and I think that and, you know, that troubles people.

— Participant 2

Although data on human trafficking are limited, it is estimated that the United States is the second most common destination country for trafficked individuals. Further, estimates suggest that at least 40% of those trafficked are children.^{1,2} Because effective interventions will likely require a multidisciplinary approach, law, medicine, and social work must better understand the experiences of those who have been trafficked. By understanding these experiences, practitioners and policy makers alike can better serve victims with appropriate services and interventions. The complexities of trafficking are best understood when explained and recounted by those who have been trafficked and/or those who have worked closely with victims of trafficking.

Because the victims are often children, access to their stories and experiences is frequently limited. Through a series of semi-structured interviews, this study sought to explore the experiences and observations of service providers who have worked with victims of child trafficking in the United States, with the intent of providing information to both practitioners and the policy makers who are charged with the development of service delivery models and interventions. Through the collection of qualitative data, several constructs related to the theme of noncompliance, avoidance, or the refusal of interventions offered by providers emerged. Understanding these phenomena as a part of the broader topic of "victim resistance" is of extreme importance for direct practice and legislative action related to child trafficking. A more thorough understanding of the complexities of victim resistance will help professionals to provide victims with appropriate services, leading to the best possible outcomes for these individuals.

Vital to a discussion of child trafficking is a legal definition of what constitutes the trafficking and exploitation of children because a legal definition plays a pivotal role in the development and provision of services to victims.³ Therefore, the present study used the definition found within the Trafficking Victims Protection Act of 2000. In TVPA, the United States defines human trafficking as follows:

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use

of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.⁴

Although an accepted federal definition of human trafficking exists in the United States, a common methodologic formula allowing a concrete calculation of the magnitude of human trafficking has not yet been developed, nor has a concrete calculation for quantifying child trafficking within and to the United States. Estimates from governmental and nongovernmental sources vary widely. In 1999, the Central Intelligence Agency estimated that between 45,000 and 50,000 trafficking victims crossed US borders every year. However, 2001 nongovernmental data suggested that 17,000 children alone were trafficked into the United States, and that another 100,000 children already in the United States are trafficked annually.^{2,5,6} To further decrease clarity, 2004 data from the Department of State reported only 17,500 trafficked persons. Thus, it is evident that methodologic constraints affect how different agencies capture and report trafficking data. It is also important to note that statistical studies have tended to focus on estimating the number of foreign-born victims being trafficked into the United States while neglecting the issue of domestic victims born in the United States who are currently involved in human trafficking situations.^{2,5,6}

The purpose of this exploratory, qualitative study was to better understand the experiences of those who have been trafficked and their relationship(s) with the provision of available services. Because victims of trafficking do not often self-identify and would be difficult to interview for both practical and ethical reasons, this research relied upon the voices of service providers who have worked with victims of child trafficking in the United States.

Themes of victim resistance are of particular interest. The concept of resistance coming from child victims is presented as a significant theme in the study. Ultimately, victim resistance was further refined to five specific attributes that complete the concept: “good” and “bad” victims, identification with the trafficker, victim self-identification, building trust with providers, and lack of empowerment. This research begins to fill the large gap in the literature related to the experiences of child trafficking victims. Thus, it may be useful in helping both to inform policy makers and practitioners, and to aid in the development of appropriate interventions and service delivery models.

An Overview of Resistance

As previously stated, the theme of victim resistance is central in the narratives of the interviewees in this study. Therefore, an overview of resistance is merited. Broadly, client resistance can be defined as a normative response stemming from ambivalence in the face of a life change.⁷ Further, resistance can be conceptualized along a spectrum of reactions ranging from overt behavior, such as running away, to more subtle forms of behavior, such as avoiding feelings within a psychotherapy session.⁸ Reactance theory offers one approach to understanding the behaviors of child trafficking victims and helps to provide a framework for the current research. Reactance theory explains resistant behavior

(or reactance) as the expected response to an infringement upon one's personal freedoms⁹ and assumes that reactant behaviors are an attempt to take back one's individual freedoms.⁹

Little empiric evidence or scientific literature is specifically related to victims of child trafficking. This includes the study of resistance to intervention by those who have been trafficked.¹⁰ However, there is a body of literature that provides insight into child trafficking victims and their reactance. Homeless youth, many of whom have been victims of exploitation and coercion, exhibit reactance and are at risk, given their precarious physical, emotional, and environmental situations.¹¹ Their experiences – and the research surrounding those experiences – provide insight into the lives of trafficked children.

Homeless youth have been described as rarely seeking assistance, mistrusting adults, and avoiding institutional environments.¹²⁻¹⁵ Running away behaviors are cited as common in the entrance into homelessness, as a reaction to abusive and dysfunctional relationships at home, and as a reaction to treatment interventions that present a disruptive threat to a youth's emotional attachment to his or her accepting and nonjudgmental "street family."¹² Providers who have worked with victims of child trafficking similarly describe these types of reactant behaviors.^{10,16}

The running away behaviors of child trafficking victims are briefly mentioned in the limited child trafficking literature and are viewed as one type of reaction to service provider interventions.^{14,16} For example, in a national survey of residential programs specifically treating victims of child trafficking, several programs preferred admitting victims from out-of-state locations to minimize the victims' ability to run away and return to their traffickers, gain access to substances that they had been previously using, or return to similarly exploitive situations.¹⁶ Additionally, the overall challenge of engaging victimized youth in services in general and their outward refusal to participate was of significant concern.

Methods

Given the paucity of research related to child trafficking, an inductive qualitative methodology was chosen to explore the experiences of service providers because of its appropriateness in describing social realities that are not commonly understood.^{17,18} Qualitative methodology was advantageous and allowed the collection of rich, descriptive data from this population. This was preferable to a quantitative methodology designed to predict and prove or disprove a specified hypothesis.^{19,20}

In this study, a constructivist approach and grounded theory research methodology are used to describe, understand, and theorize the experiences of individuals working in systems associated with providing services to victims of

child trafficking. Within a grounded theoretical constructivist approach, “data do not provide a window on reality.” Charmaz notes that “rather, the ‘discovered’ reality arises from the interactive process and its temporal, cultural, and structural contexts.”²¹ Concepts of grounded theory include the parallel process of data collection and analysis, the building of codes and categories, the making of comparisons at each point of the analysis, and the development of theory through each step of the process.²² The goal of this study was to explore provider experiences with victims of child trafficking in an effort to better understand the distinct and situational needs of these victims and therefore improve service delivery and policy advocacy efforts.

Sample and Data Collection

The target population of the research was defined as adult, working professionals who provide services (eg, legal assistance, human services, and advocacy) to victims and/or survivors of child trafficking. Potential respondents, identified through previous professional contact with the researcher, were sent a recruitment letter in 2013. Further, snowball sampling methods allowed the recruitment of additional respondents. Once contact had been made with providers and they indicated interest in participating in the study, an interview time and location of the provider’s preference were established. Respondents were compensated with a \$25 honorarium (cash). Approval for the study was obtained by an academic institutional review board before recruitment.

A total of 15 service providers from 12 separate agencies were interviewed through a semi-structured interview process. Of the interviews, 12 were conducted face to face and 3 were conducted by telephone because of travel and time constraints. The phone interviews were conducted with participants in Arizona, Utah, and Indiana. Face-to-face interviews were conducted with providers in Colorado. Of the service providers interviewed, 13 identified as female and 2 as male. Altogether, 8 different professional roles were represented in the sample. The educational level of participants varied according to profession from an associate’s degree to an advanced professional degree. Approximately half of the respondents had a graduate degree. At times, participants differentiated time in their current position in their place of employment from their time working within the general field of human trafficking, discussing the larger role of being part of the anti-trafficking movement (Table 1).

Open-ended questions comprised the interview guide used throughout each conversation. Additional probing questions were used, and the grounded methodology allowed each interview to unfold organically. Each 90-minute interview was audio recorded and transcribed. Each participant was asked to complete a brief demographic survey at the conclusion of the interview. Additionally, the author wrote a series of memos before and following each interview that included a reflexive process, with special emphasis on the author’s past experiences as a social work practitioner and beliefs related to providing direct services to youth.^{19,21} Data collection ended when saturation was reached. Saturation can be described as the point at which “the collection of new data

does not shed further light on the issue under investigation.”²⁰ As Mason further explains, “Qualitative samples must be large enough to assure that most or all of the perceptions that might be important are uncovered, but at the same time if the sample is too large data becomes repetitive and, eventually, superfluous.”²⁰

Table 1.

Interviewee demographics

P	Gender	Ethnicity	Degree	Time in Position	Time in Field of CT	Type of Contact	No. of Yearly Victim Contacts
1	M	White	Bachelor's	1 y	1 y	Foster care	10
2	F	White	Master's	2 y	2 y	Case management	6-28
3	F	White	Juris Doctor	2 y	2 y	Legal	10
4	F	White	Master's	7 y	2.5 y	Residential	Unsure
5	F	Multiple	Bachelor's	3 y	4 y	Group home	52
6	F	White	Bachelor's	6 mo	6 mo	Outreach	50
7	F	Latina	Bachelor's	1 y	1 y	Outreach	15-20
8	F	White	Master's	8 mo	2.5 y	Advocacy	70
9	F	White	Bachelor's	3 y	3 y	Outreach	12-20
10	F	White	Juris Doctor	10+ y	10+ y	Legal	“Various”
11	M	White	Associate's	1.5 y	6 y	Police	30
12	F	White	Bachelor's	2 y	2 y	Case management	2
13	F	White	Bachelor's	2 y	4 y	Advocacy	25-50
14	F	White	Master's	2 y	2 y	Outreach	10-15
15	F	Multiple	Master's	1 y	7 y	Foster care	30+

P, participant; CT, child trafficking; M, male; F, female.

Saturation in this case was determined when categories were established, the differences between categories explained, and relationships observed and validated, allowing a theory to materialize.^{21,22}

Analysis

All audio data were transcribed, and memos were written by the author following participant interviews. Analysis of the data was conducted through initial open coding followed by axial coding. Open coding initiated initial descriptive codes. In

a grounded theory methodology, a primary role of this initial phase is to examine processes, “participant actions that have antecedents, causes, consequences, and a sense of temporality.”²³ The second cycle of coding included axial coding, which extended the examination of processes by looking at the contexts, conditions, interactions, and consequences of those processes.^{21,23} These coding activities were conducted through the use of Atlas.ti, a qualitative analytic data management program.

Reflexivity and Trustworthiness

Reflexivity, or the process of identifying knowledge that comes from social conditions, as well as the social location and biography of the researcher and participants, was employed throughout the collection and analysis of data in the study, enhancing the trustworthiness of the information presented.^{24,25} To enhance the credibility of the study, the primary researcher wrote rich, descriptive field notes in addition to transcribing each interview. This allowed a comprehensive assessment/observation of the data collected in the field. In this type of data triangulation, alternate points of view were added to those of the service providers interviewed.^{17,26} In addition, peer debriefing, or the process of sharing developing results with a colleague, for example, aided in grounding the results of the study.²⁷

Results

“Good” and “Bad” Victims

I mean, the thing is that obviously they are credible with me because I understand. And I understand what they’ve gone through. But when you are looking at a jury of regular citizens that don’t know anything about trafficking, they don’t know anything about pimping or prostitution or anything, and they look at a 15-year-old girl that was out having sex with 5 to 10 guys a night and making all this money and using drugs, living in hotels, and drinking, um, and they are always going to ask the question, “Well, when you walked up to the hotel room, couldn’t you have just run away?”

— Participant 8

The providers believed that negative social judgments, focused on how a victim should behave while in a trafficking situation and after a trafficking situation, play a major role in determining a victim’s willingness to come forward or voluntarily participate in services. Likewise, other behaviors that may have contributed to putting the victim in an at-risk situation for trafficking (eg, substance abuse) can taint the social image of what providers described as the image of a “good”

victim. The negative impact of punitive social judgments is described as a deterrent to victims.

You are now shameful because you identified as a prostitute, you identified as an escort, you identified as an exotic dancer, and so why would I want to raise my hand to say I'm a victim ... people around me don't understand it because they believe it's my choice.

— Participant 15

The idea that victims would willingly stay or return to an exploitive or abusive situation is difficult to understand. For not leaving (whether or not it is possible), the victim is characterized as “bad” by society. This resistance on the part of victims and their return to previous situations was described as follows by a provider:

Because she was pimped out since she was young, she was, “ugh, why should I do this? I know how to survive,” meaning the pimping, right, the prostitution, and because she was so traumatized, she was just barely scratching the surface of working with it, but her time was almost up, and then you have to let them go, and well, guess what? They do what they know best because that is what they live, which is the prostituting part then. Does that make sense?

— Participant 11

The case of labor trafficking highlights a bad victim, when the general public may view these children as “criminals” rather than as victims despite the exploitive nature of their work. Foreign victims may be viewed as illegal immigrants rather than as victims of globalization and the underground market created by a demand for cheap labor. Likewise, in sex trafficking, victims are required to make efforts to leave their life of exploitation and abuse willingly. Ultimately, society accepts only “good” victims, those victims who were physically forced into a world of abuse, neglect, and servitude. Providers discuss the barriers encountered because of the tension between good and bad victims:

Um, for me, I saw a lot of struggle with the perception of good victim, bad victim, you know, so you know, like in sexual assault, for example, the good victim is the completely conservatively dressed girl who walked home through a well-lit area and had a knife held to her throat and was sexually assaulted by a stranger. That's good victim, she didn't do anything wrong, she's an innocent darling. Bad victim, which is what most sexual assaults look like ... you were out with friends, maybe you had something to drink, you wore whatever you chose to wear, you are a person of color, you know what I mean? And so all those things work against you to paint you as somebody who was deserving. So, trafficking works the same way.

— Participant 13

Of the 15 providers interviewed, a consistency in the content of the discussions described the ways in which victims were judged by the behaviors they engaged in before, during, and after trafficking situations. This judgment of morally right or wrong behavior seems to foster a sense of resistance among victims, according to service providers. Services providers were conscious of the negative judgment and condemnation that those who had been trafficked could receive when seeking services, which contributed to their overall resistance to seeking/utilizing available services.

Bond with the Trafficker

I think it's easy for us to be like, why would you attach to this person, why do you still want to be with this person, why, even after all the things he or she has done to you, why do you still have this connection to them?

— Participant 15

In sex trafficking, the bond that the victim develops with the trafficker can be a significant hindrance to seeking and using services. Providers who have worked with youth who have been trafficked have different ways of understanding/describing this bond. Some providers refer to the phenomenon as Stockholm syndrome, characterized by 4 different actions: the victim experienced a direct threat, the victim was kept in isolation at some point, the victim had an opportunity to escape at some point but did not take that opportunity, and the victim showed sympathy toward his or her captors.²⁸

Others describe this relational dynamic by using a metaphor for an interpersonal or domestic violence cycle wherein many emotional needs of the victim are met at different points of the exploitation cycle. Providers explain that these various trauma-related labels try to communicate a complex reaction to trauma and exploitation, which prevents the victim from either self-identifying as any type of victim at all or alternatively identifying with a new life and the culture of the trafficker. The following description provides an example of the relational issues involved in sex trafficking:

If you are working with an incest victim, it's confusing for them to have been hurt by someone that is supposed to protect them, someone that is supposed to care for them, someone that they love and is part of them, and it's kind of the same dynamic, because they are set up as a family. You know, your typical sex trafficking, you would call your pimp "daddy," you would call the "top bitch" or the person that is kind of a "tough girl" in any particular type of ring "mom," and other girls that you are involved with "sisters." You do things to support the "family." You are not just selling yourself to support yourself, you are selling yourself to support the family.

— Participant 4

Understanding this unique relational element in the culture of sex trafficking is key to professionals, not only in providing services but also in

designing services and developing programs that can address this specific dynamic to protect children from future abuse and facilitate a therapeutic recovery process. This bond continues to be discussed below:

I think the big thing is they have to understand why they were victimized in the first place, so whatever led them to that, and they have to understand that coercive piece that goes into it. I mean there are so many that are, you know, in love with the trafficker, or they feel that they have some kind of bond with the trafficker, um, and so it's like I think professionals need to understand that.

— Participant 9

Providers discussed this relational element with the trafficker as a significant barrier to children using services because they view interventions by service providers as ending their deeply embedded connection. Survey respondents voiced that an understanding of the victim's attachment to the trafficker and the needed preparedness of service providers to address this relationship are of vital importance in moving forward in the treatment process.

Victim Self-identification

I don't know what category this falls into, but I think another kind of challenge always is just that, you know, I don't know that I've ever met a, like a child or an adult client who has said like, "I am a victim of human trafficking." You know?

— Participant 2

Identifying oneself as a victim requires an understanding of a variety of concepts on multiple levels. This may be especially difficult for younger victims of trafficking. An individual must believe that he or she is being hurt and mistreated by others, must have a nonabusive reference point with which the now-normalized treatment can be compared, must understand that what is being experienced is wrong, and must understand that he or she has a right to a life without abuse. Providers consistently described violent environments in victims' families of origin, often encompassing a cycle of domestic violence. This normalization of violence is discussed by the following provider:

It's kind of like that cycle of domestic violence, I would imagine, where you keep going back to the same traumatic situation over and over because that is what you know.

— Participant 11

Seriously compromising these significant and monumental understandings of healthy relationships is the fact that the victims are children and may lack the emotional maturity to process the nature of the abuse they are experiencing. These are children and teenagers whom service providers describe as

traumatized and emotionally bonded to their perpetrators, and who have normalized a life of exploitation, oftentimes with families of origin:

And the problem is that you take them out of a situation that is horrible, but then you now have to explain to them why it was horrible ... it's like in an incest situation, that someone that you cared about is ultimately responsible for exploiting and hurting you, and then you have to acknowledge that you allowed yourself to be, you know, manipulated and lied to and believed that and to believe that you sold yourself and you allowed yourself to be sold.

— Participant 15

Self-identification as a victim of any type of abuse, let alone an exploitive and systemically enforced process of abuse, is a significantly difficult process. Service providers describe the complicated nature of this issue as mirroring a protective and complex system of denial that must eventually be overcome if safety and healing are to occur:

I think with every single girl that I've ever worked with is that they don't realize they are victims. If they are involved in an abusive relationship or if you were abused as a child, um, I think it's, even though there is some denial there, in most situations, it's very easy for you to connect with a little bit of education that you were a victim. But the girls that I work with ... it's hard to admit that you allowed yourself to be extorted in such an intimate way. And so most girls don't realize that they were trafficked, they don't understand that language, they don't understand that they have a right to be called a victim ... and so I think that complicates the restoration process. Because most people are outside looking in, seeing you are in a bad situation, and if I take you out of that bad situation, then you are going to be grateful and you are immediately going to respond to treatment and you are going to immediately want to heal.

— Participant 15

In another instance, a service provider again describes the trauma bond with the trafficker and the lack of self-identification as a result of ongoing exploitation:

I mean obviously you have the mental barriers on their own because of the trauma bond that they form with the pimp or the trafficker, and so a lot of them, they don't feel like victims, and they feel like they were willing participants who wanted to do it, and they don't see the coercion in everything.

— Participant 4

Building Trust with Victims

Oh yeah, if you have a relationship with a youth and there is no trust, there is no trust-building capacity or “rapport” that we all know about, that we hear about so often ... if that isn’t built, you can squash the whole thing; it’s over.

— Participant 13

If victims are to acknowledge the depth of their abuse and exploitation, there must be adequate supports and relationships in place to provide emotional safety and containment. This relationship must overcome the doubt and uncertainty experienced by victims as they are distanced from their former relationships and requires that providers be attuned to this dynamic.

Trust for teenagers who have a significantly increased ability to run away or to decline service interventions in general is described as a first step in the development of any type of help and assistance:

You cannot just go in and say, “Oh, this has happened to you and it was wrong, and now we are gonna fix this.” That is not how it works. There is nothing that is going to happen, and, in fact, you can actually push that teen farther out of the light and more underground because they are too afraid of ... they haven’t built the trust. So, they’ll probably, they have a tendency to hide from service providers or hide from law enforcement or get themselves in places where they are more vulnerable underground.

— Participant 8

Throughout the interviews, victims were described as “wary,” “doubtful,” and “uncertain” when either entering into services voluntarily or mandated to receive services. As a result, building trust with victims was described as both essential and time-consuming, requiring the financial resources that can withstand this extended period, which are often limited because of a shortage of funding in human services programming.

You have to establish the trust, you have to accept them, not judge them, and walk with them at their pace, and we can’t do that at this point because it costs too much money. We do not have the resources for that, and it takes a long time.

— Participant 8

This trust process is further extended by the hesitancy of child victims to recount their stories, in addition to the internalized and societally reinforced shame that many victims are described as experiencing. One provider explains that this feeling of shame can create a self-imposed cloak of victim invisibility:

And, um, I think it’s just the way society looks at them as being homeless, a prostitute, a drug addict. It’s just not worth their time, and the kids know that, how society looks at them. One of them said she feels she is

invisible, that's what she said. Invisible to society, just because she is homeless, she has to prostitute herself, and a lot of them are addicted to drugs, to deal with the life, and I think that is probably the biggest hurt for those kids, you know, they are invisible to society.

— Participant 14

In order to qualify for and receive services, it is often required that a victim's circumstances and experiences be documented, so that victims must recount their story numerous times to different providers. This requirement is described as a barrier, serving only to interfere with the development of a genuine connection and trust.. One provider recounts the inability of victims to continue this process:

And I always tell kids, too, "You don't have to tell everyone your story, it's not anyone's business what your story is. You don't have to feel like you blab it out because as a young child you've learned, I've had this therapist, that therapist, this treatment center, this psychiatrist, this caseworker, this GAL, I always tell them my story. You don't have to tell everyone your story. It doesn't define who you are."

— Participant 8

Many factors impact a victim's ability to build trust, as discussed by participants. If these barriers cannot be addressed effectively, victims may present as noncompliant with treatment or refuse services altogether, resulting in what resembles victim resistance.

Lack of Empowerment

Children's empowerment, or the fostering of self-determination, is a complex topic. Empowerment in and of itself is described by providers as an ideal component in intervention efforts, as well as vital to a healing process for an already disempowered population:

You want to get in there and rescue and you know that rescue doesn't work, um, this is about empowering someone to advocate for themselves, self-determination, all those fun things we learn in college and in textbooks. It is real. It is so real.

— Participant 2

This is further complicated by the cultural and social norms surrounding an acceptable level of freedom and self-determination for children and teenagers in the United States, specifically those under the age of 18. This complexity increases in the cases of foreign-born victims, who may have been raised in a culture where self-determination and adulthood may not follow the prescribed marker of 18 years of age that exists in the United States and creates a false sense of adulthood in many victims. One provider explains this well, saying:

If you think of like some of the things that kids have been involved in and like just kind of like the level of, like the savviness and sophistication it would take to be a successful drug mule or whatever, and you think of like, I don't know, you think about doing that and like, you know, I don't know, flying in and out of like airports and having like travel arrangements. Because, you know, sometimes, it's almost like somebody had this job for an international organization, and granted, it was like a really crappy job and stuff, but you think of going from that to again like, now I live in a suburb with a family that you know tells me what time to go to bed.

— Participant 2

The cultural contrast and expectation of independence and freedom continue in the description below as victims of labor trafficking may have anticipated a life of promise in the United States, in contrast with the actual interventions put in place that deter them from an independent, adult-like life.

I wonder what that's like to think like, oh I'm going to, you know, I'm going to be a housekeeper and I'm going to have my own income and I'm going to go to school and then maybe eventually I'll get my own place, to like, oh, I've got a foster mom, you know?

— Participant 2

Not unlike foreign-born victims, US teenagers treated as adults with adult expectations and adult access to money, substances, and life experiences, however negative they may be, may resist what they perceive to be a revocation of their freedoms and independence:

It is demeaning. I mean here's somebody who has already been in an exploitative situation where somebody else has been speaking for them ... so you are away from your trafficker and now you are with your caseworker, you know, so, um, yeah, so now somebody else is telling you what to do.

— Participant 13

Because of this perceived punitive relationship and lack of empowerment, several providers voiced the need for alternative approaches for this specialized population.

The involvement of child welfare and mandated services further complicates the role of empowerment, as life-changing decisions must be made. These interventions may include higher levels of care, such as residential treatment for teenagers who cannot be safely engaged in treatment through lower levels of care in the community (eg, foster care, group homes). Providers describe some of these concerning risk factors requiring a higher level of care as running away, self-harming behaviors, substance abuse, and mental health in general. Providers elaborated on the need for specific, secured program settings

for the child trafficking population rather than historical residential programming because of victims' previous experiences of exploitation and the resulting disempowerment. Consider these thoughts from a service provider:

You know, they need to be able to think on their own, not always have people tell them when you're going to eat, what time you are getting up. They need to learn how to put structure in their own life, but I think there is a little bit better way to do it than historical residential treatment centers.

— Participant 4

For foreign-born victims involved in the child welfare system, the disconnect of well-meaning protective interventions can be a further source of disenfranchisement as a result of the systemic and mandated interventions themselves, as described below:

I mean, especially if they are in federal foster care, they have those case you know, especially if it's like, you know a teenage girl with a baby, then the baby has a guardian ad litem, so like we end up going to these meetings where it's, you know, like, maybe me and one of the immigration attorneys and then like 13 other, usually, social workers, white women, in the room, and we're all talking about this brown child, and just like what the hell is going on?

— Participant 2

Although they are well-meaning, services that are designed to protect, whether they be at a federal or a local level, also present the risk of further alienation and a misunderstanding of the victim's needs if providers are not aware of the potential impact they have. "I just think that like the potential for like, you know, continued oppression is pretty great if we are not conscientious about it."

— Participant 9

Discussion

This study seeks to understand the perspectives of service providers who work with children who have been trafficked in the United States. Victim resistance emerges as a compelling theme – and this resistance is broken down into 5 different subthemes that help to contextualize resistance. These powerful themes include the good vs the bad victim, identification with the trafficker, lack of self-identification as a victim, building trust with providers, and lack of empowerment. Children and teens who have been victims of human trafficking are in dire need of services and interventions including, but not limited to, mental and physical health care, legal assistance, housing, substance abuse treatment, and assistance with reintegration into age-appropriate educational, work, and social settings. Although services do exist, they are not often targeted to victims of trafficking and may not fit the distinct needs of children who have been trafficked.

Further, given the inability to truly count the number of trafficked children in the United States, it can be a challenge to set aside or create service niches specific to their needs. However, no child should be trafficked, and every child who is a victim of trafficking should be able to access services. Victim resistance, as identified in this study, provides a context for thinking about how practice and policy must respond and rethink the provision of services to victims. Victim services will be effective only if they are accessible and used. In this discussion, each subtheme of resistance is explored as it relates to practice and policy.

Overall Victim Resistance

I mean, a lot of the stats say that if you work with human trafficking clients, even with teenagers, right, they go back like a domestic violence cycle. It takes them about 5 to 7 times to leave this life. We are not prepared for that.

—Participant 9

Advocates and practitioners who work in the area of trafficking agree that the fear victims experience hinders their ability to come forward and ask for help.²⁹ This fear may be a fear of violence, threats to family, lack of documentation, or punishment by police.³⁰ However, other psychologically oriented processes co-exist, creating challenges for providers that require attention in the provision of appropriate services, with the resistance of victims. Data regarding this overall resistance give researchers and providers alike information and insight into specific aspects of the problem of resistance. Although resistance in and of itself is not unique to youth in trafficking situations, resistance within the child trafficking population is characterized by the five specific aspects presented in Figure 1.

“Good” vs “Bad” Victims

Throughout this study, service provider discussions indicated that social and cultural views of victims and their worthiness as “good victims” play a key role in determining victims’ reactions to and interest in the interventions set in motion by service providers. Service providers described a “good victim” as a victim with whom society sympathizes – for example, a child from an upstanding family with a life of privilege who is abducted by a stranger. A “bad victim” may come from a less than desirable family background or may have origins in a marginalized population. This victim may have believed that he or she was consenting to serve as a drug mule or was helping the trafficker. It is more difficult for society to sympathize with a “bad victim”; ultimately, a gray world exists, creating social views of “bad victims” that are more difficult to interpret within traditional black and white parameters.

In states like Colorado, where there are currently no safe harbor laws that identify youth solely as victims of sexual exploitation rather than as criminals, and where child prostitution laws still exist, the role of law enforcement and the

process of criminalizing victims of commercial sex trafficking send a powerful message to victims indicating/implying that they are criminals in the minds of the state or other authority figures. It is generally understood in US culture that criminals are removed from society and/or punished for their crimes. Although the Colorado-based service providers in this study described the use of this legal process as a means of protecting and actually funneling victims into mandated services for their own benefit, the providers also indicated their preference to eradicate the message that such laws send to victims and the general public regarding the free agency of children to prostitute themselves willingly and enter into other exploitive situations.

In this case, shame, as a result of fulfilling the role of “bad victim,” serves to de-incentivize victims in general, thus leading to the avoidance of situations requiring that victims’ personal histories, experiences, and relationships with traffickers be judged by others. Qualifying for services requires being identified as a victim, oftentimes recounting one’s story multiple times and opening oneself to the scrutiny and judgment of others. The fear of social rejection naturally follows, further entrenching victims in a spiral of avoidance and, ultimately, resistance to interventions.

Identification with the Trafficker

Victims of the child trafficking experience are exposed to numerous physically and psychologically traumatic events and situations. There are times when victims appear to have formed a positive relationship with their trafficker despite the abuse and coercion they have experienced. Since the 1970s, the term Stockholm syndrome has historically been used by the media and in popular culture to describe a positive relational bond between victim and perpetrator consisting of several situational characteristics: (1) there is a perceived threat and a belief that the threat will be carried out; (2) the victim perceives kindness on the part of the perpetrator; (3) the victim is deprived of outside views other than those of the perpetrator; and (4) the victim believes there is no escape.^{28,31}

Terms such as Stockholm syndrome and trauma bonding are used in the literature pertaining to the psychological trauma experienced by victims to explain this identification with the perpetrator.^{28,29} However, more recently, research has focused on the concept of complex trauma, which was first proposed by Herman, who suggested that related symptoms constructed the categories of alterations in affect regulation, consciousness, self-perception, perception of the perpetrator, relations with others, and systems of meaning.³²⁻³⁴ The descriptions of these interchangeable concepts presented will aide the reader in understanding the dynamics described in this article, and identification as a victim of child trafficking in general.³⁴

The service providers in this study frequently discussed, in detail, specific instances and examples of children who had endured severe sexual abuse, physical abuse, domestic violence, and psychological abuse yet remained emotionally connected to and protective of their trafficker. Not unlike a child who

experiences trauma at the hands of a parent, these children remained dependent on the trafficker, with an altered meaning of multiple realities and the potential adoption of the parent's worldview in relation to the abuse. As in domestically violent environments, systematic abuse from a parent, or from a trafficker in this case, serves to create an unusually close and dysfunctional bond with and dependence on the perpetrator.³⁵

The service providers in the study discussed the extreme lengths that victims of child trafficking would go to in order to maintain emotional and physical contact with their traffickers. These included, but were not limited to, internet contact, phone contact, letters, running away, and sending messages through peers. Providers described these attempts as originating from an emotional motivation to maintain a relationship that many victims perceived as validating, loving, and protective.

Providers often described the painstaking and delicate process of "breaking the bond" with the trafficker as the primary treatment goal to meet if the victim's emotional and physical safety were to be achieved. How to go about breaking that bond was not as clear or straightforward; some providers stated that the process could take months or years, and that the approach would likely vary across treatment instances.

Lack of Self-identification

The service providers described an alternate reality for child victims in which they do not have an adult framework for defining abuse and exploitation and rarely understand the labels placed upon their experiences. The absence of a comparative framework creates a confused sense of reality for the child victims. Therefore, they most often do not identify themselves as victims. Providers in this study consistently described their difficult experiences of teaching victims about the dynamics of trafficking and what constitutes abuse as well as exploitation. They discussed the lack of normalcy in a victim's life and a void of alternate realities as reference points to guide this educational process.

Building Trust with Providers

Having difficulty trusting others after experiencing abuse and exploitation is not hard for most to understand. However, when trust in those people directly responsible for your care, treatment, or basic needs (ie, service providers) is perceived as threatening, the need to rectify that difficulty becomes imperative to those providing interventions. Service providers shared that the struggles that victims have in trusting them directly inhibits their ability to provide services and interventions. Service providers in this study shared in detail the variety of measures taken while they attempted to establish trust with child victims, many times with negative outcomes. Most commonly discussed was the need for time to develop a shared history with the child. Unfortunately, providers described the inability to take the time to slowly engage a child because of a lack of sufficient funding that would allow a longer process. Additionally, a lack of the necessary

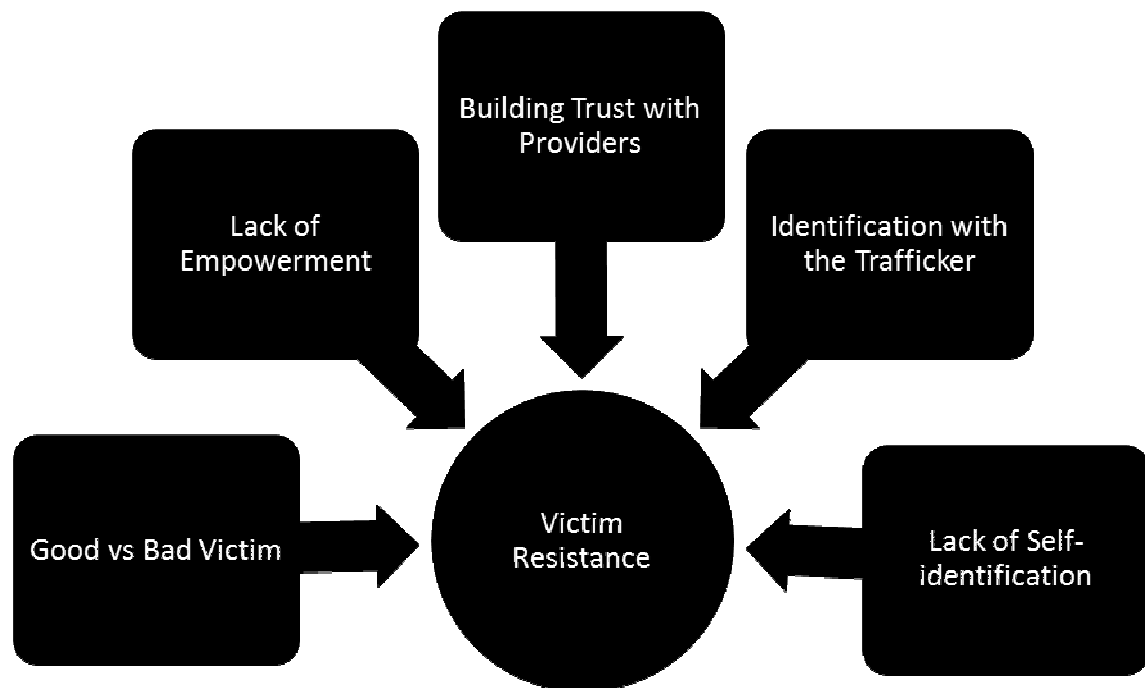
financial and structural tools to address the immediacy of the safety needs presenting themselves was mentioned within different scenarios presented by the providers. Many providers did not believe they were equipped to successfully navigate the complexities of a victim's broken trust system within this compromised length of time.

Lack of Empowerment

As described by service providers working in the field, perceived oppression, restrictive environments, and mandated services contribute to a lack of victim empowerment. As discussed earlier in this article, children in exploitive and abusive situations are often put into adult-level scenarios and forced to make choices and endure extreme situations, all while filtering these experiences through an age-appropriate developmental level. These scenarios may involve the use of drugs and alcohol, the absence of the structure and predictability common to children's routines, or a performance expectation and accompanying responsibilities associated with individuals of a much older age, such as earning income to support their trafficker. There are a myriad of situations and experiences to which a child in a trafficking environment may have been exposed and to which he or she became acculturated over a period of time. These experiences later amplify the jarring return to childhood normalcy once services are reintroduced into the life of a trafficked child. The service providers in this study described the difficulties the children encountered once they had to adhere to routine, tedious environmental requirements and to meet behavioral expectations.

Higher levels of care, such as residential treatment and other restrictive environments, provide clear examples of the reduction in freedom that is in stark contrast to the choices a child may have had while being treated as an individual who was well beyond his or her years. The monitoring of activities and the use of security measures to control communication and physical whereabouts, along with their required presence at daily treatment activities, may be perceived by some children as punishing and oppressive, even though the express purpose is protective and rehabilitative. Ultimately, the safeguards created in service provision are described by service providers as contributing to noncompliance or outright refusal to participate in services altogether, further reinforcing the theme of resistance. The need to overcome this perceived oppression among a population defined by oppression was discussed frequently by the providers in this study, who outlined the steps that must be taken in order to help children recover from their traumatic and life-altering experiences.

Figure 1
Attributes of Victim Resistance



Limitations of the Study

Although the author attempted to design the current study with rigor and trustworthiness in mind, limitations nevertheless exist and should be taken into account. The first of these limitations is the minimal discussion of labor trafficking and the overemphasis on sex trafficking. Closely related to this limitation is the focus on domestic victims, with only a few examples of the trafficking of foreign child victims. The author was the only researcher coding the data, which limited external points of view. Strength and potential weakness are part of the nature of a multidisciplinary sample. It could be argued that having the theme of victim resistance consistently permeate interviews across professions adds to its transferability; however, a specific professional focus could have allowed data on

the concept of victim resistance or additional themes in general to be expanded further.^{17,18,36} Finally, a total of 7 months was spent collecting data, which prevented prolonged exposure to the experiences and culture of service providers working with child trafficking victims.

Implications

A proficient understanding of trauma-informed systems of care, as well as complex trauma in particular, will aid professionals immensely in their work with victims of child trafficking. Like an understanding of the dynamics of resistance, an understanding of the impact of trauma and its related symptomatology will provide administrators and practitioners alike with powerful information that can enable them to produce effective means of approaching their work with victims. This knowledge will help professionals recognize and respond to the needs of victims in a holistic manner in which all aspects of their care (ie, policies, practice, knowledge base, organizational culture) are guided by shared principles.¹⁴

The development of ongoing recommendations for addressing the resistance of victims of child trafficking would ideally be addressed through a multidisciplinary approach by persons from varied professions, with the involvement of multiple systems interacting on the micro, mezzo, and macro levels of this issue. These fields may be represented by nurses, social workers, law enforcement, attorneys, physicians, legislators, and mental health therapists, to name a few. With a common awareness among professionals of victim resistance, providers can begin to assess the reasons for resistance, be prepared when they encounter it, and know how to respond. For example, acknowledging at the beginning of treatment that a victim may have a significant emotional bond with his or her trafficker would require addressing the cognitive distortions involved in that bond rather than automatically assuming that the victim must have feelings of extreme dislike or anger toward the trafficker. Knowing that a victim may be at risk of running away after attempts to have been made to separate him or her from the trafficker, and adjusting the stereotypic punitive treatment consequences for such actions, should be taken into account through a lens of complex trauma and the related effects on the child's new-felt sense of the world and relationships. Awareness can be fostered through continued conversations between providers in multiple fields and roles with the goal of preparing responses in both direct, face-to-face interactions and indirect levels that focus on program development and policy formation.

The role of law and legislation is critical in determining the systemic path a child will take once identified as a victim of trafficking. In some states, child prostitution is still prosecuted as a crime separate from child sex trafficking despite the federal definition of child sex trafficking, which reiterates that any child engaged in a commercial sex act is automatically determined to be a victim of sex trafficking. Rather than prosecuting the crime of prostitution, some jurisdictions within the United States are adjusting their legislation to eradicate

the concept of child prostitution and are instead creating “safe harbor” laws clearly indicating that children are not criminals if involved in trafficking situations. These safe harbor acts additionally allow law enforcement personnel to intervene in child trafficking situations with the aim of referring the victim for help through a human services avenue rather than entering him or her into the juvenile justice system. Equally as important in safe harbor laws is the agreement and understanding of what system, if any, is responsible for the child’s treatment and general well-being. Is this the family of origin? The child welfare or juvenile justice system? Without a clear understanding of these items, child victims are at risk of falling through the cracks within large and bureaucratic systems.

Children who are actively involved in trafficking situations may not identify themselves as victims or may actively avoid interventions, as previously discussed. In these situations, there may seem to be little opportunity to focus on self-determination when safety is the number one priority and children must be forcibly removed or placed in secured higher levels of care for their own protection. However, self-determination is a concept that can be adapted to situations that are more restrictive as well. Providers discussed using creative means to encourage children to make their own decisions whenever possible, no matter how small or trivial such decisions appeared. One provider discussed giving victims increased access to their personal belongings in a residential setting, which would not occur with a stereotypic delinquent population because of safety hazards or unintended behavioral reinforcements, or allowing them to design their residential unit in a less sterile manner, filling it with bright colors and decorations more reminiscent of a college dormitory room in an attempt to normalize their experience, if possible. The act of encouraging victims to participate only in the parts of their treatment plan that they choose, rather than imposing a linear plan, even if not the most efficient strategy, was also discussed, with an emphasis on individual strategies used by different providers. Such small gestures of normalcy and respect were reported by providers to be of great significance to this population.

More significant decisions, such as choosing when and how to “tell their story,” when to trust others, and whom to include in their treatment process, were likewise reported to have a powerful impact on children who previously had little control over their environment in general. Developing a relationship and trust with the victim was ultimately the most frequently discussed dynamic that providers believed to pave the way for further treatment activities. Building trust was described as the most significant component in effecting change related to resistance. However, the time involved in developing trust often comes at a monetary cost for such services, and lengths of stay in secured treatment settings as well as limited sessions with providers on an outpatient basis were discussed as a major barrier to this trust-building process, and one that future policy can address if the concepts underlying victim resistance are understood.

The lessons learned from direct care providers can be related to many professions. For instance, in the case of law enforcement, it is extremely

important that officers be provided with the necessary training and knowledge base required not only to correctly identify child trafficking activities or situations that suggest children are being exploited by others, but also to understand the child's reaction and complex factors that may be present (eg, substance abuse or a bond with a trafficker) and are serving to distract from the correct identification and intervention related to a trafficking situation.

Conclusion

This study has described the experiences and observations of service providers working with child victims of human trafficking, with an overarching theme of victim resistance. It is hoped that through an understanding of the observations of providers, the reader will gain insights into the experiences and the potential resistance to interventions of the victims of child trafficking. Without a direct and comprehensive discussion of resistance, we are not prepared to offer these children treatment with the best possible outcomes, which they clearly deserve and should expect from the adult caregivers in their lives. Additionally, it is hoped that the discussion of victim resistance included in this article will provide both practitioners and those in a position to affect policy with information that is necessary to develop and provide the direct services needed by this population. Through the examination of victim resistance in the realm of research and policy, practitioners can more effectively meet the unique needs of the victims of child trafficking.

References

1. Schauer E, Wheaton E. Sex trafficking into the United States: a literature review. *Criminal Justice Rev.* 2006;31(2):146-169.
2. Estes RJ, Weiner, NA. The commercial sexual exploitation of children in the United States, Canada and Mexico. Philadelphia, PA: University of Pennsylvania School of Social Work, Center for the Study of Youth Policy; 2002.
3. West A. Child Trafficking: a Concept Analysis. Unpublished data, 2014.

4. US Department of State. Trafficking in persons report 2012. <http://www.state.gov/j/tip/rls/tiprpt/2012/>. Accessed March 28, 2015.
5. Goździak E, Collett E. Research on human trafficking in North America: a review of literature. *Int Migration*. 2005;43(1/2):99-128.
6. Shared Hope International. FAQs. sharedhope.org/learn/faqs/. Accessed March 28, 2015.
7. Watson J. Resistance is futile? Exploring the potential for motivational interviewing. *J Social Work Pract*. 2011;25(4):465-479.
8. Mahalik J. Development of the client resistance scale. *J Counseling Psychol*. 1994;41(1):58-68.
9. Mirick R. Reactance and the child welfare client: interpreting parents' resistance to services through the lens of reactance theory. *Families in Society: The Journal of Contemporary Social Services*. 2012;93(3):165-172.
10. Goździak EM. On challenges, dilemmas and opportunities in studying trafficked children. *Anthropol Q*. 2008;81(4):903-923.
11. Tyler K, Johnson K. Trading sex: voluntary or coerced? The experiences of homeless youth. *J Sex Res*. 2006;43(3):208-216.
12. O'Sullivan Oliveira J, Burke P. Lost in the shuffle: culture of homeless adolescents. *Continuing Nurs Education Ser*. 2009;35(3):154-161.
13. Hudson A, Nyamathi A, Sweat J. Homeless youths' interpersonal perspectives of health care providers. *Issues Mental Health Nurs*. 2008;29:1277-1289.
14. Clawson H, Salomon A, Goldblatt Grace L. Treating the hidden wounds: trauma treatment and mental health recovery for victims of human trafficking. <http://aspe.hhs.gov/hsp/07/humantrafficking/Treating/ib.htm>. Published March 2008. Accessed March 28, 2015.
15. Edidin J, Ganim Z, Hunter S, Karnik, N. The mental and physical health of homeless youth: a literature review. *Child Psychiatry Hum Devel*. 2012;43:354-375.
16. Reichert J, Sylwestrzak A. National survey of residential programs for victims of sex trafficking. Chicago, IL: The Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/public/pdf/ResearchReports/NSRHVST_101813.pdf. Published October 2013. Accessed March 28, 2015.
17. Hesse-Bieber S, Leavy P. *The Practice of Qualitative Research*. Thousand Oaks: CA: Sage; 2011.

18. Creswell J. *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. Thousand Oaks, CA: Sage; 2007.
19. Jootun D, Marland GR, McGhee G. Promoting rigour in qualitative research. *Nurs Stand*. 2009;23(23):42-46.
20. Mason M. Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*. 2010;11(3):1. <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027>. Accessed March 28, 2015.
21. Charmaz K. *Constructing Grounded Theory: a Practical Guide through Qualitative Analysis*. Thousand Oaks, CA: Sage; 2010:524.
22. O'Reilly M, Parker N. 'Unsatisfactory saturation': a critical exploration of the notion of saturated sample sizes in qualitative research. *Qual Res*. 2013;13(2):190-197.
23. Saldana, J. *The Coding Manual for Qualitative Researchers*. Thousand Oaks, CA: Sage; 2013:103, 261.
24. Mann S, Kelley I. Standing at the crossroads of modernist thought. *Gender & Society*. 1997;11(4):391-408.
25. Graneheim U, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*. 2003;24:105-112.
26. Fossey E, Harvey C, McDermott F, Davidson L. Understanding and evaluating qualitative research. *Aust N Z J Psychiatry*. 2002;36:717-732.
27. Lincoln Y, Guba E. *Naturalistic Inquiry*. Beverly Hills, CA: Sage; 1985.
28. Adorjan M, Christensen T, Kelly B, Pawluch D. Stockholm syndrome as vernacular resource. *Sociol Q*. 2012;53(3):454-474.
29. Cohen J, Mannarino A, Deblinger E. *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York, NY: Guilford Press; 2006.
30. Bales K, Soodalter R. *The Slave Next Door: Human Trafficking and Slavery in America Today*. Los Angeles, CA: University of California Press; 2009.
31. Namnyak M, Tuffon N, Toal M, Worboys S, Sampson EL. "Stockholm syndrome": psychiatric diagnosis or urban myth? *Acta Psychiatr Scand*. 2007;117(1):4-11.
32. Herman J. *Trauma and Recovery: the Aftermath of Violence—from Domestic Abuse to Political Terror*. New York, NY: Basic Books; 1992:121.

33. Ai A, Foster L, Pecora P, Delaney N, Rodriguez W. Reshaping child welfare's response to trauma: assessment, evidence-based intervention, and new research perspectives. *Res Social Work Pract.* 2012;23(6):651-668.
34. Resick P, Bovin M, Calloway A, et al. A critical evaluation of the complex PTSD literature: implications for DSM-5. *J Trauma Stress.* 2012;25:241-251.
35. Bancroft L, Silverman J, Ritchie D. *The Batterer as Parent.* Los Angeles, CA: Sage; 2012.
36. Marshall, C, Rossman, G. *Designing Qualitative Research.* Los Angeles, CA: Sage; 2011.