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Correlation of Meaning Making and Complex Trauma in Women Trafficked for Sex

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Walden University

College of Social and Behavioral Sciences

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Brenda L. Tracey

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Walden University
2020

Abstract

Correlation of Meaning Making and Complex Trauma in Women Trafficked for Sex

by

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MS, Walden University, 2009

BA, Washington State University, 2004

AAS, Wenatchee Valley College, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

September 2021

Abstract

The trafficking of women and girls into the sex industry is one of the world's fastest growing crimes against humanity. The psychological impact of human trafficking for the purpose of sexual exploitation on survivors has not been widely studied, creating a gap in the literature that merits further research to understand the processes of survivor rehabilitation and community. The purpose of this study was to analyze the relationship between complex posttraumatic stress disorder and having purpose in life among U.S. female citizens who were trafficked into the sex industry. Frankl's theory of finding meaning was paired with Park's theory of making meaning after trauma to provide the theoretical foundation for the study. A quantitative correlational design was used to measure the relationship between complex posttraumatic stress disorder and purpose in life in 12 survivors who responded to recruitment posters displayed at agencies and on social media platforms. Participants completed demographic questions, the Structured Interview for Disorders of Extreme Stress (Not Otherwise Specified), and the Purpose in Life Test. Data were analyzed using Statistical Package for Social Science software. The demographic variables of age, time in captivity, time in therapy, substance use, motherhood, and spiritual/religious affiliation, were analyzed to determine the strength of correlation. Findings indicated that survivors had less complex posttraumatic stress disorder when more purpose in life was present. The study's implications for positive social change include informing the approaches used by mental health providers when working with sexually exploited trafficked women to reintegrate into society.

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Dedication

This study is dedicated to little baby girls everywhere, to their innocence and to all their future aspirations. I also dedicate this study to the women in my life, my mom, my daughter, my grandmother, and my granddaughter.

This above all: to thine own self be true,
And it must follow, as the night the day,
Thou canst not then be false to any man.
Farewell, my blessing season this in thee!

--Shakespeare, *Hamlet*

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Chapter 1: Introduction to the Study

Introduction

Human trafficking is an illegal operation that exploits vulnerable people, robs them of their innocence, distorts their concept of trust, and destroys their sense of value and well-being (United States Department of State, 2006). Because it deprives victims of the freedom to determine their future, human trafficking has become recognized as a crime against humanity (U.S. Department of State, 2012). Through global commerce, media awareness, and improved educational experiences, millions of people have become aware that they can create for themselves a life without discrimination and poverty (U.S. Department of State, 2011). Yet, people in vulnerable positions may believe that those who approach them are allies offering them transportation to wealthier countries, a promise of employment, or further and better education. However, the intent of the trafficker is to seek profit in the buying and selling of human beings thereby making the trafficked person's ability to repay their transportation costs and associated fees insurmountable. Men, women, and children are then held captive and forced into servitude for labor, domestic service, prostitution, or their body's organs. In this study, I focused on women who were trafficked into the sex industry and endured slavery-like conditions, debt bondage, and forced prostitution.

Recovery efforts have primarily focused on the basic needs of survivors of sex trafficking and have included aspects such as vocational and other life skills training, housing, safety, and medical needs (Hardy, Compton, & McPhatter, 2013). Several

trauma-based therapeutic approaches including cognitive behavioral therapy, dialectical behavioral therapy, and eye movement desensitization have been shown to be effective in posttraumatic stress disorder (PTSD) and childhood sexual abuse treatments. However, Courtois (2004) suggests that trafficked women experience complex trauma or complex PTSD, also referred to as disorders of extreme stress not otherwise specified (DESNOS). Both complex PTSD and DESNOS are associated features of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013). Complex trauma, further discussed in Chapter 2, is far more pervasive and complicated as it occurs repeatedly and cumulatively, escalating over time (Courtois, 2008). However, the trauma theorist Viktor Frankl suggested that human beings have a unique quality that enables them to cope with suffering, terror, and trauma (Lantz, 1998). Frankl (1988) stated that individuals were not limited by conditions and influences but rather when they became fully committed to their moral principles, such a commitment would facilitate the motivation to find meaning and purpose in life (PIL). Thereby, an individual could create the ability to manage debilitating or even horrific experiences. Frankl's meaning-centered model (Viktor Frankl Institut, 2016) includes hypotheses on the freedom of will, the will to meaning, and the meaning of life which are further discussed in Chapter 2.

Studying the psychological impact human trafficking has on individuals is important for the health and safety of the individual and the welfare of society, as well as informative to mental health practitioners and the global community. Furthermore, such research may contribute to positive social change by informing how practitioners assess

the psychological impact of human trafficking on victims and their symptoms of trauma. Whether or not this study will show that having PIL will mediate the symptoms of trauma, there is a possibility that the process of answering questions about having purpose may help victims see themselves as survivors with purpose and meaning.

In this chapter, I provide background information on the problem of human trafficking, how the United States and the United Nations have taken the initiative to combat this crime against humanity, and the laws that have been enacted as a result. The problem I sought to address, the purpose of this study, the questions and hypotheses, the theoretical framework of Frankl and the concepts of complex PTSD, and the nature of the study are also presented. The chapter also includes key definitions; the assumptions, scope and delimitations, limitations, and significance of the study; and a summary.

Background

I present the following background to establish the scope of human trafficking and to provide context for readers who may not have knowledge of the mechanisms that brought this topic to public awareness. This background is essential in describing the relevance of this study. It provides a knowledge base for understanding how the problem evolved and what has been done to address it, an area of psychology that has primarily been under researched. This background further establishes the extent to which social change is needed. Understanding how human trafficking affects women cannot be fully discussed without a thorough description of its history, U.S. policies, and current prevalence around the world.

Slavery is not a new problem, but it has renewed urgency for the modern world. The legal transatlantic slave trade that occurred between the sixteenth and nineteenth centuries forced 10-12 million Africans into servitude (Dodson, 2005). In the late 1800s, “White slavery,” or the sexual enslavement of women into the Arab sex market, occurred in Middle Eastern harems; in the 1970s Western Europe was inundated with South East Asian sex workers; and in the late 1990s, Internet match-making brides from the former Soviet Union refocused the human trade market in the United States (Jahic & Finckerauer, 2005).

Beginning with the Emancipation Proclamation in 1863, President Lincoln effectively freed millions of individuals who had been forced into slavery in the United States (U.S. Department of State, 2012). The Smoot Hawley Tariff Act of 1930 further prohibited any product, completely or in part, made by slave or forced labor from entering the United States (U.S. Department of State, 2007). The Universal Declaration of Human Rights was written in 1948 as a response to the human atrocities of World War II, and the United Nations created a refugee protection system under the 1951 Refugee Convention that identified threats to human survival, assisted those fleeing persecution, and provided long-term recovery assistance (Bach, 2003). In 1994, the U.S. Department of State began monitoring trafficking in persons in an effort to track human rights practices around the world (U.S. Department of State, 2001). Also, in 1998, President Clinton issued an executive memorandum on the trafficking of women and children (U.S. Department of State, 2008).

Inspired by the Universal Declaration of Human Rights, the United States enacted Public Law 106-386 titled, Victims of Trafficking and Violence Protection Act of 2000 (United States Citizenship and Immigration Services, 2006). Division A of that law is titled the Trafficking Victims Protection Act (TVPA) of 2000. Among other stipulations of the law, the U.S. Secretary of State must present an annual report delineating worldwide efforts taken to eradicate this modern and current type of slavery. The annual report, titled *Trafficking in Persons (TIP) Report*, organizes countries onto one of three tiers based on each government's compliance to the minimum standards set in the law. Tier 1 lists countries that comply with the law, Tier 2 lists countries that are making significant effort to be in compliance, and Tier 3 lists countries that are making no effort to eradicate human trafficking (U.S. Department of State, 2001). Also, in 2000, the United Nations Convention Against Transnational Organized Crime, held in Palermo, Italy, adopted three protocols to help reinforce established laws to prosecute transnational organized crime (U.S. Department of State, 2009). One of the three protocols focuses on the commitment to prevent, suppress, and punish those individuals who traffic vulnerable persons, especially women and children thereby establishing the need to protect freedom rather than a need to regulate movement (U.S. Department of State, 2009). The Palermo Convention established the three Ps paradigm of prevention, protection, and prosecution to guide world governments in ending slavery or slavery-like conditions worldwide (U.S. Department of State, 2013).

In 2003, the TVPA was amended by President Bush and titled the Trafficking Victims Protection Reauthorization Act (TVPRA) of 2003 (Public Law 108-193). The

amended law requires foreign governments to provide data on trafficking in persons to the United States (U.S. Department of State, 2008). In addition, it created a Tier 2 watch list of countries that do not comply with the minimum standards of the law but are making efforts to do so yet continue to have significant numbers of victims, and its enhanced assistance to victims primarily by not requiring them to self-identify (U.S. Department of State, 2008). Also, in 2003, lawmakers passed the PROTECT Act to help fight child sex tourism by prosecuting U.S. citizens traveling abroad who commercially sexually exploit children. The TVPA was reauthorized again in 2005. That same year, the United Nations Chronicle estimated that worldwide, approximately 27 million people were enslaved in one form or another and that most victims go unnoticed as individuals of their own ethnicity or nationality often hold trafficked victims' captive (Dodson, 2005).

In 2006, the United Nations presented a first ever report defining those who were victims, their profile, as well as detailing the origin, transit, and destination countries (United Nations Office on Drugs & Crime [UNODC], 2006). The United Nations report also identified the categories of industry where trafficked persons were most often forced to work. The International Labour Organization (ILO), the UNODC, and researchers at the University of California (UC), Berkeley, also found that the majority of trafficked individuals were female and that the majority of trafficked females had been trafficked into the sex industry (as cited in Andrees & van der Linden, 2005).

In 2008, the TVPA was again reauthorized and named the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. The reauthorization in 2008 expanded the scope of the law by eliminating the requirement that a “significant number” of victims be 100 or more persons and stipulated that a country listed on the Tier 2 watch list for two consecutive years would be placed on Tier 3 (U.S. Department of State, 2009). In 2010, the United States for the first time was listed in the TIP Report and held to the same standards as all other countries (U.S. Department of State, 2010). The TVPA was again reauthorized in 2013 by President Obama and approved by the Senate and House as an amendment to S. 47, the Violence Against Women Reauthorization Act of 2013 that was first authorized in 1994. The minimum standards of the TVPA and criteria for determining sustained efforts in eliminating human trafficking will be discussed further in Chapter 2.

Human trafficking is a multifaceted problem that can be viewed from many perspectives. Most often I found, the literature pertained primarily to defining the scope of the problem, the conditions in which victims were found, the laws that have been enacted to combat human trafficking as a crime, investigations or cases currently under study, and the basic monetary needs of survivors. Seldom does a reader find literature based on the survivor’s psychological needs and ability to cope with or heal from the traumatic experiences associated with human trafficking and slavery-like conditions. Psychological interventions that are currently used in treating survivors of human trafficking have been adapted from therapeutic modalities used in treating PTSD and child sexual abuse (Hardy et al., 2013). According to the Institute of Medicine and

National Research Council (2013), the current approach for preventing and responding to sex trafficking in the United States is extremely limited. This study is needed to further understand the psychological needs of women trafficked into the sex industry and to integrate this information into programs created to assist these women in the trauma recovery process.

In Chapter 2, I will review research on human trafficking from the original global perspective of the United Nations at a time when this condition was beginning to reach public awareness. Current knowledge on global conditions is also presented. Examples of victimization will be offered to help define the vastness of the human trafficking problem. The most current research pertaining to victims' reintegration, healing, and recovery will also be addressed to include the use of cognitive behavioral therapy (Macy & Johns, 2011). This study is needed to fill a gap in available knowledge that addresses survivors' ability to reintegrate into society and to generate knowledge that can be used to expand existing programs or create future programs for that purpose.

Problem Statement

Trafficking of humans, hidden, concealed, and often disguised as legitimate business, is a violation of human rights and human dignity (U.S. Department of State, 2006). The problem of human trafficking is ongoing (U.S. Department of State, 2014). Women and girls trafficked into the sex industry is increasingly recognized by the Office of the United Nations High Commissioner for Human Rights as one of the world's fastest growing crimes against humanity (Zimmerman et al., 2008). There is a

compelling need for evidence on the psychological health of these individuals (Abas et al., 2013). The psychological impact of human trafficking for the purpose of sexual exploitation on survivors has not been widely studied, creating a gap in the literature that merits further research to understand the process of survivor rehabilitation and community integration and to develop more effective and far-reaching services.

Purpose of the Study

The purpose of this quantitative study is to discover if a correlation exists between the dependent continuous variable complex PTSD and the independent continuous variable PIL and secondarily, to explore whether demographic variables influence this possible relationship. The study may inform service providers about the relationship, if any, between complex PTSD and having PIL among individuals who have a history of being trafficked into the sex industry. With this knowledge, providers may be able to revise their strategies for working with sexually exploited trafficked women while helping them reintegrate into society.

Research Questions and Hypotheses

The general question for this research was, does PIL (Frankl, 1988) mediate the symptoms of complex PTSD (Courtois, 2008) experienced by women who were trafficked into the sex industry? The specific research questions (RQs) and hypotheses were as follows:

RQ 1: Is there a relationship between the level of symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified assessment (Roth et al., 1997) and the level of

having purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) in women trafficked into the sex industry?

H₀1: There is no statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

H₁1: There is a statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

RQ 2: After controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, does purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) correlate to the symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified assessment (Roth et al., 1997) in women trafficked into the sex industry?

H₀2: There is no statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

H₁2: There is a statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

Theoretical Framework for the Study

For the theoretical framework for this study, I drew from Victor Frankl's theory of meaning which asserts that one's freedom of will to make meaning from all circumstances facilitates one's ability to find purpose and, for him or her, the meaning of life (Frankl, 1988). Frankl's theory of meaning encompasses the meaning seeking model (Wong, 2014) and meaning making model (Park & Edmondson, 2010) by asserting that in order to form meaning from all of life's circumstances, one must first make a conscious decision through exercising one's freedom of will to choose the meaning of all life's events (Frankl, 1988). I have based this research on Frankl's theory of meaning and his meaning centered model of therapy (Viktor Frankl Institut, 2016) due to their use in a variety of settings, including trauma related recovery, PTSD, depression, and terminal illnesses (Blair, 2004; Choi, Klein, Shin, & Lee, 2009; Ford & Smith, 2008; Hutchinson & Chapman, 2005; Schulenberg, 2004; Southwick, Gilmartin, McDonough, & Morrissey, 2006; Thompson, Coker, Krause, & Henry, 2003; Zuehlke & Watkins, 1975).

Frankl (1988) asserted that meaning was found in the incident of living regardless of one's circumstance, in the sacredness of recognizing one's creativity, in experiencing love for something that moved the soul, and in the shift of attitude when one renewed a commitment to one's moral principles. These PIL cognitions increased coping abilities during tremendous suffering such as in PTSD. Frankl's freedom of will proposition asserts that the freedom of one's will to "take a stand" (Frankl 1988, p. 16) on one's moral principles facilitated two human qualities, self-transcendence and self-

detachment that can be achieved by the techniques of dereflection and paradoxical intention. Frankl also asserted the will to meaning proposition as the basic striving of human existence rather than the propositions of homeostasis and the pleasure-seeking principles. Frankl's meaning of life proposition asserts that life is meaningful in all circumstances. Längle (2005) advanced Frankl's theory of meaning to include awareness of being, closeness to others, recognizing one's uniqueness, and fulfilling a purpose. Frankl's theory of meaning, as well as Längle's interpretation of this theory will be discussed in detail in Chapter 2. Frankl's theory of meaning suggests a process of healing potential to victims of traumatic experiences by asserting that life is meaningful regardless of the traumatic events.

This quantitative research study asks, does PIL (Frankl, 1988) mediate the symptoms of complex PTSD (Courtois, 2008) experienced by women who were trafficked into the sex industry? Frankl's theory of meaning relates to the trauma experienced by sex trafficked survivors by suggesting that when survivors seek meaning, and make meaning, when meaning is made and life takes on purpose, survivors can heal from their traumatic experiences. Chapter 2 also includes a brief discussion on Humanistic psychology as an orientation for Frankl's theory of meaning as well as the concept of the meaning-making model proposed by Park (2008). The model proposed by Park is presented to illustrate the evolution of Frankl's theory further suggesting the needed fundamental shift in thought processes for understanding one's traumatic experiences and recovery. Therefore, making meaning from the traumatic experiences due to human trafficking is the focus of this study.

Nature of the Study

The nature of this correlational study is to examine the relationship between having symptoms of complex PTSD, the continuous dependent variable and having PIL, the continuous independent variable by analyzing the results of two questionnaires administered to women who have been trafficked into the sex industry, namely the Structured Interview for Disorders of Extreme Stress (SIDES) assessment (Roth et al., 1997) and the PIL Test (Crumbaugh & Maholick, 1969). These two measurements along with a series of demographic questions will be administered through an Internet-based website known as SurveyMonkey. A quantitative correlational design is necessary to investigate statistically significant associations between variables and appropriately analyze the RQs concerning the relationship between the dependent continuous variable complex PTSD and the independent continuous variable PIL. It will be an exploratory study to discover if there is a relationship between the self-reported symptoms and behaviors of complex PTSD and the experience of having PIL.

Definitions

Agnosticism: The view that God is unknown or unknowable (Draper, 2017).

Atheism: The view that God does not exist (Draper, 2017).

Complex trauma: Trauma that occurs repeatedly and cumulatively, escalating over time (Courtois, 2004).

Dereflection: The ability to divert one's attention away from one's problems and towards something else meaningful in the world (Frankl, 1988).

Existential vacuum: The term Frankl (1988) used to describe a person's condition when his or her understanding becomes frustrated. It occurs when a spiritual sense of existence is either ignored or obscured so that the ability to find meaning is thwarted (Frankl, 1988).

Existentialism: A philosophical movement that views the self and one's unique experience as the basis for understanding the nature of one's existence and reflects a belief in freedom that accepts the consequences of one's actions while acknowledging the responsibility of making those choices (Crowell, 2010).

Human trafficking: The recruiting, harboring, obtaining, and transporting of a person by use of force, fraud, or coercion for the purpose of subjecting him or her to involuntary servitude (UNODC, 2006).

Humanistic psychology: A psychological perspective derived from an existential and phenomenological orientation and founded on the belief that moral and ethical values and intentions are the driving forces of psychological constructs; principal concerns are social welfare and social responsibility towards individuals, groups, and communities (American Psychological Association, 2013).

Logos: A Greek term translated into English as meaning *word* or *divine reason* as the source of order in the world governed by a higher form of intelligence (McClain, n.d.).

Logotherapy: A type of therapy developed by Frankl that has a philosophical focus on "healing through reason" (p. L) and challenges clients to search for meaning in life (Hick, 2001).

Meaning making: The ability of an individual to understand emerging patterns, changes, and shifts in trends that further assists one in adjusting, adapting, and responding to the world (Park, 2010). Meaning making is the foundation of action and reformation of viewpoints, perspectives, and opinions (Park, 2010).

Noogenesis: The spiritual sense of existence (Frankl, 1988).

Noological dimension: A dimension of being that, when reflecting upon one's self, is distinctly different from biological and psychological dimensions and is cultural in nature (Frankl, 1988).

Paradoxical intention: The deliberate practice of a neurotic habit or thought in order to identify it and remove it (Frankl, 1988).

Posttraumatic stress disorder (PTSD): A tragic, stressful event characterized by an actual or threatened death, serious injury or threat to physical integrity, or the witnessing of death or injury (APA, 2013). Such an event contributes to feelings of helplessness and fearfulness, resulting in avoidance and or lack of emotion. Symptoms must be persistent and negatively affect important areas of functioning.

Phenomenology: A philosophy or method of inquiry based on the premise that reality consists of objects and events as they are perceived or understood by an individual in the first-person point of view (Smith, 2011).

Purpose in life (PIL): The ability to make sense of and understand one's life while obtaining one's life goals (Steger, 2012).

Self-detachment: The attainment of an objective view of one's self and circumstance (Frankl, 1988).

Self-transcendence: The unique human ability to reach out beyond one's self and toward something or someone other than the self; self-transcendence is the essence of an authentic existence (Frankl, 1988).

Assumptions

There are also several assumptions that must be made in this study. Leedy and Ormrod (2010) postulated, "Assumptions are so basic that, without them, the research problem itself could not exist" (p. 62). One assumption was that individuals who were contacted at agencies that work directly with trafficked survivors were willing to post notices directing survivors to the SurveyMonkey questionnaire. Another assumption was that the contacted individuals can post notices of the questionnaire without implying any coercion or pressure for survivors to participate; however, the voluntary nature of the study may have helped minimize this assumption. It was also an assumption that potential participants were able to read and understand the English language. There was also the assumption that survivors who become participants were honest in answering the questions. However, the survey questionnaire was anonymous and this fact may have help participants answer truthfully. I further assumed that the testing instruments would effectively measure the designated variables. Both instruments however, have shown to be valid and reliable (Crumbaugh & Maholick, 1964; Pelcovitz et al., 1997a; Meier & Edwards, 1974; Zlotnick & Pearlstein, 1997). There was also the assumption that individuals trafficked into the sex industry need to recover from their experiences, as some survivors do not see themselves as victims in need of recovery (Shigekane, 2007).

Scope and Delimitations

The scope of the study included trafficked women who met the following criteria, hereafter referred to as “participants,” living within the United States. Participants were females, 18 years and older, of any racial background and any social economic class who have experienced trafficking for the purpose of sexual exploitation. Excluded from the study were men, women under 18 years, and trafficked women exploited for other reasons. The concept of this study was intentionally narrow in its scope of what was addressed in order to minimize additional trauma to trafficked survivors; therefore, the study sought only to find a correlation between complex PTSD and PIL rather than seeking causal relationships. As such, the issue of internal validity did not apply to this research; this research was not a program or intervention in need of assessing effects. Internal validity means that there was evidence that what was done in a program or intervention caused the observed outcome to happen (Trochim, 2006).

Participants of this study were those who gained access through their involvement in agencies with therapists, counselors, social workers, and other professionals including law enforcement who worked directly with trafficked survivors from the combined list of service providers from one government and one nongovernment agency. Through phone contact, I asked agencies to affix a recruitment poster that I mailed to them through the U.S. postal service.

As an exploratory study, willing agencies were asked to post the recruitment poster to a wall on their premises that offered potential participants an opportunity to answer a questionnaire. The questionnaire consisted of demographic questions and two

measurements formatted as a three-part questionnaire on an Internet website. The recruitment poster stated that the questionnaire was an effort for researchers to better understand and help women who have experienced human trafficking for the purpose of sexual exploitation and that participation was voluntary and anonymous. The results of this study may or may not apply to all trafficked women who were trafficked for the purpose of sexual exploitation.

Limitations

In experimental studies, internal validity refers to the extent to which a researcher is able to say that no other variables except the one under study caused the result. Because this study is not an experimental study, the eight types of extraneous variables identified by Campbell and Stanley (1966) do not apply in this study (see Huitt, Hummel, & Kaeck, 1999). Internal validity is only relevant in studies that try to establish a causal relationship.

External validity refers to the extent in which the results can be generalized to include other people. In this study, the ethnicity of the participants will not likely be representative of the general population of females trafficked for sexual exploitation. Additional limitations would include the study's small sample size, lack of random sampling, the restriction to assess only women over the age of 18, and the use of self-report measures as opposed to more objective instruments. Therefore, a limitation in the generalizability of the results to a larger population would be prudent.

This study did not cover all areas of human trafficking and only focused on sexual exploitation. The research did not cover all possible areas of theoretical orientation used

in therapy that may be useful in therapeutic settings with trafficked individuals. The research was conducted with survivors who are only seeking assistance within the United States. Furthermore, participants who agreed to be a part of this study may differ from those who meet the inclusion criteria but who choose not to be involved.

Again, this study is not an experimental study whereby eliminating issues of confounder variables, variables that would be relevant in a treatment manipulation where a third variable, a confounder or an unknown variable, is responsible for confounding the results of an experiment. The validity of the constructs (construct validity) of complex PTSD and PIL are discussed in the methods section of Chapter 3.

The bias that occurs during the sampling method is likely in this study given that sampling the population is one of convenience rather than one of random selection from the entire population of trafficked women. Response bias, also known as social desirability bias, can be a limitation due to an unforeseen pressure for participants to give socially desirable answers. People do not always answer questions truthfully, they may answer in a way they wish were true, they may not understand the question, and they may not remember experiences they are being asked to describe (Sparknotes, 2015).

Significance

Obtaining results from this research may contribute to the body of knowledge on the therapeutic practices that are provided to survivors of human sex trafficking. I sought to fill a gap in the social science literature that addresses survivors' ability to heal through the efforts of making meaning from traumatic experiences. The information gathered in this study may benefit mental health therapists, health care

providers, and policy makers by providing additional insight into surviving trauma associated with human sex trafficking and by contributing to best practice therapeutic modalities. As such, findings from this study may contribute to positive social change by finding additional best practice procedures in the effort to help sexually exploited trafficked individuals make healthy adjustments to society.

Summary

The introduction provided a brief background on human trafficking which has been called a “sinister operation” (U.S. Department of State, 2006) that exploits and injures countless victims worldwide. The United States has enacted laws to combat this crime both nationally and globally (U.S. Department of State, 2014). These laws provide services for trafficked individuals that include basic needs, legal representation, and mental health services. The psychological consequences for sexually exploited survivors and their ability to reintegrate into society has not been widely studied and therefore establish the problem statement, RQs, and hypotheses addressed in this study. Indeed, if a survivor experiences complex PTSD (Courtois, 2004), then it may be possible to introduce the concept of finding PIL (Frankl, 1988) which is the theoretical framework for this study, PIL may help mediate the symptoms associated with sexual trauma and improve the reintegration process. The nature of this study is an inquiry into the relationship between complex PTSD and PIL in women trafficked into the sex industry. Chapter 1 also provided definitions used throughout this written work, the assumptions associated with research in general as well as specific to this study, discussed the scope and delimitations to include what was not studied, limitations to research in general and

to this study, and the significance of the gap in literature concerning survivors' reintegration. Helping sexually exploited women adjust to society by finding additional best practice procedures may contribute to positive social change. Finally, this chapter ended with this summary and the following introduction to Chapter 2.

Chapter 2 includes an introduction, the literature search strategy, theoretical foundations that include a detailed review of literature on Frankl's concept about the human will to make meaning regardless of one's suffering and the theory of logotherapy. As the foundation for Frankl's theory, Chapter 2 also includes descriptions of his experience as a prisoner in Nazi Germany. Logotherapy techniques and previous research with these techniques are also presented. Additional perspectives in Chapter 2 include the manifestation of Frankl's meaning making theory into the philosophy of humanistic psychology, Längle's perspective on Frankl's meaning making theory, and Park's meaning making model. A literature review related to key variables and/or concepts for human trafficking with examples of trafficked survivors in forced labor, domestic service, and prostitution to help illustrate the psychological implications of entrapment. A literature review related to key variables and/or concepts also includes complex PTSD and past research on this issue. Furthermore, Chapter 2 also includes the *DSM-5* revised criteria for PTSD. Finally, the chapter ends with a consideration to the variables of PTSD and PIL in previous research. The Summary and Conclusions section will finish Chapter 2.

Chapter 2: Literature Review

Introduction

There is a compelling need for evidence on the psychological health of women who have been trafficked for the purpose of sexual exploitation to better understand the process of survivor rehabilitation and reintegration as well as to employ effective and far-reaching mental health services. The aim of this study was to inform rapidly emerging service providers about the relationship between complex PTSD and having PIL among individuals who have a history of being trafficked into the sex industry. Specifically, I investigated if a correlation exists between the dependent continuous variable complex PTSD and the independent continuous variable PIL and whether demographic variables influence this possible relationship.

Much of the literature on human trafficking concerns the political and criminal aspects of human trafficking. Psychological inquiries consist primarily of case studies and personal stories (United States Department of Justice, 2001; United States of America v. Supawan Veerapol, 2002; Jackson, 2004; United States Federal Bureau of Investigation, 2006; Coonan, 2004; Duffey, 2004). Few researchers have examined survivor symptoms and the mental health needs of trafficked survivors. Current mental health assessments suggest survivors experience PTSD, depression, and anxiety disorders (Abas et al., 2013; Hossain, Zimmerman, Abas, Light, & Watts, 2010). The literature often outlines practical needs and means of assessment (U.S. Citizenship and Immigration Services, 2006) but there are little data available on the mental health services that are needed. Primarily, there is little guidance concerning practitioners'

mental health practices with the exception of suggesting cognitive behavioral therapy as the recommendation for treatment (Macy & Johns, 2011). As mentioned in Chapter 1, the psychological consequences of becoming a victim of human trafficking have not been widely studied thereby creating a gap in available literature. Further research is needed to understand the processes of survivor rehabilitation and community integration and to develop more effective and far-reaching services (Cecchet & Thoburn, 2014; Crawford & Kaufman, 2008; Macy & Graham, 2012; Orloff & Sarangapani, 2007; Rafferty, 2013; U.S. Department of State, 2003, 2014; UC Berkeley, 2004; Zimmerman, Kiss, Hossain, & Watts, 2009).

Chapter 2 begins with the literature search strategy for this work. Then, I provide the theoretical foundation of this dissertation with an explanation of the life experiences of Frankl as a prisoner in Nazi Germany. Frankl's experience provided the foundation for his concepts of surviving trauma for which he developed the therapeutic model of logotherapy, a therapy that helps individuals find meaning and purpose after traumatic experiences (Frankl, 1984). Research on the use of logotherapy in therapeutic work is presented along with overviews of Längle's perspectives on logotherapy, humanistic psychology, and the concept of meaning making. Then, I review the literature related to the key concepts and variables in the study. First, the concept of human trafficking is reviewed including laws that have been passed, the efforts taken to combat this crime, and some of the possible causes of its existence. Examples of human trafficking are provided specifically addressing areas of forced labor, domestic service, and prostitution. The area of human trafficking that includes organ brokerage is beyond the scope of this

research; however, much can be gleaned from reading testimony presented to the United States House of Representatives on the topic (U.S. House of Representatives, 2001). Second, I review the variable of complex PTSD with a comparison to the current diagnosis of PTSD in general. Studies related to the key variables PIL and complex PTSD are also presented. The summary for Chapter 2 includes the integration and possible effect of logotherapy on human trafficking, specifically human trafficking for the purpose of forced prostitution.

Literature Search Strategy

I searched the terms *Viktor Frankl*, *logotherapy*, and *logotherapy and study/treatment/research* in Academic Search Complete and PsycARTICLES databases and the search engine Google. The term *meaning making* was searched in PubMed, SocINDEX with Full Text, PsycINFO, PsycARTICLES, and Academic Search Complete databases. The terms *humanistic psychology*, *humanistic psychology and posttraumatic stress disorder* were searched in Academic Search Complete, PsycINFO, and PsycARTICLES databases. The term *complex posttraumatic stress* was searched in Sage Premier Database, CINAHL Plus with Full Text, as well as Academic Search Complete, PsycINFO, PsycARTICLES, and MEDLINE with Full Text.

I also searched the phrase *human trafficking* in databases including Academic Search Premier, PsychARTICLES, PsycINFO, SocINDEX with Full Text, Business Source Complete, MEDLINE with Full Text, CINAHL Plus with Full Text, PubMed, and Sage Publications and the search engine Google. These searches netted the U.S. Department of State's annual TIP Report, U.S. laws enacted, the United Nations Global

Report on Trafficking, and thousands of news articles on the topic. Additional terms searched in PubMed included *mental health*, in conjunction with the term *human trafficking*. I also conducted more specific searches of *forced labour/labor/exploitation*; *domestic service/servitude*; *mail order bride* and *matchmaking services* in the previously mentioned databases and search engines as well as Health Source: Nursing/Academic Edition and the Military & Government Collection databases.

My initial search was not limited by year or source. In an effort to stay current with information on this topic, my second search was limited to the years 2011-2015; however, the majority of articles during that time frame often reference articles that have been reviewed in this work. My initial search also included dissertations on human trafficking, for which I originally found five. A second search of all dissertations using the specifiers *all human trafficking*, and *psychobiology*, *psychology of learning*, *psychological tests*, *psychiatrists*, *psychiatry*, *psychiatric mental health nursing*, *psychotherapy*, *psychologists*, *psychotropic drugs*, *psychopharmacology*, *psychoanalysis*, *psychology*, *psychopathology*, and *psychological aspects* resulted in 37 additional research dissertations. After Institutional Review Board (IRB) approval and data collection, I conducted a third search of the literature that included the search terms *human trafficking*, *sex*, and *complex PTSD*. This search was limited to peer reviewed, scholarly journals, and the years 2016-2020 netting 60 results. I focused on articles that referenced survivors' reintegration and their needs for long-term success.

Theoretical Foundation

In this section, I will introduce the theory for this research to include the name of the theory, its origin, and the major propositions and assumptions that are appropriate to its application. I also describe how researchers have tested Frankl's theory with examples of how the theory has been applied in other studies. Also provided is an explanation as to how the theory has developed and how it has been incorporated into the field of humanistic psychology. I will also provide the rationale for the choice of Frankl's theory for this research and describe how Frankl's theory relates to this study and its RQs.

Viktor Frankl's Theory of Meaning Making

The three basic assumptions of Frankl's theory of meaning are as follows: (a) life has meaning in all circumstances, (b) people have the will to make meaning, and (c) people have freedom in all circumstances to initiate their will to make meaning and to find PIL (Frankl, 1988). Frankl referred to his meaning centered model of therapy as logotherapy. The word *logos* is a Greek word having several meanings that when taken together form the bases of Frankl's theory. The word *logos* means word, meaning, study, spirit, and God (Boeree, 2006). The word also means logic, reason, evidence, thought, and speech, and may be understood as what one thinks and says, is what one becomes (Urban, n.d.). Logotherapy is the treatment of one's attitude towards an unchangeable fate (Frankl, 1988). Humans symbolize meanings through the use of language. An individual's dialogue, both internal and external, forms his or her opinions and perspectives (Frankl, 1988). The freedom of will to "take a stand" (p. 16) in choosing

one's attitude, in choosing what one thinks and says, is the first of the three pillars of logotherapy and of Frankl's theory of meaning (see Figure 1).

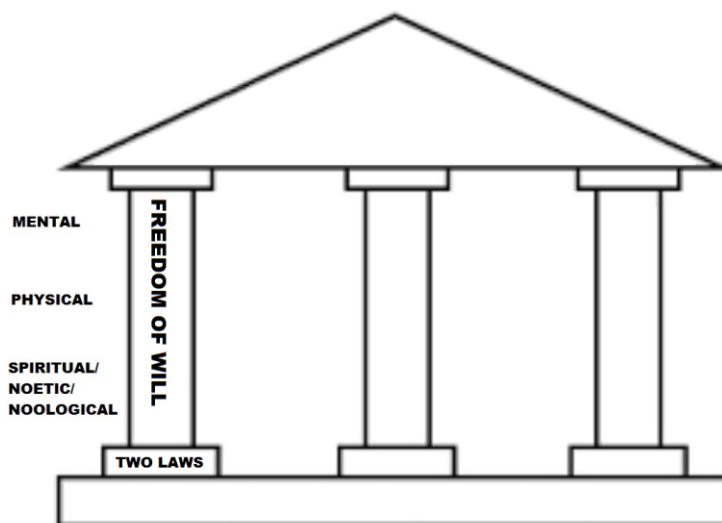


Figure 1. Freedom of will. The first pillar embodies mental, physical, and spiritual dimensions. Two laws on spiritual phenomena are contradiction and ambiguity. Adapted from “Metaclinical Implications of Psychotherapy,” by V. E. Frankl, in *The Will to Meaning: Foundations and Applications of Logotherapy*, (Expanded ed. p.16), 1988, New York, NY: Meridian. Adapted with permission (see Appendix A).

In the act of reaffirming one's commitment to moral principles, an individual creates the ability to shape his or her character and loosen the constraints of mere drives and instincts. In doing so, Frankl (1988) believed an individual became aware of a third dimension in addition to the mental and physical dimension. Frankl called this additional dimension the *noological dimension*. The first of the two laws of the noological dimension is that a phenomenon projected out of its own and onto lower dimensions

contradicts one another. By Frankl's conception, therefore, mind, body, and spirit could not be separated. Frankl believed that when the human experience was projected onto psychological and biological dimensions only, the results were contradictory. Frankl's conceptual drawing of the first law of the noological dimension illustrates that the cylinder could also represent a vessel or a cup that could hold the essence of being human. See figure 2.

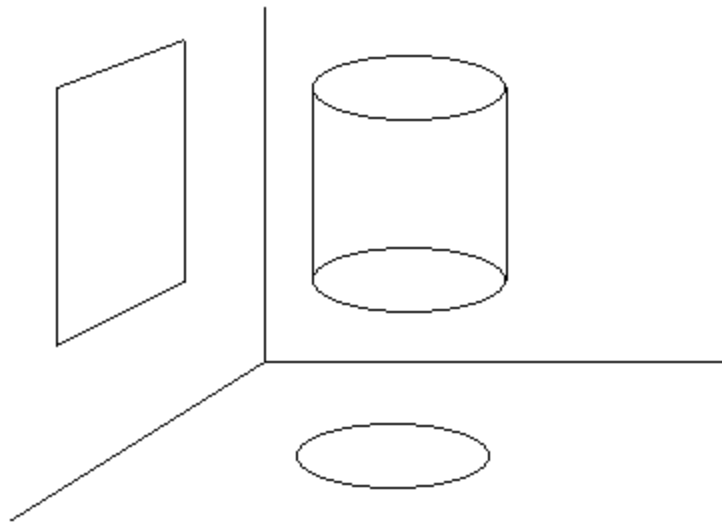


Figure 2. The first law of the noological dimension: Contradiction. From “Metaclinical Implications of Psychotherapy,” by V. E. Frankl, in *The Will to Meaning: Foundations and Applications of Logotherapy*, (Expanded ed. p.23), 1988, New York, NY: Meridian. Reprinted with permission (see Appendix A).

The second law of the noological dimension is that different phenomena projected out of its own and onto a lower dimension is ambiguous (Frankl, 1988). Differences could appear the same when reflected without the noological dimension (See figure 3). Frankl understood that neurosis could manifest in the typical sense, a mental psychogenesis; in the physical sense, a somatogenesis; and in a spiritual sense that which

he referred to as a *noogenesis*. Noogenic neurosis was the result of frustration with the will to meaning (Frankl's second pillar in his theory), which Frankl called *existential frustration* or an *existential vacuum*.

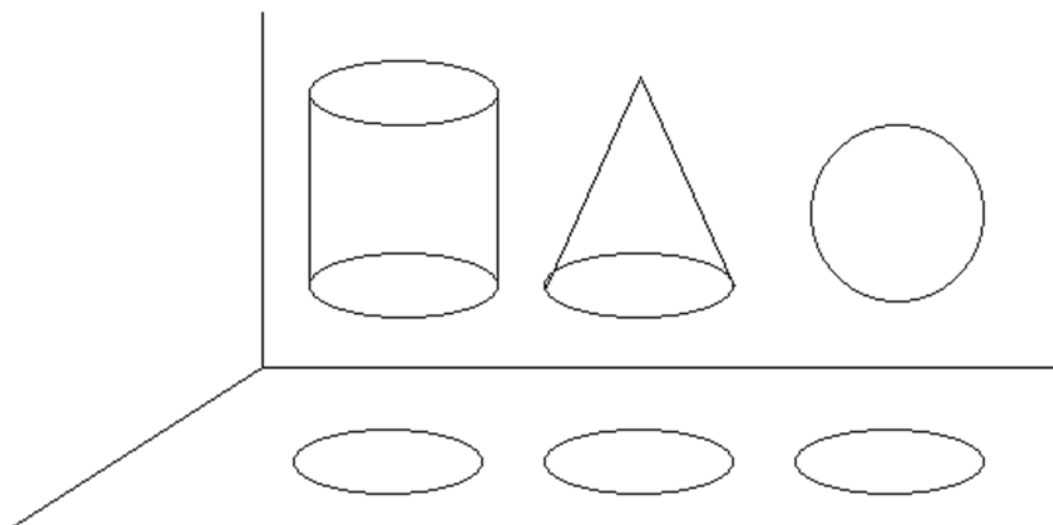


Figure 3. The second law of the noological dimension: Ambiguity. From “Metaclinical Implications of Psychotherapy,” by V. E. Frankl, in *The Will to Meaning: Foundations and Applications of Logotherapy*, (Expanded ed. p.24), 1988, New York, NY: Meridian. Reprinted with permission (see Appendix A).

Regardless of circumstances, including unavoidable suffering, Frankl believed meaning could be derived from all experiences (Schulenberg, 2004). However, should one fail to find meaning due to responding to life's circumstances with conditioned responses or automatic reactions natural to the animal kingdom, a neurosis in the spiritual dimension would cause an existential frustration or a vacuum with the will to meaning (the second pillar) (Schulenberg, Hutzell, Nassif, & Rogina, 2008). In this condition, an individual may then be motivated to find meaning or the neurosis may continue and manifest as addictions, depression, aggression, or other physical illnesses.

The noological, also referred to as a noetic or spiritual dimension, for some individuals is restricted to religious concepts. However, noetic also implies all human resources used to counteract illness and trauma to include humor, compassion, forgiveness, and awareness (Peña, Hernández, Nava, & Muñoz, 2011). The noetic dimension is characterized by one's freedom and responsibility; it refers to aspirations beyond that which are found in a material world. Wong (2015) referred to Frankl's first pillar, freedom of will, as a hypothesis in which one is free to respond in any way one chooses given a free society, however only when individuals choose in a responsible or in a self-transcendent way does one experience meaning in life events. Wong states, "It is not a matter of how many free choices you have, but what kind of choice you make" (p. 21).

The second of the three pillars of Frankl's theory of meaning and thusly the meaning centered model of logotherapy, after the freedom of will, is the will to meaning (Frankl, 1988). See figure 4. The will to seek and find meaning, is the basic striving of individuals to fulfill a purpose. In doing so, individuals have a reason to be happy, to experience pleasure, and experience the feelings of success and power. Happiness, pleasure, feelings of success and power are considered emotions: a state of being that is a byproduct of finding meaning rather than a goal in and of itself to pursue.

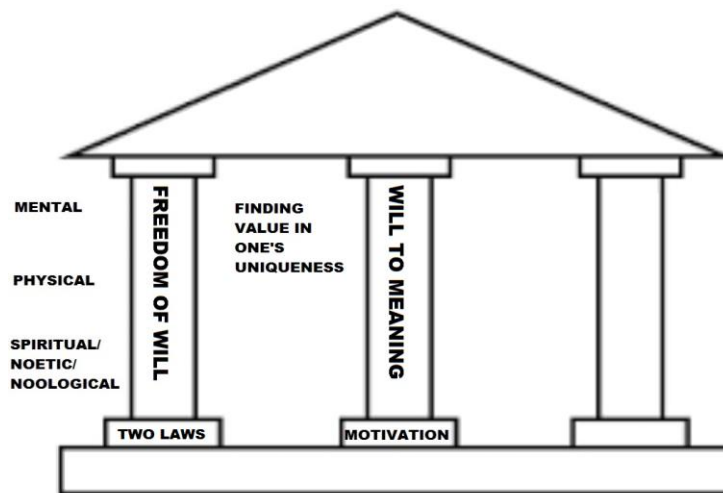


Figure 4. Will to meaning. The second pillar embodies one's uniqueness. Motivation by choosing the meaning of one's existence. Adapted from "Metaclinical Implications of Psychotherapy," by V. E. Frankl, in *The Will to Meaning: Foundations and Applications of Logotherapy*, (Expanded ed. p.16), 1988, New York, NY: Meridian. Adapted with permission (see Appendix A).

The more an individual directly pursues happiness, pleasure, feelings of success and power, the less likely he or she will be to find them. See figure 5.

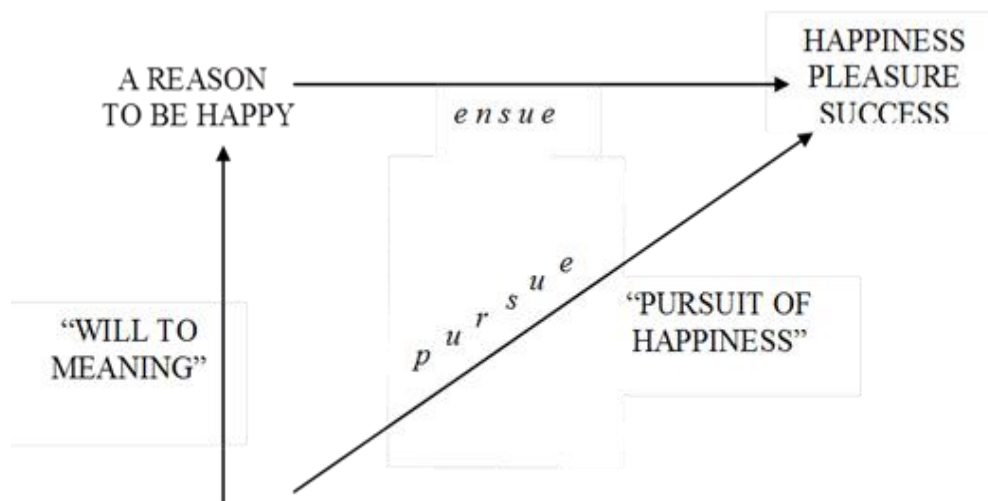


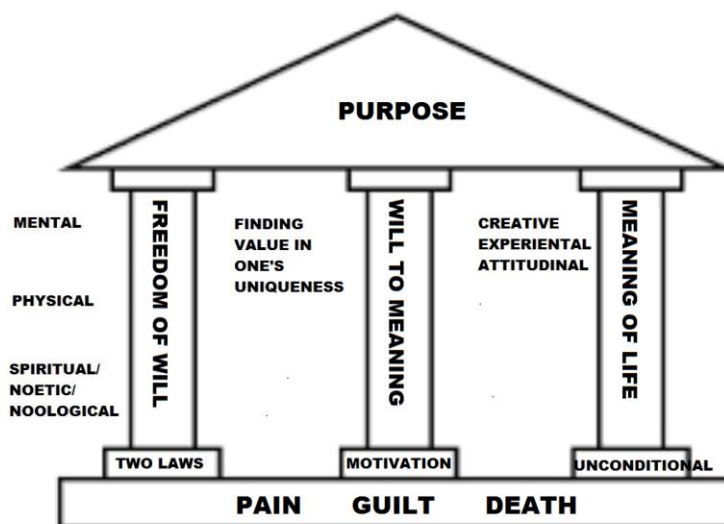
Figure 5. Pursuit of happiness. From "Metaclinical Implications of Psychotherapy," by V. E. Frankl, in *The Will to Meaning: Foundations and Applications of Logotherapy*, (Expanded ed. p.34), 1988, New York, NY: Meridian. Reprinted with permission (see Appendix A).

In opposition to the concept of homeostasis and the reduction of tension by seeking pleasure, Frankl (1988) believed something greater than the pleasure principle, as a means to homeostasis, was necessary for survival. He believed deeper, truer meanings were discovered as having value. Values were not given or invented and were distinguished from values that were imposed by the consensus of society. The act of finding meaning implied freely asking life's questions and in an intuitive, responsible, creative conscience, a unique answer would emerge from one's core. The will to meaning by the fulfillment of purpose paradoxically increases happiness (Hutchinson & Chapman, 2005). As opposed to the will to pleasure offered by Freud or the will to power as offered by Adler, the will to meaning allows individuals to choose for

themselves the meaning of their existence as the most basic human motivation (Melton & Schulenberg, 2008). One's purpose, one's uniqueness can empower him or her to sustain suffering with meaning and dignity. Wong (2014) suggests that the will to meaning "the meaning mindset hypothesis" (p. 1) is a spiritual need to seek self-transcendence.

Furthermore, Frankl's logotherapy is designed to reorient individual's personal growth towards meaning fulfillment and self-transcendence rather than towards the pursuit of happiness and success, away from ego fulfillment and towards mindfulness.

The third pillar of Frankl's (1988) theory of meaning and thusly logotherapy, after the freedom of will and the will to meaning, is the meaning of life. See figure 6.



*Figure 6. Meaning of Life. The third pillar embodies creative, experiential, and attitudinal aspects that are unconditionally meaningful. Adapted from "Metaclinical Implications of Psychotherapy," by V. E. Frankl, in *The Will to Meaning: Foundations and Applications of Logotherapy*, (Expanded ed. p.16), 1988, New York, NY: Meridian. Adapted with permission (see Appendix A).*

Life, according to Frankl (1988), was unconditionally meaningful and could be found in three basic value areas or venues, which he believed were the creative, experiential, and attitudinal venues. Creativity has countless forms, whether in a work or in a deed. Experiences could stem from nature, culture, goodness, beauty, or an authentic human encounter. Yet even deprived of those values, humans could invoke their moral commitment toward how they feel, on attitudes toward an unchangeable circumstance, and on an unchangeable fate. Concerning fate, three aspects were considered unavoidable, pain, guilt, and death. Frankl (1988) called them, “the tragic triad of human existence” (p. 73). He believed pain and suffering could be turned into a sense of accomplishment by making the commitment to experience such fate with courage and dignity. The feelings of guilt were a privilege and an opportunity to correct the wrongs by reshaping oneself into a better person. And in death, the treasures from our past had been safely kept in memories, preserved where they could not be taken away.

All around him, inmates were asking whether they would survive. If not, then all they had suffered was in vain, empty, and meaningless. Frankl (1988) declared that the suffering itself had meaning. If not, then survival had no meaning. In that instant, Frankl realized that if the meaning of life depended on survival alone, life would not be worth living. Presented with this shift in perspective came one’s responsibility to logos, the responsibility to one’s word, to meaning, to study, to spirit, and to God, to logic and reason, to evidence, thought, and to speech. He realized life’s challenge was for each individual to discover the opportunity to decide what indeed is uniquely meaningful for him or herself (Melton & Schulenberg, 2008). Responsibility was merely the opportunity

to respond appropriately in action, with an experience, or an attitude consistent with one's personal unique values (Schulenberg et al., 2008).

This shift facilitated two essential qualities of human existence, namely self-transcendence and self-detachment (Frankl, 1988). To help individuals discover these two essential qualities, two therapeutic techniques delivered in a Socratic dialogue are used in Frankl's meaning centered logotherapy, dereflection and paradoxical intention respectively. Dereflection is the attempt to counteract hyperactive reflection, such as when a patient becomes fixated on his or her inner turmoil that in turn reinforces the neurosis or psychosis. Frankl stressed with his patients that one's identity was not the result of concentrating on the inner-self but rather concentrating on a larger purpose, or a cause that could be fulfilled through effort in an outward direction. Paradoxical intention is the attempt to introduce humor into the thoughts that cause fear in the patient, such as dying, aging, and discomfort, by encouraging him or her to engage abundantly in the thoughts and or behaviors that cause the anxiety. Frankl asserted that humor created the distance needed between the person and his or her predicament so that the patient could detach from difficult situations that limited perspective. These methods, combined with other methods such as relaxation techniques, hypnosis, behavioral therapy, and pharmacotherapy, can greatly effect change in a patient's attitude towards meaning and purpose ultimately facilitating genuine happiness in life. Wong (2015) described Frankl's third pillar as "the self-transcendence hypothesis" (p. 11) in that if individuals can redirect their focus away from self-interest towards something bigger than the self, they can experience the meaning of life and attain self-actualization.

Frankl proposed that human achievement and happiness required the discovery of an individual's unique spiritual meaning (Hutchinson & Chapman, 2005). He defined spiritual meaning as reaching out beyond the self to the overall order of all living things. Responses inconsistent with one's spiritual meaning indeed had objective impact; however, responses that did not provide a sense of life meaning resulted in an existential vacuum, more commonly described as a feeling of emptiness (Schulenberg et al., 2008).

Biography of Frankl. At the age of 37, a newly married doctor of neurology, Viktor Frankl (1905-1997) was arrested and taken to Nazi concentration camps in the autumn of 1942 (Boeree, 2006). At the time, he was practicing psychiatry in Vienna. When he was arrested, his mother and father, his brother, and his new wife were also taken into custody. They were taken to the concentration camp at Theresienstadt in Bohemia where his father died of starvation. From there they were transported to Auschwitz in southern Poland where his mother and brother were killed. His wife was transported to the Bergen Belsen concentration camp in North West Germany where she died in 1945, the same year all prisoners were liberated. His sister, Stella, was the only member of his family to survive the annihilation of millions. Through the suffering and loss experienced during his confinement, Frankl tested and refined his theories of the human personality and the practice of assisting its survival for which he called logotherapy.

Frankl had been interested in and focused on issues of the human will prior to his arrest (Pytell, 2007). He thought of this dimension of being human as a spiritual dimension, one of responsibility that could assist in times of chaos. This dimension, this

part of being human could help objectify experiences and help distance oneself from absurdity. This spiritual dimension could help individuals analyze situations and events.

Once liberated, Frankl (1984) wrote about his experiences as a prisoner. He had lived through persistent, daily reminders that survival was threatened; starvation and disease were rampant, gangrene, hypothermia, dehydration, and frostbite often disabled the strongest men. Electric fences, towers, and armed guards controlled the environment where the smell of death mocked their worthiness. While incarcerated, Frankl made observations of one's willingness to cope with suffering; it was an observation of abilities that were distinctly human. Frankl believed that life held potential meaning under any circumstance. Pleasure, happiness, and success could not be pursued; he believed they must ensue from finding one's personal meaning in the incident of living. Meaning was found, if even for a moment, in that which was sacred within. It was finding an authentic love for something greater than one's self. Imbued from this perspective, the magnificence of light and sound, of memories, of imagination and purpose even in the bleakest of circumstances could often evoke a sense of humor. It was that which moved the soul; it was *meaning*. Frankl believed this frame of reference was a brave, dignified, unselfish, and responsible choice especially when life was a decision made by others. He considered this perspective to be a person's right, one's freedom; it was this inner freedom that could not be lost or taken even at the moment of death.

Frankl observed his fellow inmate's loss of hope, lack of interest, and growing indifference towards living (Pytell, 2007). As a solution for such apathy, Frankl relied on a strategy of attitude adjustment in its most extreme form. This attitude adjustment or

perspective shift was not only essential for survival but also uniquely human. He believed there was a ““supermeaning”” to our experience, regardless of the context (p. 652).

Previous research using Frankl’s theory. Frankl’s theory, and subsequently his method of therapy, logotherapy, has been tested with several measurements through quantitative design. Frankl’s theory has been applied through a variety of settings from outpatient individual counseling to inpatient group dynamics.

The most widely used and thoroughly researched measurement to test Frankl’s theory has been the PIL Test designed in the late 1960s by Crumbaugh and Maholick (Schulenberg, 2004). The PIL Test, further discussed in chapter three, has a 7-point Likert type scale with 20 items measuring the degree to which an individual judges his or her sense of meaning and purpose. Schulenberg (2004) compared the PIL Test to the Purpose in Life Questionnaire (PLQ), the Seeking of Noetic Goals test, and the Meaning in Suffering Test (MIST). The results indicated all measurements were internally consistent and reliable with the exception of two subscales on the MIST. The Death Anxiety Scale (DAS) has also been used in conjunction with the PIL Test (Zuehlke & Watkins, 1975) for assessing Frankl’s theory on meaning making. Using the PIL Test and the DAS pre and post logotherapy, results showed significant improvement in death related anxiety and perceived PIL. The Ladder of Adjustment, the Zuckerman-Kuhlman Personality Questionnaire, and the Multidimensional Health Locus of Control scale have also been used in conjunction with the PIL Test to determine the influence of applying Frankl’s theory of meaning making in response to physical injury (Thompson, Coker,

Krause, & Henry, 2003). Results in this study strongly supported applying Frankl's theory to individuals who have experienced physical trauma.

In applying theory to practice, case studies on the effects of Frankl's theory have been conducted. For example, a detained 17-year-old adolescent male was experiencing severe depression (Blair, 2004) consistently scoring 40 points on the *Beck Depression Inventory* (BDI). Depression was reassessed after two weeks using the techniques of logotherapy. The results showed considerable improvement in the adolescent's BDI score.

Another example of applying theory to practice includes the observations of logotherapy as a treatment for veterans with chronic combat related PTSD. In three qualitative case studies results indicated psychological improvement recorded as testimonials (Southwick, Gilmartin, McDonough, & Morrissey, 2006). The case studies included an inpatient rehabilitation program, a weekly outpatient group, and individual therapy. Logotherapy techniques were used to address a foreshortened sense of future, guilt, survivor guilt, exaggerated locus of control, and an existential loss of meaning and purpose. All participants reported a renewed sense of belonging and usefulness and offered testimonials of their emotional and attitudinal improvement.

Logotherapy technique. Logotherapy is a humanistic existential approach of applying the theory of meaning making to a variety of mental health issues with a focus on discovering and maintaining purposeful living (Schulenberg, 2004). Therapy incorporates responsibility and courage to help individuals adjust their attitude in order to facilitate confidence in discovering what is uniquely meaningful, thereby transcending

the self (Hutchinson & Chapman, 2005). Logotherapy has been conceptualized as a process conducted in a series of four steps (Schulenberg et al., 2008). The first step is to help individuals differentiate themselves from their symptoms. The second step helps individuals shift their attitudes regarding their focus on symptoms by encouraging an awareness of other options, in essence, a reframing of circumstances that more accurately describes their chosen life meaning regardless of symptoms. The third step focuses on symptom reduction by using specific techniques. Techniques include paradoxical intention, dereflection, logo analysis, and various exercises and games to help clarify values and enhance meaning. The fourth step focuses on maintenance by practicing the awareness of a chosen purpose and future life goals.

Frankl's Meaning Making: The Existential Foundation of Humanistic Psychology

Viktor Frankl's theory of making meaning is the predecessor of humanistic psychology. In the United States during the 1950s, new theories of human behavior emerged in response to psychoanalytic and behavioral theories. The philosophy of humanistic psychology contains the basis of Frankl's theory from the early 1940s, primarily that there must be more to being human than simply satisfying or controlling animal desires, or seeking pleasure and avoiding pain (Cherry, 2012; Penny, Perlow, & Ruscitto, 1996). The theory of humanistic psychology asserts that humans are aware of their existence and make deliberate and conscious decisions about what holds value and meaning (Penny et al., 1996). Every person is worthy and has the right to achieve self-understanding through reason and rational thought. This self-understanding results in the ability to make better choices that facilitate the actualization of one's future. Humanistic

psychologists focus on the structure and organization of human thought emphasizing the motivation to fulfill one's potential and purpose. An individual's behavior directly comes from one's inner feelings, self-perception, and from the meaning they attach to their experiences (Harari et.al., 1994; Penny et al., 1996). The most prominent therapeutic approaches to humanistic psychology include gestalt therapy (Perls, 1969), client-centered therapy (Rogers, 1951), existential psychotherapy (Yalom, 1980), and existential integrative psychotherapy (Schneider, 2008). Although there are differences in these approaches, the similarities emphasize understanding the human experience through consciousness based on the principle that reality consists of objects and events as they are perceived and understood in the present moment from the first-person point of view (Waterman, 2013). Within these therapeutic approaches, emphasis is given towards developing rapport between the patient and therapist as a means to address issues with existential isolation and meaninglessness through a process of meaning making.

As with Frankl's theory, the philosophical foundation of humanistic psychology is existentialism and phenomenology for understanding the nature of human behavior. Existential philosophy emphasizes freedom of choice in choosing the meaning of one's life experiences (Waterman, 2013). Individuals are regarded as free agents and are responsible for their choices and actions. The existential perspective seeks a balance between what human beings will do with the possibilities and opportunities of human life and the biological limitations that are often tragic dimensions of the human experience. Phenomenology is the belief that individuals will respond in a manner consistent with their subjective perception of the world. Reality is but an interpretation of events

(Mølbak, 2012). Humans are able to think about their thought processes and associated feelings, and make corrections that can better facilitate their growth. Humans are not just conscious but self-conscious with the desire to improve their life experiences (Penny et al., 1996).

Längle's Perspective on Frankl's Theory of Meaning Making

The most current perspective on Frankl's theory comes from Alfried Längle, the president and founder of the International Society for Logotherapy and Existential Analysis in Vienna as well as a collaborator and friend to the late Viktor Frankl. Längle asserted the idea that finding meaning in life is a "complex achievement of the human spirit" (Längle, 2005, p. 3). This achievement is nonphysical and underlies human conscience. As individuals interact with the world around them, they become aware of what is possible given the limitations. Through a relationship to the outer world, possibility and challenge reaches out albeit in a factual reality. In the space between the factual and the possible lie the dimension of human existence and the ability to make life better by the attitude that is held in this condition. Längle postulates four fundamental realities of this condition. The first reality is the simple realization that one is in existence. Awareness of this fact is indeed astonishing to many. Such awareness poses the question; *can I claim my place in this condition between factual and possible?* If so, three demands must be met by the decision to actively have and accept them. They are protection, space, and support. Without these, one's condition becomes restless, insecure, and fearful where negative coping methods may develop into either an avoidant or fleeing reaction. The second fundamental reality suggested by Längle is how to live in

a place where life asks, *now that I am here, how do I cherish my moments?* To do so, one needs and must actively seek three things: relationships, time, and closeness. Without these needs being met, one's condition becomes distant, longing, cold, and depressed. The negative coping reactions used when these needs go unmet include regression, overprotection, and overachievement. The third fundamental reality, after awareness and closeness, is one's uniqueness wherein the question arises, *am I free to be me?* In order to feel validated, one must experience and allow three things to occur: attention, justice, and appreciation. Without them, solitude, shame, and hysteria are often the consequences. The negative coping reactions for these consequences include distancing, stubbornness, resignation, and dissociation that can lead to personality disorders.

Längle's fourth fundamental reality is finding purpose after awareness, closeness, and uniqueness. The question life asks are, *what is my purpose; why am I here?* To fulfill a purpose, three things are needed. According to Längle they are, "a field of activity, a structural context, and a value to be realized in the future" (p. 11). By not finding purpose, one's condition is filled with emptiness, frustration, and despair. The negative coping reactions associated with a lack of purpose are cynicism, indignation, and resignation that often lead to addictions. Längle's perspective on logotherapy further expands and defines Frankl's theory and takes into consideration some of the attributes Frankl had as an accomplished psychiatrist, forced into the condition of becoming a prisoner in Nazi controlled Germany.

Recent Perspectives: Park's Meaning Making Model

The meaning making model designed by Crystal Park, distinguishes between two systems of meaning: an individual's global meaning and his or her situational meaning (Park, 2005). The more that the two systems are dissimilar; the greater a potential is for a crisis to occur.

According to Park, a person's global meanings include one's beliefs, goals, and subjective feelings. These cognitive structures help individuals understand the nature of the world (Park, 2010). An individual's beliefs include thoughts on justice, control, predictability, fairness, luck, coherence, benevolence, and a personal view of self that provides a framework through which life experiences are interpreted (Park, 2010). These worldviews are constructed early in life and through experiences, become modified throughout one's lifetime. A person's goals imply desired outcomes in relationships, health, wealth, knowledge, work, and achievements. They are comprised of both a desired future as well as the maintenance of goals already achieved (Austin & Vancouver, 1996). Subjective feelings refer to the sense that a person has a purpose and direction in life. This sense of purpose, or meaningfulness, is derived from experiences that contribute toward one's desired goals.

Situational meaning refers to the appraised meaning an individual attribute to a specific life event (Park, 2005). This second system of meaning occurs in a specific situation such as loss, threat, or a challenge that includes a causal attribution. An individual compares his or her global meanings with his or her appraised meaning and

stress or trauma occurs when the appraised meaning differs or violates aspects of one's global beliefs, goals, and subjective feelings (Park, 2008).

The meaning making theory, therefore, proposes that individuals must modify their global beliefs, goals, and subjective feelings or modify the appraisal of a situational meaning in order to reduce distress (Park & Blumberg, 2002). To do so individuals must either change their worldviews to accommodate the stressful event or change their appraisal of a negative event to make it fit into their existing worldviews ultimately resulting in meanings being made. This theory further proposes that making meaning from traumatic experiences positively relates to post traumatic growth (Park, Mills-Baxter, & Fenster, 2005). Survivors of trauma who report higher levels of stress related growth also report having the perception of experiencing positive life changes by feeling more hopeful and optimistic (Park, Edmondson, & Blank, 2009). Among the described feelings, survivors often report having a renewed appreciation for life, closer relationships to others, better coping skills, and a higher sense of spirituality.

Traumatic experiences may be incorporated into an individual's system of beliefs, but in many cases, the most traumatic experiences substantially violate one's global beliefs, goals, and subjective feelings, thereby initiating a religious or spiritual struggle (Wortmann & Park, 2009). Recall that Frankl (1988) referred to the spiritual struggle as a noogenesis and that a noogenic neurosis was the result of frustration with the will to meaning, which Frankl called an existential frustration or an existential vacuum. Frankl's prescription for the antidote was to make a commitment to one's moral principles, to respond appropriately to the values each individual inherently possesses, and to affirm

those values that are neither invented nor imposed by others but rather are the unique values that one finds as greater than one's self.

Rationale for Use of Frankl's Theory

The rationale for choosing Frankl's theory of meaning making for this study was in the unusual similarity between the captivity experienced while enduring sexual exploitation and that of surviving trauma while being imprisoned during the Nazi occupation. The phrase that became synonymous with my studies on human trafficking were the words inscribed above the gateways to several concentration camps, "Arbeit Macht Frei" translated into English reads, "Work Brings Freedom." In fact, freedom was never the intention of the captors. Nor is it the intention of today's traffickers. This led me to study Viktor Frankl's theory, his search for meaning, and his application to surviving trauma. This area of human trafficking is a violation of human dignity and to one's inalienable rights as is the wrongful imprisonment, starvation, torture, and death by the Nazi regime.

As noted in Chapter 1, the general RQ for this study was, does PIL (Frankl, 1988) mediate symptoms of complex trauma (Courtois, 2008) experienced by women who were trafficked into the sex industry? This question relates to Frankl's theory by postulating that to find meaning, and or make meaning from complex and traumatic experiences, can facilitate healing and growth in traumatized women who have been trafficked into the sex industry. More precisely this study sought to answer, is there a relationship between the level of symptoms of complex PTSD as measured by the SIDES assessment (Roth et al., 1997) and the level of having PIL as measured by the

PIL Test (Crumbaugh & Maholick, 1969) in women trafficked into the sex industry, and if so, after controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, does PIL as measured by the PIL Test (Crumbaugh & Maholick, 1969) have a significant influence on complex PTSD as measured by SIDES assessment (Roth et al., 1997) in women trafficked into the sex industry? These questions have the potential to build upon the existing theory postulated by Frankl, and expounded on by Längle, that regardless of circumstance, individuals can cope with, overcome, and heal from traumatic experiences by making a commitment to their moral principles and by modifying their belief systems as postulated by Park thereby making meaning and finding purpose out of life.

Literature Review Related to Concepts and Key Variables

The key variables in this study are PIL, previously discussed in Frankl's theory, and complex PTSD as defined by Herman (1992) following in this section after the concept of human trafficking. As mentioned in Chapter 1, the concept of human trafficking is not a new phenomenon (Dodson, 2005). Trafficking of human beings, trafficking in persons, human trafficking, and modern-day slavery are terms used to label the criminal act of recruiting, harboring, transporting, providing, or obtaining persons for labor or commercial sex acts through the use of force, fraud, or coercion (U.S. Department of State, 2015). Human trafficking is a sinister illegal operation that exploits people, particularly women, and is the reason I selected this topic for research study.

Research on Human Trafficking

Background. The Civil Rights Division of the United States Department of Justice (2006) and the U.S. Attorney's Office opened 480 new investigations into the federal crime of human trafficking between the years 2001 and 2006. This upward trend was approximately 325% more than were opened in any previous 5-year period. During the first eight months of 2006, more defendants were convicted of trafficking in persons than in any previous year.

The TVPA is three-pronged, addressing prevention, protection, and prosecution. Prevention measures include authorizing educational and public awareness programs. Protection measures include offering the victims housing, education, health and mental health care, job training, and all other federal and state funded social service programs including cash and food benefits. Victims are also eligible for the Victims Witness Protection Program and for the T Visa making victims legal temporary U.S. residents. After three years of temporary residency, 5,000 persons per year are authorized to become permanent U.S. residents. Prosecution measures include making trafficking of humans a federal crime with severe penalties including the possibility of life in prison. The law also stipulates that each year the progress report, Trafficking in Persons (TIP), will be written by the U.S. Department of State (U.S. Department of State, 2006). The TIP Report is the most current review of world countries participation in the prevention, protection, and prosecution of trafficking persons and their compliance with the minimum standards of the TVPA (see Appendix B). The TIP report is used as a diplomatic tool for dialogue, encouragement, and as a guide to focus on programs and

policies as well as a tool to use in considering sanctions towards noncompliant countries. The information in the TIP report is gathered from U.S. embassies, foreign government officials, nongovernment and international organizations, published reports, research trips to each region, and information submitted by email to the U.S. Department of State.

In the world's current condition of civil unrest, political violence, economic collapse, and environmental disasters, global migration has accelerated (Bach, 2003). Those seeking lives free from poverty, disease, and inequality quickly become willing to be part the 150 million international migrants moving around the globe. For example, a mitigating factor is the hourly wage differential between poor and rich countries. Hourly manufacturing jobs in Germany pay the U.S. equivalent of \$31.00 compared to Russia's U.S. equivalent of \$0.60. Similar discrepancies are found in comparable jobs between Japan's U.S. equivalent of \$24.00 per hour and Thailand's U.S. equivalent of \$0.46. With a lack of alternative survival strategies, it is not difficult to understand the motivation behind world migration. It could be highly beneficial to travel abroad, or feel compelled to send a family member to seek education or employment opportunities.

These globalizing socioeconomic trends fuel the problem of human trafficking (Chuang, 2006). With globalization, the growing wealth gap, few employment opportunities, and avenues for education, desperate people must migrate for survival. The resulting illegal migration turns sinister as people are kidnapped or duped, then become trafficked as commodities. For women the problem is especially acute as they are overrepresented, dramatizing the global "feminization of poverty" (p. 141). Trafficking is a twofold problem. First, new masses of migrants are problematic for

wealthy countries that tighten their border control forcing the most vulnerable, women in particular, to accept assistance from those believed to be allies. Secondly, women are at the extreme end of the migrating continuum, for them migration is seen as survival rather than as seeking opportunity. Countries that discriminate against women offer less education and employment opportunities for women. Such countries have more gender-based violence and institutionalize traditional worker roles based on gender such as, housework and childcare. These countries traditionally pay uneven wages or salaries and enforce restrictions in citizenship, inheritance, and religious rights. With the institutionalization of male privilege and female restrictions, it becomes apparent why families from these countries prefer male children. It also becomes apparent why women, more often than men, find themselves in dire economic circumstances. While the demand for females in poor countries remains low, the demand for undocumented female workers in wealthy countries is high. Not only can women find employment in labor-intensive industries such as textiles or agriculture, they can also find employment in the illegal flesh industry.

To understand the scope of the problem, UNODC (2006) presented the *Trafficking in Persons: Global Patterns* report in April 2006. One of the first major milestones was detailing the description and definition of exactly what constitutes human trafficking as opposed to the illegal smuggling of migrants:

Trafficking of Persons: The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other form of coercion, of abduction, of fraud, of deception, of the abuse

of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (p. 50)

The methodology of collecting data for the UNODC 2006 report, the first of its kind, was based on the systematic collection of case studies and samples of limited size from 1996-2003. The report clearly reflected the inability to measure accurately what is by nature a hidden criminal activity. Four thousand nine hundred fifty accounts of trafficking in persons, from 113 different source institutions representing 161 countries were entered into the database. Source institutions included governments, justice organizations, and other government officials, international organizations (i.e., International Organization of Migration and International Police Organization), nongovernment faith-based organizations, research institutes, universities, news agencies, and websites. The regional affiliation of the source institutions was comprised of International 37.56%, North America 37.37%, Western Europe 21.74%, Asia 1.05%, Oceania 0.63%, Africa 0.61%, Central and South Eastern Europe 0.53%, Latin America 0.38%, and The Commonwealth of Independent States 0.14%. Only sources available in English, Spanish, French, and German were included. All other sources were omitted due to time constraints and the linguistic abilities of the researchers. The data entered included the countries of origin and destination. It also included the purpose for the

trafficking, whether for labor or sexual exploitation. It included the victim's profile, whether female, male, child, and the victim's nationality, as well as, the offender's profile, whether female, male, and the offender's nationality. A score of one was recorded for each of the above-mentioned criteria rather than counting the number of victims. Scoring this way was done to avoid any bias in over reporting a particular area.

The international overview from UNODC (2006) indicated that more than 100 countries are origin countries, but larger amounts are destination countries and showed people are being trafficked from poorer countries in the southern hemisphere to richer countries in the northern hemisphere. There is however, some trafficking that occurs from south to south and still less from north to south. Each country was rated as a destination, transit, or origin country on a 5-point scale from very high to very low. Eighty seven percent of the source institutions claimed sexual exploitation as the reason for trafficking humans, 28% claimed forced labor as the reason. Of the source institutions, 77% indicated women as victims; 33% indicated children as victims; of children, 48% indicated girls and 12% indicated boys; 9% of the source institutions indicated men as victims. The sum of the percentages is over 100% because one source can indicate more than one victim profile or form of exploitation. The governments in many countries do not view forced labor as a significant issue and documenting those cases was less successful. The profiles of the traffickers at the global level were predominantly Asian Nationals. Of the source institutions implicating Asian Nationals, 24% indicated South Eastern Asia; 19% indicated Western Asia and Turkey; 17% indicated Eastern Asia; 5% indicated South Central Asia. After Asian Nationals, the

source institutions implicated the following profiles of traffickers, 43% indicated Central and South Eastern Europe; 41% indicated Western Europe; 36% indicated The Commonwealth of Independent States; 21% indicated Africa and Latin America; and 3% indicated North America and Oceania.

On the rating scale, the United States was rated very high as a destination country, very low as an origin country, and did not receive a rating as a transit country (UNODC, 2006). Canada was rated high as a destination country, medium as a transit country, and low as an origin country. The report indicated victims coming to North America, including Canada, were from the Ukraine, Mexico, the Russian Federation, the Democratic People's Republic of China, Malaysia, Thailand, Columbia, Georgia, and the Philippines. Forty-two of the 113 sources reported on human trafficking in North America. Of those 42 sources, five sources were of trafficking men. This is more than any other region in the world. Women as victims were reported from 31 of the 42 sources; children 18/42; boys 3/42; and girls, 15/42 sources. The purposes for trafficking to the United States and Canada according to the 42 sources were sexual exploitation 33/42, and forced labor 13/42 sources.

Forced labor. Whether it is called forced labor or modern-day slavery, there is a remarkable and unprecedented illegal global commerce of buying and selling human beings in the 21st century (Dodson, 2005). Unlike the legal slave trade that occurred between the sixteenth and nineteenth centuries, the illegal modern slave trade is hidden, racially indifferent, and twice as large. Members of the ILO are aware of their unique position to monitor irregular migration as it relates to this modern illegal slave trade

known as human trafficking (Andrees & van der Linden, 2005). ILO members have found researching human trafficking to be extremely difficult considering several barriers. ILO members affirm that primary research in this area has not been favorable to random sampling and has relied on targeted populations and secondary sources in furthering the investigation. The majority of victims previously interviewed have usually been women exploited in the sex trade and contacted through nonprofit organizations, shelters, and detention centers. They further state that secondary sources have included law enforcement agencies, judicial systems, and various service providers that have made available the cases of which they are aware. Another obstacle in researching forced labor was that the interviewee, at times, does not view his or her circumstance as being one of victimization as does the researcher.

To eliminate some of the bias in previous research, members of the ILO conducted a quantitative study in origin countries and a qualitative study in destination countries (Andrees & van der Linden, 2005). In both areas, the research teams were asked to select equal numbers of men and women who were trafficked and or forced into labor. Origin countries included Albania, Romania, Moldova, and Ukraine. In the countries of origin, a snowball sampling method was used by directly approaching persons in public places for the purpose of locating 160 returned migrants for each country. The methodology consisted of three parts, a standardized questionnaire, a semi structured interview, and a focus group discussion. Topics covered for the research included, demographic characteristics, the pre migration situation, how they were recruited, how their travel was organized, conditions of their employment, their

awareness of any assistance, and how they exited the forced labor situation. The destination countries included France, Germany, Hungary, Japan, Russia, Turkey, and the United Kingdom. Research teams were asked to document 15 cases of forced labor in each country within the economic sectors of agriculture, construction, catering, domestic service, entertainment, transportation, and small sweatshop productions such as the textile and leather industries. In this qualitative study, those interviewed in destination countries were found through gatekeepers of specific migrant communities, trade unions, and nongovernment organizations. The researchers used open ended questions covering the same topics as those investigated in origin countries.

After entering and examining the data for the quantitative study, the ILO identified three categories of migration: those who were trafficked and forced into labor, those who were not trafficked but became victims of forced labor, and those who successfully migrated (Andrees & van der Linden, 2005). Only information that supported classifying respondents as victims of forced labor was entered into the database. The results of the study indicated that women constitute the majority of cases. Victims in the study also worked in the same sectors whether or not they were trafficked, albeit in different hierarchical orders. The results showed that men migrate more willingly into construction and agricultural work only to later be forced into labor, whereas women are more often deceived during migration and find themselves trapped in the sex industry. According to ILO, data are missing because many irregular migrants were reluctant to discuss sensitive issues concerning their experiences of deception,

violence, and illegal status. Table 1 illustrates the characteristics of returned migrants in ILO's study.

Table 1

International Labour Organization Results: Characteristics of Returned Migrants

	Country of origin	
	Trafficked	Non-Trafficked
	62.40%	37.60%
Women	64%	46.20%
Men	26%	53.80%
Sex	32.40%	11.10%
Construction	16.80%	31.50%
Entertainment	12.80%	
Agriculture	12.30%	14.80%

Note. Percentages do not add to 100% due to the reluctance of victims to answer sensitive questions. From "Designing trafficking research from a labour market perspective: The ILO experience," by Andrees, B., & van der Linden, M. N. J., 2005, *International Migration*, 43(1/2), p. 63. doi:10.1111/j.0020-7985.2005.00312.x

Furthermore, the qualitative study conducted in destination countries revealed the difficulty in determining between victims of trafficking for the purpose of forced labor and forced labor victims who were not trafficked (Andrees, & van der Linden, 2005). In addition, many migrants end up in exploitative working conditions although they were not forced into labor. This is often due to owing transportation fees, compounded with high interest rates, and room and board costs amounting to exorbitant debt taking years to repay.

The UC, Berkeley began the Free The Slaves project in 2000 with the express purpose of exposing forced labor in the United States (UC, Berkeley, Free The Slaves and Human Rights Center, 2004). Their study examined the origin, numbers, and

demographic characteristics of victims and perpetrators based on data from telephone surveys of 49 service providers, press surveys of 131 incidents of forced labor, and eight case studies from different regions in the United States. At the time of their report, over ninety U.S. cities had reported cases of forced labor operations. Cities with concentrated immigrant communities are well suited to hide this thriving criminal activity and perpetrators blend in well as they hold captive members of their own ethnicity or nationality. Of the 19,254 men, women, and children found in the UC, Berkeley study, the majority of victims were Chinese followed by Mexican and Vietnamese. The prevailing five sectors of labor in ascending order were restaurant and hotel work, 4%; sweatshop or factory work, 5%; agriculture, 10%; domestic service, 27%; and prostitution or sex service, 46%. Most victims were never seen as their living quarters and work environments such as farms, brothels, private homes, and sweatshops were one in the same. The UC, Berkeley study asserts that once researchers become aware of the probability of ten thousand individuals working as slaves in this country, the possibility of tens of thousands of victims becomes ever more apparent. The UC, Berkeley study also found that most victims originated from impoverished areas of the world where tuberculosis, hepatitis B and C, and sexually transmitted diseases were more prevalent (UC, Berkeley, Free The Slaves and Human Rights Center, 2004). Victims of trafficking frequently arrive in the United States with marginal health, usually without adequate immunizations and carrying communicable diseases. Often, the mode of transportation exposed the victims to overcrowding, toxic chemicals, food shortage, and poor sanitation before they began to work in deplorable, often filthy conditions where feelings of

isolation, shame, and betrayal took its toll. The UC, Berkeley study mentioned an attorney involved in one of the many cases who indicated that it did not take a specialist to see psychological and emotional development grossly stunted in individuals who had been trafficked into the human slave trade (Nancy Hormachae, interview by Rachel Shigekane, June 25, 2003 in *Hidden Slaves: Forced Labor in the United States*, UC, Berkeley, Free The Slaves and Human Rights Center, 2004). In an attempt to understand human trafficking in the area of domestic service and prostitution, the following victim's stories are meant to illustrate but do not reflect all forms of the human trafficking problem. The trafficking of human organs goes beyond the scope of this research. Interested readers can be redirected to UC, Berkeley's Organ Watch program for more information on the trafficking of human organs.

Domestic service. A subcategory of forced labor is domestic servitude. Following are several criminally prosecuted cases to assist in understanding this area of human trafficking.

In December 2001, a Maryland couple was convicted of enslaving a teenaged Cameroonian girl. The couple had promised to educate the girl in the United States; however, upon arrival the girl's documents were taken from her and she was forced to be their domestic servant. Over the course of three years she had been hit repeatedly, cleaning fluid had been sprayed into her eyes, and she had been sexually abused. The defendants face 20 years in prison and a two hundred fifty thousand dollar fine for each conviction including several counts of fraud, conspiracy, and illegal harboring of the minor (U.S. Department of Justice, 2001).

The Justice Department also announced the conviction of a Wisconsin couple for conspiracy, harboring an undocumented alien, and forced labor (USDJ, 2006). The husband and wife, both doctors from Milwaukee, held the Philippine woman captive for nineteen years. The woman was threatened with physical harm, deportation, and imprisonment if she did not cooperate as their domestic servant. She was not to leave the home without supervision, was not allowed to socialize, and was confined to the basement when visitors were present. Each defendant faces up to 65 years imprisonment and over a million dollars in fines.

Another well documented case involved the common law wife of the Thailand ambassador to Sweden, (*United States of America v. Supawan Veerapol*, 2002). A human trafficking operative owned a Thai restaurant in Los Angeles, California where she had recruited Thai nationals as employees. While visiting in Thailand, she recruited a non-English speaking village woman offering her a two-year contract to work in the United States at substantially higher pay. Having only a second-grade education, the village woman agreed to the contract. Once arriving in the United States, the trafficking operative claimed the woman's passport and put her to work both in her restaurant and as a personal servant. The woman worked long hours cleaning, cooking, giving manicures and pedicures, bathing a child, washing cars, and serving houseguests on bended knee. She was not allowed to use the telephone or mail service. She could not go to stores, read Thai newspapers, or speak with customers or houseguests. The trafficker told the woman that if the woman tried to leave, she would kill her and if the woman contacted the police, the police would arrest the woman as an illegal alien and would go to jail. After six

years, the Thai woman's sister contacted the Thai Foreign Ministry in Thailand to make contact with her sister. This enquiry began the investigation on trafficking charges brought against the trafficker who ultimately was required to pay restitution of more than seventy-one thousand dollars and spend eight years in prison for her crimes.

Another area mentioned in the UC, Berkeley study is the exploitative nature of mail order brides (UC, Berkeley, Free The Slaves and Human Rights Center, 2004). Although not a direct and blatant act of human trafficking, consideration in this area must be given due to its close resemblance to the human trafficking phenomenon. It has been estimated that, annually, between 100,000 and 150,000 women worldwide advertise they are available for marriage, of those, 4,000 to 6,000 marry an American husband and move to the United States (Perez, 2003). According to Perez (2003), men often spend between \$3,000 and \$10,000 to procure a wife through matchmaking agencies such as Cherry Blossoms, one of the largest mail order service agencies operating in the United States. According to Perez, mail order brides are most often living in developing countries and are eager to escape their desperate economic conditions; whereas, men most often are from developed countries and are eager to find subservient women.

The inequality between third world brides and first world husbands and the conditional resident status the bride has during her first two years in the United States puts the bride in a vulnerable situation in which the husband can hold the threat of deportation against her (Belleau, 2003). At the end of the two years, the husband and wife must petition the courts for permanent residency, a process that can take another two years to complete. The only exemption to this waiting period is in the case of battery or

extreme cruelty for which the wife must provide proof. However, her linguistic barriers and isolation further her dependency. Typically, she does not drive a car or have money and lacks social networks, a condition that perpetuates her husband's ability to control and dominate her.

Suzanne Jackson, an Associate Professor of Clinical Law at George Washington Law School testified on behalf of several of her clients who had met their husbands through mail order bride agencies (Jackson, 2004). Her clients spoke very little English and they were threatened with violence. Husbands had locked doors from the outside, installed security systems, and terrorized their wives until they were too afraid to escape, forced them to do housework and have sex on demand as well as with other men who paid for the privilege. Jackson asserts there is not a giant leap between the criminal act of trafficking a human being and the acquiring of a subservient foreign bride to use as one's personal prostitute or domestic servant.

Prostitution. Prostitution is also viewed as a subcategory of forced labor. Following are several case examples to illustrate this area of human trafficking.

After a 15-month investigation that began in May 2005, 31 defendants who were connected to a massive illegal prostitution network based in New York City were arrested in seven states and the District of Columbia (U.S. Federal Bureau of Investigation, 2006). The women, Korean émigrés, were smuggled into the United States using fake passports or visas. The women were then dispersed to brothels in New York, Rhode Island, Connecticut, Pennsylvania, Delaware, Maryland, D.C., and Virginia. It took the joint efforts of the New York Police Department, Customs Enforcement, and the Bureau of

Immigrations to uncover the prostitution ring run by a Korean husband and wife living in Queens, New York. By tapping the couple's telephone conversations, investigators uncovered the elaborate network. This network included brothel owners; some disguised as legitimate spas and massage parlors, recruiters in the United States and Korea, and transportation personnel.

In the state of Florida, liberated victims were from the Veracruz area of Mexico. They had been trafficked and confined together in trailers that also functioned as brothels predominately for Mexican migrant farm workers (Coonan, 2004). They were forced into having sex with 25 to 30 men per day and were relocated every two weeks. The recruiting occurred in their hometowns, usually by a well-dressed Mexican woman. All recruiters used a strategy of deceit rather than force by offering a 6-month contract to work in the United States as nannies or for family owned restaurants. Upon arriving in the United States, all were coerced into sexual servitude as a means of repaying the debt that had accrued in the smuggling process. The women were allowed to go to supermarkets, Mexican food and music stores, Laundromats, Western Union offices, and to payphone booths; however, armed traffickers always guarded them. When medical treatment was needed for abortions or severe beatings, traffickers accompanied the victim, would translate for her, and identify himself as a husband or boyfriend.

William Duffey (2004), the United States Attorney in the Northern District of Georgia said in one of his cases, a 13-year-old girl was promised a job in the United States as a waiter but was forced into prostitution servicing up to 15 men per day. She was impregnated twice, both ending in abortion. She was circulated to various brothels

and pistol-whipped to ensure her secrecy and compliance. She was addicted to drugs and alcohol, had multiple sexually transmitted diseases, and severe internal scarring from her forced abortions. She escaped her captors by running to a neighbor who called the police. This is an example of an extreme form of human trafficking, especially as it pertains to exploited children, adolescents, and young women, who were under the misguided perception of improving their lives in an affluent country of opportunity.

Mental health approaches. To date, there is no empirical data or evidence on therapeutic approaches for survivors of human trafficking particularly for sexual servitude; further research is needed (Cecchet & Thoburn, 2014; Crawford & Kaufman, 2008; Macy & Graham, 2012; Orloff & Sarangapani, 2007; Rafferty, 2013; U.S. Department of State, 2003, 2014; UC Berkeley, 2004; Zimmerman et al., 2009). As such, there are no studies that relate to the RQs in this study.

The majority of dissertations mentioned below focus on collecting data from mental health professionals and other subject matter experts or from case studies, secondary data retrieved from literature reviews, and other archived sources. A few of the following dissertations have gathered information from the general public on their knowledge of human trafficking and still fewer of the following dissertations have gathered data directly from individuals who have experienced human trafficking. Many of these researchers have focused their efforts towards developing programs, curriculums, and training manuals for service providers including police officers, legal teams, and social workers (i.e., Arnstein, 2014; Christian, 2014; Contreras, 2012; Hargitt, 2011; Moore, 2010; Orris, 2010; Schmidt, 2014), others have focused on developing scales and

needs assessments (i.e., Hildt, 2014; Long, 2014), and some have made inquiries into the psychological effects of working with trafficked victims (i.e., Smith, 2009). There is also research interest in understanding what vulnerabilities lead to victimization (i.e., Alagbala, 2013; Miller, 2014; Reid, 2010; Rosenblatt, 2014; Scott, 2013), and what factors contribute to resilience (i.e., Cecchet, 2012; Gray, 2013; Rajan, 2013). The interest in this research is also one of resiliency, particularly if making meaning and finding purpose after traumatic events will help mediate the effects of complex PTSD. Despite growing recognition of human trafficking, a sustained effort to understand the perspective of the survivor seems absent from literature in the field of psychology.

Past research with women trafficked into the sex industry includes using mixed-methods designs (i.e. both qualitative and quantitative). For example, Gray (2013) explored factors contributing to the resiliency of 24 young trafficked female survivors between the ages of 14 to 22 living in Cambodia. These case studies found nine major themes of resilience:

1. perseverance
2. adaptability
3. self-preservation
4. interconnectedness
5. hope for the future
6. buoyancy
7. introspection
8. steadiness

9. social awareness

A qualitative study by Cecchet (2012) analyzed six narratives and found that the desire to live, positive thinking, and the motivation for change generated resiliency in women trafficked into the sex industry. The motivation for change was often initiated by pregnancy, the development of severe mental health issues, and the need for spirituality. Rajan (2013) analyzed the narratives (a qualitative study) of seven trafficked survivors whose experiences were grouped into six constructs, of which one was considered as pathways of resilience. The study found that there was a greater capacity for resilience if survivors had come from families that demonstrated love, loyalty, and respect for each other and that resiliency developed from the ability to self-soothe and remain connected to one's religious faith.

Complex Posttraumatic Stress Disorder

Background. The concept of complex PTSD has been described in the field of psychiatry since the mid-1940s (Busuttil, 2006) and was referred to as a psychological response to prolonged confinement, then termed "Concentration Camp Syndrome" (Ryn, 1990). Early accounts of complex PTSD have also been described as the psychological effects of torture (Milwetz, 1984), rape (Resnick, Kilpatrick, Lipovsky, 1991), and violent crime (Saunders, Arata, & Kilpatrick, 1990).

In 1992, Judith L. Herman postulated that a renewed interest in trauma related disorders was due primarily to a heightened awareness of the consequences of war and a new focus on the effects of domestic violence and sexual assault on women and children (Herman, 1992). Herman suggested "...prolonged, repeated trauma can occur only where

the victim is in a state of captivity, unable to flee, and under the control of the perpetrator” (p. 377). Traumatic entrapment includes concentration camps, wartime prisons, and other types of military and civilian sieges, kidnapping, torture, abusive cults, and domestic violence and abuse (Cantor & Price, 2007). Complex trauma can also result from being held captive, forced into servitude, and sexually brutalized due to being trafficked (Courtois, 2008). Herman (1992) described the psychological trauma as complex PTSD and suggested that a separate diagnosis was necessary to describe the effects of prolonged traumatic stress. She proposed the diagnostic term *disorders of extreme stress not otherwise specified (DESNOS)* to describe a series of maladaptive behaviors in the following seven areas (Briere & Spinazzola, 2005; Courtois, 2008; Ford, Stockton, Kaltman, & Green, 2006; Herman, 1992; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997):

1. affect, arousal, and regulation of impulses (e.g., persistent distress, anger, suicidal ideation, risky behaviors including risky sexual behavior, substance abuse, self-destructive behavior, or self-harming behavior that is paradoxically often lifesaving)
2. attention, concentration, and consciousness (i.e., dissociation, amnesias, and depersonalization)
3. self-perception (e.g., damaged or a useless view of the self, profound shame, self-hatred, or a chronic sense of guilt and responsibility)

4. perception of the perpetrator or abusers (e.g., the incorporation of the perpetrators belief system, idealization, or the development of Stockholm syndrome [see Cantor & Price, 2007], or a preoccupation with revenge)
5. relationships with others (e.g., an inability to trust or experience intimacy, revictimization, and avoidance of sexuality and intimacy)
6. biological self-regulation (i.e., somatic complaints, physical damage, pain or physical symptoms, or physical condition that has no medical explanation)
7. systems of meaning or beliefs (e.g., loss of faith, hopelessness, psychic anguish, despair in life and meaning)

These seven areas of maladaptive behavior, emphasizing the victim's symptoms, character traits, and vulnerability to additional trauma, Herman (1992) considered as evidence from the literature to support her proposal of DESNOS as a separate diagnosis. DESNOS most often includes the anxiety disorder associated with PTSD; however, the focus of DESNOS concerns the much broader set of self-regulatory deficiencies (Ford, Stockton, Kaltman, & Green, 2006). These deficiencies take the form of dissociative disorders, the dysregulated states of borderline personality disorder (BPD), and the disruptions in "systems of meaning" (e.g., faith, hope, trust, love) (Scoboria, Ford, Lin, & Frisman, 2008).

At the time of Herman's proposal, the APA (2000) used the following criteria for the diagnosis PTSD.

1. avoidance of people and surroundings that stimulate memories of traumatic experiences or events

2. having feelings of estrangement or detachment from others
3. experiencing a restricted range of affect such as an inability to have loving feelings towards others, irritability, or surges of anger
4. a sense of having a foreshortened future such as having no goals for developing a career, becoming married, or having children. Anxiety symptoms include flashbacks, unwanted memories, nightmares, hyperarousal, hyper vigilance, heightened startle responses, insomnia, and the attempts to cope with intrusive memories and excessive arousal through emotional numbing and avoidance.

However, it had been argued that individuals who have complex PTSD often have, in addition to the symptoms of PTSD, several developmental difficulties such as an altered or distorted sense of identity, mood disorders, and an inability to identify and regulate emotions (Courtois, 2008; Pearlman & Courtois, 2005). They also have cognitive distortions that include their worth in relationships and a maladaptive view of the motivations of others. They have an altered self-awareness that often takes the form of dissociative disorders resembling the self-structure of BPD (Courtois, 2008). They have difficulty maintaining personal safety and sense of control, an inability to trust and connect to others, damaged self-esteem, an overdeveloped avoidance response particularly to intimacy, ongoing somatic disorders and medical concerns, and alterations in personal meaning and spirituality (Briere & Spinazzola, 2005; Pearlman & Courtois, 2005). Additional areas of concern involve psychological fragmentation, attachment disorders, locus of control, a sense of betrayal, and the fear that one's disclosures are

unbelievable (Berwick, Trippany, & Rush-Wilson, 2009). Furthermore, with the psychological organization of complex PTSD, individuals alienate from the social support and supportive relationships that could help improve these areas of functioning (Pearlman & Courtois, 2005).

Past research. In the past, symptoms of traumatic stress have been conceptualized as properties on a continuum where one end was represented by a single incident to an adult who was generally stable, while the other end of the continuum was represented by invasively repeated traumas to a vulnerable individual such as a child (Briere & Spinazzola, 2005). Complex PTSD has also been conceptualized as types differentiated by symptoms. Type 1 represented symptoms of PTSD while type 2 represented the symptoms of complex PTSD that may or may not include symptoms of PTSD (Scoboria, Ford, Lin, & Frisman, 2008). Studies have found, however, that the symptoms of extreme trauma are particularly severe in adults who demonstrate both Axis I (i.e., depression, somatization) and Axis II (i.e., dissociation, affect dysregulation) disorders that complicate the treatment of trauma and therefore are described as complex (Ford & Smith, 2008).

The dynamics of control and abuse in prostituted women can be similar to those seen in other coercive relationships where physical, sexual, and emotional abuse are common; women trafficked for the purpose of sexual exploitation are likely to be at risk for developing similar symptomology (Choi, Klein, Shin, & Lee, 2009). In studying prostituted women, Choi et al. (2009) have shown that those who report experiencing captivity or other types of coercive control also report feelings of fear, hopelessness, and

horror. The study of 46 women prostituted in Korea further showed that although childhood sexual abuse contributes to earlier experiences of prostitution, the significance of symptom severity remained high even after controlling for childhood sexual abuse. The results showed a clear association between the experiences of ongoing sexual abuse and the symptoms of DESNOS/complex PTSD and PTSD symptoms.

The following studies describe ways researchers and professionals have approached the problem of complex PTSD, the dependent variable in this study. A brief description on known factors that help treat this problem can inform practitioners that finding and having PIL is a missing yet integral part in the treatment process; for example, women with histories of childhood abuse and complex PTSD symptoms report the following factors that have helped in their recovery efforts (Spermon, Darlington, & Gibney, 2013):

1. the development of a survivor's selfhood or the reflective ability to stay within one's own body rather than to dissociate
2. creating a sense of autonomy by mastering the ability to connect to, yet be separate from, others
3. managing choices given that survival had been contingent on complying with the demands of the abuser
4. gaining the ability to regulate overwhelming emotions through expression and acceptance
5. internalizing the therapeutic relationship through trust and bonding

Researchers have also considered less conventional methods in addition to the traditional psychotherapy methods to treat symptoms of complex PTSD (Kaiser, Gillette, & Spinazzola, 2010). The field of neuroscience has focused attention on the role of emotions and sensations as significant factors in the study of traumatic experiences (van der Kolk, 2002). This approach to treating complex PTSD is conceptualized as a “bottom up” method from the brain stem, to the emotional centers, to the cognitive centers in the brain. With the theory that neural connections are created and altered by experiences and sensory input (Kandel, 2001), a sensory input treatment model incorporates the use of light and sound to help alleviate symptoms. Results from this pilot study showed a reduction in traumatic stress symptoms as measured on the SIDES assessment using the combined efforts of “top down” psychotherapy with the “bottom up” SI therapy as compared to using “top down” psychotherapy alone.

Treating complex PTSD has also been conceptualized as stages (Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011). Treatment stages do not always occur in consecutive order, as some issues are often revisited (Courtois, 2008). Stages include:

1. stabilization and symptom reduction with a focus on patient safety, stabilizing symptoms, and improving basic life competencies
2. integrating traumatic memories with the focus on exploring traumatic memories to reduce ongoing emotional distress

3. reintegration of the personality and rehabilitation with a focus on the reappraisal of events and their meaning and integrating those experiences into a positive and coherent identity

Recent research has also focused on efforts to develop an expertise based prognostic model to predict the outcome for the phase one stabilization treatment of complex PTSD (Baars, van der Hart, Nijenhuis, Chu, Glas, & Draijer, 2011). Taking the form of a symptom-clustered checklist, each item can be rated as to what extent that symptom is present in the patient. Once the cluster scores are calculated, therapists can focus attention on therapeutic goals related to the prognostic category of their patient. The result of the study was the development of a prognostic model with eight clusters containing 51 factors for both complex PTSD and dissociative identity disorder (DID).

The clusters include the following factors:

1. lack of motivation
2. lack of healthy relationships
3. lack of healthy therapeutic relationships
4. lack of other internal and external resources
5. serious Axis I comorbidity
6. serious Axis II comorbidity
7. poor attachment
8. self-destructive behaviors

In addition, a set of five DID specific items concerning poorly functioning alters was included in the model; however, finding and having PIL is missing in the development of this prognostic tool.

Research on complex trauma that occurs in third world countries provides valuable insight into the treatment of symptoms associated with this problem. To help guide the development of interventions and to understand the appropriateness of Western style mental health concepts in Haiti, researchers compiled a list of problems affecting victims of organized violence (Bolton, Surkan, Gray, & Desmousseaux, 2012). The psychological problems listed were:

1. fear
2. feeling startled with a sense of loss in self-control
3. sadness or grief
4. continuing to suffer from remembering, reliving, or reexperiencing past events
5. feeling a loss of dignity
6. a sense of helplessness or discouragement
7. “problems in the head”

The list of actions that might be helpful according to the respondents was:

1. seeing a doctor and given medicines if affordable
2. seeing traditional healers or using traditional medicines
3. consulting with friends
4. praying and attending church
5. being distracted with other activities

Researchers concluded that interventions that promote community connectedness and cooperation could contribute to a community's resilience. Additionally, given Haitian's cultural context and historical background, a combination of Western style psychotherapy and other traditional practices such as drumming, dancing, using plant medicine, praying to "spirits" and various rituals and ceremonies with spiritual context such as voodoo would assist and help provide necessary and appropriate interventions for this population (Nicolas, DeSilva, Grey, & Gonzalez-Eastep, 2006). Recall that the first pillar in Frank's theory on meaning making, Freedom of Will, includes the spiritual, neurological dimension that implies all human resources can be used to counteract illness and trauma.

DSM-5: Revised criteria of posttraumatic stress disorder. In 2013, the APA substantially revised the criteria for the diagnosis of PTSD. This revision is reflected in a new chapter titled, "Trauma and Stressor Related Disorders." Changes included attention to identity disturbances, additional emotional states, and symptoms that are more inclusive of those found in complex PTSD (Courtois, 2013). Additional changes include clarifying how symptoms are expressed and noting that symptoms began or worsened after the traumatic experience. The diagnosis also includes two new sub-types of PTSD: Dissociative and Preschool. The dissociative subtype is most similar to the symptoms of depersonalization and derealization seen in complex PTSD. The preschool sub type (up to age 6) supports the need to address developmental issues also seen in complex PTSD. Revisions in the diagnostic criteria have changed the diagnosis beyond the narrow fear-based anxiety disorder to include the dysphoric and anhedonic aspects of complex PTSD

(Friedman, 2013). As such, PTSD can no longer be considered strictly an anxiety disorder. The dissociative subtype provides a new approach to the conceptualization of treating trauma disorders and the preschool subtype incorporates the much-needed attention to developmental issues affecting traumatized young children.

Criterion A for a diagnosis of PTSD had been clarified for adults, adolescents, and children over the age of six years. As defined in the *DSM-5* (APA, 2013), these individuals witnessed or were directly exposed to death, threatened death, actual or threatened serious injury or actual or threatened sexual violence in one or more of the following four ways:

1. directly experiencing the event(s)
2. witnessing in person
3. learning that a close relative or close friend was exposed to traumatic event(s) and if the event involved actual or threatened death, it must have been violent or accidental.
4. repeated or extreme exposure to aversive details of event(s), for example exposure to war, forced sexual penetration, being taken hostage, torture, and includes individuals such as first responders who collect human remains and professionals repeatedly exposed to abuse. This does not include indirect exposure through electronic media, television, movies or pictures. Children under the age of six years have a separate set of criteria for the diagnosis of PTSD.

Individuals also have symptoms in all of the following four cluster areas (criteria B-E) (APA, 2013). Criterion B) intrusion by experiencing one or more of the following recurring and distressing symptoms:

1. trauma related memories
2. dreams
3. flashbacks that include dissociative reactions
4. intense psychological distress
5. obvious physical reactions when exposed to traumatic reminders

Criterion C) persistent avoidance of trauma related thoughts or feelings, and or external reminders such as people, places, activities, and situations (APA, 2013).

Criterion D) negatively altered cognitions and mood states in at least two of the following seven areas (APA, 2013):

1. dissociative amnesia
2. exaggerated negative expectations and beliefs
3. distorted blame toward one's self and or others (new)
4. persistent negative emotional state such as fear, horror, guilt, shame, or anger
(new)
5. significantly diminished interest in activities
6. feeling estranged, detached, and or alienated from others
7. an inability to experience positive emotions

Criterion E) altered reaction and arousal response in two or more of the following six symptoms (APA, 2013):

1. irritability including aggression
2. self-destructive or reckless behavior (new)
3. hypervigilance
4. exaggerated startle response
5. problems concentrating
6. disturbed or restless sleep

Diagnostic criteria for PTSD also include the following additional criteria (criteria F-H), that disturbances have lasted longer than one single month (criterion F), and that disturbances have caused significant distress in personal and occupational functioning (criterion G), and that disturbances are not caused by substance use or another medical condition (criterion H). Finally, two diagnosis specifiers are asserted at the end of the criterion list as follows: first, with dissociative symptoms, 1) depersonalization and or 2) derealization; second, with delayed expression of six months posttraumatic experience (APA, 2013). A side-by-side comparison between the symptoms of complex PTSD and the *DSM-5* PTSD diagnosis criteria is provided in Appendix C.

Most of the criteria in the *DSM-5* concern the reexperiencing of the traumatic event. Individuals with symptoms of complex PTSD experience persistent distress in everyday activities (Kleinschmidt, 2009); whereas, the psychological distress (Criterion B4) in the *DSM-5* refers to distress experienced directly from a cue that resembles the traumatic event (APA, 2013). In addition, some of the character traits of avoiding intimacy and sexuality only relates to constructs associated to the traumatic event and thusly may not characterize an individual with complex PTSD. For example, a domestic

servant, beaten into submission but not sexually abused may indeed avoid intimacy and sexuality even though her symptoms are not directly associated with her abuse.

The *DSM-5* PTSD diagnosis includes temperamental factors that include inappropriate coping strategies (APA, 2013). Temperamental factors could possibly be used to interpret victims' incongruous behavior toward their perpetrators (i.e. sympathy, idolization). Experiences such as despair in life and meaning and psychic anguish could possibly be explained generally in criterion D as this criterion applies to the cognitive and emotional alterations that occur after traumatic experiences. Both the state of vulnerability that precedes revictimization and the breakdown in systems of meaning could be implied although not specifically addressed in the criteria for PTSD in the *DSM-5*.

Complex PTSD may be understood as PTSD with comorbid psychiatric disorders or PTSD but with several more of the criterion for a complex diagnosis although it is not a perfect fit to the complex PTSD described by Herman (1992). This study will focus on the symptoms of complex PTSD as described by Herman (1992) rather than the PTSD described in the *DSM-5* and will use a computer-generated version of the SIDES assessment that measures Herman's seven complex PTSD constructs. This study was conceptualized on the construct of complex PTSD before the release of the *DSM-5* and the reassessment of PTSD; furthermore, the construct of complex PTSD as defined by Herman corresponds to the SIDES assessment that was used in this study. The seven constructs of complex PTSD are

1. alterations in regulation of affect and impulses

2. alterations in attention or consciousness
3. alterations in self-perception
4. alterations in perception of the perpetrator
5. alterations in relations with others
6. somatization
7. alterations in systems of meaning

Previous Studies Using Complex PTSD and PIL as Variables

Introducing logotherapy techniques in treatment has assisted individuals in finding PIL and in making meaning from traumatic experiences. Terminally ill patients have shown significant improvement in their perceived PIL and death related anxiety after receiving 2 weeks of logotherapy treatment (Zuehlke & Watkins, 1975). Treatment working towards finding PIL has improved optimism in individuals experiencing depression (Blair, 2004), and having PIL has shown favorable to the adjustment needed after spinal cord injury (Thompson, Coker, Krause, & Henry, 2003). Symptoms in combat related PTSD have also improved using logotherapy techniques that help individuals assess their PIL (Southwick, Gilmartin, Mcdonough, & Morrissey, 2006).

Symptoms of extreme trauma are particularly severe in adults who demonstrate both Axis I and Axis II disorders, thereby complicating the treatment of trauma and therefore described as complex (Ford & Smith, 2008). For example, prostituted women who report captivity or coercive control also report feelings of fear, hopelessness, and horror. After controlling for childhood sexual abuse, the significance of complexity remains high. There is a clear association between the experiences of ongoing sexual

abuse and the symptoms complex PTSD and PTSD symptoms (Choi, Klein, Shin, & Lee, 2009). There have been efforts to discover best healing practices by comparing interviews with survivors to current literature concerning trauma recovery (Spermon, Darlington, & Gibney, 2013). Experts suggest that complex trauma is best treated in stages that promote stabilization, memory reintegration, and making meaning from traumatic experiences (Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011). Symptom clustered checklists have been created as prognostic tools in the treatment of complex PTSD (Baars, van der Hart, Nijenhuis, Chu, Glas, & Draijer, 2011). In addition to the standard cognitive behavioral therapies and interpersonal psychotherapy methods, treatment using light and sound has reduced stress symptoms related to traumatic experiences (Kaiser, Gillette, & Spinazzola, 2010). Research has also shown that standard therapies adapted to include other traditional practices such as drumming, dancing, plant medicine, praying to “spirits” and other various rituals with spiritual context, can contribute to the appropriateness of interventions (Bolton, Surkan, Gray, & Desmousseaux, 2012).

There appears to be no published quantitative research reports using the PIL Test (Crumbaugh & Maholick, 1969) and the SIDES assessment (Roth et al., 1997) to determine if there are mediating effects on complex trauma symptoms by finding and having purpose in one’s life and making meaning in women trafficked into the sex industry. These instruments have been used in studies of death related anxiety, trauma from sudden loss, depression, traumatic stress, sexual abuse, the survival of violence, and combat related PTSD (Blair, 2004; Choi, Klein, Shin, & Lee, 2009; Ford & Smith, 2008;

Southwick, Gilmartin, McDonough, & Morrissey, 2006; Thompson, Coker, Krause, & Henry, 2003; Zuehlke & Watkins, 1975). A recent literature search found one study that used an adapted SIDES assessment to measure complex PTSD in children who were trafficked into the sex industry (Ottisova, Smith, & Oram, 2018). My study appears to be the first to use both measurements to address the questions for this research and to find whether there is a correlation between PIL and complex PTSD in women trafficked into the sex industry. I have thoroughly reviewed the literature using the search terms previously mentioned and after IRB approval and data collection for the years 2016-2020.

Again, these measurements were used to answer if there was a relationship between the level of symptoms of complex PTSD as measured by the SIDES assessment and the level of having PIL as measured by the PIL Test in women trafficked into the sex industry. And, after controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, does PIL as measured by the PIL Test have a significant influence on complex PTSD as measured by SIDES assessment in women trafficked into the sex industry? To date, there is no empirical data or evidence on therapeutic approaches for survivors of human trafficking particularly for sexual servitude; further research is needed (Cecchet & Thoburn, 2014; Crawford & Kaufman, 2008; Harkins, 2017; Macy & Graham, 2012; Orloff & Sarangapani, 2007; Ottisova, Smith, & Oram, 2018; Rafferty, 2013; U.S. Department of State, 2003, 2014; UC Berkeley, 2004; Zimmerman et al., 2009). As such, there are no studies that relate to the RQs in this study.

With the most recent literature review after IRB approval and data collection, I found that many anti-trafficking operations continue to justify the deportation of migrants (Cojocaru, 2016; Harkins, 2017; Sanchez, 2016). As a result, many rescued women are often incarcerated for being illegal immigrants before being deported to their country of origin (Bose, 2018). To illustrate this tendency, the TVPA allows 5,000 trafficked survivors to be awarded the T-visa annually since the law was enacted in 2000; however, fewer than 10,000 Visas have been awarded (Brennan & Plambech, 2018). This equates to 90,000 lost opportunities for sex trafficked women. Those who remain in the care of anti-trafficking organizations report feeling further exploited as they are sometimes required to promote “slave-free” products (Cojocaru, 2016), face requirements to attend religious services to maintain access to housing programs (Brennan & Plambech, 2018; Cojocaru, 2016), and are trained in sewing and retail work preparing them for low wage jobs which continues to oppress and enforce gender-based poverty and thus creates barriers to higher paying positions (Brennan & Plambech, 2018; Hoefinger, 2016).

Survivors suggest that TVPA’s contractual agreements and economic sanctions force agencies to adhere to the laws in order to be provided financial support (Brennan & Plambech, 2018; Harkins, 2017; Henriksen, 2018; McCarthy, 2018). Such adherence overlooks economic trends and political structures that ultimately exploit vulnerable people, women in particular. Survivors further suggest they help guide politics and programs based on their knowledge and experiences (Brennan & Plambech, 2018). Many survivors feel that monetary compensation (Harkins, 2017; Brennan & Plambech, 2018), a focus on structural violence and systemic injustice (Hoefinger 2016), long term

assistance, real job opportunities, and permanent housing would be most helpful (McCarthy, 2018; Brennan & Plambech, 2018). Living wages (McCarthy, 2018), sustainable livelihoods (Henriksen, 2018), social empowerment, and economic independence is necessary for survivors to reintegrate and remain successful (Bose, 2018).

Summary and Conclusions

This chapter introduced the relevance of the problem and the purpose of the study. The literature is clear; more research is needed in the area of understanding human trafficking and the consequences of experiencing the resulting trauma. The strategy for the literature review was presented followed by the theoretical foundation for the study, Frankl's concept of coping with trauma by finding meaning and having PIL (Frankl, 1988), which is the first variable in this study. Frankl's theory was discussed within the philosophy of humanistic psychology and given a current perspective with the concept of meaning making that helps individuals reduce distress and affect positive posttraumatic growth. This chapter included a literature review on the concept of human trafficking and the development of U.S. laws needed to combat the human rights violations associated with this type of criminal activity. Examples of forced labor including domestic service and prostitution were also provided to describe the abuse and trauma experienced by this population. This chapter also presented the second variable in this study, complex PTSD followed by the current *DSM-5* changes for the diagnosis of PTSD.

This chapter also provided previous studies that used the constructs of PIL and complex PTSD; however, no studies in the literature on human trafficking have

correlated PIL, or making meaning from traumatic experiences, to the symptoms of complex PTSD. This study compared the results from the PIL Test and the SIDES assessment. Specifically, a correlation attempted to find any bivariate relationship between the symptoms of complex PTSD and self-described PIL in women trafficked into to the sex industry filling a gap in the literature on understanding and treating this population of survivors. Results from this study may add insight for the applicability of logotherapy with victims of human trafficking and the possible need for survivors to find meaning and PIL after traumatic events as a means of healthy reintegration into society.

Finally, this chapter provided a review from the most current literature on survivor reintegration from the perspective of the survivor. The current trends in anti-trafficking programs include deportation, training in low wage jobs, and religious indoctrination. Human sex trafficking and the attempts to help victims reintegrate continues to uncover the underlying problem of female poverty and inequality.

Chapter 3 begins with an introduction that will restate the purpose of the study and preview major sections of the chapter. I also restate the RQs and discuss the rationale for a correlational design. I will then review the proposed methodology that will be used to study the RQs. Included, is a description of the population, sampling procedures, and participants. Also included is a description of the recruitment procedures and participation in the study, to include materials and settings, data collection procedures, and the procedure for obtaining participants informed consent. I will also discuss the instrumentation and operationalization of the constructs to include a description of the measurements and the data analysis method followed by another

review of the RQs and null and alternate hypotheses. Also discussed are the threats to validity that revisits the many limitations and focus of this study. Ethical considerations needed to protect the population from additional trauma as well as the measures taken to protect the rights of participants involved with this study are also presented. Chapter 3 concludes with a summary of key points made in the chapter.

Chapter 3: Research Methods

Introduction

As stated in Chapter 1, this was a quantitative study with the primary intention of discovering if a correlation existed between the independent continuous variable of PIL and the dependent continuous variable symptoms of complex PTSD. A secondary intention was to determine whether the demographic variables of age, time in captivity, time in therapy, substance use, motherhood, and religiosity influenced this possible relationship. The results of this study could inform service providers about the relationship, if any, between complex PTSD and having PIL among individuals who have a history of being trafficked into the sex industry.

In this chapter, I will outline the methods by which the study was conducted including the design of the research and rationale for the approach, the population under study, the sampling and sampling procedures, the characteristics of participants, and the procedures for recruitment. The materials that were used and a description of the setting will also be provided. I also discuss the procedures for data collection and security and describe the instruments that I used to measure complex PTSD and PIL. The chapter also includes a restatement of the RQs and hypotheses and an explanation of the method for data analysis. Threats to validity, ethical procedures, and a summary of key points will also be provided.

Research Design and Rationale

I sought to find if there was a relationship between the dependent continuous variable complex PTSD and the independent continuous variable PIL in survivors of

human trafficking. To do so, I used a quantitative correlational research design. This type of design was necessary in order to investigate statistically significant associations between variables and appropriately answer the following two RQs:

RQ 1: Is there a relationship between the level of symptoms of complex PTSD as measured by the Structured Interview for Disorders of Extreme Stress (SIDES) assessment (Roth et al., 1997) and the level of having PIL as measured by the PIL Test (Crumbaugh & Maholick, 1969) in women trafficked into the sex industry?

RQ 2: After controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, did PIL as measured by the PIL Test have a significant influence on complex PTSD as measured by SIDES assessment in women trafficked into the sex industry?

This research was an exploratory study using the PIL Test and SIDES assessment to discover if there is a relationship between the symptoms and behaviors of complex PTSD and the experience of having PIL. A correlational design was appropriate because the intent was to find if and how a relationship existed between trafficked women's perceived PIL and symptoms of complex PTSD subsequent to the experiences of sexual exploitation due to human trafficking. I analyzed the demographics of age, time in captivity, time in therapy, substance use, motherhood, and religiosity to discover how they might moderate the outcome. Using self-report measures provides the advantage of receiving views of the respondent directly and remains the field of psychology's most commonly used approach for assessment purposes (Paulhus & Vazire, 2007). However, disadvantages include problems such as "self-deception and memory" (p. 228).

Methodology

Population

Between July 1, 2012, and June 30, 2013, the Office of Victims of Crime reported 1,911 open cases of all forms of human trafficking within the United States (U.S. Department of State, 2014). The focus of this study was only on victims of sexual exploitation through human trafficking; hence, the population under study was smaller than all trafficked individuals. The 2015 TIP Report stated that 446 victims of human trafficking received aid in the fiscal year (FY) 2014, an increase from 330 during the previous year (U.S. Department of State, 2015). Over the course of this study, the annual TIP report has tracked open and new cases of human trafficking (see Figure 7). In the TIP Report's 20th edition, for the first-time, numbers of open cases declined from 8,913 in FY 2018 to 8,375 in FY 2019, while new cases continued to rise from 4,739 in FY 2018 to 5,090 in FY 2019 (U.S. Department of State, 2020). Participants from the U.S. population of sexually trafficked individuals for this study were initially those individuals who sought services through organizations that assist these victims; therefore, every effort was made to contact the highest number of agencies within the United States.

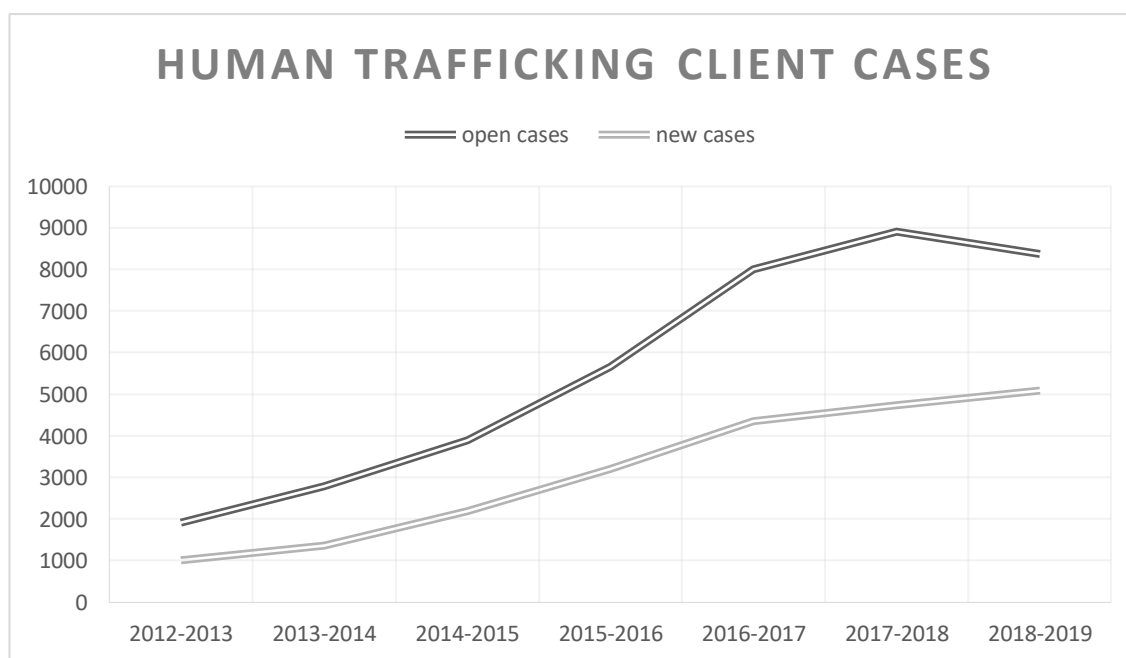


Figure 7. Human trafficking open and new client cases. Data are from annual TIP reports (U.S. Department of State, 2015, 2016, 2017, 2018, 2019, 2020).

Sampling and Sampling Procedures

I used convenience sampling. Convenience sampling is often used in exploratory research when there is an interest in getting an approximation of the truth. Using a conservative value of .25 for an effect size, the standard alpha of .05, and a beta of .80, a power analysis calculator (Soper, 2006) calculated a sample size of 33 completed surveys ($N = 33$), which I considered a feasible number given the nature of trafficked victims and their lack of trust and sense of security.

All of the 716 agencies from two primary websites, one government and one nongovernment, representing all 50 states (see Appendix D) that work with trafficked victims were contacted. Those that were reached were made aware of this study through

telephone conversations. Directors at each site were also made aware that no names or other identifying information, including immigration status, would be gathered from participants to ensure that the study would remain confidential.

Participants. Potential participants were women living in the United States who were age 18 years or older, of any racial background, and any social economic class who spoke and understood the English language, who had experienced trafficking for the purpose of sexual exploitation, and who currently received assistance from programs specifically designed to help survivors of sexual exploitation through human trafficking. Excluded from the study were men, women under 18 years, women who did not speak and understand the English language, and trafficked women exploited for other reasons. After completing an interactive survey introduction and informed consent on SurveyMonkey, the participant was further screened through the questions in the demographic section. (Appendix E contains the interactive survey introduction and Appendix F the three-part questionnaire.) For example, if a participant selected numbers for her birthdate that indicated she was under the age of 18, her answers to the survey questions were excluded from the data analysis.

Procedures for Recruitment, Participation, and Data Collection

Acquiring agencies. Agencies in this study were those who provided services to women who have been trafficked for the purpose of sexual exploitation. Service providers included directors, clinicians, counselors, and social workers. In order to help with the study, agencies were those who were working with individuals who had worked in the sex industry, who were held against their will, and were considered to be victims of

human trafficking. Agencies were acquired from a combined list from the U.S. Department of Justice, Office of Justice Programs and from the Polaris Project referral resource U.S. state map site. Agencies were asked to affix a recruitment poster (see Appendix G) to a wall, have available an Internet-accessible computer, and direct participants to professional help if needed.

Materials. Invitations to the study began with a phone call (see transcript in Appendix H) to service providers throughout the United States from the list of potential agencies. The research study was explained and the service provider's assistance was requested. Once an agreement was made and a mailing address was confirmed, a packet of materials was mailed to each qualified assistant. The packet contained a cover letter with information about the research study (see Appendix I) with the researcher's contact information and a participant recruitment poster requesting women who have been trafficked to volunteer as participants. The packet was sent through the US postal service to each of the service providers who agreed to assist in this research study.

Setting. Settings included a variety of facility types such as safe houses and therapy offices. To be included, facilities were asked to have a private or semiprivate workspace with computers that have access to the Internet. Agencies that did not have available computers with Internet access and as a minimum, semiprivate workspaces were not included.

Recruitment of participants. Participants saw a recruitment poster affixed to a wall at an agency she visits to obtain recovery services from the victimization of sex trafficking. The poster invited her to a computer available at the agency. The poster

provided a website address for her to go to and volunteer to answer questions on a survey. She was able to sit down at a computer and access the website while visiting the agency.

Data collection. The data was collected on the SurveyMonkey website accessible only by a protected password. After accessing the SurveyMonkey website, a short introduction to the research appeared as the first page. In the top right corner of the page was an 'exit' button that was available on every page throughout the survey. At the bottom of the page and throughout the survey were the 'next' button and a completion bar. The following pages included the interactive survey introduction (see Appendix E) explaining the requirements for participation and instructions on how to complete the survey. At the bottom of the second page and throughout the survey was the 'previous' button to allow the participant to review and make changes to her answers. The informed consent followed the interactive introduction and then a participant could continue to Part 1 of the questionnaire. Part 1 contained the demographic section that also functioned as an additional screening process for age. After the participant answered these questions, she continued through the questionnaire until she completed the survey. Once again, if she did not qualify through the additional screening process, her answers to the survey were not included in the data analysis. A participant could quit the survey at any time by selecting the 'exit' button at the top of each page. After finishing the third part of the questionnaire, the final step for the participant was to select the 'submit' button that replaced the 'next' button.

Informed consent. Participants were informed during the interactive survey introduction (see Appendix E) and informed consent process that they were free to skip any questions and they could withdraw from the research at any time without any penalty what so ever prior to submitting the survey at the end of the questionnaire. Participants were also advised during the informed consent process to seek professional help from a counselor or psychologist if participation in the study caused any emotional or psychological distress. With the agreement from the acquired agencies to direct participants to helpful professionals, it was anticipated that there would already be working relationships in place with a variety of helpful professionals should participants request this support.

The interactive survey introduction, with options of answering true or false described the process of participating. It indicated that no identifying information would be obtained, she was not asked about her immigration status, the study was voluntary, that there may be some benefit in participating, however, her participation was primarily to help researchers better understand the life experiences of trafficked women, and that there was some risk of emotional distress. This interactive survey introduction was created because individuals who have been trafficked may be more vulnerable to emotional stress and often include individuals who live in group-homes or in a protective environment, individuals who are less fluent in the English language, who are economically disadvantaged, or are a minority in the general population, who are pregnant, or who are experiencing an acute crisis. Through the informed consent process, women in any of these circumstances made decisions about whether or not to proceed

with the questionnaire knowing that the questions may invoke feelings of discomfort. Any minor, age 17 and under, who was not screened out through the informed consent process was screened out through the demographic section of the questionnaire when she answered her year of birth. After the participant answered questions that indicated understanding on the informed consent, it was understood that the participant had given her informed consent to participate in the study; she then selected the 'next' button at the bottom of the page.

Demographics. Part 1 of the SurveyMonkey Three-Part Questionnaire (see Appendix F) included questions for the following information: age, race/ethnicity, country of birth, birth order, marital status, children, education, country of recruitment, length of captivity, time in therapy, religious/faith/spiritual belief system, age of first sexual experience/penetration, substance use/abuse, and current city of residence. The time related information was scored categorically. Age was categorized in 5-year increments, <21, 21-25, 26-30, 31-35, 36-40, and >40. Age of first sexual experience/penetration was also categorized in 5-year increments, 0-5, 6-10, 11-15, and 16-20. Time in captivity and time in therapy was categorized quarterly, <3, 3-5, 6-8, 9-11, and >11. Birth order was categorized as first, middle, or last. Education was categorized as, some primary, finished primary, some high school, graduated high school, some college/trade school, and graduated college/trade school. Other categorical information included race/ethnicity, country of birth, and country of recruitment, religious/faith/spiritual belief system, and current city of residence. Binary information

included if the participant is or was married, had children, and used substances to self-medicate.

The information of most interest to the study included those that may have had an effect on the bivariate analysis between PIL and complex PTSD. This information included the participant's age, time in captivity, and time in therapy as well as whether or not she used or abused substances as a form of self-medication, whether or not she was a mother, and whether or not she had a spiritual or religious affiliation.

Instrumentation and Operationalization of Constructs

SIDES assessment. Part 2 of the SurveyMonkey Three-Part Questionnaire (see Appendix F) contained the SIDES assessment developed in 1997 by Roth et al. The SIDES assessment age group included adolescents (13-17 years old) and adults (18 years and older). The population for the SIDES assessment included both male and female humans with the target population of adolescent and adults exposed to extreme stress and or trauma (Feindler, Rathus, & Silver, 2003). The continuous dependent variable complex PTSD, which has been suggested as being present in women trafficked into the sex industry (Courtois, 2008), was measured using this instrument. The SIDES assessment contained 48 items that measure 27 current and past symptoms or behaviors that are often seen in response to extreme trauma (Pelcovitz et al., 1997a). These symptoms/behaviors were arranged into the seven following categories: regulation of affect and impulses; attention in consciousness; self-perception; perception of the perpetrator; relations with others; somatization; and systems of meaning (Feindler, Rathus, & Silver, 2003). Two scores were obtained for each question: the lifetime

presence of a symptom/behavior and the past month presence of a symptom/behavior. Each question asked participants whether or not they had a specific experience after the traumatic event(s) or for as long as they can remember. A yes answer to either part of the question was considered as having experienced that symptom/behavior within one's lifetime and was then followed with rating the severity of the experience within the past month. The past month symptom/behavior was rated with a four-point severity scale where 0 represented none or no problem, 1 represented subclinical, 2 represented a clinical level of impairment, and 3 represented an extremely severe problem with that symptom/behavior. Each question also contained a choice of 4, meaning that the question concerning the symptom/behavior did not apply to them. Symptom/behavior severity was determined by summing the items in each cluster and the total severity of trauma related symptom/behaviors by summing all clusters.

Scoboria, Ford, Lin, and Frisman (2008) defined the criteria for a diagnosis of DESNOS on the SIDES assessment as follows: two of three affected regulation symptoms, one of five additional alteration/regulation of affect and impulses symptoms (i.e., modulation of anger, self-destructive behavior, suicidal preoccupation, sexual involvement, and excessive risk), one of two dissociative symptoms, two of six alteration of self-perception symptoms, one of five alteration of relationship symptoms, two of five somatization symptoms, and one of two alterations of systems of meaning symptoms. The subthreshold for DESNOS is defined as the presence of two of the three core DESNOS criteria (affect/impulse dysregulation, dissociation, and or somatization) and at

least one of the three forms of altered beliefs (self-perceptions, relationships, and or systems of meaning), according to Scoboria et al.

This research study used a less confrontational delivery system for the SIDES assessment by using the Internet and the SurveyMonkey website. This delivery, rather than by personal interview, may have help minimize socially desirable answers. It is possible that some concepts in the SIDES assessment were nonequivalent (de Jong, Komproe, Spinazzola, van der Kolk, and Van Ommeren, 2005). However, the selection of participants for this study was women living within the United States and who were familiar with Western style concepts. Permission to use the SIDES assessment from the authors (Pelcovitz et al., 1997b) was granted through notification in the PsycTESTS database (see Appendix J).

Past studies have shown that the SIDES assessment has demonstrated good interrater reliability ($\kappa = .81$) for a lifetime disorder of extreme distress (Pelcovitz et al., 1997a). In a sample of 520 subjects, internal consistency was established for each of the subscales ($\alpha = .53 - .90$) and for the total SIDES assessment ($\alpha = .96$). The subscale, "Alterations in Perception of the Perpetrator" was dropped as a requirement for a diagnosis of DESNOS due to it being the lowest of the coefficients ($\alpha = .53$); however, for this study the subscale "Alterations in Perception of the Perpetrator" is of particular interest and therefore remained within the questionnaire. Analysis of the SIDES assessment (Zlotnick & Pearlstein, 1997) on a sample of 74 female sexual-abuse survivors found similar psychometric qualities and evidence of convergent and discriminant validity. Validity was established with the Clinician-Administered PTSD

Scale, Symptom Checklist 90-Revised subscales, Personality Diagnostic Questionnaire-Revised subscales, and the Schema Questionnaire subscales.

Not all reports on the validity of the SIDES assessment had desirable results however. A cross-cultural research study conducted by de Jong, Komproe, Spinazzola, van der Kolk, and Van Ommeren in 2005, involving more than 2,000 survivors of violence in Algeria, Ethiopia, and Gaza showed that the factor structure of the SIDES assessment was not reliable making the construct equivalencies uncertain. The findings indicated cultural differences affected the scores on the SIDES assessment even after translation efforts for each of the three settings using bilingual and monolingual experts, back translations and pilot testing. Interpreting the results of underreporting on several symptom/behavior clusters included the possibility of social desirability and nonequivalent concepts. Underreporting on behavioral clusters such as suicidal ideation and victimizing others may be due to socially forbidden cultural concepts or considered a form of martyrdom. Other concepts such as risk taking may have been underreported due to individuals underestimating the level of risk, they take in their daily living activities. The constructs of guilt and shame may also be conceptually nonequivalent as they are considered actual behaviors such as wearing tattered clothing rather than constructs of distancing from or despising the self. Questions for sexual somatizations were suspect for cultural inhibitions and dissociation; both are constructs with ambiguous meaning and are possibly confused with spirit helpers or spirit possession, which is a common concept in certain cultural contexts.

However, researchers have continued to adapt the SIDES assessment to culturally diverse populations because it is still the only valid measurement used to assess complex PTSD in adults (Ottisova, Smith, & Oram, 2018). In 2013, researchers adapted the original SIDES assessment for the Brazilian culture not only by translation and back-translation but also with semantic and conceptual equivalencies by specialized judges as well as laypersons from the local area (Camargo, Kluwe-Schiavon, Sanvicente-Vieira, Levandowski, & Grassi-Oliveira, 2013). The revised SIDES-R-BR assessment showed a mean understanding score of 4.98 on a 5-point Likert scale and an interrater reliability kappa coefficient of 0.853.

PIL Test. Crumbaugh and Maholick designed the PIL Test in the late 1960s (Schulenberg, 2004). Part 3 of the SurveyMonkey Three-Part Questionnaire (see Appendix F) contained the PIL Test. The population for the PIL Test includes both male and female humans and the age group includes adolescence (13-17 years old) and adulthood (18 years and older) (Crumbaugh & Maholick, 1969). The continuous independent variable PIL has been suggested as a mediating factor for resolving traumatic life experiences (Frankl, 1984). Permission to use the PIL Test from the authors (Crumbaugh & Maholick, 1969) has been granted through notification in the PsycTESTS database (see Appendix J).

The PIL Test is a 20 item, 7-point Likert scale designed to assess the degree to which a person experiences a sense of meaning and purpose in his or her life experiences. The test measures the extent to which an individual perceives life to be meaningful by

asking the person to assess his or her emotional response between the constructs of despair and enthusiasm for each question on the test (Crumbaugh, 1968).

Split half reliabilities have been reported in excess of .90 (Crumbaugh & Maholick, 1964) with test retest coefficients of .83 (Meier & Edwards, 1974). The test places point four as neutral and points one and seven as descriptive constructs of despair and enthusiasm respectively. Scores are obtained by summing the score for all questions and can range from 20 to 140 with scores of 92 or less suggestive of low purpose and meaning in life, scores between 92 and 112 suggestive of having moderate purpose and meaning in life, and scores of 112 and higher suggestive of having clear purpose and meaning in life (Makola, 2013).

Crumbaugh and Maholick (1964) found that scores on the PIL Test could differentiate individuals with pathological profiles from those with normal profiles by concluding that lower scores were indicative of an existential vacuum, which is a component of noogenic neurosis. Ishida, Abe, and Okada (2011) found that individuals with higher scores on the PIL Test had less anxiety and lower sympathetic nervous system responses when placed under physical and mental stress compared to individuals with lower scores. Other research has found that individuals with a lower sense of spirituality and a lower sense of purpose had lower resiliency when coping with the effects of depression and anxiety compared to individuals with a more typical response to depression and anxiety (Min, Jung, Kim, Yim, Kim, Kim, Lee, & Chae, 2013). Spirituality and a sense of purpose have similar psychological constructs with respect to the sense of making meaning, finding value, peace, and harmony in life's experiences and

yet stand distinctly different from the aspects of religiosity. Having a strong sense of meaning and purpose improves recovery efforts after traumatic life experiences. Furthermore, focusing on finding purpose and enhancing one's sense of spirituality would help improve resilience in patients with depression and anxiety disorders (Min et al.).

When the participant finished the three-part questionnaire, the last webpage had a submit button for her to submit her answers. After submitting the questionnaire, the anonymous participant walked away from the computer. As such, there was no identifying data collected to conduct debriefing procedures, follow up procedures, additional interviews, or further treatments in this study.

Data analysis method. This research project was a correlational study designed to discover if there was a relationship between the level of self-reported symptoms of complex PTSD and the self-reported level of having PIL. A secondary purpose for this study was to determine, should there be a bivariate liner relationship, to what degree might it differ depending on a survivor's age, time in captivity, time in therapy, whether or not she uses or abuses substances, whether or not she has become a mother, and whether or not she has a spiritual or religious affiliation. The alpha (α) level is the probability of rejecting the null hypothesis given that it is true and is most often set at 0.05 (5%). The statistical significance for this study was also set at the .05 level. The primary focus was to investigate the relationship between the level of having PIL and the level of symptoms of complex PTSD in women trafficked into the sex industry. The strength of this relationship was determined by using a Pearson's correlational analysis.

Should a significant relationship exist, a multivariate model was used to determine the influence of demographic variables on the outcome. The raw data was downloaded onto a Microsoft Excel spreadsheet for analysis using the SPSS software. The database contained no identifiable information and remains intact for any future analysis. For the purpose of this study, the following questions with hypothesis was investigated:

RQ 1: Is there a relationship between the level of symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified (Roth et al., 1997) and the level of having purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) in women trafficked into the sex industry?

H₀1: There is no statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

H₁1: There is a statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

RQ 2: After controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, does purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) correlate to the symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified assessment (Roth et al., 1997) in women trafficked into the sex industry?

H₀₂: There is no statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

H₁₂: There is a statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

In order to test the first hypothesis, the Pearson's Product Moment Correlation formula was used to calculate and determine if there was a relationship between complex PTSD as measured by the SIDES assessment and PIL as measured by the PIL Test. If the null hypothesis is rejected in the first part of this study, further analysis of predictor variables on the degree of relationship will be explored using multiple regression analysis. Results were interpreted with a scatterplot, a pictorial representation of correlations between the independent variable x and the dependent variable y . An x and y axes are produced perpendicular to each other, results of correlates are then plotted. The amount of correlation is expressed as $r =$ where the r scores can range from -1 to 1. If $r = 1$ there is a positive correlation with the other variable meaning that higher scores on one variable correlate with higher scores on the other. An r score of 0 shows there is no relationship. If $r = -1$ there is a negative correlation between the two variables meaning that higher scores on one variable correlate with lower scores on the other. The result was expressed as a correlation coefficient, a number between -1 and 1. The results of this study discuss the magnitude and direction of the correlation coefficient. The

interpretation included any impact of intervening (demographic) variables with a regression analysis for developing a predictive equation.

Threats to Validity

As previously mentioned in Chapter 1, in both experimental and descriptive studies, external validity refers to the extent in which the results can be generalized to include other people. Random selection of participants increases the probability that results will be more reflective of a population under study. However, in this study the limitations include the small sample size, lack of random sampling, the restriction to assess only women over the age of 18, the voluntary nature of self-selection, and the use of self-report measures. As such, every effort was made to reach as many potential participants as possible by contacting all 715 agencies from two primary websites, one government and one nongovernment. Results may be limited by the use of self-report measures as opposed to more objective instruments. The ethnicity of participants will likely represent only a small portion of the general population of females trafficked for sexual exploitation and therefore a limitation in the generalizability of the results to a larger population would be prudent. Further study would likely be warranted to validate the results with a sample more representative of the females in the human trafficking population. The research did not cover all areas of human trafficking and only focused on sexual exploitation. The research was conducted with survivors who were rescued and treated only within the United States. Furthermore, participants who agreed to participate in this research study may have differed from those who meet the inclusion criteria but who chose not to participate.

Again, this study was not an experimental study whereby eliminating issues of confounder variables that would be relevant to a treatment manipulation. As such, the issue of internal validity does not apply to this research; this research was not a program or intervention in need of assessing effects. Internal validity means that there was evidence that what was done in a program or intervention caused the observed outcome to happen (Trochim, 2006). Construct validity is the appropriateness of inferences made, based on observations or measurements (often test scores); specifically, whether a test measures the intended construct. As previously discussed in detail, both measurements (PIL Test, SIDES assessment) are purported to measure the constructs for which they are intended, PIL and complex PTSD respectively. However, as mentioned by de Jong et al. (2005), the SIDES assessment may contain inequivalent constructs in some cultural settings. Statistical assumptions for this study were that the variables, complex PTSD and PIL, were quantitative and were measured on a level that approximates interval characteristics, that the same individual was measured on both variables, that actual participants were recruited from the population under study, that there was a bivariate linear relationship between the two variables, that they were normally distributed, and that there were no significant outliers. These assumptions are necessary for valid results.

Ethical Procedures

As previously mentioned, the anonymity and confidentiality of each participant was preserved and each participant was able to withdraw from the study at any time without consequence. No names or other identifying information of participants was gathered or recorded in any way; hence, there was no concern with the possibility of

identifying participants. The data was collected on the SurveyMonkey website accessible only by a protected password. Then, data was transferred onto Microsoft Excel spreadsheet for analysis using the SPSS software. Only myself and university facility had access to the database. The database remains intact for possible future analysis; as such, it will not be destroyed for a minimum of five years. Data was used for research purposes only and was stored with a password in a protected computer file. An interactive survey introduction and informed consent process helped participants understand and evaluate how the obtained data was stored for future research projects.

Procedures for protection. Vulnerable populations include individuals who may be especially at risk for emotional distress due to recalling their experienced traumatic events. There is some risk for participants in this study as they answer questions and reflect on, or are reminded of these experiences. If a participant feels she is re-experiencing trauma, foremost she could stop her participation or stop answering questions if the questions became uncomfortable. As was explained in the informed consent, a participant could choose a 'quit' link option to terminate the survey and seek emotional support through the director or staff person at the agency.

The proposal for this study was submitted to the Walden University IRB for review and approval. The approval number is 04-28-17-0104867, with an expiration date of April 27, 2018. No data was gathered prior to the IRB approval or before obtaining the participant's consent. This includes informing her of the voluntary nature of the study and that her identity was not known, that her answers were used for research purposes and stored with a password in a protected computer file. In addition, this

researcher currently holds certification of having completed a course in Protecting Human Research Subjects in Social and Behavioral Research and has knowledge of those protections (see Appendix K). Ethical issues that were not relevant to this study's design or methods included doing a study within one's own work environment, conflict of interest or power differentials, and justification for use of incentives.

Background on ethical considerations of participants' rights. Given that the population under study in this research proposal was considered a protected group, I have provided a background on the topic of conducting research with the consideration of vulnerability.

The code of Federal regulations for the protection of human subjects has the following five subparts (U.S. Department of Health & Human Services. Human Subjects Research: Code of Federal Regulations, 2009):

1. the basic policy
2. additional protections for pregnant women, fetuses, and neonates
3. protections for prisoners
4. protections for children
5. the requirements for registering as an IRB

These regulations have been enacted as a response to the unethical treatment of human subjects that became known worldwide during the Nuremberg War Crime Trials (U.S. Department of Health & Human Services. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

Research findings can and do have a direct effect on public attitudes that in turn affect public policies created to assist participants and their families (Beattie & VandenBosch, 2007). Vulnerable populations may lack education, economic stability, intelligence, or other resources or conditions including freedom that interfere with their ability to protect their own interests. Federal regulations have implemented protections by a process of informed consent and by a review of researchers and members of academia to weigh the possible risks and benefits of each research study. However, these regulations are not intended to stop research with vulnerable populations from occurring simply due to difficulty; difficulty alone does not justify the lack of study (Kaiser & Hays, 2006). The ethical principle of justice requires that researchers study even difficult populations so that they too can benefit from the knowledge gained in research.

The core ethical principles in human research are articulated in the Belmont Report, a report that summarizes the basic ethical principles identified by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (U.S. Department of Health & Human Services. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The basic three ethical principles involved include 1) respect for persons, 2) beneficence, and 3) justice. The respect for persons' principle is twofold. First, individuals should be treated as though they are self-sufficient and capable of governing their own decisions. Second, individuals who struggle with self-sufficiency and are less capable of governing their own decisions are entitled to protections. This principle is the basis of obtaining informed consent. Participants, or their representatives, must be given adequate time to

make a decision on whether or not to participate. This includes understanding the research, having their questions answered, understanding that their participation is voluntary, and that they can stop at any time. The second principle, beneficence is also twofold. First, researchers are required to do no harm and second, they must maximize any potential benefits and minimize any potential harm. The Hippocratic Oath of doing no harm requires the need to benefit patients and in doing so may require individuals to be exposed to risk. The third principle is one of justice, which refers to what is fair in sharing the burdens and benefits of research. Elusive or difficult populations can and should benefit from research while minimizing any associated risks.

One way to help minimize risks to vulnerable participants would be to present the purpose and procedures, risks and benefits of a study as an interactive process rather than as a form to read and sign (Culture clash on consent, 2010). An interactive survey introduction and informed consent process could also help participants understand and evaluate how the obtained data may be stored for future research projects (Cerulli & Thomas, 2009).

Summary

The research in this study was quantitative and sought to explore a correlation between the symptoms and behaviors of complex PTSD and having or finding PIL in women trafficked into the sex industry. After attaining IRB approval, I contacted agencies throughout the United States who work directly with trafficked women and asked them to display a recruitment poster for this research study. The setting for participation was private and semiprivate workspaces that had available computers with

Internet access. Potential participants were recruited from posters sent through the U.S. postal service that were affixed to walls at these locations. The materials for this study included a packet containing a cover letter with the researcher's contact information and a recruitment poster. Instrumentation for this study was implemented electronically through the SurveyMonkey website whereby the data was collected, stored, and secured, accessible only by protected password. Procedures for participants included answering questions through an interactive survey introduction and consent process, completing a demographic questionnaire that also functioned as a screening tool, answering questions on the SIDES assessment followed by answering questions on the PIL Test. Analysis of the data after transferring onto an excel spreadsheet was conducted using Pearson's correlational analysis followed by multiple regression analysis with the help of SPSS software. The questions for this study focused on determining if having purpose and meaning in life mediated the effects of complex trauma in women trafficked into the sex industry and what, if anything interfered with this possible relationship. Ethical considerations are extensive and included many aspects in this population; however, at no time did a potential participant feel obligated to participate as she could quit the process at any time. Additionally, in the event a participant felt her recall of traumatic experiences were causing emotional distress or she was re-experiencing trauma she knew, through the interactive survey introduction and consent process, to seek professional psychological help from the agency with whom she was involved.

Chapter 4 will begin with an introduction and a review of the RQs and hypotheses. I will discuss the data collection efforts and the results of the study by

reporting on the descriptive statistics, statistical assumptions, and the statistical analysis findings that will be organized by the RQs and hypotheses. Several tables and figures will be presented to illustrate these results. A summary of Chapter 4 and an introduction to Chapter 5 are also included.

Chapter 4: Results

Introduction

The purpose of the current study was to quantitatively examine whether there was a correlation between the dependent continuous variable complex PTSD and the independent continuous variable PIL in women who have experienced sex slavery through human trafficking and secondarily, whether demographic variables influence this possible relationship. The study may inform service providers about the relationship, if any, between complex PTSD and having PIL among individuals who have a history of being trafficked into the sex industry. With this knowledge, providers may be able to devise more effective strategies for working with these survivors and helping them reintegrate into society.

The overarching question I sought to answer was, does PIL, as described by Frankl (1988), mediate the symptoms of complex PTSD, as described by Courtois (2008), experienced by women who were trafficked into the sex industry? The specific RQs and hypotheses were as follows:

RQ 1: Is there a relationship between the level of symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified (Roth et al., 1997) and the level of having purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) in women trafficked into the sex industry?

*H*₀1: There is no statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

*H*₁1: There is a statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

RQ 2: After controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, does purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) correlate to the symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified assessment (Roth et al., 1997) in women trafficked into the sex industry?

*H*₀2: There is no statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

*H*₁2: There is a statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

In Chapter 4, I discuss the data collection efforts including the recruitment process and response rates, any discrepancies in the data collection effort, and demographic characteristics of the respondents and how they compare to the population of study (external validity). I also present the results of the study and report on the

descriptive statistics and statistical assumptions. The findings are organized by the RQs and hypotheses with tables and figures to illustrate results. A summary of Chapter 4 and an introduction to Chapter 5 are also included.

Data Collection

Walden IRB granted approval for this research in the Spring Quarter on May 3, 2017. I combined a list of agencies from one government site and one nongovernment site to create a list of 722 agencies that purported to work directly with women who had been trafficked into the sex industry. I first compiled a list from the U.S. Department of Justice, Office of Justice Programs website for all 50 states. I then combined this list with a list of providers from the Polaris Project website referral directory that also included agencies and providers from all 50 states. The list was then organized by U.S. time zones on a Microsoft Excel spreadsheet to include phone numbers and mailing addresses and was ready for implementation on May 5, 2017 (see Appendix D).

I began contacting agencies by phone call and often following up with e-mail in the Summer Quarter of 2017. The first recruitment poster prototype was created on June 18, 2017 (see Appendix G). Collecting data began after the SurveyMonkey website was created in the Fall Quarter on October 8, 2017. In that quarter, I printed the approved recruitment poster and made it available for distribution. The first mailings of the recruitment posters were sent to their respective agencies. Participant responses to the questionnaire were completed as follows.

- November 10, 2017: completed questionnaire.
- November 10, 2017: completed questionnaire.

- November 22, 2017: completed questionnaire.
- November 22, 2017: completed questionnaire.
- November 22, 2017: completed questionnaire.
- November 22, 2017: completed questionnaire.
- November 26, 2017: incomplete questionnaire.
- November 26, 2017: incomplete questionnaire.

Through the Winter Quarter of 2017/2018 and the Spring Quarter of 2018, all remaining agencies had been contacted. A total of 176 posters had been requested and mailed, and the following results were obtained.

- April 3, 2018: incomplete questionnaire.

A change in procedures was requested from the IRB to include visiting local agencies in person as well as a request to extend the time frame for recruitment. A list of local agencies was created on April 3, 2018 (see Appendix L). The IRB approved the changes and the continuation of the study on April 26, 2018, after which I implemented the change to recruit participants by visiting local agencies. While consulting with an agency in my community concerning the difficulty in finding participants, I learned that some survivors feel a need to tell their story of recovery through social media. In this direct contact, on May 16, 2018, the director of Lutheran Community Services suggested I search the Internet and make contact with individuals who self-identify as survivors of human sex trafficking.

In the Summer Quarter of 2018, on June 20, I requested an additional change in procedures from the IRB to contact, through Internet social media platforms, potential

participants who self-identified as survivors of human sex trafficking. On July 10, 2018, the IRB approved this request, and the change in recruitment procedures was implemented. I utilized the social platform Facebook Messenger to first revisit agencies from the time zone phone contact list that had not responded to my previous attempts to make contact. Then, I searched Facebook groups for human trafficking survivors. I discovered that the best method was to search YouTube videos for human trafficking survivor stories and then search for any identifying information from watching the video (i.e., names, locations, birthmarks, tattoos, clothing, etc.) and make a positive identification from which to message the individual through the social platform Facebook Messenger. This technique allowed the invitation to the study to remain anonymous while protecting privacy, as the Messenger application is a private format. A total of 251 individual contacts (see Appendix M) led to the following results.

- July 26, 2018: completed questionnaire.
- July 30, 2018: incomplete questionnaire.
- July 31, 2018: incomplete questionnaire.
- Aug 1, 2018: incomplete questionnaire.
- Aug 5, 2018: incomplete questionnaire.
- Aug 7, 2018: incomplete questionnaire.
- Aug 8, 2018: incomplete questionnaire.

In the Fall Quarter of 2018, YouTube videos included individuals from countries outside of the United States and as such, a change in procedures was requested on September 21, 2018 to include these potential participants. The request was approved by

the IRB on October 9, 2018. The social platform LinkedIn was also utilized during this quarter. The following results were obtained.

- September 15, 2018: incomplete questionnaire.
- September 22, 2018: incomplete questionnaire.
- October 17, 2018: incomplete questionnaire.
- October 21, 2018: completed questionnaire.
- November 4, 2018: completed questionnaire.

During the Winter Quarter of 2018/2019, the recruitment efforts remained the same as previously implemented with the following results obtained.

- December 14, 2018: completed questionnaire.
- December 18, 2018: completed questionnaire.
- December 19, 2018: incomplete questionnaire.
- December 20, 2018: incomplete questionnaire.
- January 25, 2018: incomplete questionnaire.

During the Spring Quarter of 2019, the recruitment efforts remained the same as previously implemented. A request to continue collecting data for the study was approved by the IRB on May 2, 2019. The following results were obtained.

- March 20, 2019: incomplete questionnaire.
- March 22, 2019: completed questionnaire.
- July 28, 2019: incomplete questionnaire.

The data collection plan in Chapter 3 was to collect data on the SurveyMonkey website available by invitation and accessible only by a protected password. There was

no change to this plan. However, the recruitment process changed from searching for potential participants through agencies that work as gatekeepers to searching specifically for individuals who self-identify through social media.

The sample size of completed surveys ($N = 12$) did not reach the intended power to calculate whether a correlation could be determined between complex PTSD and PIL for the population of study. A sample size that is too small reduces the power of the study and increases the margin of error. The demographic characteristics of the sample ($N = 12$) are as follows.

Table 2

Demographic Characteristics of Study Sample (N = 12)

Age of Participant*	<i>N</i>	%
21-25	1	8.3
26-30	1	8.3
31-35	1	8.3
36-40	3	25.0
>40	6	50.0
Ethnicity	<i>N</i>	%
African	1	5.9
Black American	2	11.8
Euro-Caucasian Non-American	1	5.9
Hispanic	1	5.9
Indigenous Native American	2	11.8
White-American Non-Hispanic	10	58.8
Education	<i>N</i>	%
Graduated high school or equivalent	4	33.3
Some college credit, no degree	2	16.7
Vocational training certificate	1	8.3
Bachelor degree	3	25.0
Master degree	2	16.7
Religiosity*	<i>N</i>	%
Agnostic	2	16.7
Protestant/Other Christian	10	83.3

Note. Asterisks indicate controlled variables.

The demographic characteristics of the population of study, according to the United States Department of Health and Human Services (2009) indicate the average age a victim of human trafficking is first exploited into the sex industry occurs between 12-14 years of age (p. 8.). In the study sample, participants were invited to answer the questions on the survey if they were over the age of 18 years in order to avoid more vulnerable youth. Within the age restriction of the study, 50% of the participants were over the age of 40 years, 25% were between the ages of 36-40 years, and 25% were between the ages of 21-35 years of age. None of the participants was under 21 years of age.

In the HHS report, the largest number of victims from countries of origin was El Salvador and Mexico (p. 7.) and domestic victims are more often African American (p. 9.). In the study sample, the majority of participants were White American Non-Hispanic (83.3%), followed by Black American (16.7%), Native American (16.7%), with the least number of participants identifying as African (8.3%), Hispanic (8.3%), and Euro-Caucasian Non-American (8.3%).

The HHS also reported a correlation between sexual exploitation and learning disabilities in school-aged girls who have a higher tendency of failing at school and having lower self-esteem (p. 9.). However, in the current study 33.3 % of the participants graduated high school or equivalent, 25% went on to complete a bachelor's degree, and 16.7 % finished a master's degree. The remaining participants had some college credit (16.7%) and vocational training (8.3%).

Although the HHS did not specify the religious orientations of sex trafficked women, the report is clear about using culturally appropriate methods when working with this population, specifically spirituality, religious practices, cultural beliefs, and assumptions (p. 23-24.). In this study, the majority of participants reported having a Protestant or other Christian belief system (83.3%) with the remainder Agnostic (16.7%).

Table 3

Descriptive Characteristics of Abuse and Recovery (N = 12)

Age at 1 st Sexual Experience	<i>N</i>	%
0-5 Years	8	66.7
6-10 Years	3	25.0
11-15 Years	1	8.3
Age at 1 st Penetration	<i>N</i>	%
0-5 Years	6	50.0
6-10 Years	3	25.0
11-15 Years	1	8.3
16-20 Years	2	16.7
Years in Captivity*	<i>N</i>	%
No Answer	2	16.7
3-5 Years	2	16.7
6-8 Years	2	16.7
>11 Years	6	50.0
Self-Medicating*	<i>N</i>	%
Yes	6	50.0
No	6	50.0
Frequency	<i>N</i>	%
None	6	50.0
A Few Times A Month	1	8.3
Every Day/Night	5	41.7
Months in Therapy*	<i>N</i>	%
Never	4	33.3
<3 Months	2	16.7
3-5 Months	2	16.7
>11 Months	4	33.3

Note. Asterisks indicate controlled variables.

Descriptive characteristics of abuse and recovery from the HHS report describes 68% of adult women who had been incarcerated for prostitution had experienced sexual abuse before the age of 10 years and approximately 50% of those had been raped before the age of 10; smaller studies estimating between 70-90% with a history of childhood sexual abuse (p. 9.). In this study, similar percentages were found for childhood sexual abuse albeit under the age of five years of age. Participants reported their first sexual experience (66.7%) and first penetration (50%) under the age of five years old.

The literature review from DHH stated, “Girls and women report going months or even years without talking to anyone outside the sex trade” (p. 23.). In this study, more than 11 years in captivity was reported by 50% of the participants surveyed.

The substance abuse reported by HHS of youth exploited through prostitution was at 75%. In this study, although no youth were surveyed, 50% of participants use substances to self-medicate and 41.7% of those individuals use every day/night.

The HHS department also reported that survivors of human trafficking require mental health provider services for a year and often for several years both frequently and intermittently (p. 12.). In this study, two thirds of the participants (66.6%) have had psychotherapy. The results showed 33.3% of those participants had been in therapy for more than 11 months. The other half had gone to therapy sessions between 3-5 months (16.7%) and less than 3 months (16.7%). The remainder of participants, 33.3% had never been to a therapy session.

Additional characteristics of core family dynamics were included in the study to discover if such characteristics, such as motherhood, would have an influence on the

variable of PIL for the women who had survived their sex trafficking experience. Other covariates such as birth order, siblings, and marital status were included in the study to look for trends that may contribute to PIL.

Table 4

Additional Characteristics of Core Family Dynamics (N = 12)

Birth Order	<i>N</i>	%
Unknown	2	16.7
First Child	4	33.3
Middle Child	4	33.3
Last Child	2	16.7
Siblings	<i>N</i>	%
Yes	10	83.3
No	1	8.3
Unknown	1	8.3
Marital Status	<i>N</i>	%
Never Married	3	25.0
Previously Married	6	50.0
Currently Married	3	25.0
Motherhood*	<i>N</i>	%
Yes	7	58.3
No	5	41.7
Pregnant	0	0.0
Children Ages 0-5	2	16.6
Children Ages 6-10	4	33.3
Children Ages 11-15	0	0.0
Children Ages 16-20	3	25.0

Note. Asterisks indicate controlled variables.

The HHS did not report on characteristics of core family dynamics. In this study however, findings indicated that 33.3% of the participants were the first child and 33.3% of participants were the middle child born from her family of origin. More than half of the participants had siblings (83.3%), half had been married (50%), one quarter were

currently married (25%), and finally that just over half of participants had become mothers during their lifetime (58.3%).

Results

Twelve individual participants completed the questionnaire on the SurveyMonkey website titled “A Correlational Study of Meaning Making and Complex Trauma in U.S. Women Trafficked for Sexual Exploitation.” The raw data from the survey website was transcribed onto each measurement’s worksheet and calculated to determine the intensity of symptoms of complex PTSD and the level of PIL for each individual. Each participant was rated on the SIDES assessment measurement containing seven subscales to determine a diagnosis of DESNOS. The criteria for diagnosis includes two of three (2/3) affect regulation symptoms, one of five (1/5) additional alteration/regulation of affect and impulses symptoms (i.e. modulation of anger, self-destructive behavior, suicidal preoccupation, sexual involvement, and excessive risk), one of two (1/2) dissociative symptoms, two of six (2/6) alteration of self-perception symptoms, one of five (1/5) alteration of relationship symptoms, two of five (2/5) somatization symptoms, and one of two (1/2) alterations of systems of meaning symptoms. None of the participants met all criteria for a diagnosis of complex PTSD, a measurement of 4 in the figure chart below (see figure 8.). Those participants who met the criteria for the subthreshold of DESNOS, defined as the presence of two of the three (2/3) core DESNOS criteria (affect/impulse dysregulation, dissociation, and or somatization) and at least one of the three (1/3) forms of altered beliefs (self-perceptions, relationships, and or systems of meaning) are rated 3. Those individuals whose scores were considered clinically significant by a score of 2 in

any one of the subscales are rated 2. Those participants with an elevated score above 0 but less than 2 in any one subscale are rated 1, and those participants with no indication of complex PTSD are rated 0. For the PIL Test measurement, participants were rated 4 with scores between 113-140 indicating clear purpose and meaning in life. Participants were rated 3 with scores between 93-112 indicating moderate purpose and meaning in life. Participants were rated 2 with scores between 51-92 indicating low purpose and meaning in life. There were no participants with scores between 20-50, a rating of 1, which would have indicated lack of purpose and meaning in life.

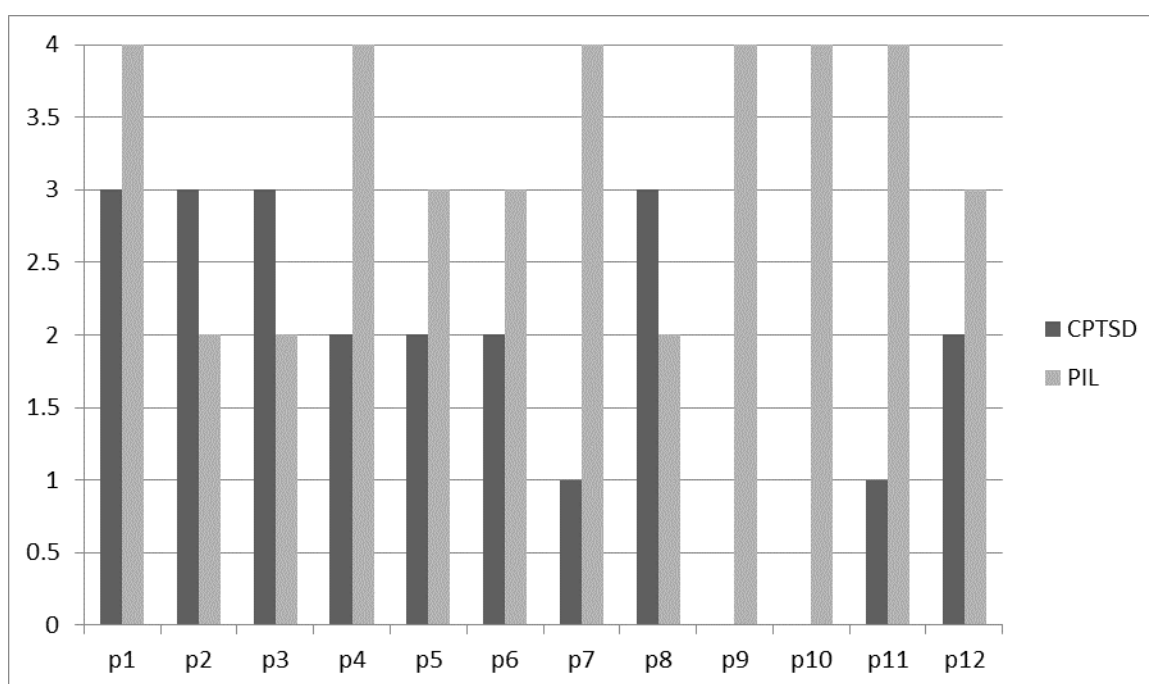


Figure 8. Participants 1-12

Note. Participant 9 and 10 chose Agnostic and scored 0 complex PTSD.

Each participant's two scores, a complex PTSD score and a PIL score, were then plotted on the x y-axes as shown in figure 9.

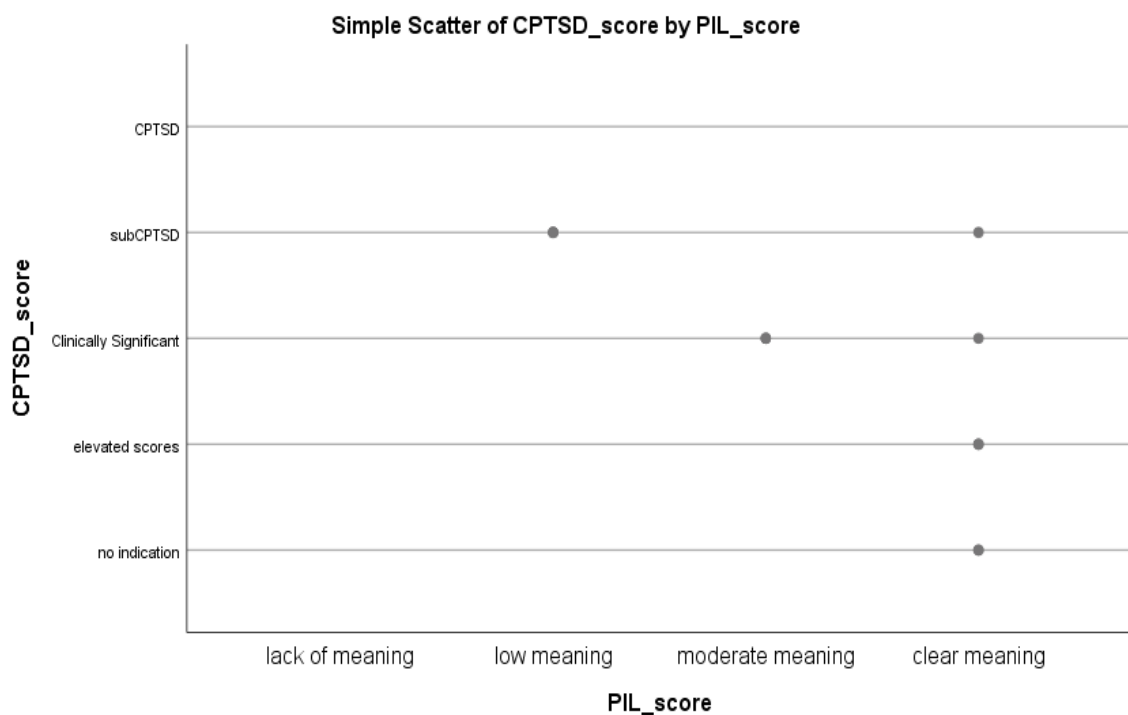


Figure 9. The trend of 2-point scores plotted on x and y-axes.

Note. Some participants had the same score.

This is a moderate negative correlation, which means there is a tendency for high X variable scores (PIL) to go with low Y variable scores (complex PTSD). In research where there are ample cases from which to compare, often the Pearson correlation coefficient is used to measure the strength of a linear association between two variables where the value $r = 1$ means a perfect positive correlation and the value $r = -1$ means a perfect negative correlation. However, the assumptions in a Pearson's correlational analysis were violated and as such could not be used to calculate the correlation with that method. The assumptions that were violated for a Pearson's correlation analysis are as follows:

- scale of measurement should be interval or ratio
- variables should be approximately normally distributed
- the association should be linear
- there should be no outliers in the data

All of these assumptions were violated because there were not enough data points to see if the data is normally distributed, to see if there is a linear association, or to see if there were any outliers. In addition, with such few data points, the analysis must be viewed as an ordinal measurement. Therefore, a Spearman's rho Correlation Coefficient was utilized for calculating the data due to the small sample size and consequently few data points. Spearman's rho is a nonparametric test used to measure the strength of association between two variables, where the value $r = 1$ means a perfect positive correlation and the value $r = -1$ means a perfect negative correlation. The assumptions of a Spearman's rho analysis are as follows:

- scale of measurement must be ordinal (or interval, ratio)
- data must be in the form of matched pairs
- the association must be monotonic (i.e., variables increase in value together, or one increases while the other decreases).

Statistical analysis using Spearman's rho and organized by RQs and hypotheses, are as follows:

RQ 1: Is there a relationship between the level of symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified (Roth et al., 1997) and the level of having

purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) in women trafficked into the sex industry.

H₀1: There is no statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

H₁1: There is a statistically significant ($\alpha = .05$) relationship between the symptoms of complex posttraumatic stress and the experience of having purpose in life in women trafficked into the sex industry.

The first hypothesis predicted that there would be a significant relationship between the variables complex PTSD and PIL. To test this hypothesis the Spearman's rho analysis was performed. The results of the analysis indicated that there was a significant negative linear relationship between the two variables. The observed correlation was found to be statistically significant, ($r_s(10) = -.711, p < .01$), suggesting that as purpose in life increases, complex PTSD decreases.

RQ 2: After controlling for age, time in captivity, time in therapy, substance use, motherhood, and religiosity, does purpose in life as measured by the Purpose in Life Test (Crumbaugh & Maholick, 1969) correlate to the symptoms of complex posttraumatic stress disorder as measured by the Structured Interview for Disorders of Extreme Stress Not Otherwise Specified assessment (Roth et al., 1997) in women trafficked into the sex industry.

H₀₂: There is no statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

H₁₂: There is a statistically significant ($\alpha = .05$) influence of demographic variables on the degree of relationship between complex posttraumatic stress disorder and purpose in life.

In order to control variables in a small sample size, a nonparametric partial correlation was used in SPSS. The analysis was calculated by recoding variables to a new dataset by opening syntax from the file menu and entering new code (Conover, 1999).

Doing this allows a new analysis where Spearman's rho is recoded into Pearson's correlation for nonparametric data. The second hypothesis predicted that there would be a significant relationship between the variables complex PTSD and PIL. While controlling for all demographic variables in the hypothesis simultaneously, the following results obtained indicate there is a strong negative correlation ($r(4) = -0.927$, $p = 0.008$).

Table 5

Control Variables in the Study

Control Variables		Partial Correlation		
			CPTSD_score	PIL_score
Age of Participant & Years in Captivity & Months in Therapy & Self-Medicating Frequency & Motherhood & Religious Affiliation	CPTSD_score	Correlation	1.000	-.927
		Significance (2-tailed)	.	.008
		Df	0	4
	PIL_score	Correlation	-.927	1.000
		Significance (2-tailed)	.008	.
		Df	4	0

Note. Spearman's rho recoded into Pearson's correlation for nonparametric data.

The results also showed there is a significant relationship between participants complex PTSD score and PIL score, while controlling for each variable separately: age ($r(9) = -0.726$, $p = 0.011$), years in captivity ($r(9) = -0.756$, $p = 0.007$), months in therapy ($r(9) = -0.768$, $p = 0.006$), self-medicating frequency ($r(9) = -0.710$, $p = 0.014$), motherhood ($r(9) = -0.648$, $p = 0.031$), and religiosity ($r(9) = -0.637$, $p = 0.035$).

The participants in my research study did not reach the threshold for a diagnosis of complex PTSD or DESNOS by meeting all the criteria for the disorder; however, several components of complex PTSD were identified in the participants of my study. Complex PTSD includes psychological fragmentation, attachment disorders, an external locus of control, a sense of betrayal, and the fear that one's disclosures are unbelievable (Berwick, Trippany, & Rush-Wilson, 2009). Complex PTSD also consists of having a broad set of self-regulatory deficiencies that take the form of dissociative disorders,

dysregulated states of borderline personality disorder (BPD), and disruptions in “systems of meaning” (Ford, Stockton, Kaltman, & Green, 2006; Scoboria, Ford, Lin, & Frisman, 2008; Courtois, 2008; Pearlman & Courtois, 2005). Participants in my study indicated they experienced alterations in attention or consciousness (amnesia [50%], dissociative episodes [33.3%], and depersonalization [16.6%]), disruptions in their “systems of meaning” primarily by having a foreshortened future (33.3%) and a loss of previously sustained beliefs (25%) and deficiencies such as an altered or a distorted sense of identity (i.e. permanent damage, guilt and responsibility, shame, 41.6%), a lack of worth in relationships and a maladaptive view of the motivations of others (inability to trust others 50%).

Summary

The questions in this research study first asked if there was a relationship between the symptoms of complex PTSD and having PIL and second, after controlling for several demographic variables, would PIL still correlate to the symptoms of complex PTSD in women trafficked into the sex industry. It does appear that even with the limited cases in this study, that having PIL, regardless of where that purpose might come from, is negatively correlated to complex posttraumatic stress.

In Chapter 5, factors that influenced the validity of this research study will be discussed. One of these factors is history. History pertains to world events and policy changes that have a direct effect on researcher’s ability to conduct studies (Campbell & Stanley, 1966). In discussing the interpretation of the findings, I will also discuss the

social change implications and recommendations for further research and different research methods for this population of study.

Chapter 5: Conclusions

Introduction

This was a quantitative exploratory study with the primary intention of discovering if a correlation existed between the dependent continuous variable complex PTSD and the independent continuous variable PIL in women who have been trafficked into the sex industry. A secondary purpose was to explore whether demographic variables of the study group influenced this possible relationship. I examined the relationship between having symptoms of complex PTSD and having PIL by analyzing the results of a questionnaire administered via the Internet. The measurements included the SIDES assessment (Roth et al., 1997), the PIL Test (Crumbaugh & Maholick, 1969), and a series of demographic questions. A quantitative correlational design was necessary to investigate the possibility of statistically significant associations between variables and to appropriately analyze the RQs concerning the relationship between complex PTSD and PIL. The key finding in this study was that having PIL was negatively correlated to complex PTSD in the participants, all of whom were women who have experienced sex trafficking.

Interpretation of the Findings

A comparison of the literature described in Chapter 2 to the findings of this research helps confirm and extend knowledge in the area of human trafficking. From the literature review, I found that most information regarding women who had been trafficked into the sex industry consisted of case studies and personal stories. I found a few research articles that had been written about the symptoms and mental health needs

of trafficked survivors, such as recovery from PTSD and child sex abuse (Hardy et al., 2013), depression and anxiety disorders (Abas et al., 2013; Hossain et al., 2010), and the use of cognitive behavioral therapies for trafficked survivors (Macy & Johns, 2011). In an attempt, however, to conduct a statistically significant quantitative research study of whether a spiritual foundation would mediate the symptoms of complex PTSD, I focused on gathering data from the SIDES assessment and the PIL Test. I assumed that these measurements would adequately assess the constructs of complex PTSD and PIL to test Frankl's theories of finding meaning and PIL to help in the recovery process for trafficked women.

The research on human trafficking reviewed in Chapter 2 showed that people were being trafficked from poorer countries in the Southern Hemisphere to richer countries in the Northern Hemisphere (UNODC, 2006). Although I did not limit subject recruitment to U.S. citizens, I only found participants who were U.S. citizens who had not traveled from countries outside of the United States and were trafficked only within U.S. borders. In the literature review, I also described Andrees and van der Linden's (2005) contention that prior research on human trafficking had not been favorable to random sampling and had relied primarily on targeted populations and secondary sources. The majority of survivors in these previous studies had been contacted through nonprofit organizations, shelters, and detention centers (Andrees & van der Linden, 2005). Data in these previous studies were often missing because many migrants were reluctant to discuss sensitive issues concerning their experiences of deception, violence, and illegal status (Andrees & van der Linden, 2005). My research methods also relied on finding

participants through nonprofit organizations and shelters and by targeting the population through social media platforms. The research data I collected were also sparse, and many participant surveys were incomplete. Research discussed in Chapter 2 showed that a motivation for change was often initiated by pregnancy (Cecchet, 2012). A slight majority of the women in my research study were mothers (58.3%). Previous researchers also suggested that resilience in survivors was more likely if they remained connected to their religious faith (Rajan, 2013). A clear majority of survivors in my study relied on Christian concepts (83.3%) for their recovery.

The theoretical framework from the literature review in Chapter 2 describes the concepts of PIL as defined by Frankl (1984) through his therapeutic model logotherapy, which he conceptualized as a way to help individuals find meaning and PIL after traumatic experiences. The assumptions of this theory are that life has meaning in all circumstances, people have the will to make meaning, and people have freedom in all circumstances to initiate their will to make meaning and to find PIL (Frankl, 1988). Frankl's theory also includes that the mind, body, and spirit cannot be separated and as such, the will to meaning is found in a spiritual sense and is greater than religious concepts alone (Frankl, 1988). The findings in my research indicate all participants had found purpose and meaning in life primarily through their religious beliefs. Interestingly, two of the 12 participants indicated they were agnostic (16.6%). The participants who indicated they were agnostic were the only participants to score zero symptoms of complex PTSD. The results showing a strong relationship between agnosticism and zero symptoms of complex PTSD seem to fit well with the concepts of existential humanistic

philosophy. This view is the basis for understanding reality through personal experience and a belief in freedom to accept the consequences of one's actions while acknowledging the responsibility of making those choices (Crowell, 2010).

My findings suggest that Frankl's theory, which is a humanistic existential approach to meaning making and maintaining purposeful living, is a valuable perspective to healing and recovery after being trafficked for the purpose of sex. An existential approach, such as Frankl's, seeks a balance between what human beings will do with the possibilities and opportunities of human life and the biological limitations that are often tragic dimensions of the human experience. Existential philosophy emphasizes freedom of choice in choosing the meaning of one's life experiences (Waterman, 2013). Being forced into sexual servitude is a tragic dimension of the human experience. In my study, there is evidence that spirituality has a positive effect on having and finding PIL and that PIL mediates the negative effects of complex PTSD. Frankl based his theory on his experience of surviving the Holocaust, and although using concepts of logotherapy in the treatment of sexual exploitation would seem to hold promise, it must be considered that many of those who survived the Holocaust came from intact families with supportive parents and secure foundations from which to draw inner strength. In contrast, nearly all the participants in my study experienced child molestation before the age of 11, and more than half were under the age of 6. Half of the participants experienced vaginal penetration between the ages of 0 to 5. Often unrealized by society is that childhood sexual assault is one's first sexual experience. This sexual experience profoundly affects

the ability to love and express love (Hopper, 2017), a foundational fundamental human right of the young and innocent.

Limitations of the Study

I originally began this study to find whether relying on spiritual practices would facilitate the healing process of those who experienced human trafficking, similar to those who experience rape and torture. I also wanted to determine if spiritual concepts should be a part of practice in therapeutic treatments. I sought answers from those who had been trafficked and forced into sexual servitude and found some individuals willing to answer my questions.

Limitations that threaten the validity of this study and should be considered when reviewing the results include the sample size, age of participants, methods used, and historical processes at the time of data collection. The difficulties locating and recruiting subjects for this study strongly suggest that trafficked women are a hidden population. Reasons for not disclosing status are speculative, but may be tied to issues of secrecy, privacy, and the ongoing changes of immigration laws and policies within the United States during subject recruitment.

With just 12 participants, the results are limited to the perspectives only of the participants involved. As such, the ability to generalize this study to the population of women trafficked into the sex industry is also limited. With so few participants, the statistical power was insufficient to reliably indicate that results found in this study would be similar to findings in the population of sexually trafficked survivors.

My study was limited to adults over 18 years of age although the majority of trafficked survivors are exploited in youth. In my study, 9 participants were over the age of 35 years, 6 were over the age of 40 years. The results of my study may reflect aging and the time involved to process memories and understand the injustice, loss, and degradation that often comes from sexual abuse. Also, self-reported data is limited by the fact that it can rarely be independently verified. There is the assumption that what was said or reported, whether in interviews or questionnaires, was true and correct.

There are limitations in the methods used for this study that should also be considered when reviewing the results. The SIDES assessment was validated in previous studies as a structured interview to measure the level of complex PTSD in survivors of trauma. A face to face structured interview may have gleaned different results given the sensitive nature of sexual manipulation and abuse. When designing the research, I anticipated that face to face interviews would be more difficult for both the participant and the researcher because of the nature of the questions. However, and precisely because of the sensitive nature of the questions, the reluctance to participate in this study may have derived from the SIDES assessment being structured as a nonpersonal Internet questionnaire. However, face to face interviews would have also limited the population of study to one community due to a lack of resources needed to travel throughout the United States to recruit participants.

There were several limitations during the first stage of data collection, some attempts to reach agency directors was limited by a director's availability, phone calls made were often not returned, it is unknown if recruitment posters were actually

displayed, or how many potential participants saw them. Agency directors essentially protect trafficked survivors and are the gatekeepers to researchers who seek to study the needs and behaviors of sex trafficked women. This led me to the second stage of data collection, using social media.

The limitation with the social platform YouTube is that this method of recruitment is not anonymous. In an Internet video, speakers often reveal their names, where they live, or other identifying characteristics, including clothing, tattoos, and jewelry. Using this information to find and request participation on a survivor's public and visible Facebook homepage seemed to lack discretion. As such, restricting contact through the Facebook's private messaging application was more ethical but eliminated some potential participants due to their not having the application. Furthermore, assessing self-identified participants limits the randomness of a study that is needed for validity and generalization of the research results. A woman who has willingly and publicly identified herself as a survivor of human trafficking is characteristically different from a survivor who prefers to be unidentified and remains unavailable.

Historical limitations are also relevant when reviewing the validity of results. As discussed in Chapter 2, women who seek entry into wealthier countries with tightened border control are vulnerable to those who seek to deceive them (Chuang, 2006). In 2011 at the onset of my research efforts the policy of the United States was to bring public awareness to the hidden criminal activity of trafficking in humans. In 2017 and during the time of data collection for this research, all U.S. government-sponsored websites pertaining to human trafficking were no longer accessible, including websites that posted

the TIP reports and the TVPA. From 2017-2019, federal funds were also directed to construct a physical border wall along the Mexico-U.S. border, build detention centers to house immigrants, and hire an additional 5,000 Border Patrol agents by enacting Executive Order 13767, titled “Border Security and Immigration Enforcement Improvements” (Trump, 2017), claiming that a border wall is needed to stop human trafficking. (Bump, 2019).

With the average daily population of immigrant detainees increasing, adding fear of being deported, non-U.S. citizens who had a history of being trafficked would not likely participate in a study about their experiences. These events are historical aspects of the study in human trafficking which may have suppressed subject participation.

Recommendations

My recommendation for finding and encouraging women who have been trafficked into the sex industry to participate in research would be to know more about this group of women before attempting to recruit them. Future research should consider mixed methods of study with quantitative and qualitative approaches to include personal stories of experiences. Research could focus on face to face interviews with individuals willing to share their personal and deeply sensitive stories. A possibility for future quantitative research could be the design of clinical trials on the efficacy of meaning-making therapy models such as logotherapy on sex trafficked survivors. Those in the position to do this type of study, such as well-funded networks and well-established non-profit organizations, could consider doing research in this area. Being a member of an agency or nonprofit group would facilitate an anthropological study or an experimental

study in which a researcher could live with and gain the trust of survivors willing to share their experiences and stories of recovery.

Implications

Positive social change at an individual's therapeutic level can happen when a previously established approach, such as logotherapy, is implemented into a practitioner's techniques. Clinicians working with women, who have been trafficked into the sex industry, might help improve survivor's recovery efforts by using a logotherapy (meaning-based) approach to treatment. Therapeutic approaches would involve helping survivors with value clarification and with a focus on discovering and maintaining purposeful living with respect toward living a life consistent with their values. Through these therapeutic techniques' survivors can find the courage to make attitudinal adjustments to facilitate what is uniquely meaningful to them, thereby transcending self-imposed limitations (Hutchinson & Chapman, 2005). Potential areas of focus include the development and maintenance of meaningful social relationships and fostering skills that enable one to contribute to the community. Through such avenues, clients are much more likely to feel empowered, live their lives with purpose, and be better able to face their symptoms and circumstances.

At an organizational level, positive social change is possible when practitioners, therapists, and mental health counselors are aware of the probability of past sexual abuse while treating their clients. In the United States alone, approximately half of all clients seeking mental health counseling have experienced sexual abuse (Kenny & Abreu, 2015). Many professionals and nonprofessionals have recognized that a large number of citizens

have histories of sexual trauma and there is a need for specialized education (Oz, 2010). Little is known about academic programs attention to child sexual abuse beyond the focus of child maltreatment. Curriculum could include more extensive training in the consequences of sexual abuse and sexual violence, child sexual abuse, child abduction, child pornography, and sex trafficking. Training should also include personal self-evaluation of one's own biases in values, beliefs, and experiences, many of which are based on "sex role stereotypes and general conservatism" (Kenny & Abreu, 2015, p. 585.) A practitioner's experience with child sexual abuse may also affect the delivery of therapeutic services or the way in which the practitioner identifies with the client and others involved. Training programs should include case presentations, clinical training, and supervision as well as research that presents facts and statistics.

While using the World Wide Web for researching issues on human trafficking, I also discovered the ability for someone to remain anonymous and untraceable should he or she want to view pornographic websites. According to the U.S. Department of Justice (2020), current trends in child pornography indicate an increase of images that depict sadistic and violent abuse with young children including toddlers and infants. In 2019, of the 26,300 endangered runaways reported to the National Center for Missing and Exploited Children (NCMEC) one in six, or more than 4,000 children in one year, were likely victims of child sex trafficking (NCMEC, 2020). Social trends such as the women's march, the me-too movement (Guardian News and Media, 2020), and identified problems like child pornography and human sex trafficking should change areas of study in academia. Public awareness and education can help change public policy that could

provide the needed funding to fundamentally change the way society views sexual abuse. To disseminate the results of this study, I plan to send a one-page summary to agencies and social media contacts that participated in the study. Currently, I am considering plans for conference poster presentations or journal article publications.

Final Conclusion

Frankl stated there are three aspects of unchangeable and unavoidable fate, pain, guilt, and death (Frankl, 1988). He called these aspects, “the tragic triad of human existence” (p. 73). Of some of the worst human conditions inflicted on others (i.e. capture, torture, rape), the will to meaning, to take a stand on moral principles, on truer values through authentic human encounters, humor, and meaning, survivors can more than survive, they can transcend and be a moving force for change in our world. The 12 women who participated in this study about finding meaning and purpose after being trafficked for sex support Frankl’s assertions.

References

- Abas, M., Ostrovschi, N. V., Prince, M., Gorceag, V. I., Trigub, C., & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: A historical cohort study. *BMC Psychiatry, 13*. doi:10.1186/1471-244X-13-204
- Alagbala, L. A. (2013). *Power, law, and culture: Service providers' perspectives of the contributing factors to the perpetuation of the human sex trafficking industry within the United States* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1346230416).
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.). Washington, DC: Author.
- American Psychological Association. (2013). Society for Humanistic Psychology. Retrieved from <http://www.apa.org/about/division/div32.aspx>
- Andrees, B., & van der Linden, M. N. J. (2005). Designing trafficking research from a labour market perspective: The ILO experience. *International Migration, 43*(1/2), 55-73. doi:10.1111/j.0020-7985.2005.00312.x
- Arnstein, E. (2014). *A trauma-informed psychoeducation program for professionals treating adolescent female victims of human sex trafficking* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1444354230).

- Austin, J. T., & Vancouver, J. B. (1996). Goal constructs in psychology: Structure, process, and content. *Psychological Bulletin, 120*(3), 338-375. doi:10.1037/0033-2909.120.3.338
- Baars, E. W., van der Hart, O., Nijenhuis, E. R. S., Chu, J. A., Glas, G., & Draijer, N. (2011). Predicting stabilizing treatment outcomes for complex posttraumatic stress disorder and dissociative identity disorder: An expertise-based prognostic model. *Journal of Trauma & Dissociation, 12*(1), 67-87. doi:10.1080/15299732.2010.514846
- Bach, R. (2003). Global mobility, inequality and security. *Journal of Human Development, 4*(2), 227-246. doi:10.1080/1464988032000087569
- Beattie, E. A., & VandenBosch, T. M. (2007). The concept of vulnerability and the protection of human subjects of research. *Research and Theory for Nursing Practice: An International Journal, 21*(3), 156-173. doi:10.1891/088971807781503738
- Belleau, M. C. (2003). Mail-order brides in a global world. *Albany Law Review, 67*(2), 595-607. Retrieved from LexisNexis Academic: Law Reviews. (Accession No. edslexEA50109F).
- Berwick, A. C., Trippany, R. L., & Rush-Wilson, T. C. (2009). Complex posttraumatic stress disorder: A diagnostic reconceptualization for female survivors of childhood sexual abuse. *Journal of Counseling Research & Practice, 1*(1), 5-13. Retrieved from Academic Search Complete, (Accession No. 53545046).

- Boeree, C. G. (2006). *Personality theories: Viktor Frankl*. Retrieved from <http://webpace.ship.edu/cgboer/perscontents.html>
- Bolton, P., Surkan, P. J., Gray, A. E., & Desmousseaux, M. (2012). The mental health and psychosocial effects of organized violence: A qualitative study in northern Haiti. *Transcultural Psychiatry*, 49(3-4), 590-612. Retrieved from <http://dx.doi.org/10.1177/1363461511433945>
- Bose, D. (2018). 'There are no victims here': Ethnography of a reintegration shelter for survivors of trafficking in Bangladesh. *Anti - Trafficking Review*, (10), 139-154. Retrieved from <https://ezp.waldenulibrary.org>
- Blair, R. G. (2004). Helping older adolescents search for meaning in depression. *Journal of Mental Health Counseling*, 26(4), 333-347. Retrieved from <https://doi-org.ezp.waldenulibrary.org/10.17744/mehc.26.4.w8u9h6uf5ybhapyl>
- Brennan, D., & Plambech, S. (2018). Editorial: Moving forward-life after trafficking. *Anti - Trafficking Review*, (10), 1-12. Retrieved from <https://ezp.waldenulibrary.org>
- Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. *Journal of Traumatic Stress*, 18(5), 401-412. doi: 10.1002/jts.20048
- Bump, P. (2019). Trump claims a wall is needed to stop human trafficking. Data don't support his claim. *Washington Post*. Retrieved from <https://link-gale-com.ezp.waldenulibrary.org/apps/doc/A572460792/OVIC?u=minn4020&sid=OVIC&xid=20b7e906>

- Busuttil, W. (2006). The development of a 90-day residential program for the treatment of complex posttraumatic stress disorder. *Journal of Aggression, Maltreatment & Trauma, 12*(1/2), 29-55. doi: 10.1300/J146v12n0103
- Camargo, J., Kluwe-Schiavon, B., Sanvicente-Vieira, B., Levandowski, M. L., Grassi-Oliveira, R. (2013). Brazilian version of the Structured Interview for Disorders of Extreme Stress – Revised (SIDES-R): adaptation and validation process. *Trends Psychiatry Psychotherapy, 2013*;35(4):292-298. <http://dx.doi.org/10.1590/2237-6089-2013-0027>
- Campbell, D. T., & Stanley, J. C. (1966). *Experimental and quasi-experimental designs for research*. Boston: Houghton Mifflin Company.
- Cantor, C., & Price, J. (2007). Traumatic entrapment, appeasement and complex post-traumatic stress disorder: Evolutionary perspectives of hostage reactions, domestic abuse and the Stockholm syndrome. *The Australian and New Zealand Journal Of Psychiatry, 41*(5), 377-384, doi: 10.1080/00048670701261178
- Cecchet, S. J. (2012). *The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1012102428).
- Cecchet, S. J., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma: Theory, Research, Practice, And Policy, 6*(5), 482-493. doi:10.1037/a0035763

- Cerulli, C., & Thomas, C. D. (2009). Using public data: Illustrations from domestic violence research. In D. Buchanan, C. B. Fisher, L. Gable (Eds.), *Research with high-risk populations: Balancing science, ethics, and law* (pp. 133-145). Washington, DC, US: *American Psychological Association*. doi:10.1037/11878-006
- Cherry, K. (2012). *Humanistic psychology and positive psychology*. Retrieved from <http://www.netplaces.com/psychology/psychology-yesterday-and-today/humanistic-psychology-and-positive-psychology.htm>
- Choi, H., Klein, C., Shin, M. S., & Lee, H. J. (2009). Posttraumatic stress disorder (PTSD) and disorders of extreme stress (DESNOS) symptoms following prostitution and childhood abuse. *Violence Against Women, 15*(8), 933-951. doi: 10.1177/1077801209335493
- Christian, B. (2014). *Domestic minor sex trafficking and trauma: Crisis management training manual for first responders* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1655742147).
- Chuang, J. (2006). Beyond a snapshot: Preventing human trafficking in the global economy. *Indiana Journal of Global Legal Studies, 13*(1), 137-163. Retrieved from <https://eds-b-ebshost-com.ezp.waldenulibrary.org/eds/pdfviewer/pdfviewer?vid=6&sid=c31ee032-3402-42de-9168-70085d9b8aa7%40pdc-v-sessmgr01>
- Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS expert clinician

survey on best practices. *Journal of Traumatic Stress*, 24(6), 615-627. doi: 10.1002/jts.20697.

Cojocaru, C. (2016). My experience is mine to tell: Challenging the abolitionist victimhood framework. *Anti - Trafficking Review*, (7), 12-38. Retrieved from <https://ezp.waldenulibrary.org>

Conover, W. J. (1999). *Practical Nonparametric Statistics (3rd Ed.)*. New York: Wiley, (p. 327-328). Retrieved from: <https://toptipbio.com/spearman-partial-correlation-spss/>

Contreras, P. M. (2012). *Service providers to human trafficking (trata) survivors in Guatemala: A participatory action research study* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1113339860).

Coonan, T. (2004). Human trafficking: Victims' voices in Florida. *Journal of Social Work Research and Evaluation*, 5(2), 207-216. Retrieved from <https://eds-b-ebscohost-com.ezp.waldenulibrary.org/eds/pdfviewer/pdfviewer?vid=10&sid=c31ee032-3402-42de-9168-70085d9b8aa7%40pdc-v-sessmgr01>

Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412-425. doi:10.1037/0033-3204.41.4.412

Courtois, C. A. (2013). *PTSD in the DSM-5*. Retrieved from http://www.isstd.org/downloads/AnnualConference/2013/Courtois_PTSDintheDSM-5.pdf

- Crawford, M., & Kaufman, M. R. (2008). Sex trafficking in Nepal: Survivor characteristics and long-term outcomes. *Violence Against Women* 14(8), 905-916. doi: 10.1177/1077801208320906
- Crowell, S. (2010). Existentialism. *The Stanford Encyclopedia of Philosophy* (Winter 2010 Edition), Edward N. Zalta (ed.). Retrieved from <http://plato.stanford.edu/archives/win2010/entries/existentialism/>
- Crumbaugh, J. C. (1968). Cross-validation of purpose-in-life test based on Frankl's concepts. *Journal of Individual Psychology*, 24, 74-81. <https://psycnet.apa.org/record/1968-11401-001>
- Crumbaugh, J. C., & Maholick, L. T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology*, 20, 200-207. Retrieved from [https://doi-org.ezp.waldenulibrary.org/10.1002/1097-4679\(196404\)20:2<200::AID-JCLP2270200203>3.0.CO;2-U](https://doi-org.ezp.waldenulibrary.org/10.1002/1097-4679(196404)20:2<200::AID-JCLP2270200203>3.0.CO;2-U)
- Crumbaugh, J. C., & Maholick, L. T. (1969). Purpose in Life Test. *Psyc-tests*, doi:10.1037/t01175-000.
- Culture clash on consent. (2010). *Nature Neuroscience*, 13(7), 777. doi:10.1038/nn0710-777
- de Jong, J. T. V. M., Komproe, I. H., Spinazzola, J., van der Kolk, B. A., & Van Ommeren, M. H. (2005). DESNOS in Three Postconflict Settings: Assessing Cross-Cultural Construct Equivalence. *Journal of Traumatic Stress*, 18(1), 13-21. doi: 10.1002/jts.20005

- Dodson, H. (2005). Slavery in the Twenty-First Century. *UN Chronicle*, 42(3), 28-29.
Retrieved from <https://eds-b-ebshost-com.ezp.waldenulibrary.org/eds/pdfviewer/pdfviewer?vid=3&sid=3bef97e7-d9dc-40f8-8ffd-3efdcc2e7aed%40pdc-v-sessmgr03>
- Draper, P. (2017). Atheism and Agnosticism. *The Stanford Encyclopedia of Philosophy* (Fall 2017 Edition), Edward N. Zalta (ed.). Retrieved from <https://plato.stanford.edu/archives/fall2017/entries/atheism-agnosticism/>.
- Duffey, W. S. (2004). Public health and law enforcement: Intersecting interests, collegiality and cooperation. *Journal of Law, Medicine & Ethics*, 32(4), 19-22.
doi:10.1111/j.1748-720X.2004.tb00177.x
- Dunbar, A. (2010). *Essential life coaching skills*. New York, NY: Routledge.
- Feindler, E. L., Rathus, J. H., & Silver, L. B. (2003). Interview methods. In assessment of family violence: A handbook for researchers and practitioners, (pp. 63-124). Washington, DC, US: *American Psychological Association*. doi:10.1037/10462-004
- Ford, J. D., & Smith, S. F. (2008). Complex posttraumatic stress disorder in trauma-exposed adults receiving public sector outpatient substance abuse disorder treatment. *Addiction Research & Theory*, 16(2), 193-203. doi: 10.1080/16066350701615078
- Ford, J. D., Stockton, P., Kaltman, S., & Green, B. L. (2006). Disorders of extreme stress (DESNOS) symptoms are associated with type and severity of interpersonal

trauma exposure in a sample of healthy young women. *Journal of Interpersonal Violence*, 21(11), 1399-1416. doi: 10.1177/0886260506292992

Frankl, V. E. (1984). *Man's search for meaning (60th anniversary ed.)*. New York: Pocket Books.

Frankl, V. E. (1988). *The will to meaning: Foundations and applications of logotherapy* (Expanded ed.). New York, NY: Meridian.

Friedman, M. J. (2013). *Trauma and stress disorders in DSM – 5*. National Center for PTSD. Geisel School of Medicine at Dartmouth. Retrieved from http://www.istss.org/AM/Template.cfm?Section=Expert_Training_ISTSS_Conferences&Template=/CM/ContentDisplay.cfm&ContentID=5910%20

Guardian News and Media. (2020). Interview: Alyssa Milano on the #MeToo movement: 'We're not going to stand for it anymore.' Retrieved from <https://www.theguardian.com/culture/2017/dec/01/alyssa-milano-mee-too-sexual-harassment-abuse>

Gray, G. G. (2013). *Resilience in Cambodia: Hearing the voices of trafficking survivors and their helpers* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No 1018399286).

Harari, C., Lyons, A., Epting, F., Schneider, K. J., Siderits, M. A., Serlin, I., & ... Stern, E. M. (1994). Reflections on becoming a humanistic psychologist. *The Humanistic Psychologist*, 22(1), 98-106. doi:10.1080/08873267.1994.9976940

- Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia: Journal Of Women & Social Work*, 28(1), 8-18. doi:10.1177/0886109912475172
- Hargitt, K. F. (2011). *Development of a training model and curriculum outline for counselors/advocates of commercially sexually exploited children in the United States* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No 874219985).
- Harkins, B. (2017). Constraints to a robust evidence base for anti-trafficking interventions. *Anti - Trafficking Review*, (8), 113-130. Retrieved from <https://ezp.waldenulibrary.org>
- Henriksen, S. (2018). Consuming life after anti-trafficking. *Anti - Trafficking Review*, (10), 14-33. Retrieved from <https://ezp.waldenulibrary.org>
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377-391. doi: 10.1002/jts.2490050305.
- Hick, S. (2001). *Glossary*. Retrieved from <http://www.socialpolicy.ca/1.htm>
- Hildt, B. J. (2014). *Creating a cumulative trauma detection scale to assess trauma history for victims of human trafficking* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No 1658236132).
- Hoefinger, H. (2016). Neoliberal sexual humanitarianism and story-telling: The case of Somaly Mam. *Anti - Trafficking Review*, (7), 56-78. Retrieved from <https://ezp.waldenulibrary.org>

- Hopper, E. K. (2017). Polyvictimization and developmental trauma adaptations in sex trafficked youth. *Journal of Child & Adolescent Trauma, 10*(2), 161–173.
<https://doi-org.ezp.waldenulibrary.org/10.1007/s40653-016-0114-z>
- Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health, 100*(12), 2442-2449. doi:10.2105/AJPH.2009.173229
- Huitt, W., Hummel, J., & Kaeck, D. (1999). *Internal and external validity: General issues*. Retrieved from <http://www.edpsycinteractive.org/topics/intro/valdgn.html>
- Hutchinson, G. T., & Chapman, B. P. (2005). Logotherapy-enhanced REBT: An integration of discovery and reason. *Journal of Contemporary Psychotherapy, 35*(2), 145-155. doi:10.1007/s10879-005-2696-x
- Institute of Medicine and National Research Council. (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States: A guide for the health care sector*. Retrieved from <http://nationalacademies.org/hmd/reports/2013/confronting-commercial-sexual-exploitation-and-sex-trafficking-of-minors-in-the-united-states.aspx>
- Ishida, R., Abe, T., & Okada, M. (2011). Firmness of purpose in life significantly influences emotional state and autonomic nervous activity. *Health, (3)*8, 507-511. doi: 10.4236/health.2011.38084.
- Jackson, S. (2004). *Human trafficking: Mail order bride abuses*. Congressional Testimony; 07/13/2004. Retrieved from

<https://www.govinfo.gov/content/pkg/CHRG-108shrg96804/html/CHRG-108shrg96804.htm>

Jahic, G., & Finckenauer, J. O. (2005). Representations and misrepresentations of human trafficking. *Trends in Organized Crime*, 8(3), 24-40. doi:10.1007/s12117-005-1035-7

Kaiser, E. M., Gillette, C. S., & Spinazzola, J. (2010). A controlled pilot-outcome study of sensory integration (SI) in the treatment of complex adaptation to traumatic stress. *Journal of Aggression, Maltreatment & Trauma*, 19(7), 699-720. doi: 10.1080/10926771.2010.515162

Kaiser, M. M., & Hays, B. J. (2006). Recruiting and enrolling pregnant adolescents for research. *Issues In Comprehensive Pediatric Nursing*, 29(1), 45-52. doi:10.1080/01460860500523764

Kandel, E. R. (2001). The molecular biology of memory storage: A dialogue between genes and synapses. *Science*, 294(5544), 1030-1038. doi: 10.1126/science.1067020

Kenny, M. C., & Abreu, R. L. (2015). Training Mental Health Professionals in Child Sexual Abuse: Curricular Guidelines. *Journal of Child Sexual Abuse*, 24(5), 572–591. Retrieved from <https://doi-org.ezp.waldenulibrary.org/10.1080/10538712.2015.1042185>

Kleinschmidt, L. (2009). Keeping mother alive: Psychotherapy with a teenage mother following human trafficking. *Journal of Child Psychotherapy*, 35(3), 262–275. doi: 10.1080/00754170903234416

- Längle, A. (2005). The search for meaning in life and the existential fundamental motivations. *Existential Analysis: Journal of the Society for Existential Analysis*, 16(1), 2-14. Retrieved from Academic Search Complete, (Accession No:7013309)
- Lantz, J. (1998). Viktor Frankl and interactional group therapy. *Journal of Religion and Health*, 37(2), 93-104. doi:10.1023/A:1022922713843
- Leedy, P. D. & Ormrod, J. E. (2010) *Practical Research: Planning and Design, Ninth Edition*. NYC: Merrill.
- Long, R. A. M. (2014). *The state of aftercare: A critical look at the response to victims of human sex trafficking in the United States* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No 1650609189).
- Macy, R. J., & Graham, L. M. (2012). Identifying domestic and international sex-trafficking victims during human service provision. *Trauma, Violence, & Abuse*, 13(2), 59-76. doi: 10.1177/1524838012440340.
- Macy, R. J., & Johns, N. (2011). Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area. *Trauma, Violence, & Abuse*, 12(2), 87-98. doi: 10.1177/1524838010390709
- Makola, S. (2013). Efficacy of a sense of meaning intervention amongst managers at South African institution of higher education. *Journal Of Psychology in Africa*, 23(1), 119-122. doi: 10.1080/14330237.2013.10820604

- McCarthy, L. A. (2018). Life after trafficking in Azerbaijan: Reintegration experiences of survivors. *Anti - Trafficking Review*, (10), 105-122. Retrieved from <https://ezp.waldenulibrary.org>
- McClain, B. (n.d.). *Short Eric Voegelin glossary*. Retrieved from <http://watershade.net/ev/ev-glossary.html>
- Meier, A., & Edwards, H. (1974). Purpose in life test: Age and sex differences. *Journal of Clinical Psychology*, 30(3), 384-386. doi:10.1002/1097-4679(197407)30:3<384::AID-JCLP2270300351>3.0.CO;2-V
- Melton, A. M. A. & Schulenberg, S. E. (2008). On the measurement of meaning: Logotherapy's empirical contributions to humanistic psychology. *Humanistic Psychologist*, 36(1), 31-44. doi:10.1080/08873260701828870
- Miller, A. D. (2014). *Human sex trafficking: Individual risk factors for recruitment, trafficking, and victimization on the internet* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1585895084).
- Milwetz, J. (1984). Victims of torture. *International Nursing Review*, 31(4), 123-124. <https://pubmed.ncbi.nlm.nih.gov/6565666/>
- Min, J., Jung, Y., Kim, D., Yim, H., Kim, J., Kim, T., Lee, C., & Chae, J. (2013). Characteristics associated with low resilience in patients with depression and/or anxiety disorders. *Quality Of Life Research*, 22(2), 231-241. doi:10.1007/s11136-012-0153-3
- Mølbaek, R. L. (2012). From a phenomenology of the subject to a phenomenology of the event: Reconstructing the ontological basis for a phenomenological psychology.

Journal of Phenomenological Psychology, 43(2), 185-215. doi:

10.1163/15691624-12341235

Moore, A. J. (2010). *An intervention mapping approach: Identification of human trafficking victims by health professionals* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 205418041).

National Center for Missing and Exploited Children. (2020). Retrieved from

<https://www.missingkids.org/blog/2020/four-ncmec-myths>

Nicolas, G., DeSilva, A. M., Grey, K. S., & Gonzalez-Eastep, D. (2006). Using a multicultural lens to understand illnesses among Haitians living in America.

Professional Psychology: Research and Practice, 37(6), 702-707. doi:

10.1037/0735-7028.37.6.702

Orloff, L. E., & Sarangapani, H. (2007). Governmental and industry roles and responsibilities with regard to international marriage brokers: Equalizing the balance of power between foreign fiancés and spouses. *Violence Against Women*, 13(5) 469-485. <https://pubmed.ncbi.nlm.nih.gov/17478672/>

Orris, J. F. (2010). *Training manual for lay counselors working with victims of prostitution and trafficking in India* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 756918635).

Ottisova, L., Smith, P., & Oram, S. (2018). Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children.

Behavioral Medicine, 44(3), 234–241. <https://doi->

[org.ezp.waldenulibrary.org/10.1080/08964289.2018.1432555](https://doi-org.ezp.waldenulibrary.org/10.1080/08964289.2018.1432555)

- Oz, S. (2010). Treatment of Individuals and Families Affected by Child Sexual Abuse: Defining Professional Expertise. *Journal of Child Sexual Abuse, 19*(1), 1–19. doi: 10.1080/10538710903485609
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues, 61*(4), 707-729. doi:10.1111/j.1540-4560.2005.00428.x
- Park, C. L. (2008). Testing the meaning making model of coping with loss. *Journal of Social and Clinical Psychology, 27*(9), 970-994. doi:10.1521/jscp.2008.27.9.970
- Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257-301. doi:10.1037/a0018301
- Park, C. L., & Blumberg, C. J. (2002). Disclosing trauma through writing: Testing the meaning-making hypothesis. *Cognitive Therapy & Research, 26*(5), 597-617. doi:10.1023/A:1020353109229
- Park, C. L., & Edmondson, D. (2010). *The meaning-making model: Religion as a quest for meaning*. Retrieved from https://www.academia.edu/2695978/The_Meaning_Making_Model
- Park, C. L., Edmondson, D., & Blank, T. O. (2009). Religious and non-religious pathways to stress related growth in cancer survivors. *Applied Psychology: Health & Well-Being, 1*, 321-335. doi:10.1111/j.1758-0854.2009.01009.x
- Park, C. L., Mills-Baxter, M. A., & Fenster, J. R. (2005). Post-traumatic growth from life's most traumatic event: Influences on elders' current coping and adjustment. *Traumatology, 11*(4), 297-306. doi:10.1177/153476560501100408

- Paulhus, D. L., & Vazire, S. (2007). *The Self-Report Method*. In R. W. Robins, R. C. Fraley, & R. F. Krueger (Eds.), *Handbook of research methods in personality psychology* (pp. 224-239). New York: Guilford.
- Pearlman, L. A., & Courtois, C.A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal Of Traumatic Stress, 18*(5), 449-459. doi: 10.1002/jts.20052
- Pelcovitz, D., van der Kolk, B., Roth, S., Mandel, F., Kaplan, S., & Resick, P. (1997a). Development of a criteria set and a structured interview for disorders of extreme stress (SIDES). *Journal of Traumatic Stress, 10*, 3–16. doi: 10.1023/A:1024800212070
- Pelcovitz, D., van der Kolk, B., Roth, S., Mandel, F., Kaplan, S., & Resick, P. (1997b). Structured Interview for Disorders of Extreme Stress. *Psyc-tests*, doi:10.1037/t02660-000
- Peña, G. M. G., Hernández, J. C. P., Nava, P. B., & Muñoz, M. P. B. (2011). The Seeking of Noetic Goals Scale (SONG) reliability. *Existential Analysis: Journal of the Society for Existential Analysis, 22*(1), 50-55. Retrieved from PsycINFO database (Accession No: 2011-05339-006)
- Penny, K., Perlow, A., & Ruscitto, C. (1996). *Humanistic psychology?* Retrieved from <http://web.cortland.edu/andersmd/human/menu.html>
- Perez, B. E. (2003). Woman warrior meets mail-order bride: Finding an Asian American voice in the women's movement. Berkeley. *Women's Law Journal, 18*, 211-237. Retrieved from Academic Search Complete database (Accession No: 10461524)

- Perls, F. (1969). *Gestalt therapy verbatim*. Boulder, CO: Real People Press.
- Polaris Project. (2019). *Polaris statement on a border wall and human trafficking*.
Retrieved from <https://polarisproject.org/press-releases/polaris-statement-on-a-border-wall-and-human-trafficking/>
- Proctor, C., Tsukayama, E., Wood, A. M., Maltby, J., Eades, J. F., & Linley, P. A. (2011). Strengths Gym: The impact of a character strengths-based intervention on the life satisfaction and well-being of adolescents. *Journal of Positive Psychology, 6*, 377–388. doi: 10.1080/17439760.2011.594079
- Pytell, T. (2007). Extreme experience, psychological insight, and Holocaust perception: Reflections on Bettelheim and Frankl. *Psychoanalytic Psychology, 24*(4), 641-657. doi:10.1037/0736-9735.24.4.641
- Rafferty, Y. (2013). Child trafficking and commercial sexual exploitation: A review of promising prevention policies and programs. *American Journal Of Orthopsychiatry, 83*(4), 559-575. doi:10.1111/ajop.12056
- Rajan, I. (2013). *Speaking self out of darkness: The lived experience of sex trafficking survivors in display, India* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1537036154).
- Reid, J. A. (2010). *A pathway to child sex trafficking in prostitution: The impact of strain and risk-inflating responses* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 759232077).
- Resnick, H. S., Kilpatrick, D. G., & Lipovsky, J. A. (1991). Assessment of rape-related posttraumatic stress disorder: Stressor and symptom dimensions. Special section:

Issues and methods in assessment of posttraumatic stress disorder. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3(4), 561-572. doi: 10.1037/1040-3590.3.4.561

Rogers, C. R. (1961). *On becoming a person*. Boston: Houghton Mifflin.

Rosenblatt, K. (2014). *Determining the vulnerability factors, lures and recruitment methods used to entrap American children into sex trafficking* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1520219094).

Roth, S., Mandel, F., Kaplan, S., Resick, P., Pelcovitz, D., & van der Kolk, B. (1997). Structured Interview for Disorders of Extreme Stress. *Psychtests*, doi:10.1037/t02660-000

Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for posttraumatic stress disorder. *Journal of Traumatic Stress*, 10, 539-555. doi: 10.1023/A:1024837617768

Ryn, Z. (1990). The evolution of mental disturbances in the concentration camp syndrome (KZ-syndrom). *Genetic, Social, and General Psychology Monographs*, 116(1), 21-36. Retrieved from PsycINFO database (Accession No: 9604163278)

Sanchez, G. (2016). 'It's all in their brain': Constructing the figure of the trafficking victim on the US-Mexico border. *Anti - Trafficking Review*, (7), 97-114.

Retrieved from <https://ezp.waldenulibrary.org>

- Saunders, B. E., Arata, C. M., & Kilpatrick, D. G. (1990). Development of a crime-related post-traumatic stress disorder scale for women within the symptom checklist-90-revised. *Journal of Traumatic Stress, 3*(3), 439-448. doi: 10.1002/jts.2490030312
- Schmidt, C. M. (2014). *Working with survivors of domestic sex trafficking: Obtaining the perspective of mental health professionals to build a therapeutic model* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Document ID No. 1624877375).
- Schneider, K. J. (2008). *Existential-integrative psychotherapy: Guide-posts to the core of practice*. New York, NY: Routledge.
- Schulenberg, S. E. (2004). A psychometric investigation of Logotherapy measures and the Outcome Questionnaire (OQ-45.2). *North American Journal of Psychology, 6*(3), 477-492. Retrieved from PsycINFO database, (Accession No: 2005-00733-011)
- Schulenberg, S. E., Hutzell, R. R., Nassif, C., & Rogina, J. M. (2008). Logotherapy for clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 45*(4), 447-463. doi:10.1037/a0014331
- Scoboria, A., Ford, J., Lin, H., & Frisman, L. (2008). Exploratory and confirmatory factor analyses of the structured interview for disorders of extreme stress. *Assessment, 15*(4), 404-425. doi: 10.1177/1073191108319005
- Scott, S. A. (2013). *An endemic approach: Understanding corruption and intergenerational trauma as vulnerabilities to human trafficking in Cambodia*

(Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global.

(Document ID No. 1440113725).

Shakespeare, W. (1992). *Hamlet, prince of Denmark*. C. Watts & K. Carabine (Eds.).

Wordsworth Editions. (Original work published 1599).

Shigekane, R. (2007). Rehabilitation and community integration of trafficking survivors in the United States. *Human Rights Quarterly* 29, 112-136.

doi:10.1353/hrq.2007.0011

Smith, D. W. (2011). Phenomenology. *The Stanford Encyclopedia of Philosophy* (Fall 2011 Edition), Edward N. Zalta (ed.). Retrieved from

<http://plato.stanford.edu/archives/fall2011/entries/phenomenology/>

Smith, M. R. (2009). *Spiritual care for missionaries within the ministry context of make way partners* (Doctoral dissertation). Retrieved from ProQuest Dissertations &

Theses Global. (Document ID No. 305122386).

Soper, D. (2006). *Statistics calculators*. Retrieved from

<http://danielsoper.com/statcalc3/calc.aspx?id=1>

Southwick, S. M., Gilmartin, R., McDonough, P., & Morrissey, P. (2006). Logotherapy as an adjunctive treatment for chronic combat-related PTSD: A meaning-based intervention. *American Journal of Psychotherapy*, 60(2), 161-174. Retrieved from

<https://web-a-ebshost->

[com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?vid=25&sid=437d045f-](https://web-a-ebshost-com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?vid=25&sid=437d045f-)

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- Sparknotes. (2015). *Research methods in psychology*. Retrieved from <http://www.sparknotes.com/psychology/psych101/researchmethods/section3/page/3/>
- Spermon, D., Darlington, Y., & Gibney, P. (2013). Complex posttraumatic stress disorder: Voices of healing. *Qualitative Health Research*, 23(1), 43-53. doi: 10.1177/1049732312461451
- Steger, M. F. (2012). Making meaning in life. *Psychological Inquiry*, 23(4), 381-385. doi:10.1080/1047840X.2012.720832
- Thompson, N. J., Coker, J., Krause, J. S., & Henry, E. (2003). Purpose in life as a mediator of adjustment after spinal cord injury. *Rehabilitation Psychology*, 48(2), 100-108. doi:10.1037/0090-5550.48.2.100
- Trochim, W. M. K. (2006). *Research methods: Knowledge base*. Retrieved from <http://www.socialresearchmethods.net/kb/index.php>
- Trump, D. J. (2017). *Executive Order: Border Security and Immigration Enforcement Improvements*. Retrieved from <https://www.whitehouse.gov/presidential-actions/executive-order-border-security-immigration-enforcement-improvements/>
- United Nations Office on Drugs and Crime. (2006). *Trafficking in persons: Global patterns*. Retrieved from http://www.unodc.org/pdf/traffickinginpersons_report_2006-04.pdf
- United States of America v. Supawan Veerapol, No. 00-50042, D. C. No. CR-89-00334-CM, OPINION (9th Cir.). (2002). Retrieved from <http://caselaw.lp.findlaw.com/data2/circs/9th/0050042p.pdf>

United States Citizenship and Immigration Services. (2006). *Victims of Trafficking and Violence Protection Act of 2000*. Retrieved from

<http://www.state.gov/documents/organization/10492.pdf>

United States Department of Health & Human Services. (2009). *Human trafficking into and within the United States: A review of the literature*. Retrieved from

<https://aspe.hhs.gov/report/human-trafficking-and-within-united-states-review-literature>

United States Department of Health & Human Services. (2009). *Human Subjects Research: Code of Federal Regulations*. Retrieved from

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

United States Department of Health & Human Services. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979).

The Belmont Report. Retrieved from <http://www.hhs.gov/ohrp/humansubjects/guidance/>

[isplay.htm](http://www.hhs.gov/ohrp/humansubjects/guidance/)

United States Department of Justice. (2001). *Maryland couple convicted of enslaving Cameroonian girl in their home*. Retrieved from

http://www.justice.gov/opa/pr/2001/December/01_crt_661.htm

United States Department of Justice. (2006). *Wisconsin couple convicted on human trafficking charges*. Retrieved from

<http://milwaukee.fbi.gov/dojpressrel/pressrel06/trafficking052606.htm>

United States Department of Justice. (2020). *Child pornography*. Retrieved from

<https://www.justice.gov/criminal-ceos/child-pornography>

United States Department of State. (2001). *Trafficking in Persons Report July 2001*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2006). *Trafficking in Persons Report June 2006*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2007). *Trafficking in Persons Report June 2007*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2008). *Trafficking in Persons Report June 2008*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2009). *Trafficking in Persons Report June 2009*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2010). *Trafficking in Persons Report June 2010*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2011). *Trafficking in Persons Report June 2011*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2012). *Trafficking in Persons Report June 2012*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2013). *Trafficking in Persons Report June 2013*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/>

United States Department of State. (2014). *Trafficking in Persons Report June 2014*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2014/index.htm>

United States Department of State. (2015). *Trafficking in Persons Report July 2015*.

Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2015/>

United States Department of State. (2016). *Trafficking in Persons Report June 2016*.

Retrieved from <https://2009-2017.state.gov/documents/organization/258876.pdf>

United States Department of State. (2017). *Trafficking in Persons Report June 2017*.

Retrieved from <https://www.state.gov/wp-content/uploads/2019/02/271339.pdf>

United States Department of State. (2018). *Trafficking in Persons Report June 2018*.

Retrieved from <https://www.state.gov/wp-content/uploads/2019/01/282798.pdf>

United States Department of State. (2019). *Trafficking in Persons Report June 2019*.

Retrieved from [https://www.state.gov/wp-content/uploads/2019/06/2019-](https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf)

[Trafficking-in-Persons-Report.pdf](https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf)

United States Department of State. (2020). *Trafficking in Persons Report 20th Edition*

June 2020. Retrieved from [https://www.state.gov/wp-](https://www.state.gov/wp-content/uploads/2020/06/2020-TIP-Report-Complete-062420-FINAL.pdf)

[content/uploads/2020/06/2020-TIP-Report-Complete-062420-FINAL.pdf](https://www.state.gov/wp-content/uploads/2020/06/2020-TIP-Report-Complete-062420-FINAL.pdf)

United States Federal Bureau of Investigation. (2006). *Halting human trafficking: 31*

arrests in major prostitution ring. Retrieved from

http://www.fbi.gov/news/stories/2006/august/ny_prostitution081606

United States House of Representatives. (2001). *Organs for sale: China's growing trade*

and ultimate violation of prisoners' rights. (DOC 73-452PS 2001). Washington

DC: U.S. Government Printing Office. Retrieved from

http://commdocs.house.gov/committees/intlrel/hfa73452.000/hfa73452_0.HTM

University of California, Berkeley, Free The Slaves and Human Rights Center. (2004).

Hidden slaves: Forced labor in the United States. Retrieved from

http://www.law.berkeley.edu/files/hiddenslaves_report.pdf

- Urban, T. (n.d.). The strife of values in bio-ethical decision-making. *Glossary of philosophical terms, acronyms, & technical terms*. Retrieved from http://www.texascollaborative.org/Urban_Module/glossary.htm
- van der Kolk, B. A. (2002). Posttraumatic therapy in the age of neuroscience. *Psychoanalytic Dialogues*, 12(3), 381–392. doi:10.1080/10481881209348674
- Viktor Frankl Institut. (2016). The official website of the Viktor Frankl Institut Vienna. Retrieved from <http://www.viktorfrankl.org/e/>
- Waterman, A. S. (2013). The humanistic psychology–positive psychology divide: Contrasts in philosophical foundations. *American Psychologist*, 68(3), 124-133. doi: 10.1037/a0032168
- Wong, P. T. P. (2014). Viktor Frankl's meaning seeking model and positive psychology. In A. Batthyany & P. Russo-Netzer (Eds.), *Meaning in existential and positive psychology*. New York, NY: Springer.
- Wortmann, J. H., & Park, C. L. (2009). Religion/spirituality and change in meaning after bereavement: Qualitative evidence for the meaning making model. *Journal of Loss and Trauma*, 14(1), 17-34. doi:10.1080/15325020802173876
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.
- Zimmerman, C., Kiss, L., Hossain, M., & Watts, C. (2009). Trafficking in persons: A health concern? *Ciênc. Saúde coletiva*, 14(4), 1029-1035. doi:10.1590/S1413-81232009000400010
- Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., ... Watts, C. (2008). The health of trafficked women: A survey of women entering

posttrafficking services in Europe. *American Journal of Public Health*, 98(1), 55-59. doi:10.2105/AJPH.2006.108357

Zlotnick, C., & Pearlstein, T. (1997). Validation of the Structured Interview for Disorders of Extreme Stress. *Comprehensive Psychiatry*, 38, 243–247. doi: 10.1016/S0010-440X(97)90033-X

Zuehlke, T. E., & Watkins, J. T. (1975). The use of psychotherapy with dying patients: An exploratory study. *Journal of Clinical Psychology*, 31(4), 729-732.

doi:10.1002/1097-4679(197510)31:4<729::AID-JCLP2270310439>3.0.CO;2-G

Appendix A: Permission to Republish Frankl Figures

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Hello,

My name is Brenda L. Tracey; I am a student at Walden University working on my doctoral dissertation for clinical psychology. The dissertation consists of a literature review with a research proposal concerning victims of trafficking and symptoms of complex posttraumatic stress disorder. My hypothesis is a negative correlation between finding meaning and the symptoms of complex posttraumatic stress. The personality theory that best supports trafficked victims comes from Viktor E. Frankl. His book, *The Will to Meaning: Foundations and Applications of Logotherapy* published by Meridian, an imprint of Dutton Signet, and a division of Penguin Books USA Inc., referenced the Teachers College Press as having given permission to print several of the figures contained within. The figures are from *The Task of Education in an Age of Meaninglessness* by Viktor E. Frankl, in Sidney S. Letter, ed., *New Prospects for the Small Liberal Arts College* (New York: Teachers College Press, 1968). The Subsidiary Rights Manager at Teachers College Press, informed me they no longer control the rights to be able to grant me permission to use the figures and suggested I attempt to contact

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Dear Brenda,

Thank you for your mail. Of course, you are welcome to use these figures in your work.

Wishing you all success with the dissertation.

Gabriele Vesely-Frankl, Ph.D.

Appendix B: Trafficking Victims Protection Act Minimum Standards

The Act defines “minimum standards for the elimination of trafficking”, which are summarized as follows:

- 1) The government should prohibit trafficking and punish acts of trafficking.
- 2) The government should prescribe punishment commensurate with that for grave crimes, such as forcible sexual assault, for the knowing commission of trafficking in some of its most reprehensible forms (trafficking for sexual purposes, trafficking involving rape or kidnapping, or trafficking that causes a death).
- 3) For knowing commission of any act of trafficking, the government should prescribe punishment that is sufficiently stringent to deter, and that adequately reflects the offense’s heinous nature.
- 4) The government should make serious and sustained efforts to eliminate trafficking.

The Act also sets out seven criteria that “should be considered” as indicia of the fourth point above, “serious and sustained efforts to eliminate trafficking.” Summarized, they are:

- 1) Whether the government vigorously investigates and prosecutes acts of trafficking within its territory.
- 2) Whether the government protects victims of trafficking, encourages victims’ assistance in investigation and prosecution, provides victims with legal alternatives to their removal to countries where they would face retribution or hardship, and ensures that victims are not inappropriately penalized solely for unlawful acts as a direct result of being trafficked.

- 3) Whether the government has adopted measures, such as public education, to prevent trafficking.
- 4) Whether the government cooperates with other governments in investigating and prosecuting trafficking.
- 5) Whether the government extradites persons charged with trafficking as it does with other serious crimes.
- 6) Whether the government monitors immigration and emigration patterns for evidence of trafficking, and whether law enforcement agencies respond appropriately to such evidence.
- 7) Whether the government vigorously investigates and prosecutes public officials who participate in or facilitate trafficking, and takes all appropriate measures against officials who condone trafficking.

The Act also states three factors that the Department is to consider in determining whether a country is making significant efforts to bring itself into compliance with these minimum standards. Summarized, these considerations are:

- 1) The extent of trafficking in the country;
- 2) The extent of governmental noncompliance with the minimum standards, particularly the extent to which government officials have participated in, facilitated, condoned, or are otherwise complicit in trafficking; and
- 3) What measures are reasonable to bring the government into compliance with the minimum standards in light of the government's resources and capabilities.

Appendix C: Complex PTSD and DSM-5 PTSD

Complex PTSD	DSM V PTSD										
<p>1. affect, arousal, and regulation of impulses mood disorders with the inability to identify and regulate</p> <table border="1" data-bbox="313 491 841 716"> <tr><td>persistent distress</td></tr> <tr><td>Anger</td></tr> <tr><td>suicidal ideation</td></tr> <tr><td>risky behaviors</td></tr> <tr><td>substance abuse</td></tr> <tr><td>destructive or self-harming behavior</td></tr> </table>	persistent distress	Anger	suicidal ideation	risky behaviors	substance abuse	destructive or self-harming behavior	<table border="1" data-bbox="878 491 1401 789"> <tr><td>Criterion D4. Neg. emo state (e.g. anger) p. 275. In Diagnostic Features (Criterion E2)</td></tr> <tr><td>Criterion E2. Reckless behavior p. 275. In Diagnostic Features (Criterion E2)</td></tr> <tr><td>Criterion E2. Self-destructive</td></tr> </table>	Criterion D4. Neg. emo state (e.g. anger) p. 275. In Diagnostic Features (Criterion E2)	Criterion E2. Reckless behavior p. 275. In Diagnostic Features (Criterion E2)	Criterion E2. Self-destructive	
persistent distress											
Anger											
suicidal ideation											
risky behaviors											
substance abuse											
destructive or self-harming behavior											
Criterion D4. Neg. emo state (e.g. anger) p. 275. In Diagnostic Features (Criterion E2)											
Criterion E2. Reckless behavior p. 275. In Diagnostic Features (Criterion E2)											
Criterion E2. Self-destructive											
<p>2. attention, concentration, and consciousness; altered self-awareness that often takes the form of dissociative disorders resembling the self-structure of borderline personality; psychological fragmentation</p> <table border="1" data-bbox="313 1005 841 1152"> <tr><td>Dissociation</td></tr> <tr><td>Amnesias</td></tr> <tr><td>Depersonalization</td></tr> </table>	Dissociation	Amnesias	Depersonalization	<table border="1" data-bbox="878 968 1401 1115"> <tr><td>Criterion B3. Dissociative flashbacks Specifier: With dissociative symptoms</td></tr> <tr><td>Criterion D1. Dissociative amnesia Specifier: With dissociative symptoms</td></tr> </table>	Criterion B3. Dissociative flashbacks Specifier: With dissociative symptoms	Criterion D1. Dissociative amnesia Specifier: With dissociative symptoms					
Dissociation											
Amnesias											
Depersonalization											
Criterion B3. Dissociative flashbacks Specifier: With dissociative symptoms											
Criterion D1. Dissociative amnesia Specifier: With dissociative symptoms											
<p>3. self-perception altered or distorted sense of identity; damaged self-esteem</p> <table border="1" data-bbox="313 1268 841 1493"> <tr><td>damaged or a useless view of the self</td></tr> <tr><td>profound shame</td></tr> <tr><td>Self-hatred</td></tr> <tr><td>chronic sense of guilt</td></tr> <tr><td>sense of responsibility</td></tr> </table>	damaged or a useless view of the self	profound shame	Self-hatred	chronic sense of guilt	sense of responsibility	<table border="1" data-bbox="878 1268 1401 1566"> <tr><td>Criterion D2. Neg. beliefs (e.g., "...nervous system... ruined").</td></tr> <tr><td>Criterion D4. Neg. emo state (e.g., shame)</td></tr> <tr><td>Criterion D2. Neg. beliefs (e.g., "I am bad")</td></tr> <tr><td>Criterion D4. Neg. emo state (e.g., guilt)</td></tr> <tr><td>Criterion D3. Distorted cognition about cause</td></tr> </table>	Criterion D2. Neg. beliefs (e.g., "...nervous system... ruined").	Criterion D4. Neg. emo state (e.g., shame)	Criterion D2. Neg. beliefs (e.g., "I am bad")	Criterion D4. Neg. emo state (e.g., guilt)	Criterion D3. Distorted cognition about cause
damaged or a useless view of the self											
profound shame											
Self-hatred											
chronic sense of guilt											
sense of responsibility											
Criterion D2. Neg. beliefs (e.g., "...nervous system... ruined").											
Criterion D4. Neg. emo state (e.g., shame)											
Criterion D2. Neg. beliefs (e.g., "I am bad")											
Criterion D4. Neg. emo state (e.g., guilt)											
Criterion D3. Distorted cognition about cause											
<p>4. perception of the perpetrator or abusers</p> <table border="1" data-bbox="313 1604 841 1793"> <tr><td>incorporation of perpetrators belief system</td></tr> <tr><td>Idealization</td></tr> <tr><td>Stockholm synd., i.e. empathy for captors</td></tr> <tr><td>preoccupation with revenge</td></tr> </table>	incorporation of perpetrators belief system	Idealization	Stockholm synd., i.e. empathy for captors	preoccupation with revenge	<table border="1" data-bbox="878 1604 1401 1854"> <tr><td>p. 278. Posttraumatic factor: Temperamental inappropriate coping strategies</td></tr> <tr><td>p. 278. ...inappropriate coping strategies</td></tr> <tr><td>p. 278. ...inappropriate coping strategies</td></tr> <tr><td>Criterion B4. Psych distress fm internal cue</td></tr> </table>	p. 278. Posttraumatic factor: Temperamental inappropriate coping strategies	p. 278. ...inappropriate coping strategies	p. 278. ...inappropriate coping strategies	Criterion B4. Psych distress fm internal cue		
incorporation of perpetrators belief system											
Idealization											
Stockholm synd., i.e. empathy for captors											
preoccupation with revenge											
p. 278. Posttraumatic factor: Temperamental inappropriate coping strategies											
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p. 278. ...inappropriate coping strategies											
Criterion B4. Psych distress fm internal cue											

<p>5. relationships with others distortions that include one's worth in relationships; maladaptive view of the motivations of others; difficulty maintaining personal safety and sense of control; an inability to trust and connect to others; overdeveloped avoidance response particularly to intimacy; attachment disorders; locus of control; a sense of betrayal; disclosures are unbelievable; avoidance of social support and supportive relationships</p> <table border="1"> <tr><td>inability to trust</td></tr> <tr><td>inability to experience intimacy</td></tr> <tr><td>Revictimization</td></tr> <tr><td>avoidance of sexuality</td></tr> <tr><td>avoidance of intimacy</td></tr> </table>	inability to trust	inability to experience intimacy	Revictimization	avoidance of sexuality	avoidance of intimacy	<table border="1"> <tr><td>Criterion D6. Detachment or estrangement</td></tr> <tr><td>Criterion D2. Neg. beliefs (e.g., "No one can be trusted").</td></tr> <tr><td>Criterion D7. (e.g., inability to experience...loving feelings).</td></tr> <tr><td>Criterion C2. Avoidance of...reminders (activities) associated with the event.</td></tr> </table>	Criterion D6. Detachment or estrangement	Criterion D2. Neg. beliefs (e.g., "No one can be trusted").	Criterion D7. (e.g., inability to experience...loving feelings).	Criterion C2. Avoidance of...reminders (activities) associated with the event.
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<p>6. biological self-regulation ongoing somatic disorders and medical concerns</p> <table border="1"> <tr><td>somatic complaints</td></tr> <tr><td>physical damage</td></tr> <tr><td>pain or physical symptoms</td></tr> <tr><td>physical cond. With no medical explanation</td></tr> </table>	somatic complaints	physical damage	pain or physical symptoms	physical cond. With no medical explanation	<p>p. 278. Functional Consequences of Posttraumatic Stress Disorder: high levels of... physical disability.</p>					
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physical damage										
pain or physical symptoms										
physical cond. With no medical explanation										
<p>7. systems of meaning or beliefs alterations in personal meaning and spirituality</p> <table border="1"> <tr><td>loss of faith</td></tr> <tr><td>hopelessness</td></tr> <tr><td>psychic anguish</td></tr> <tr><td>despair in life and meaning</td></tr> </table>	loss of faith	hopelessness	psychic anguish	despair in life and meaning	<table border="1"> <tr><td>Criterion D7. Inability to experience pos. emotions</td></tr> </table>	Criterion D7. Inability to experience pos. emotions				
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hopelessness										
psychic anguish										
despair in life and meaning										
Criterion D7. Inability to experience pos. emotions										

Appendix D: Agency Contact List

Hawaii Hawaii	Hawaii Immigrant Justice Center at Legal Aid Society of Hawaii	808-536-8826		PO Box 3950, Honolulu, HI	Law firm
Hawaii Hawaii	Ho`ola Na Pua	808-445-3131		PO Box 401, Haleiwa, HI	Facebook and email
Hawaii Hawaii	Pacific Gateway Center	808-851-7010			Facebook
Hawaii Hawaii	Susannah Wesley Community Center	808-847-1535		1117 Kaili Street, Honolulu, HI	Does not work with this population
Alaska Alaska	Abused Women's Aid In Crisis, Inc. (AWAIC)	907-279-9581		100 W. 13 th Avenue, Anchorage, AK 99501	will take 1 poster
Alaska Alaska	Alaska Institute for Justice	907-279-2457		431 West 7 th ave, Anchorage, AK	Facebook
Alaska Alaska	Alaska Office Of Victims' Rights	907-272-2620			Legal Services
Alaska Alaska	Covenant House Alaska	907-272-1255		755 A St, Anchorage, AK	left voice message for Josh/Facebook
Alaska Alaska	Priceless	907-646-4888		6689 Change Point Drive, Anchorage, AK	left voice message with Stephany?
Alaska Alaska	STAR (Standing Together Against Rape)	907-276-7279		1057 West Fireweed Lane, Ste. 230, Anchorage,	left voice message with Key Lee Olsen

				AK	
Alaska Alaska	The Salvation Army AK Division	907-339- 3401		ATTN: Heidi Franklin 143 E 9 th Ave. Anchorage, AK 99501	Will take 5 posters Sent Heidi email to: ispl.frankli n@usw.sa lvationar my.org
Arizona Mountain	Apache Junction Police Department	480-474- 5485			Facebook/ Rob McDaniel Facebook
Arizona Mountain	Arizona League to End Regional Trafficking	877-762- 5378	602-433- 2441	PO Box 57839 Phoenix	left voice message/ second # buzy/Face book
Arizona Mountain	Arizona Legal Women and Youth Services	602-248- 7055		Phoenix, AZ	Facebook
Arizona Mountain	Catholic Charities DIGNITY Program	602-258- 2785	855-316- 2229	ATTN: Cathy Bauer diversion program 1825 West Northern Ave. Phoenix, Arizona 85021	Will take 1 poster ATTN: Cathy Bauer diversion program
Arizona Mountain	Chandler Police Department	480-782- 4535			Referred to Phoenix Dream Center
Arizona Mountain	CODAC Health, Recovery & Wellness	520-327- 4505		1600 N. Country Club Road, Tucson, AZ	a hospital setting/Fa cebook

Arizona Mountain	Community Alliance Against Family Abuse	480-982-0205		Apache Junction, AZ	left voice message with Doriann/Facebook
Arizona Mountain	Gospel Rescue Mission	520-740-1501		ATTN: Roy 707 West Miracle Mile, Tucson, AZ 85705	Roy will take 3 posters left voice message with Roy
Arizona Mountain	MOMA's house	602-244-1154		Laveen, AZ	left voice message/ Facebook
Arizona Mountain	Northland Family Help Center	928-527-1900	928-233-4303	ATTN: Shaleen 2100 N. Walgreens St. Flagstaff, AZ 86004	Shaleen will take 1 poster Left message with staff/ left message with Shaleen Steward/ sent email to: sseward@northlandfamily.org
Arizona Mountain	Phoenix Dream Center / Where Hope Lives Program	602-346-8701		Phoenix, AZ	Left message with JayShawn /email
Arizona Mountain	Pinal Hispanic Council	520-466-7765		Eloy, AZ	Ralph says there are not enough cases to merit participation

Arizona Mountain	SHIELD Foundation	800-961-4243	602-203-4357	Phoenix AZ	no longer in service
Arizona Mountain	Sojourner Center	602-244-0997		Phoenix, AZ	Left a voice message/ Facebook
Arizona Mountain	Streetlight USA	855-435-0900		P.O. Box 6178, Peoria, AZ 85385	Will take 1 poster
Arizona Mountain	Training and Resources United to Stop Trafficking (TRUST)	602-448-0007		Phoenix, AZ	Mail box is full and cannot accept any messages at this time/sent email on their website/called said no thankyou/ Facebook
Arizona Mountain	Tumbleweed Center for Youth Development	602-271-9904	602-370-6133	Phoenix, AZ	left voice message with Vivian Mann
Arizona Mountain	Victim/Witness Services for Coconino County	928-779-6163	928-679-7771	Flagstaff, AZ	Left message with staff: email to mferechil@coconino.az.gov/ Facebook
California Pacific	Alliance for Community Transformation	209-725-7900	209-742-6456	Merced, CA	not a good fit
California Pacific	Ananda Institute	707-544-4451	707-544-4441	Santa Rosa	disconnected no longer in

					service
California Pacific	Asian Americans Advancing Justice — Los Angeles	213-977-7500		1145 Wilshire Blvd., Los Angeles, CA 90017	Will take 1 poster
California Pacific	Asian Pacific Islander Legal Outreach	415-567-6255		1121 Mission Street, San Francisco, CA	left voice message
California Pacific	Asian Women's Shelter — Asian Anti-Trafficking Collaborative	415-751-7110		3543 18 th St. #19, San Francisco, CA	transitioning and not a good fit
California Pacific	Bilateral Safety Corridor Coalition (BSCC)	619-666-2757	888-373-7888	ATTN: Marisa Ugarte 121 E 31 st St Ste A, National City, CA 91950	Marisa Ugarte will take 1 poster
California Pacific	Breaking the Chains	559-402-3955		ATTN: Debra Rush 3014 W McKinley Ave suite 418, Fresno, CA 93722	Will take 1 poster Left message with staff
California Pacific	Center Against Sexual Assault of Southwest Riverside County	951-652-8300		1600 E. Florida Ave, Suite #206, Hemet, CA	Left message with staff/ Diana returned call /got email sent info to: dbarnesfox@swcasa.org/Facebook/posted to their page/rleal@swcasa.

					org/promised to send results
California Pacific	Center for Human Services — Hutton House	209-526-1476		2000 W. Briggsmore Ave., Modesto, CA	Left voice message with Renee/Facebook
California Pacific	Children of the Night	800-551-1300			children
California Pacific	CIYMCA-Noah's Anchorage Youth Crisis Shelter	805-963-8775		Santa Barbara, CA	works with youth suggested RISE
California Pacific	Coalition to Abolish Slavery and Trafficking (CAST)	213-365-1906	213-385-5584	ATTN: Carolyn 5042 Wilshire Blvd #586, Los Angeles, CA 90036	Carolyn will take 1 poster sent email to: CAST@sunshinesachs.com sent email to: Carolyn@castla.org / compensation

California Pacific	Community Against Sexual Harm (CASH)	916-856-2900		PO Box 160022, Sacramento, CA	called below and will take one
California Pacific	Community Service Programs, Inc.	714-765-1843	1of3		left voice message Investigations
California Pacific	Community Service Programs, Inc.	714-765-7959	2of3	1221 E. Dyer Rd Suite 120, Santa Ana, CA	call disconnect
California Pacific	Community Service Programs, Inc.	949-250-4058	3of3		Left voice message with Nikie Hutchinson said to contact Carolyn at CAST
California Pacific	Community Solutions	408-779-2113			dead end
California Pacific	Community Violence Solutions	510-237-0113		2101 Van Ness Street, San Pablo, CA 94806	Will take 5 posters they have 5 agencies
California Pacific	Courage Worldwide	916-517-1616		Rocklin, CA	left voice message/Facebook
California Pacific	Doris Tate Crime Victims Bureau (Sharon Tate's mother)	916-273-3603			left message with phone person
California Pacific	DreamCatcher Youth Services	800-379-1114		2325 Clement St STE A, Alameda, CA	disconnected no longer in service
California Pacific	Forever Found	805-306-8018		2321 Tapo St., Simi Valley, CA	no answer/Facebook

California Pacific	Forgotten Children, Inc.	800-445-1326		Los Alamitos	Under 18
California Pacific	Fresno EOC Central Valley Against Human Trafficking	559-498-8543		1900 Mariposa Mall Ste. 100, Fresno, CA	sent email to: michelle.tutunjian@fresno.org /Facebook
California Pacific	GenerateHope	619-818-4026		ATTN: Susan 4025 Camino Del Rio South, Suite 300, San Diego, CA 92108	Susan will take 1 poster
California Pacific	Human Exploitation and Trafficking (H.E.A.T) Watch Program	510-272-6222	510-272-6301	1225 Fallon Street, 9 th Flr, Oakland, CA	left voice message
California Pacific	Interface Children & Family Services	805-485-6114		4001 Mission Oaks Blvd., Suite I, Camarillo, CA	left voice message with Nichole/Facebook
California Pacific	Interfaith Shelter Network	707-546-7907	707-546-1544	Santa Rosa	sent email to: shayifsn@gmail.com /Facebook
California Pacific	International Institute of Los Angeles	818-244-2550	323-647-6300	Los Angeles, CA	call central office/left voice message with Lillian x 301/Facebook
California Pacific	International Institute of Los Angeles — Glendale	323-270-1220		3800 La Crescenta Ave., Glendale, CA	left voice message

California Pacific	International Rescue Committee HOPE	916-482-0120		2020 Hurley Way #395, Sacramento, CA	left voice message/ Facebook NY
California Pacific	International Sanctuary	949-752-7788		Irvine, CA	sent email to: info@isancuary.org /do you have it in different languages? /Otherwise, we will not be able to answer the survey.
California Pacific	Journey Out	818-988-4970		7136 Haskell Ave, Suite 125, Van Nuys, CA	sent email to: Stephany.Powell@journeyout.org/ we have too many studies and it becomes disruptive to our clients.
California Pacific	La Maestra Community Health Centers	619-564-7010		ATTN: Carmen Kcomt 4060 Fairmount Ave, San Diego, CA 92105	Carmen Kcomt will take 1 poster Left voice message with Carmen

California Pacific	Legal Advocates for Children & Youth (LACY)	408-280-2440		San Jose, CA	left voice message/ does not work with the population
California Pacific	Live Violence Free	530-544-2118	530-269-8793	South Lake Tahoe, CA	Jane/left voice message/ Facebook
California Pacific	Los Angeles Youth Network	323-467-8466		1754 Taft Ave, Los Angeles, CA	left message with phone person
California Pacific	MadeForThem	559-441-0327		ATTN: Joy P.O. Box 11234, Fresno, CA 93772	Joy will take 1 poster
California Pacific	Marjaree Mason Center	559-237-4706	559-487-1316	Fresno, CA	left message with phone person/Erika called back/sent email to: ericah@mcenter.org/Facebook
California Pacific	MISSEY Inc. (277-member group on FB)	510-251-2070		436 14 th Street, Suite 1201, Oakland, CA	left message and sent email to: info@misssey.org
California Pacific	Monterey County Rape Crisis Center	831-375-4357		P.O. Box 2401, Salinas, CA	left message with phone person

California Pacific	My Sister's House	916-930-0626		Sacramento, CA	Left message and sent email to: rosekmsh@gmail.com/Facebook
California Pacific	North County Lifeline	760-842-6526	760-726-5124	Vista (also Ocean Side)	Same number as Vista (the other # is a fax)
California Pacific	North County Lifeline — Project LIFE	760-842-6526	Vista	ATTN: S. Gonzalez 200 Michigan Ave., Vista, CA 92084	will take 1 poster/sent email to: sgonzalez@nclifeline.org/wants questionnaire
California Pacific	CASH Community Against Sexual Harm	916-856-2900		ATTN: T. Galvan P.O. Box 160022, Sacramento, CA 95816	will take 1 poster/sent email to: tgalvan@cashsac.org/wants questionnaire
California Pacific	Opening Doors, Inc.	916-492-2591			Does not work with SEXUAL ABUSE VICTIMS/suggested to call CASH
California Pacific	Operation SafeHouse	951-351-4418		9685 Hayes Street, Riverside, CA	Left voice message/Facebook

California Pacific	Restoration Railroad	530-763-3160		PO Box 3177, Yuba City, CA	Left voice message: returned call message stated they were in transition and could not help at this time
California Pacific	RISE	805-226-5400		51 Zaca Lane, Suite 140, San Luis Obispo, CA	Left voice message
California Pacific	San Diego Youth Services — STARS program	619-521-2250x3804		San Diego, CA	Left voice message
California Pacific	San Francisco Collaborative Against Human Trafficking	415-252-3208			Left voice message/ Facebook
California Pacific	Saving Innocence	323-379-4232		PO Box 93037, Los Angeles, CA	work with children only/call journey out or CAST
California Pacific	Silicon Valley FACES	408-295-2656	408-289-5430	777 N First St, Suite 220 San Jose	sent email to: ekuhl@da o.sccgov.o rg
California Pacific	Sonoma County Indian Health Project, Inc	707-521-4550	707-544-1092	144 Stony Point Rd Santa Rosa	Doesn't see this population
California Pacific	Tahoe Youth & Family Services	530-541-2445		South Lake Tahoe, CA	left voice message for Cheyanne

					/Facebook
California Pacific	<i>The R.I.S.E. Program and Corbett Group Homes, Inc.</i>	408-202-4856		1885 Lundy Ave #129, San Jose, CA	Out till Aug 1/Facebook
California Pacific	The SAGE Project, Inc. — Standing Against Global Exploitation	415-905-5050			disconnected no longer in service/Facebook
California Pacific	The Salvation Army-Network of Emergency Trafficking Services	714-783-2338			left voice message
California Pacific	Volunteers of America of Los Angeles	213-500-6013		3600 Wilshire Blvd. Ste. 1500, Los Angeles, CA	mail box full/Facebook
California Pacific	Waking the Village	916-601-2979		Confidential, Sacramento, CA	left voice message/Facebook
California Pacific	WEAVE, Inc.	916-448-2321		1900 K St., Sacramento, CA	left voice message with Tabatha/Facebook
California Pacific	WestCoast Children's Clinic, C-Change Program	510-269-9030		Oakland, CA	left voice message

California Pacific	A Community for Peace	916-728-5613		6060 Sunrise Vista #2340	left message with phone person/Alicia wants email with abstract and questionnaire/Facebook
California Pacific	Stand Up Placer	916-773-7273		P.O. Box 5462	left message with phone person/Facebook
California Pacific	Women's Resource Center	916-278-7388	916-278-4783	6000 J Street Sacramento	college campus/victim advocate out for 3 weeks
Idaho Pacific	University of Idaho Legal Aid Clinic	208-885-6541		875 Perimeter Dr., M.S. 2322 Moscow, ID 83844	Will take 1 poster
Nevada Pacific	Awaken	775-393-9183		433 Spokane St, Reno, NV	Facebook
Nevada Pacific	Hookers for Jesus — Las Vegas, NV	702-883-5155		Las Vegas, NV	Left a voice message/Facebook
Nevada Pacific	Las Vegas Metropolitan Police Department	702-828-2955			Referred to Refuge for Women
Nevada Pacific	Refuge for Women — Nevada/KY	859-254-0041	TX and KY	Las Vegas, NV	phone number is KY

Nevada Pacific	S.A.F.E. House, Inc.	702-451-4203			sent email to Sandy Sandydh@safehouseenv.org
Nevada Pacific	Sex Workers Anonymous	702-488-1127		Las Vegas, NV	left voice message/ Facebook +2
Nevada Pacific	The Salvation Army — SEEDS of Hope	702-649-8240		Las Vegas, NV	directed me to 211 information in Clark County
Nevada Pacific	Winnemucca Domestic Violence Services	775-625-1313			does not have the population directed me to AWAKEN in Reno NV
Oregon Pacific	Call to Safety — Formerly the Portland Women's Crisis Line	503-235-5333	503-232-9751	Portland, OR	Facebook
Oregon Pacific	Cascade Youth & Family Center	541-647-4485		ATTN: Mel Parker P.O. Box 1463, Bend, OR 97709	Mel will take 1 poster (address to: Mel Parker)
Oregon Pacific	Center for Victims' Services	503-846-3021	503-846-3020	Hillsboro	Amy Smith suggested SARC
Oregon Pacific	Illinois Valley Safehouse Alliance	541-592-2515	541-592-4147	PO Box 2490 Cave Junction 97523	left voice message

Oregon Pacific	Immigration Counseling Service	503-221-1689	971-302-6773	519 SW Park Ave Suite 610, Portland, OR	Julia suggested Safety Compass, Redemption Ridge, and SARC
Oregon Pacific	In Our Backyard	541-948-6428		Redmond, OR	don't serve that population/ Facebook
Oregon Pacific	Jackson Street Youth Services	541-760-4669		1240 7 th Ave. SE, Albany, OR 97321	Will take 1 poster/ left voice message/ called back
Oregon Pacific	Janus Youth Programs	503-233-6090		707 NE Couch St., Portland, OR	on hold for 8 min
Oregon Pacific	Looking Glass Community Services	541-689-3111	541-686-2688	931 W 7 th Avenue, Eugene, OR	don't allow the surveying of our clients/ Facebook
Oregon Pacific	National Indian Child Welfare Association (NICWA)	503-222-4044			left message with phone person
Oregon Pacific	Oregon Crime Victims Law Center	503-208-8160			does not have the population

Oregon Pacific	Rebecca Bender Initiative	541-450-9846		560 NE F street suite A628, Grants Pass, OR	left voice message/ Hope returned call/ sent email: hburn@rebeccabender.org / would display a poster ONLINE in exchange for me sharing one of their marketing pieces and offering participants compensation/Facebook
					sent email to lenas@sarcOregon.org
Oregon Pacific	SARC Sexual Assault Resource Center	503-626-9100			not sex trafficking population suggested an email to: lenas@sarcOregon.org

Oregon Pacific	Safety Compass	971-235-0021		ATTN: Esther P.O. Box 551 Silverton, OR 97381	Esther will take 1 poster also requested email and participant consent form
Oregon Pacific	Redemption Ridge	888-256-7921			sent info to director for call back/Facebook
Oregon Pacific	Victims' Assistance Program	503-842-1241			Barbara declined request/ doesn't have resources
Oregon Pacific	Victims of Crime Services	541-553-2293			call back after 1 today Dorothy
Washington Pacific	API Chaya	206-467-9976		P.O. Box 14047, Seattle, WA	left voice message/Facebook
Washington Pacific	ASPEN — Domestic Violence and Sexual Assault Victim Services	509-925-9384	(F)509-925-9405	Ellensburg	left message for Dawn Brumsfield/Facebook
Washington Pacific	Beyond Survival	360-533-9751			sent email to director@ghbeyondsurvivor.com/Facebook
Washington Pacific	Businesses Ending Slavery & Trafficking (BEST)	206-724-8246		P.O. Box 14512, Seattle, WA	Left phone message requested

					call back/Face book
Washington Pacific	DSV Crisis Center	509-663-7446			Must return call in a.m. 9-11/today 1
Washington Pacific	Ethnic Support Council	360-636-2791			Only works with Spanish speaking people
Washington Pacific	Friends of Youth	425-869-6490		13116 NE 132 ND ST, Kirkland, WA	Left phone message with Ellie requested call back
Washington Pacific	Grant County Prosecuting Attorney	509-754-2011			Law office
Washington Pacific	International Rescue Committee Seattle	206-245-0782	206-623-2105	Seattle	Left phone message requested call back
Washington Pacific	Ntl Women's Coalition Agst Violence & Exploitation (NWCAGE)	360-852-8019	360-754-7583	P.O. Box 872494, Vancouver, WA	Left phone message requested call back
Washington Pacific	Samish Indian Nation	360-899-5282x206		ATTN: Michelle Johnson 1809 Commercial Ave. Anacortes, WA 98221	Michelle Johnson will take 1 poster

Washington Pacific	Spokane FBI Field Office	509-747-5195			Inactive number
Washington Pacific	The Salvation Army	206-442-8370		ATTN: Women's Shelter 1101 Pike Street Seattle, WA 98101	Suzy will take 1 poster Suzy.graydon@usw.salvationarmy.org
Washington Pacific	Victim Support Services	425-252-6081	(F)425-259-1730	PO Box 1949 Everett 98206	Does not work with sexual abuse victims
Washington Pacific	WA Anti-Traff Resp Network/International Rescue Committee	206-623-2105		Seattle, WA	left voice message with Cathleen Morris requested call back
Washington Pacific	Diana McMillian The Jonah Project Spokane	509-270-0405		Spokane	From Angel/Cheryl Smith welcome to the Neighborhood/Facebook
Washington Pacific	World Relief — Spokane	509-484-9829		ATTN: Mark 1522 N Washington St. Ste. 200, Spokane, WA 99201	Mark will take 1 poster

Washington Pacific	YouthCare	206-694-4500		Seattle, WA	sent email to Randi.eseltine@youthcare.org/ sent email to dina.wilderson/All requested I sent my entire proposal for which I declined
Colorado Mountain	Arapahoe County Sheriff's Office	303-795-4711			Facebook
Colorado Mountain	Brighton Police Department	303-655-2308	303-659-6961	3401 Bromley Lane Brighton	Facebook
Colorado Mountain	Colorado Legal Services	303-837-2723		1905 Sherman Street, Ste. 400, Denver, CO	Law office
Colorado Mountain	Colorado Network to End Human Trafficking (CoNEHT)	866-455-5075			directed me to call Laboratory to Combat Human Trafficking /Facebook

Colorado Mountain	The Blue Bench	303-329-9922x311		P.O. Box 18951, Denver, CO 80218	Left voice message with Jackie/returned by Kim/voice messaged again suggested email contact/Facebook sent email to: kpolsen@thebluebench.org
Colorado Mountain	Colorado Organization for Victim Assistance (COVA)	303-861-1160	303-996-8087	ATTN: Angelika 90 Galapago St, Denver, CO 80223	Angelika will take 1 poster/sent questionnaire to angelika@coloradocrimevictims.org
Colorado Mountain	Denver Police Dept. Victims Assistance Dept	720-913-6035			Left message for Christina to return call lead from Cathy at The Center for Trauma and Resilience /Facebook

Colorado Mountain	District Attorney, 8 th Judicial District	970-498-7200			Law office
Colorado Mountain	Eagle County Sheriff's Office	970-328-8544	970-328-8564	Eagle	Facebook
Colorado Mountain	Laboratory to Combat Human Trafficking	303-295-0451			left voice message/ Facebook
Colorado Mountain	Lakewood Police Department	303-987-7191			Facebook
Colorado Mountain	Northeast Colorado Coalition Against Trafficking	970-339-6294		Greeley, CO	community college
Colorado Mountain	Rocky Mountain Immigrant Advocacy Network	303-433-2812		3489 W. 72 nd Ave., Westminster, CO	not a good fit suggested Laboratory to CHT
Colorado Mountain	Schriever Air Force Base	719-567-5050			Facebook
Colorado Mountain	The Center for Trauma and Resilience	303-860-0660		ATTN: Cathy Phelps P.O. Box 18975 Denver, CO 80218	Cathy will take 1 poster
Colorado Mountain	The Haven at Southern Peaks	719-276-7500		Canon City, CO	left voice message with Mike Miller/ #2 left voice message with Brandon Miller/Facebook

Colorado Mountain	Truckers Against Trafficking	612-888-4828		P.O. Box 816, Englewood, CO	sent email to Lcyrus@truckersagainsttrafficking.org/Facebook
Idaho Mountain	Bonneville County Prosecuting Attorney's Office	208-529-1350x1348			Law office
Idaho Mountain	Idaho Coalition Against Sexual & Domestic Violence	888-293-6118	208-384-0419	1402 W Grove St, Boise, ID 83702	300 E Mallard Dr. Ste. 130, Boise, ID/ Left voice message/ Facebook
Idaho Mountain	Idaho Legal Aid Services	877-500-2980		Boise, ID	Facebook
Idaho Mountain	INsideOUT	208-695-7821		Eagle, ID	left voice message
Idaho Mountain	Nampa Family Justice Center	208-475-5700		1305 3 rd St. South, Nampa, ID	left voice message/ Facebook
Idaho Mountain	World Relief — Boise	208-323-4964		6702 Fairview Ave, Boise, ID	disconnected no longer in service
Montana Mountain		406-258-3634			Erin Shratter the call you are attempting is not allowed from this line please call 611 for customer

					service
Montana Mountain	BIA Office of Justice Services	406-657-5933			Facebook
Montana Mountain	Missoula County Crime Victim Advocate Program	406-830-3830	406-830-3838	200 W. Broadway 500 N Higgins, Suite 201	Missoula Suggested I call Erin Shratter/ Facebook
Montana Mountain	Tumbleweed Runaway Program Inc.	406-259-2558		505 N. 24 th Street, Billings, MT	Left voice message with Georgia/ Church Youth group
Nebraska Mountain	Box Butte Victim Rights Unit	308-762-8346			attorney
New Mexico Mountain	Catholic Charities — Las Cruces	575-203-1001			not a working number/ Facebook
New Mexico Mountain	Catholic Charities Legal Services Program	575-527-0500		2215 S. Main St., Ste. B, Las Cruces, NM	left message with staff
New Mexico Mountain	Las Cruces Police Department	505-528-4111	505-528-4062	Las Cruces	Facebook

New Mexico Mountain	The Life Link	505-438-0010	505-470-0163	2325 Cerrillos Road, Santa Fe, NM	Lynn Sanchez Mail box is full and cannot accept any messages /Facebook
New Mexico Mountain	Youth Shelters & Family Services	505-983-0586		PO Box 28279, Santa Fe, NM	left voice message with Melissa Brown, Access! Program Director to call back/ #2 left message with Shelley to call back/Face book
Texas Mountain	34 th Judicial District Attorney's Office	915-546-2091			Attorneys
Texas Mountain	El Paso FBI Field Office	915-832-5000			Referred to other agencies
Texas Mountain	Paso del Norte Center of Hope	915-307-2175	915-503-8008	ATTN: Cynthia 2200 N. Stevens St. El Paso, TX 79930	Cynthia will take 1 poster
Utah Mountain	Asian Association Refugee and Immigrant Center	801-412-0577			left voice message with Elizabeth 2 times/Fac

					ebook
Utah Mountain	Kane County Sheriff's Office	435-644-4989			Facebook
Utah Mountain	Summit County Victim Assistance Program	435-615-3850			no answer/Facebook
Utah Mountain	Utah Domestic Violence Coalition	801-521-5544		124 South 400 East, Salt Lake City, UT	3 no answer 5 does not work directly with survivors
Wyoming Mountain	Casper Police Department	307-235-8347			Facebook
Wyoming Mountain	Legal Aid of Wyoming	877-432-9955		211 W. 19 th Street, Suite 300, Cheyenne, WY	Facebook
Wyoming Mountain	SAFE Project	307-742-7273		319 S. Lincoln St, Laramie, WY 82070	sent email to director@safeproject.org/#2 left message with phone person/Facebook
Alabama Central	Children's Aid Society of Alabama	205-251-7148			Children only
Alabama Central	Hope Haven	251-604-4549		PO Box 906, Summerdale, AL	left voice message

Alabama Central	Huntsville-Madison County Human Trafficking Task Force	256-653-8527			left voice message/ Facebook
Alabama Central	Shelby County Chapter Victims of Crime and Leniency	205-669-8585		P O Box 32 Columbiana 35051	Facebook
Alabama Central	The WellHouse, Inc.	800-991-9937	800-991-0948	8121 Parkway Dr, Leeds, AL 35094	Left message with staff for Carolyn Potter/Facebook
Alabama Central	Victims of Crime and Leniency (VOCAL)	334-262-7197		Montgomery	Law office
Arkansas Central	11 th West Judicial District Prosecuting Attorney's Office	870-541-5386			Attorneys
Arkansas Central	Arkansas Crisis Response Team (ARCRT)	866-769-1033		PO Box 94375 N Little Rock 72190	unavailable
Arkansas Central	Catholic Charities	479-927-1996			left voice message with Maria Westbrook X 380
Arkansas Central	Catholic Charities of Arkansas	501-664-0340		2500 N. Tyler St., Little Rock, AR 72207	Patrick Gallaher will take 2 Posters

Arkansas Central	Donald W. Reynolds Crisis Intervention Center	479-782-1821		5603 S. 14 th Street, Fort Smith, AR	emailed questionnaire and poster example to: Susans@fscic.org / declined after reviewing the materials/ Facebook
Arkansas Central	Immerse Arkansas	501-404-9890		5300 Asher Avenue, Little Rock, AR 72204	Attn Eric will take 1 Poster
Arkansas Central	Peace at Home Family Shelter	479-442-9811		PO Box 10946, Fayetteville, AR	left message w staff/Facebook
Arkansas Central	The Center for Hope and Healing	501-351-4673			agency closed/Facebook
Illinois Central	Center for Prevention of Abuse	309-691-0551		Peoria, IL	left voice message/ Facebook
Illinois Central	Chicago Alliance Against Sexual Exploitation	773-244-2230		307 N. Michigan Ave., Ste. 1818, Chicago, IL	Attorney office/ not a good fit/Facebook
Illinois Central	Chicago Housing Authority (CHA)	312-913-7396			Facebook
Illinois Central	DuPage County State's Attorney's Office	630-682-7759			Not a good fit

Illinois Central	DuPage Federation on Human Services Reform	630-782-4767			left voice message/Facebook
Illinois Central	Heartland Alliance for Human Needs & Human Rights	312-660-1331	312-660-1370	208 S. LaSalle, Suite 1818 Chicago	child welfare/Facebook
Illinois Central	Heartland Human Care Services	312-662-6185		Chicago, IL	left voice message/Facebook
Illinois Central	Illinois Migrant Legal Assistance Project		800-445-9025	Chicago, IL	left voice message/Facebook
Illinois Central	IllinoisVictims.org	847-446-7073			works in homicide
Illinois Central	International Organization for Adolescents (IOFA)	773-404-8831			children
Illinois Central	Kankakee County Center Against Sexual Assault (KC-CASA)	815-932-7273		1440 West Court Street, Kankakee, IL	sent email to: sschweizer@kc-casa.org/Facebook
Illinois Central	Legal Aid Society of Metropolitan Family Services	312-986-4015		1 N. Dearborn Ste 1000, Chicago, IL	Law firm
Illinois Central	National Immigrant Justice Center	312-660-1370		208 S. LaSalle St., Suite 1300, Chicago, IL	teen hotline/Facebook

Illinois Central	Pioneer Center for Human Services	815-344-1230x3150		14411 Kishwaukee Valley Road, Woodstock, IL	they refer to Refuge for Women and Turning Point/Facebook
Illinois Central	Project Oz	309-827-0377		1105 W. Front St., Bloomington, IL	sent email to: cheris@projectoz.org/Facebook
Illinois Central	Reclaim13	630-209-4554		5120 Main Street Suite 102, Downers Grove, IL 60515	Will take 1 Poster
Illinois Central	Refuge for Women — Chicago	708-380-7419		180 S. Western Ave, #123, Carpentersville, IL	sent email to: ispl.schultz@refugeforwomen.org/Facebook
Illinois Central	Teen Living Programs	312-568-5700		162 West Hubbard Suite 400, Chicago, IL	Facebook
Illinois Central	The Salvation Army — STOP IT Program	773-433-5738	877-606-3158	Chicago, IL	left message with staff for Elyse Dobney/Facebook
Illinois Central	The Salvation Army PROMISE Program — Anne's House	773-205-3544	773-205-3578	133 S. Ashland Ave., Chicago, IL	left voice message/Facebook

Indiana Central	Duneland Abolitionists (A mission of Duneland Community Ch)	219-929-5313		Chesterton, IN	left voice message/ a church/Fa cebook
Indiana Eastern	Ascent 121 (Indianapolis)	317-417-2371		Indianapolis, IN	sent email to: megan.jes sup@asce nt121.org /Facebook
Indiana Eastern	Purchased, Inc	317-782-5535		PO Box 531965, Indianapolis, IN	"Purchase d Events"? Left voice message/ Facebook
Indiana Eastern	Restored	317-225-7317		Indianapolis, IN	left voice message/ Facebook
Iowa Central	Braking Traffik, Inc.	563-468-2381		2800 Eastern Avenue, Davenport, IA	left voice message/ Facebook
Iowa Central	First Judicial District Department of Correctional Services	319-291-2015			Not a good fit
Iowa Central	Iowa Department of Corrections	515-725-5742			Not a good fit
Iowa Central	L.U.N.A.	515-271-5060		100 E. Euclid Ave. Suite 153, Des Moines, IA 50313	Will take 1 Poster
Iowa Central	SafePath Survivor Resources of Family Resources	563-322-1200		2800 Eastern Ave, Davenport, IA	left voice message with Amy Lang/Face book

Iowa Central	Youth Emergency Services & Shelter	515-282-9377	1of2	Des Moines, IA	Facebook
Iowa Central	Youth Emergency Services and Shelter (YESS)	515-243-7825	2of2		Facebook
Iowa Central	YSS	515-233-3141		420 Kellogg Ave, Ames, IA	sent email to: yharden@yss.org / Yolanda/Facebook
Kansas Central	Independence, Inc.	785-841-0333	785-841-1094	Lawrence	suggested I contact a Facebook page LATTE in Lawrence KS
Kansas Central	Micronesia Legal Services Corporation	670-234-7729		United States	Facebook
Kansas Central	Options Domestic and Sexual Violence Services	785-625-4202		2716 Plaza Ave, Hays, KS	left message with staff/Facebook
Kansas Central	Veronica's Voice	816-483-7101	816-841-9999	Kansas City	left voice message/Facebook
Kansas Central	Willow Domestic Violence Center	800-770-3030		1920 Moodie Rd., Lawrence, KS 66046	Adriann will take 2 Posters
Kansas Central	YWCA Center for Safety and Empowerment	785-354-7927		225 SW 12 th Street, Topeka, KS	Left voice message with Michelle/Facebook

Louisiana Central	Alliance of Guestworkers for Dignity	504-309-5165			Left voice message/Facebook
Louisiana Central	Covenant House — New Orleans	504-585-1111		611 N. Rampart Street, New Orleans, LA	no longer in service/Facebook
Louisiana Central	Eden House	504-407-0943		New Orleans, LA	left message with staff/Facebook
Louisiana Central	Educational and Treatment Council, Inc. (ETC)	337-433-1062		2400 Merganser St., Lake Charles, LA	children only/Facebook
Louisiana Central	Hope House U.S., Inc.	225-290-7598		17732 Highland Road, Baton Rouge, LA	left voice message/Facebook
Louisiana Central	HP Serve healing place church	225-753-2273		Baton Rouge, LA	left voice message/Facebook
Louisiana Central	Jewish Family Service	504-831-8475		Metairie, LA	closed due to weather HARD FREEZE/Facebook
Louisiana Central	Metropolitan Center for Women and Children	504-837-5400		PO 10775, Jefferson, LA	Do not see enough of population
Louisiana Central	National Guestworker Alliance (NGA)	504-452-9159		217 N. Prieur St., New Orleans, LA	Facebook
Louisiana Central	New Orleans Dream Center dba Free NOLA	504-621-5544		PO Box 56505, New Orleans, LA	Facebook x2

Louisiana Central	Our House, Inc — Christopher Youth Center	318-345-5556		205 Smith Avenue, Monroe, LA	Facebook
Louisiana Central	Silence is Violence	504-948-0917	504-941-7630	New Orleans	Facebook
Louisiana Central	Terrebonne Parish District Attorney's Office	985-873-6500			Attorney
Louisiana Central	Trafficking Hope	225-819-0000		17732 Highland Road, Suite G-175, Baton Rouge, LA	Facebook
Michigan Central	Office of the Prosecuting Attorney	269-657-8239			Attorney not a good fit
Minnesota Central	Breaking Free	651-645-6557		778 University Avenue W, St Paul, MN	left voice message with Terry
Minnesota Central	Brittany's Place/180 Degrees	651-332-5539		1301 E. 7 th Street, St Paul, MN	children only/Face book
Minnesota Central	Catholic Charities of Saint Paul and Minneapolis, Minneapolis	612-664-8500			left voice message with Julia/Face book
Minnesota Central	Catholic Charities of Saint Paul and Minneapolis, St Paul	651-647-3100	651-641-1005	St Paul	no longer have that program
Minnesota Central	Civil Society	651-291-0713		1595 Selby Ave Suite 112 St. Paul, MN 55104	Will take 1 poster also wants a poster emailed

Minnesota Central	Day One of Cornerstone		952-884-0376	Bloomington, MN	left voice message with Meg *Snobal/Facebook
Minnesota Central	Evergreen Youth & Family Services, Inc.	218-751-8223		P.O. Box 662, Bemidji, MN 56619	Donna Heck will take 4 posters
Minnesota Central	Freeborn County Crime Victims Crisis Center	507-373-2223	507-377-5505	Albert Lea	Does not have the population
Minnesota Central	International Institute of Minnesota	651-647-0191		1694 Como Avenue, St Paul, MN	left voice message with Amy Smith/Facebook
Minnesota Central	Mahnomen County Sheriff's Office Victim-Witness Service	218-935-9319			Facebook
Minnesota Central	Mille Lacs County Attorney's Office	320-983-8305			Law office
Minnesota Central	Minnesota Attorney General	651-296-7581			Law office
Minnesota Central	Minnesota Indian Women's Resource Center	612-728-2000		2300 15 th Avenue South, Minneapolis, MN	left voice message
Minnesota Central	Norman County Victim Assistance Program	218-784-3312			Facebook

Minnesota Central	Program for Aid to Victims to Sexual Assault (PAVSA)	218-726-1442			Facebook
Minnesota Central	Southern Minnesota Regional Legal Services — Farmworker Unit	888-575-2954		St Paul, MN	Facebook
Minnesota Central	St Louis County Victim Witness Program	218-726-2323			Facebook
Minnesota Central	St Louis County Victim Witness Program	218-749-7101			Not a good fit at this time
Minnesota Central	St Louis County Victim Witness Program, Hibbing	218-262-0158			same
Minnesota Central	The Advocates for Human Rights	612-341-3302		330 2 nd Ave S, Suite 800, Minneapolis, MN	Rose Park said they don't work with the population of study
Minnesota Central	The Institute for Trafficked, Exploited & Missing Persons (ITEMP)	952-544-1670			Left voice message with Patrick Ackinson/ Facebook
Minnesota Central	Winona County Victim Services	507-457-6586			attorney/ Facebook
Mississippi Central	Advocates For Freedom, Six Coastal Counties	228-806-3492		Biloxi, MS	Facebook

Mississippi Central	The Center for Violence Prevention	800-266-4198		Pearl, MS	Facebook
Mississippi Central	Wesley House Family Justice Center	601-485-4736			Law offices
Missouri Central	Crisis Aid	888-740-7779		St Louis, MO	Attorney
Missouri Central	ECH Every Child's Hope	314-427-3755		8240 St. Charles Rock Road, St Louis, MO	Children
Missouri Central	Epworth Children and Family Services	314-961-5718		110 North Elm, St Louis, MO	Children
Missouri Central	International Institute of St. Louis	314-773-9090 x 160		3654 S. Grand Blvd., St Louis, MO	Facebook
Missouri Central	Legal Services of Eastern Missouri, Inc.	314-534-4200		4232 Forest Park Avenue, St Louis, MO	Facebook
Missouri Central	MBCH Children and Family Ministries	314-739-6811		11300 St. Charles Rock Road, Bridgeton, MO	Children
Missouri Central	St. Louis Circuit Attorney's Victim Services	314-622-4373			Facebook
Missouri Central	St. Lukes Health System Forensic Nursing Program	816-891-6000			Facebook
Missouri Central	St.Charles Outreach Coalition Against Human Trafficking	636-248-1117		206 North Main Street O'Fallon, MO 63366	Sent 2 POSTERS

Missouri Central	The Covering House	314-865-1288		P.O. Box 12206 St. Louis, MO 63157	Sent 2 POSTERS
Missouri Central	Youth In Need	636-946-5600		201 S. Jefferson St., St Louis, MO	Facebook TX
Missouri Central	YWCA St. Louis Regional Sexual Assault Center/Women's Place	314-726-6665		140 N. Brentwood Blvd., St Louis, MO 63105	Sent 1 POSTER
Nebraska Central	Domestic Abuse Sexual Assault Services	308-345-1612			Facebook
Nebraska Central	Gage County Victim Assistance Program	402-223-4080			Facebook
Nebraska Central	The Salvation Army — Wellspring Program	402-898-5900			Facebook
Nebraska Central	The Salvation Army's Fight to End Trafficking (SAFE-T)	402-898-4768		10755 Burt Street Omaha, NE 68114	Sent 3 POSTERS
Nebraska Central	The Spouse Abuse Sexual Assault Crisis Center, Inc.	402-463-5810		220 S. Burlington Ave, Ste 4, Hastings, NE	Facebook
North Dakota Central	4 h.e.r. North Dakota	406-844-0377		1905 26 th St West, Williston, ND	Facebook
North Dakota Central	Lutheran Social Services of North Dakota	701-235-7341			Facebook
North Dakota Central	Rape and Abuse Crisis Center	701-293-7273		317 8 th St North, Fargo, ND 58102	Sent 1 POSTER

North Dakota Central	Youthworks — Bismarck, ND	701-255-6909		217 West Rosser Avenue, Bismarck, ND	Under 18
Ohio	End Slavery Now National Underground Railroad Freedom Center			50 E. Freedom Way, Cincinnati, Ohio 45202	Sent 1 POSTER
Oklahoma Central	DaySpring Villa Women & Children's Shelter, Inc.	918-245-4075		P.O. Box 1588, Sand Springs, OK 74063	Sent 1 POSTER
Oklahoma Central	Domestic Violence Intervention Services, Inc.	918-743-5763		4300 S Harvard Ave, Tulsa, OK 74135	Sent 1 POSTER
Oklahoma Central	Safeline — OK Office of the Attorney General	405-522-4397			Attorney
Oklahoma Central	United Keetoowah Band of Cherokee Indians in Oklahoma	918-458-4714		2450 S. Muskogee Ave. P.O. Box 746 Tahlequah	Facebook
South Dakota Central	Lutheran Social Services — Arise Youth Center/West	605-716-1837		3505 Cambell Street, Rapid City, SD	Under 18
South Dakota Central	Lutheran Social Services — Sioux Falls	800-568-2401			Facebook
South Dakota Central	Lutheran Social Svs of South Dakota Center for New Americans	605-731-2000		114 S. Main Ave Suite 100, Sioux Falls, SD	same

Tennessee Central	A Bridge of Hope	901-487-6577		P.O. Box 3960, Cordova, Tennessee 38088	Sent 1 POSTER
Tennessee Central	Doctors At War	888-552-8927			Facebook
Tennessee Central	Domestic Violence Program & Sexual Assault Services	615-896-7377		2106 East Main Street, Murfreesboro, TN	Facebook
Tennessee Central	End Slavery in Tennessee	615-290-5714		P.O. Box 160069, Nashville, TN 37216	Sent 1 POSTER
Tennessee Central	End Slavery Tennessee	615-806-6899	same as in TN?	50 Vantage Way, Nashville, TN	Facebook
Tennessee Central	Free for Life International	888-335-8835			Facebook
Tennessee Central	KidLink Treatment Services	800-726-4032		110 Westwood Place, Nashville, TN	Just kids
Tennessee Central	Metropolitan Nashville Police Department	615-862-7887			Facebook
Tennessee Central	World Relief	615-833-7735	615-833-7131	Nashville	Not enough to warrant poster
Tennessee Central	YWCA of Nashville & Middle TN, Weaver Domestic Violence Ctr	615-983-5172			Facebook
Texas Central	ACH Child and Family Services	817-335-4673		3712 Wichita, Fort	Don't see enough of

				Worth, TX	the population
Texas Central	Bedford Police Department	817-952-2439			
Texas Central	City of Humble, Texas	281-446-7127			Facebook
Texas Central	College Station Police Department	979-764-3600	979-764-5004	2611 TX Ave S College Station	Facebook
Texas Central	Crime Victims First	512-775-8656			Facebook
Texas Central	Family Crisis Center, Inc.	956-423-9304	956-423-9305	Harlingen	Facebook
Texas Central	Fe y Justicia Worker Center	713-862-8222		1805 W. Alabama St, Houston, TX	Facebook
Texas Central	Ferris Police Department	972-544-2424			Facebook
Texas Central	For The Silent	903-747-8128		305 S. Broadway Ave. Suite 1116, Tyler, TX 75702	Sent 1 POSTER
Texas Central	Hearts Foundation Inc.	844-284-3278		Fort Worth	both websites/ the number is no longer in service
Texas Central	Hunt County CSCD, Victim Services Program	903-455-9563			Attorneys at Law
Texas Central	Irving Police Department	972-721-6555			Facebook
Texas Central	Kendall County Attorney's Office	830-249-9343			Attorneys at Law

Texas Central	Lubbock Rape Crisis Center dba Voice of Hope	806-763-7273		PO Box 2000, Lubbock, TX	left voice message/ Facebook
Texas Central	Montgomery County Youth Services	936-756-8682		105 W. Lewis St, Conroe, TX	Facebook
Texas Central	Mosaic Family Services	214-821-5393		4144 North Central Expressway Suite #530, Dallas, TX	both websites, speaks 3 languages, Celia left voice message/ Facebook x2
Texas Central	New Friends New Life	214-965-0935		Dallas, TX	left message with staff
Texas Central	Northwest Assistance Ministries/Family Violence Center	281-885-4673		15555 Kuykendahl Rd., Houston, TX	left voice message with Amanda Stewart/Facebook
Texas Central	American Gateway	512-478-0546		ATTN: Edna Yang 314 E. Highland Mall Boulevard, Suite 501 Austin, TX 78752-3733	will take 1 poster ATTN: Edna Yang /left voice message
Texas Central	Refuge for Women — North Texas	859-254-0041	NV and KY	Texas	staff said send email to: ked.frank@refugeforwomen.org/Facebook

Texas Central	Refugee Services of Texas	512-472-9472		500 St John's Avenue, Austin, TX	left message with staff gave my email/ they responded / I emailed back/Facebook
Texas Central	Tralee Crisis Center	806-669-1131			does not have the participants/Facebook
Texas Central	Rescue House of South Texas	361-993-5900	903-316-0230	P.O. Box 260837, Corpus Christi, TX	Left message with Amanda Usry who called me and left a message/Facebook
Texas Central	Roberts County Victim Assistance Program	806-868-3121			suggested I call Tralee Crisis Center at 806-669-1131/Facebook
Texas Central	San Antonio Police Department Victims Advocacy Section	210-207-2141			Facebook
Texas Central	Tahirih Justice Center — Houston	713-496-0100		1717 St. James Place, Ste. 320, Houston, TX	Facebook

Texas Central	Texas RioGrande Legal Aid	512-374-2700		4920 North IH-35, Austin, TX	Facebook
Texas Central	The Children's Center, Inc.	409-765-5212		Galveston, TX	See Children only
Texas Central	The Rape Crisis Center	210-521-7273		7500 US Hwy 90 West, Bld 2, Suite 201, San Antonio, TX	requested I send email to: Deana-dfranks@rapecrisis.com / Carmen-mcvasquez@rapecrisis.com/Facebook
Texas Central	Tom Green County Sheriff	325-658-3921			Facebook
Texas Central	Redeemed Ministries	832-447-4130	832-371-6667		left voice message/Facebook
Texas Central	Elijah Rising Kendleton Farms	832-628-3439			requested I send an email to: evie@elijahrising.org / micah@elijahrising.org/Facebook
Texas Central	Rescue Houston	281-397-3931	281-413-5329	Allison	requested an email: Laurie@rescuehouston.org/Allison will talk Aug 2 at 9am pacific/Facebook

Texas Central	Traffick911	817-575-9923		P.O. Box 11821, Fort Worth, TX	left voice message/ does not have participants/Facebook
Texas Central	United Against Human Trafficking	713-874-0290		Houston, TX	directed to Rescue Houston, Elijah Rising, Redeemed Ministries /Facebook
Texas Central	Victim Relief Ministries	214-381-2800			left voice message/ Facebook
Texas Central	Women's Shelter of South Texas	361-881-8888		P.O. Box 3368, Corpus Christi, TX	does not see enough in this population to warrant a poster
Texas Central	YMCA International Services	713-339-9015		6300 Westpark Drive, Suite 600, Houston, TX	out of office till next week July 27 th ish/Facebook
Wisconsin Central	ASTOP		920-926-5395	Fond du Lac, WI	Angel wants an example of the poster sent to email: angel@astop.org

Wisconsin Central	BASICS (Brothers and Sisters in Christ, Serving)	414-372-7200			left message with staff/Facebook
Wisconsin Central	Convergence Resource Center	414-979-0591X219		Milwaukee, WI	left voice message/Facebook
Wisconsin Central	Family Advocates, Inc.	608-348-5995	608-778-9802	Platteville, WI	doesn't work with the population enough/suggested calling Paula at 608-778-9802/Facebook
Wisconsin Central	Fierce Freedom	715-514-2890		ATTN: Jody 2519 N Hillcrest Pkwy, Altoona, WI 54720	Jody will take 10 posters
Wisconsin Central	Hope House of South-Central Wisconsin	608-356-9123		Baraboo, WI	Left message for Ellen/Facebook
Wisconsin Central	La Crosse Task Force to Eradicate Modern Slavery	608-782-5610		La Crosse, WI	A Catholic Convent/Facebook
Wisconsin Central	LOTUS Legal Clinic	414-930-3551		ATTN: Rachel Monaco-Wilcox 11933 W. Burleigh St. Milwaukee, WI 53233	Rachel Monaco-Wilcox will take 1 poster

Wisconsin Central	New Horizons Shelter and Outreach Centers, Inc	608-791-2610	608-317-6021	La Crosse, WI	Left message with Jackie to call me/Facebook
Wisconsin Central	Sojourner Family Peace Center	414-933-2722	414-810-1540	619 W Walnut St, Milwaukee, WI 53212	sent consent, poster, questionnaire emailed to Erins@familypeacecenter.org /Facebook
Wisconsin Central	Pathfinders	414-964-2565		4200 N Holton St, Suite 400, Milwaukee, WI	Youth only Lucy suggests call Sojourner Fam Peace Ctr
Wisconsin Central	People Against a Violent Environment (PAVE)	920-887-3810		Beaver Dam, WI	sent email to Teresa at Tnienow@pavedc.org
Wisconsin Central	Racine Coalition Against Human Trafficking	262-909-6612		Racine, WI	left voice message
Wisconsin Central	Rainbow House Domestic Abuse Services, Inc.	715-735-6656		Marinette, WI	too small Courtney suggests contacting lg city shelters and therapeutic touch

Wisconsin Central	Reach Counseling Services, Inc.	920-722-8150		1509 S. Commercial Street, Neenah, WI	sent email to Lyns@reachcounseling.com/Facebook
Wisconsin Central	RESPECT, a project of ARC Community Services, Inc.	608-283-6435	608-283-6430	832 E. Johnson St. Madison	left voice message with Jan to return my call
Wisconsin Central	Sexual Assault Center of Family Services	920-436-8899		300 Crooks St, Green Bay, WI	not something that we want to do here.
Wisconsin Central	Sexual Assault Crisis Center- Fox Cities	920-733-8119		Appleton, WI	sent email to ispla@sacc-foxcities.org/Facebook
Wisconsin Central	The Bridge to Hope	715-235-9074		Menomonie, WI	suggested I advertise in bathrooms and truck stops/Facebook
Wisconsin Central	The Women's Community, Inc.	715-842-5663		Wausau, WI	suggested I put posters at social service centers/Facebook
Wisconsin Central	Embrace	715-532-6976		107 Lindoo Ave. E., Ladysmith, WI 54848	will take 3 posters/ have 3 sites

Wisconsin Central	Turningpoint for Victims of Domestic and Sexual Violence/GROUP	715-425-6751		River Falls, WI	left voice message with executive director out till July 5
Wisconsin Central	Sojourner Truth House		414-276-1911		sent consent, poster, questionnaire emailed to Erins@familypeacecenter.org /Facebook
Wisconsin Central	UMOS, Inc.	414-389-6500		802 W. Mitchell Street, Milwaukee, WI	left voice message with Javier to call back
Wisconsin Central	Insights	414-672-5300			try Sojourner and Pathfinders
Wisconsin Central	Walker's Point Youth & Family Center	414-647-8200		Milwaukee, WI	ages 11-17 only
Wisconsin Central	Wisconsin Coalition Against Sexual Assault	608-257-1516			does not do direct service
Wisconsin Central	Women and Children's Horizons, Inc.	262-656-3500		Kenosha, WI	left phone message with Anna to call back/Facebook

Connecticut Eastern	Barnaba Institute, Inc.	203-816-0749		24G W Main St PMB 395, Clinton, CT 06413	Sent 1 POSTER
Connecticut Eastern	International Institute of CT	203-336-0141			Most don't speak English
Connecticut Eastern	Kids in Crisis	203-661-1911		One Salem Street, Cos Cob, CT	Children only
Connecticut Eastern	Love146	203-772-0044		P.O. Box 8266, New Haven, CT 06530	Sent 1 POSTER
Delaware Eastern	ContactLifeline, Inc.	800-262-9800			Facebook
Delaware Eastern	Georgetown Police Department	302-856-6613			Facebook
Delaware Eastern	Survivors of Abuse in Recovery (SOAR), Inc	302-655-3953		405 Foulk Road, Wilmington, DE 19803	Sent 1 POSTER
	SOAR Windy Hills Professional Center			523 Capitol Trail, Newark, DE 19711	Sent 1 POSTER
	SOAR			32 W. Lookerman Street, Suite #103, Dover, DE 19904	Sent 1 POSTER
	SOAR			401 N. Bedford Street, Georgetown, DE 19947	Sent 1 POSTER

District of Columbia Eastern	Fair Girls	202-265-1501		2100 M Street, NW Ste. 170-254, Washington, DC 20037-1233	Sent 1 POSTER
District of Columbia Eastern	Network for Victim Recovery of DC	202-742-1720		6856 Eastern Ave. NW, Washington, DC 20012	Sent 1 POSTER
District of Columbia Eastern	Polaris	202-745-1001		P.O. Box 65323, Washington, DC 20035	Sent 1 POSTER
District of Columbia Eastern	Restoration Ministries	202-544-1731		P.O. Box 15674, Washington, DC 20003	Sent 1 POSTER
District of Columbia Eastern	Warren WA Saratoga Sexual Assault & Crime Victims Svs of PPMH	518-792-0994		Glens Falls	Attorneys
Florida Eastern	1HTC, Inc.	813-816-1482		Tamarac PO/CO 27531 7875 NW 57 th Street, Tamarac, FL 33315-9998	Sent 2 POSTERS
Florida Eastern	Alachua County Victim Services & Rape Crisis Center	352-264-6760	352-264-6762	218 SE 24 th St Gainesville, FL 32641	Sent 1 POSTER
Florida Eastern	B.E.S.T. — Building Empowerment By Stopping Trafficking, Inc.	305-728-5218		701 Brickell Avenue Suite 1550, Miami, FL	rented space/Fac ebook

Florida Eastern	Bikers Against Trafficking	407-300-8971		1349 International Parkway South, Lake Mary, FL	sojourners in Lake Mary/Fac ebook x3
Florida Eastern	Broward County Sexual Assault Treatment Center	954-765-4159	954-357-5775	400 NE 4 th St, Fort Lauderdale, FL 33301	Sent 1 POSTER
Florida Eastern	Broward Human Trafficking Coalition	954-594-3439			no physical address can be found/Fac ebook x3
Florida Eastern	Camillus House & Health	305-374-1065x307		336 NW 5 th St, Miami, FL 33128	Sent 4 POSTERS
Florida Eastern	Capital City Youth Services, Inc.	850-576-6000		2407 Roberts Avenue, Tallahassee, FL	Under 18 years of age
Florida Eastern	Catholic Charities, Diocese of Venice-HT Victim Assistance	239-738-8722		28290 Beaumont Road, Bonita Springs, FL 34134	Sent 1 POSTER
Florida Eastern	Children's Home Society of FL	850-266-2700		1300 N. Palafox Street, STE103, Pensacola, FL	Children
Florida Eastern	Clearwater Area Task Force on Human Trafficking	727-562-4917		1 Crisis Center Plaza Tampa, FL 33613-1238	Sent 3 POSTERS

Florida Eastern	Covenant House Florida Ft Lauderdale	800-683-8338		733 Breakers Avenue Fort Lauderdale, FL 33304	Sent 1 POSTER
Florida Eastern	Covenant House Florida Orlando	800-441-4478		5931 E. Colonial Drive Orlando, FL 32801	Sent 1 POSTER
Florida Eastern	Devereux Advanced Behavioral Health — Florida	800-338-3738x7713	Orlando	8000 Devereux Drive, Viera, FL	children/Facebook
Florida Eastern	Devereux Advanced Behavioral Health FL — Outpatient Services	800-338-3738x7713	Viera	5749 Westgate Drive, Suite 102, Orlando, FL	children
Florida Eastern	Florida Abolitionist, Inc.	407-495-5846		PO Box 536832, Orlando, FL 32853	Sent 1 POSTER
Florida Eastern	Florida Coalition Against Human Trafficking	727-442-3064		P.O. Box 2948, Clearwater, FL 33757-2948	Sent 1 POSTER
Florida Eastern	Florida Freedom Partnership	305-443-0102			outdated web
Florida Eastern	Freedom to Thrive/SENNetwork of Youth and Family Services	239-949-4414			outdated web
Florida Eastern	Glory House of Miami	786-286-9958x0000		Miami, FL	no physical address can be found/Fac

					ebook x3
Florida Eastern	Grace Clinic Christian Counseling	407-539-0047	407-539-0048	505 Park Avenue North Suite 212 Winter Park	No mention of HT services on website/Facebook
Florida Eastern	Greater Orlando Human Trafficking Task Force, Inc.	407-620-6516	407-244-5129	Orlando, FL	no physical address can be found/Facebook x3
Florida Eastern	Gulfcoast Legal Services, Inc.	727-821-0726		501 First Avenue North, St Petersburg, FL	Facebook
Florida Eastern	Harbor House of Central Florida, Inc.	407-886-2244		P.O. Box 680748 Orlando, FL 32868	Sent 1 POSTER
Florida Eastern	Hepzibah House	561-386-0031		1530 W. Boynton Beach Blvd #3863 Boynton Beach, FL 33424	Sent 1 POSTER
Florida Eastern	Hope for Freedom	561-776-3216		5343 Northlake Blvd., Palm Beach Gardens, FL	megachurch/Facebook

Florida Eastern	Human Trafficking Resource Center at Florida Gulf Coast Univ	239-745-4276		10501 FGCU Boulevard South, Fort Myers, FL	University /Facebook
Florida Eastern	International Rescue Committee (IRC) — Miami	305-640-9881		730 NW 107 AVE, SUITE 100, Miami, FL	not a good fit/Facebook
Florida Eastern	Kristi House/Project GOLD	305-547-6800			Children/Facebook
Florida Eastern	Margate Police Department	954-935-5385			Referred to other agencies
Florida Eastern	Marion County Sheriff's Office Crisis Intervention Unit	352-369-6745			Facebook
Florida Eastern	Miami-Dade County Human Trafficking Coalition	305-285-5900		2400 South Dixie Highway, Miami, FL 33133	Sent 4 POSTERS
Florida Eastern	More Too Life	941-227-1012		1661 Ringling Unit 2212 Sarasota, FL 34230	Sent 2 POSTERS
Florida Eastern	Palm Beach County Division of Victim Services, Crisis Unit	561-688-4152			Facebook
Florida Eastern	Palm Beach County Division of Victim Services, North County	561-624-6648			Attorney offices

Florida Eastern	Palm Beach County Division of Victim Services, West County	561-996-4871			same
Florida Eastern	Palm Beach County Victim Services, South County	561-274-1500			Facebook
Florida Eastern	Path2Freedom, Inc.	239-398-9961		1200 Goodlette Rd N #9916, Naples, FL 34101	Sent 1 POSTER
Florida Eastern	Pinellas County Sheriff's Office	727-582-6259			Referred to Clearwater Area Task Force on Human Trafficking in Tampa
Florida Eastern	Safespace North	305-758-2546		P.O. BOX 380817, Miami, FL 33238	Sent 1 POSTER
Florida Eastern	Safespace South	305-247-4249		P.O. BOX 901710, Homestead, FL 33090	Sent 1 POSTER
Florida Eastern	Sarasota Police Department Victim Advocate Program	941-954-7021			Rape Crisis Center
Florida Eastern	Selah Freedom Inc.	941-677-8841		P.O. Box 21415 Sarasota, FL 34276	Sent 2 POSTERS

Florida Eastern	South West Florida Regional Human Trafficking Coalition	239-939-2553		6900-29 Daniels Pkwy #358 Fort Myers, FL 33912	Sent 1 Poster
Florida Eastern	St. Lucie County Sheriff's Office	772-462-3617			Referred to larger cities Miami, Tampa, and Orlando
Florida Eastern	The Life of Freedom Center	786-565-8677		POB 414373, Miami, FL	megachurch/Facebook
Florida Eastern	The Lifeboat Project	407-620-2674		ATTN: Jill P.O. Box 1083 Apopka, Florida 32704	Jill will take 1 poster
Florida Eastern	The Shelter for Abused Women & Children	239-775-3862		P.O. BOX 10102, Naples, FL 34101	Sent 1 POSTER
Florida Eastern	Trauma Resolution Center	305-374-9990	305-374-9995	17567 South Dixie Highway Palmetto Bay, FL 33157	Sent 1 POSTER
Florida Eastern	University of Central Florida	407-823-2425			Facebook
Florida Eastern	Victim Service Center of Central Florida	407-254-9415	407-228-1420	2111 E Michigan St Suite 210 Orlando, FL 32806	Sent 1 POSTER

Florida Eastern	Wings of Shelter	239-340-2980		21301 S Tamiami Trail, Ste: 320 PMB: 335 Estero, FL 33928	Sent 2 POSTERS
Florida Eastern	Woman To Woman Global Mentorship Network, Inc.	407-485-6673		927 S Goldwyn Ave. Suite 230 Orlando, FL 32805	Sent 1 POSTER
Florida Eastern	Women In Distress of Broward County, Inc.	954-760-9800		P.O. Box 50187 Lighthouse Point, FL 33074	Sent 2 POSTERS
Florida Eastern	World Relief	904-858-9625	904-858-9627	5107 University Blvd W, Jacksonville, FL 32216	Sent 2 POSTERS
Florida Eastern	World Relief Tampa	727-859-1650	727-841-8509	6321 Grand Blvd. New Port Richey, FL 34652	Sent 1 POSTER
Georgia Eastern	City of Refuge — House of Cherith		678-599-0561	1300 Joseph E. Boone Blvd NW, Atlanta, GA 30314	Sent 1 POSTER
Georgia Eastern	Cobb County District Attorney's Office	770-528-3047			Law offices
Georgia Eastern	Devereux Advanced Behavioral Health — Georgia	800-342-3357		1291 Stanley Road, Kennesaw, GA	not a good fit/Facebook

Georgia Eastern	Forsyth County DA's Victim Witness Assistance Program	770-205-2268			Facebook
Georgia Eastern	Georgia Cares, Inc.	404-602-0068		Atlanta, GA	children only
Georgia Eastern	Jasper County Crime Victims Assistance Program	706-468-4932			Facebook
Georgia Eastern	Middle Judicial Circuit of GA District Attorney's Office	478-237-7846			Attorney
Georgia Eastern	North Georgia Mountain Crisis Network, Inc.	706-632-8400			not a good fit/Facebook
Georgia Eastern	Ocmulgee Judicial Circuit Victims' Assistance Program	706-453-3339			Facebook
Georgia Eastern	Out of Darkness	404-719-4854		P.O. Box 54537 Atlanta, GA 30308	Sent 1 POSTER
Georgia Eastern	Solicitor-General's Office — DeKalb County	404-371-2001			Facebook
Georgia Eastern	Tapestri	404-299-2185		PMB 362, 3939 Lavista Rd. Ste E., Tucker, GA 30084	Sent 1 POSTER

Georgia Eastern	The Salvation Army Haven ATL	678-595-6542		967 Dewey Street SW Atlanta, GA 30310	Sent 1 POSTER
Georgia Eastern	Victim-Witness Assistance Program	912-652-7329			Facebook
Georgia Eastern	Wellspring Living	770-631-8888		1040 Boulevard, Suite M Atlanta, GA 30312	Sent 2 POSTERS
Georgia Eastern	youthSpark, Inc.	404-612-4628		395 Pryor Street SW, Suite 2117, Atlanta, GA	Facebook
Indiana Eastern	Ascent 121	317-759-0067		P.O. Box 1143 Carmel, IN 46082	Sent 1 POSTER
Indiana Eastern	Crime Victim Care of Allen County	260-452-7642	260-427-1205	2117 East State Blvd Fort Wayne	not a good fit
Indiana Eastern	The Julian Center	317-920-9320		2011 N. Meridian St. Indianapolis, IN 46202	Sent 1 POSTER
Indiana Eastern	Victim Service Center	574-372-9539		2191 E. Ft. Wayne St Warsaw	not a good fit
Indiana Eastern	YWCA North Central Indiana	574-233-9491		1102 S. Fellows Street, South Bend, IN 46601	Sent 1 POSTER
Kentucky Eastern	Catholic Charities of Louisville	502-974-4947		2911 South 4 th Street Louisville, KY 40208	Sent 1 POSTER/Facebook
Kentucky Eastern	J.F.A. Foundation	606-248-0520	606-248-1919	Middlesboro	seems fake Judy

					Miller
Kentucky Eastern	Refuge for Women — Kentucky	859-254-0041	TX and NV	342 Waller Ave. Ste D, Lexington, KY 40504	Sent 1 POSTER
Kentucky Eastern	Women's Crisis Center	800-928-6708	606-564-6649	Maysville/Facebook	not a good fit
Maine Eastern	Catholic Charities Maine — Refugee and Immigration Services	207-871-7437		80 Sherman St, Portland, ME 04101	Sent 2 POSTERS
Maine Eastern	Fearless Nation PTSD Support	207-319-7556		PO Box 44 Wiscasset 04578	broken links
Maine Eastern	Maine Coalition Against Sexual Assault (MeCASA)	207-626-0034		Augusta, ME	not a direct provider/Facebook
Maine Eastern	Maine Sexual Assault Support Centers	800-871-7741		Maine	not a good fit/Facebook
Maine Eastern	Preble Street	207-775-0026x1333		38 Preble Street, Portland, ME 04101	Sent 1 POSTER
Maine Eastern	Safe Voices	207-795-6744		P.O. Box 713 Auburn, ME 04212-0713	Sent 1 POSTER
Maine Eastern	Sexual Assault Support Services of Midcoast Maine	207-725-2181	207-798-6943	PO Box 990 Brunswick 04011	Rape and domestic violence
Maine Eastern	Slavery Today	207-522-8082		15 Meadow Way, Bath, ME	Facebook

Maryland Eastern	CASA de Maryland	301-431-4185		8151 15 th Avenue, Hyattsville, MD	Facebook x2
Maryland Eastern	City of Rockville	240-314-8917			Facebook
Maryland Eastern	Faith Alliance Against Slavery and Trafficking	855-333-2278		Baltimore, MD	Facebook
Maryland Eastern	Frederick County Sheriff's Office	301-624-1290			Facebook
Maryland Eastern	International Rescue Committee (IRC) — Silver Spring	301-562-8633		8719 Colesville Road 3 rd Floor, Silver Spring, MD	Facebook
Maryland Eastern	Maryland Coalition Against Sexual Assault	301-328-7023		Silver Spring, MD	Facebook
Maryland Eastern	Maryland Crime Victims' Resource Center, Inc.	301-952-0063		1001 Prince Georges Blvd #750, Upper Marlboro, MD 20774	Facebook
Maryland Eastern	Maryland Crime Victims' Resource Center, Inc.	410-234-9885	410-234-9886	218 E. Lexington St Suite 401 Baltimore	Attorney
Maryland Eastern	Office of State's Attorney for Carroll County	410-386-2671			Facebook
Maryland Eastern	Office of the Sheriff Charles County Maryland/Retired	301-609-3246			Facebook

Maryland Eastern	Safe House of Hope	443-690-5585		4710 Curtis Ave, Baltimore, MD	Facebook
Maryland Eastern	SARC	410-836-8431		P.O. Box 1207, Bel Air, MD	Sexual assault and domestic violence
Maryland Eastern	Tahirih Justice Center — Baltimore	410-999-1900		201 N Charles St. Ste 920, Baltimore, MD	Facebook
Maryland Eastern	The Baltimore City State's Attorney's Office	410-396-1897			Facebook
Maryland Eastern	The HT Prj of the Civil Advocacy Clinic, Univ of Baltimore Sch of Law	410-837-5706		Baltimore, MD	University Law school
Maryland Eastern	The Samaritan Women	443-858-7796		Baltimore, MD	Facebook
Maryland Eastern	TurnAround Inc.	410-377-8111		401 Washington Ave, Suite 300, Towson, MD	Facebook
Maryland Eastern	Univ of Maryland SAFE Center for Human Trafficking Survivors	301-314-7233		5245 Greenbelt Road, Box 107, College Park, MD	University research

Maryland Eastern	Women's Law Center of Maryland	410-321-8761		305 West Chesapeake Avenue, Suite 201, Towson, MD	Facebook
Massachusetts Eastern	Boston University School of Law Human Trafficking Clinic	617-353-2807		Boston, MA	Facebook
Massachusetts Eastern	Criminal History Systems Board	617-660-4690			Law firm
Massachusetts Eastern	Lutheran Social Services of New England	508-754-1121 x 417			not a good fit at this time
Massachusetts Eastern	Massachusetts Mental Health Institute/ The Trauma Center	617-731-3200	617-731-4917	227 Babcock St. Brookline	Facebook
Massachusetts Eastern	Massachusetts Office for Victim Assistance	617-727-5200			Facebook
Massachusetts Eastern	My Life My Choice	617-779-2179	617-699-4998	989 Commonwealth Avenue, Boston, MA	Facebook
Massachusetts Eastern	Roxbury Youthworks, Inc.	617-427-8095			Facebook
Massachusetts Eastern	Support to End Exploitation Now Coalition (SEEN)	617-779-2145	617-779-2146	989 Commonwealth Avenue, Boston, MA	Child trafficking
Michigan Central	Sacred Beginnings	616-890-8278		PO Box 9472 Wyoming 49509	Facebook

Michigan Eastern	All Worthy of Love	313-923-7477		Detroit, MI	Not direct contact
Michigan Eastern	Alternatives for Girls	313-361-4000		903 West Grand Boulevard, Detroit, MI	Facebook
Michigan Eastern	Arbor Circle Corporation	616-451-3001		1115 Ball Ave NE, Grand Rapids, MI	Facebook
Michigan Eastern	Common Ground	248-456-8150		1410 S. Telegraph Rd, Bloomfield Hills, MI	Legal clinic
Michigan Eastern	Freedom House — Detroit	248-508-2765		2630 W. Lafayette, Detroit, MI	Facebook
Michigan Eastern	Genesee County Youth Corporation-REACH/Traverse Place	810-233-8700		914 Church Street, Flint, MI	Facebook
Michigan Eastern	Human Trafficking Clinic University of Michigan Law School	734-615-3600		625 S. State Street, Ann Arbor, MI	Facebook
Michigan Eastern	Iosco County Victim Service Unit	989-739-6164			Crime victim services
Michigan Eastern	Livingston Family Center/The Connection Youth Services	810-231-9591		4736 E. M-36, Pinckney, MI	Facebook
Michigan Eastern	Michigan Abolitionist Project			P.O. Box 180603, Utica, MI	info@mic higanaboli tionistproj ect.org/Fa cebook x3

Michigan Eastern	SOAP Metro Detroit	734-334-8055		Romulus, MI	Facebook
Michigan Eastern	The Alabaster Gift	586-453-7129		P.O. Box 5282, Warren, MI	Left message
Michigan Eastern	Underground Railroad, Inc	989-755-0413	989-399-0007	Saginaw, MI	Facebook x3
Michigan Eastern	Vista Maria	313-271-3050		Dearborn Heights, MI	Facebook
Michigan Eastern	Wayne County SAFE	313-964-9701		2727 Second Avenue, Detroit, MI	Facebook
Michigan Eastern	Wedgwood Christian Services' Manasseh Project	616-942-2110		Grand Rapids, MI	Facebook
Michigan Eastern	YWCA Kalamazoo	269-345-5595		353 E. Michigan Ave, Kalamazoo, MI	Facebook
Michigan Eastern	YWCA of Greater Flint	810-238-7621		310 E. Third Street, Flint, MI	Facebook
New Hampshire Eastern	A Safe Place	603-436-4619		6 Greenleaf Woods, Suite 101, Portsmouth, NH	Changed name to Haven/ not a direct provider
New Hampshire Eastern	Bridges: Domestic & Sexual Violence Support	603-889-0858		P.O. Box 217, Nashua, NH	Facebook
New Hampshire Eastern	Crisis Center of Central New Hampshire	603-225-7376		P.O. Box 1344, Concord, NH	Facebook

New Hampshire Eastern	Monadnock Center for Violence Prevention	603-352-3782		12 Court Street, Keene, NH	Facebook
New Hampshire Eastern	New Beginnings	603-528-6511		P.O. Box 622, Laconia, NH	Facebook
New Hampshire Eastern	New Hampshire Coalition Against Domestic and Sexual Violence	603-224-8893			Facebook
New Hampshire Eastern	RESPONSE to Sexual & Domestic Violence	603-752-5679		54 Willow Street, Berlin, NH	Facebook
New Hampshire Eastern	Sexual Assault Support Services	603-436-4107		7 Junkins Avenue, Portsmouth, NH	Same as Haven
New Hampshire Eastern	Starting Point Svs for Victims of Domestic & Sexual Violence	603-447-2494		P.O. Box 1972, Conway, NH	Facebook
New Hampshire Eastern	The Support Center at Burch House	603-444-0624		P.O. Box 965, Littleton, NH	Facebook
New Hampshire Eastern	Turning Points Network	603-543-0155		11 School Street, Claremont, NH	Facebook
New Hampshire Eastern	Voices Against Violence	603-536-5999		P.O. Box 53, Plymouth, NH	Facebook
New Hampshire Eastern	WISE	603-448-5922		38 Bank Street, Lebanon, NH	Left message with staff

New Hampshire Eastern	YWCA Crisis Service	603-625-5785		72 Concord Street, Manchester, NH	Facebook x2
New Jersey Eastern	YWCA Bergen County Rape Crisis Center	201-487-9609		Hackensack	no longer in service/Facebook
New Jersey Eastern	Center For Family Services	800-225-0196	8566962032x0	P.O. Box 1149, Vineland, NJ	left message for Daniel Heel/Facebook
New Jersey Eastern	Sanar Wellness Institute	973-624-5454		P.O. Box 32353, Newark, NJ	left voice message/Facebook
New Jersey Eastern	The Women's Center/DreamCatcher Program	609-601-9925		Northfield, NJ	left message for dreamcatcheracwc@gmail.com returned undeliverable/Facebook
New Jersey Eastern	Volunteer Lawyers for Justice	973-645-1955		Newark, NJ	Facebook
New York Eastern	Asian American Lgl Defense & Education Fund (AALDF-AALDEF)	212-966-5932		99 Hudson St., 12 th Fl., New York, NY	Facebook
New York Eastern	Behavioral Health Services North Inc.: STOP Domestic Violence	518-563-6904	Malone	Plattsburgh NY	does not have trafficked women

New York Eastern	Behavioral Health Services North, Inc.: STOP Domestic Violence	518-563-6904	Plattsburgh	Malone NY	does not have trafficked women
New York Eastern	CAPTAIN Youth and Family Services	518-371-1185x0000		5 Municipal Plaza, Clifton Park, NY	left message with staff/Facebook
New York Eastern	Catholic Charities — Diocese of Rockville Centre	631-789-5210		50 N Park Ave, Rockville Centre, NY 11571	1 POSTER
New York Eastern	Child Advocacy Ctr of Niagara/Niagara Falls Memorial Med Ctr	716-285-0045		Niagara Falls, NY	Children
New York Eastern	City Bar Justice Center — Immigrant Women & Children Project	212-382-6710	212-382-6600	New York, NY	Court House
New York Eastern	District Attorney's Victims Justice Center	914-995-3300			Attorney offices
New York Eastern	EAC/Child Advocacy Center	631-439-0480		84 Wheeler Road, Central Islip, NY	Children
New York Eastern	Family & Children's Service of Niagara	716-285-6984		1522 Main Street, Niagara Falls, NY	Left voice message/Facebook
New York Eastern	Family of Woodstock, Inc.	845-331-7080		Kingston, NY	does not see enough of population/Facebook

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New York Eastern	Family Services, Inc.	845-452-7272			no longer in service/Facebook x3
New York Eastern	Garden of Hope	718-321-8862		392 Hancock St, Brooklyn, NY 11216	1 POSTER
New York Eastern	Girls Educational & Mentoring Services (GEMS)	212-926-8089			Children
New York Eastern	International Institute of Buffalo	716-883-1900 x304		864 Delaware Ave, Buffalo, NY 14209	1 POSTER
New York Eastern	McMahon/ Ryan Child Advocacy Center	315-701-2985x224		601 E. Genesee Street, Syracuse, NY	Children
New York Eastern	My Sisters' Place	914-683-1333		1 Water Street, White Plains, NY	Left message with staff
New York Eastern	My Sisters' Place, Yonkers	914-358-0333			sent poster and abstract to info@mspny.org/Facebook
New York Eastern	New York Asian Women's Center	212-732-0054 x127	1of2		Health clinic/not a good fit
New York Eastern	New York Asian Women's Center	888-888-7702	2of2	New York, NY	same as above

New York Eastern	North Shore Child & Family Guidance Center	516-626-1971	516-626-8043	480 Old Westbury Road Roslyn Heights	don't see many trafficked women
New York Eastern	Parents for Megan's Law and the Crime Victims Center	631-689-2672	631-751-1695	Stony Brook NY	Children's services
New York Eastern	Restore NYC	212-840-8484	212-300-2092	PO Box 1003, Bowling Green Station, New York, NY	director out of office until July 11
New York Eastern	Safe Horizon Anti-Trafficking Program	718-943-8631		50 Court Street, 8 th Floor, Brooklyn, NY	left voice message with Michael Williams/Facebook
New York Eastern	Safe Inc. Of Schenectady	518-374-0166		Schenectady, NY	Facebook
New York Eastern	Sanctuary for Families — New York, NY	212-349-6009		New York, NY	left message with staff
New York Eastern	Sauti Yetu Center for African Women	718-665-2486	718-665-2483	P.O. Box D New York	domestic violence center/Facebook
New York Eastern	Sexual Aslt Resource Ctr Srvng Chemung, Schuyler and Steuben	888-810-0093			no trafficking survivors
New York Eastern	The Center for Youth Services	585-473-2464		905 Monroe Ave, Rochester, NY	Under 18
New York Eastern	The Safe Center LI	516-465-4778		15 Grumman Rd. W., Bethpage, NY	provide referrals only/Facebook

New York Eastern	Town of Greece Police Department	585-720-0822			Facebook
New York Eastern	Ulster County Crime Victims Assistance Program	845-340-3443		Kingston, NY	Facebook
New York Eastern	Victims Assistance Services	914-345-3113	914-345-9111	Elmsford	Attorney offices
New York Eastern	Washington County Youth Bureau	518-746-2330		383 Broadway, Fort Edward, NY	Under 18
New York Eastern	Worker Justice Center of New York — Albany & Kingston	800-905-9644		9 Main Street, Kingston, NY	Facebook
New York Eastern	Worker Justice Center of New York — Rochester	585-325-3050		1187 Culver Road, Rochester, NY	Attorney offices
North Carolina Eastern	30 th Judicial District DV & SA Alliance, Inc.	828-452-2122			Attorney offices
North Carolina Eastern	5 Sparrows, The Fayetteville Dream Center	910-758-2591		336 Ray Ave., Fayetteville, NC	Facebook
North Carolina Eastern	A Safe Place To Go	855-723-7529		Wilmington, NC	Facebook
North Carolina Eastern	Alamance for Freedom	336-684-0179		PO Box 316, Mebane, NC	Facebook
North Carolina Eastern	Asheville Police Department	828-259-5912			Referred to other agencies
North Carolina Eastern	Center for New Beginnings, Inc.	828-989-9306			Facebook

North Carolina Eastern	Cherokee County Sheriff's Office Victim Services	864-489-4722			Facebook
North Carolina Eastern	Eastern North Carolina Stop Human Trafficking Now	252-814-6357		PO Box 959, Farmville, NC	Referred to Polaris Project hotline
North Carolina Eastern	Fields of Hope	877-284-2877		Charlotte, NC	Facebook
North Carolina Eastern	Legal Aid of North Carolina's Battered Immigrant Project	704-971-2601		1431 Elizabeth Avenue, Charlotte, NC	Attorney offices
North Carolina Eastern	Legal Services of Southern Piedmont	800-438-1254			Attorney offices
North Carolina Eastern	Lily Pad Haven, Inc.	704-312-2011		Charlotte, NC	Facebook
North Carolina Eastern	NCCASA	919-871-1015			Facebook
North Carolina Eastern	OEW Hope House	877-276-8023		PO Box 38587, Charlotte, NC	Facebook
North Carolina Eastern	Restore One	252-751-0411		P.O. Box 3278, Greenville, NC	Facebook x2
North Carolina Eastern	The Carousel Center, Inc.	910-254-9898			Facebook
North Carolina Eastern	The Salvation Army — Project FIGHT	919 834.6733		Charlotte, NC	Facebook
North Carolina Eastern	Triad Ladder of Hope	336-270-9073		P.O. Box 470, High Point, NC	Facebook
North Carolina Eastern	Unite Family Services	704-332-9034			Facebook

North Carolina Eastern	With Friends, Inc.	704-691-7116		2098 Keith Drive, Gastonia, NC	Facebook
North Carolina Eastern	World Relief NC	336-887-9007	336-887-5245	High Point	both websites/ Facebook other 2
Ohio Eastern	Advocates for Basic Legal Equality, Inc. (ABLE)	419-255-0814		525 Jefferson Ave., Ste. 300, Toledo, OH	Facebook
Ohio Eastern	AO: Advocating Opportunity	419-318-9829		136 N. Huron St., Suite 103, Toledo, OH	Facebook
Ohio Eastern	Asian American Community Services	614-220-4023		Upper Arlington, OH	Facebook
Ohio Eastern	Bellefaire JCB Homeless and Missing Youth Program	216-932-2800		Shaker Heights, OH	Facebook
Ohio Eastern	Catholic Charities Legal Immigration Svs, Diocese of Youngstown	330-297-7250		206 W. Main Street, Ravenna, OH	Facebook
Ohio Eastern	Center for the Treatment and Study of Traumatic Stress	330-379-5094			Medical University
Ohio Eastern	Cincinnati FBI Field Office	513-562-5826			Referred to other agencies
Ohio Eastern	Clark County Child Advocacy Center	937-327-3753		1346 Lagonda Avenue, Springfield, OH	Children only

Ohio Eastern	Cleveland Rape Crisis Center Project STAR	216-619-6194		Cleveland, OH	Facebook
Ohio Eastern	Collaborative to End Human Trafficking	440-356-2254			Left message with staff
Ohio Eastern	Crime Victim Services	419-222-8666		330 N. Elizabeth St., 2 nd Floor, Lima, OH	Facebook
Ohio Eastern	Euclid Police Department	216-289-8232			Referred to Project STAR
Ohio Eastern	Geauga County Sheriff's Office	440-279-2062			Facebook
Ohio Eastern	GraceHaven, Inc.	614-886-7011		P.O. Box 82102, Columbus, OH	Facebook
Ohio Eastern	Greif Fellowship in Juvenile Human Trafficking	614-292-3326		55 W. 12 th Ave., Columbus, OH	Children
Ohio Eastern	Human Trafficking Collaborative of Lorain County	440-714-1380		North Ridgeville, OH	Facebook
Ohio Eastern	Lighthouse Youth Services	513-569-9500		2522 Highland Ave, Cincinnati, OH	Facebook
Ohio Eastern	Mount Carmel Crime & Trauma Assistance Program CTAP	614-234-5900	614-234-2935	777 W State St Suite 506 Columbus	Referred to other agencies

Ohio Eastern	Nrn Tier Anti-H T Consortium (NTAC) International Srvs Ctr, Ohio	216-781-4560 x1009			Facebook
Ohio Eastern	Partnership Against the Trafficking of Humans, PATH	859-428-7867		PO Box 17076, Fort Mitchell, KY	Facebook
Ohio Eastern	Rahab's Heart	419-720-1146		Toledo, OH	Facebook
Ohio Eastern	Salvation Army of Southwest Ohio & Northeast Kentucky	513-762-5658			Facebook
Ohio Eastern	Sisters in Shelter	419-350-6786		P.O. Box 384, Tiffin, OH	Facebook
Ohio Eastern	Summit County Collaborative Against Human Trafficking	330-376-0040		150 Furnace Street, Akron, OH	Facebook
Ohio Eastern	The Salvation Army Anti-H T Program — Cincinnati	513-762-5690		Cincinnati, OH	same
Ohio Eastern	The Salvation Army- Columbus/Central Ohio Rescue and Restore	614-358-2614		966 E Main St, Columbus, OH	Facebook
Ohio Eastern	TraffickFree	740-405-1308			Facebook
Ohio Eastern	Trafficking Education Network	202-417-7193		723 Phillips Ave Bldg. A Ste D, Toledo, OH	Facebook

Ohio Eastern	Williams County Victim Assistance	419-636-6195			Facebook
Ohio Eastern	Window of Hope	440-337-1459			Facebook
Pennsylvania Eastern	Allegheny County Center for Victims of Violent Crime	412-392-8582	412-482-3240	Pittsburgh	left voice message with Tracy/Facebook
Pennsylvania Eastern	American Red Cross Homeless Shelter	215-949-1727		Levittown	left voice message
Pennsylvania Eastern	Blackburn Center	724-837-9540		PO Box 398, Greensburg, PA	left voice message/Facebook
Pennsylvania Eastern	Bucks Coalition Against Trafficking	215-343-6543		Jamison, PA	left voice message/Facebook
Pennsylvania Eastern	Centre County Youth Service Bureau	814-237-5731		325 W. Aaron Drive, State College, PA	Facebook
Pennsylvania Eastern	Covenant House Pennsylvania	215-951-5411			left voice message/Facebook
Pennsylvania Eastern	Crime Victim Center of Erie County Inc	814-455-9414			Facebook
Pennsylvania Eastern	Crime Victims Council of the Lehigh Valley	610-437-6610		Allentown, PA	Facebook
Pennsylvania Eastern	Dauphin County Victim/Witness Assistance Program	717-780-7075	717-780-7079	Harrisburg	Facebook

Pennsylvania Eastern	Dawn's Place	215-849-2396		ATTN: Sister Eileen White P.O. Box 48253, Philadelphia, PA 91944	will take 1 poster ATTN: Sister Eileen White mention talking on the phone left voice message
Pennsylvania Eastern	Freedom and Restoration for Everyone Enslaved (FREE)	610-451-0491		Wyomissing, PA	left voice message/ Facebook
Pennsylvania Eastern	Mid-Atlantic Dream Center, Inc.	484-424-9496		208 Chain Street Norris Town, PA 91401	will take 1 poster left voice message
Pennsylvania Eastern	Nationalities Service Center	215-893-8400		1216 Arch Street, 4 th Floor, Philadelphia, PA	sent email to: ahua@nsc phila.org/ Facebook
Pennsylvania Eastern	Oasis of Hope	570-673-4544		PO Box 406, Troy, PA	left voice message/ Facebook
Pennsylvania Eastern	PathWays PA Basic Center Program	215-397-4287	610-543-5022	5013 Hazel Avenue, Philadelphia, PA	left voice message/ Facebook
Pennsylvania Eastern	PathWays PA Transitional Living Prog- Chester, Delaware County	484-480-6981		Chester, PA	left voice message

Pennsylvania Eastern	Pittsburgh Action Against Rape (PAAR)	412-431-5665		81 South 19 th Street, Pittsburgh, PA	crazy long phone tree/ forwarded past three people/ broken message/ Facebook
Pennsylvania Eastern	Police Liaison Program	610-970-6590			Domestic violence
Pennsylvania Eastern	Security On Campus, Inc.	888-251-7959			Campus security Co.
Pennsylvania Eastern	Survivors, Inc.	717-334-0589		ATTN: Terri Hamrick P.O. Box 3572 Gettysburg, PA 17325	Terri will take 1 poster /Janet said email Terri at: Terri@enddvsa.org
Pennsylvania Eastern	Susquehanna County Victim Services	570-278-4600			Facebook
Pennsylvania Eastern	The Crime Victims' Center of Chester County, Inc.	610-692-1926		135-137 West Market Street, West Chester, PA	Facebook
Pennsylvania Eastern	Transitions of PA	570-523-1134	570-238-5265	ATTN: Missy 120 S. 3 rd St., Lewisburg, PA 17837	Missy will take 3 posters left voice message with Susan
Pennsylvania Eastern	Truth for Women, Inc.	610-866-5755		3400 Bath Pike, Suite 110, Bethlehem, PA	left message with staff/Face book

Pennsylvania Eastern	Valley Against Sex Trafficking (VAST) Coalition	484-560-6836		3400 Bath Pike, Suite 110, Bethlehem, PA	Facebook x2
Pennsylvania Eastern	Victims Resource Center	570-325-9641	1of2		Facebook
Pennsylvania Eastern	Victims Resource Center	570-836-5544	866-206-9050	Tunkhannock 2of2	Attorney offices
Pennsylvania Eastern	Victims Resource Center, Wilkes-Barre	570-823-9115	570-823-0765	Wilkes-Barre	sent email to: jmackay@vrcnepa.org Janet said she would share info at regional meeting
Pennsylvania Eastern	Villanova Law Sch Inst to Address Commercial Sex Exploitation	610-519-7183		Villanova, PA	left voice message/ Facebook
Pennsylvania Eastern	Worthwhile Wear	215-997-2587		P.O. Box 660, Silverdale, PA	left voice message / sent email to : kkutzner@worthwhilewear.org/Facebook
Pennsylvania Eastern	Youth Emergency Service	215-787-0633		1526 Fairmount Ave, Philadelphia, PA	no one over 18

Pennsylvania Eastern	YWCA of Greater Harrisburg	717-238-7273		Harrisburg, PA	left message with staff/Facebook
Pennsylvania Eastern	YWCA York/ACCESS/Victim Assistance Center	717-845-2631		York, PA	Facebook
Rhode Island Eastern	Day One	401-421-4100		100 Medway Street, Providence, RI 02906	Will take 1 poster
Rhode Island Eastern	Sojourner House	401-861-6191 x101		ATTN: Adelaide 386 Smith Street, Providence, RI 02908	Adelaide will take 1 poster
South Carolina Eastern	Lowcountry Coalition Against Human Trafficking (LCAHT)	843-689-6918		P.O. Box 22853, Hilton Head Island, SC	left voice message/Facebook
South Carolina Eastern	City of Forest Acres	803-782-9444			left voice message with Lorrie "she's fingerprinting" sm county no potential participants/Facebook
South Carolina Eastern	Conway Police Department	843-248-1790			Facebook

South Carolina Eastern	Fannie's House	803-748-2767	803-828-4995	1728 Main St Columbia, South Carolina 29201.	Temporarily unavailable the new number is unknown/ Facebook
South Carolina Eastern	Greenville City Police Department	864-467-5373			Referred to agencies in larger cities
South Carolina Eastern	Hope Center for Children	864-583-7688		202 Hudson L Barksdale Blvd, Spartanburg, SC	your call cannot be completed at this time
South Carolina Eastern	Laurens County Victim Assistance	864-984-0706			left a voice message with Joel asking where in SC to find population/Facebook
South Carolina Eastern	Pee Dee Coalition Against Domestic and Sexual Assault	843-774-0898		PO Box 1351, Florence, SC	called Ellen Hamilton voice message/ Facebook
South Carolina Eastern	Sea Haven, Inc.	843-399-4045		280 Hwy 57 S., Little River, SC	directed me to call Melinda at 843-626-1446 left voice message/ Facebook

South Carolina Eastern	Sexual Trauma Services of the Midlands	803-790-8208		Columbia, SC	don't have the population/Facebook
South Carolina Eastern	South Carolina Legal Services	843-720-7044		2803 Carner Avenue, North Charleston, SC	Facebook
South Carolina Eastern	SWITCH	864-350-0281		PO Box 5394, Greenville, SC	left a voice message/ Facebook
South Carolina Eastern	Tenth Circuit Solicitor's Office	864-638-4294			Law offices
South Carolina Eastern	WEST COLUMBIA POLICE DEPARTMENT	803-794-0721			Facebook
South Carolina Eastern	Williamston Police Department	864-847-7425			Facebook
Tennessee Eastern	Community Coalition Against Human Trafficking	865-236-1046			left a voice message/ Facebook
Tennessee Eastern	Partnership for Families, Children and Adults	423-755-2822		1800 McCallie Ave, Chattanooga, TN	Regina /left a voice message/ Facebook
Tennessee Eastern	SafeSpace	865-453-9254		636 Middle Creek Road, Suite 3, Sevierville, TN 37826	will take 1 poster
Tennessee Eastern	Second Life of Chattanooga	423-994-4857			left a voice message/ Facebook

Vermont Eastern	Give Way to Freedom	802-316-1003		PO Box 8408, Essex Junction, VT	left a voice message/Facebook
Vermont Eastern	The Vermont Victim Advocacy Project, Inc.	802-225-8357			number not in service
Vermont Eastern	Vermont Coalition of Runaway and Homeless Youth	802-229-9151		ATTN: Ari P.O. Box 627 Montpelier, VT 05602	Ari will take 14 posters/sent email to Akisler@vcrhyp.org
Virgin Islands Eastern	Women's Coalition of St. Croix	340-773-9272	340-773-9062	Christiansted	Facebook
Virginia Eastern	ACTS SAVAS Sexual Assault Victims Advocacy Service	703-497-1192x249		P.O. Box 74, Dumfries, VA	left voice message with Lydia
Virginia Eastern	Courtney's House	888-261-3665			number not in service/Facebook
Virginia Eastern	Fairfax County Police Department: Victim Services Section	703-246-2141			Facebook
Virginia Eastern	Freedom 4/24	434-582-4517		104B Tradewynd Drive, Lynchburg, VA	directed me to the Gray Haven and suggested sending an email/Facebook

Virginia Eastern	George Mason University University Police Department	703-993-2810			Facebook
Virginia Eastern	Latisha's House Foundation	757-741-2798		Virginia	left voice message/ Facebook
Virginia Eastern	Northern Virginia Family Service, Multicultural Center	571-748-2800		6400 Arlington Blvd, #110, Falls Church, VA	left voice message/ Facebook
Virginia Eastern	Northern Virginia Human Trafficking Initiative	703-634-6061		44050 Ashburn Shopping Plaza Ste 195 #614, Ashburn, VA	left voice message/ Facebook
Virginia Eastern	Office of the Attorney General	800-370-0459			Attorney
Virginia Eastern	Orange County Victim Witness Assistance Program	540-672-6380		11350 Porter Road. P.O. Box 445 Orange	left voice message
Virginia Eastern	Richmond Justice Initiative	804-291-7326		Midlothian, VA	busy/Facebook
Virginia Eastern	Samaritan House	757-631-0710	757-478-9796	2620 Southern Blvd, Virginia Beach, VA	prefers to use as a flyer/sent email to: sentoriah@samaritanhouseva.org/ we don't feel that this will be something

					we can assist you with/Facebook
Virginia Eastern	Seton Youth Shelters	757-498-4673		3333 Suite 28 Virginia Beach Blvd, Virginia Beach, VA	left voice message/Facebook
Virginia Eastern	Sun Gate Foundation	571-403-1495		Alexandria, VA	left voice message/Facebook
Virginia Eastern	Tahirih Justice Center — Greater DC	571-282-6161		6402 Arlington Blvd., Suite 300, Falls Church, VA	left voice message
Virginia Eastern	The Arbor Charlottesville	434-922-0131		Charlottesville, VA	Non-working number
Virginia Eastern	The Gray Haven Project	804-365-2529		P.O. Box 172, Richmond, VA	weird humming vibration sound/sent email to: INFO@THEGRAYHAVEN.ORG
Virginia Eastern	Virginia Beach Justice Initiative	877-227-2321		Chesapeake, VA	left voice message/Facebook

Virginia Eastern	Youth For Tomorrow	703-368-7995		11835 Hazel Circle Drive, Bristow, VA	Courtney Gastins left voice message/ Facebook
West Virginia Eastern	Human Trafficking Taskforce GROUP	304-280-7126		Willica Heckta	left voice message
West Virginia Eastern	Catholic Charities WV: Migration and Refugee Services	304-343-1036		1116 Kanawha Blvd East, Charleston, WV	do not see survivors
West Virginia Eastern	Domestic Violence Counseling Ctr & Crime Victims Resource Ctr	304-342-7752		PO Box 8701 S Charleston 25303	Attorney offices
West Virginia Eastern	Jefferson County Victim Assistance Program	304-725-6550			does not see enough of this population
West Virginia Eastern	Monongalia County Victim Assistance Program	304-291-7286			left voice message/ Facebook
West Virginia Eastern	Shenandoah Women's Center	304-263-8292		ATTN: Halley 236 W Martin St. Martinsburg, WV 25401	Halley wants 4 posters
West Virginia Eastern	Young Women's Christian Association	304-232-2748		1100 Chapline St., Wheeling, WV	directed me to Shannond oah Womens center

					and Life Boat in FL
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Appendix E: SurveyMonkey: Interactive Survey Introduction

Thank you

Your thoughts are very important

The first part of the survey has 20 questions about you such as how old are you and where did you grow up and may take about 10 minutes to answer.

The second part of the survey has 48 statements about your feelings and behaviors that are very personal about your experiences and may take about an hour to answer. An example of a statement is I feel angry most of the time.

Then there are three questions for each statement.

The first question for the statement asks no or yes if this was true for you after your experience. The second question for the statement asks no or yes if this was true for you for as long as you can remember. The third question for the statement asks how true has this been for you in the last month.

You can also choose that the statement doesn't describe your behavior. For example, here are the choices for the statement I feel angry most of the time.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month.		0
I feel quite angry but I am able to shift to other matters.		1
My anger gets in the way of doing things.		2
My anger dominates my daily life.		3
This statement doesn't describe my behavior.		4

The third part of the survey has 20 statements about having purpose in life and may take about 10 minutes to answer. You will be asked to choose on a sliding scale a number between 1 and 7 for how true the statement is for you right now. For example, a statement in this part of the survey reads My life is...

1 out of my hands and controlled by external factors, 2, 3, 4, 5, 6, 7 in my hands and I am in control of it.

The next page contains true or false questions designed to help you understand this research study by guessing the correct answer.

This research will not record any identifying information. T or F

The researcher does not know who you are. T or F

Your privacy is totally protected. T or F

The researcher will not ask about immigration. T or F

The questions in this survey are personal. T or F

The questions are about your experiences. T or F

It may take more than an hour to complete the questions. T or F

A student working on a doctoral degree is conducting this study. T or F

The researcher does not work for this agency. T or F

Your participation is voluntary. T or F

You can quit answering the questions at any time. T or F

You can answer all the questions then decide not to submit them. T or F

You need to be 18 years or older to answer the questions. T or F

You don't have to answer a question if you feel uncomfortable. T or F

You will not be paid to answer the questions. T or F

These questions can make you feel upset, angry, or sad. T or F

If these questions make you feel upset, angry, or sad you can talk to the director of the agency where you are answering these questions and the director will help you find a professional counselor to help you with your feelings. T or F

By building knowledge from your experiences, this study will help researchers better understand the life experiences of women who have been trafficked and provide information to counselors who work directly with woman who have had the same or similar experiences as you and may have the same or similar needs as you.

The next page is the letterform of the informed consent process.

Appendix F: SurveyMonkey: Three-Part Questionnaire

QUESTIONNAIRE

Part 1

What is today's date? Month Day Year

What is your birth date? Month Day Year

In what country were you born?

In what country were you living when you were recruited?

When did your captivity begin? Month Day Year

When did your captivity end? Month Day Year

How long have you been receiving psychological help?

Where are you living now?

Do you have siblings? No Yes

What order of birth are you?

Have you ever been married? No Yes

Are you married now? No Yes

Do you have children? No Yes

If yes, how old are they?

Are you currently pregnant? No Yes

Which of the following choices best represents your ethnic heritage? Choose all that apply.

African

Afro-Caribbean

Alaskan Native

Arabian

Asian

Black American

Brazilian

Caribbean

Chinese

East Asian

Euro-Caucasian Non-American

Hawaiian/Pacific Islander

Hispanic

Indian

Indigenous Native American

Japanese

Latino

Middle Eastern

South American

South Asian

Spaniard

White American Non-Hispanic

Which of the following choices best describes your education?

Never been to school

Less than 5 years

Less than 10 years

Did not graduate high school

Graduated high school with diploma or the equivalent (for example GED)

Some college credit, no degree

Trade/technical/vocational training certificate

Associate's degree

Bachelor's degree

Master's degree

Professional degree

Doctoral degree

Choose one of the following that best describes your religious/faith/spiritual beliefs.

Agnostic

Atheist

Baha'i Faith

Buddhist/Hindu/Jaina/Sikhi

Catholic/Roman Catholic

Gnostic

Greek/Russian Orthodox

Islam/Muslim

Judaism/Jewish/Hebrew

Mormon/Jehovah's Witness

Protestant/Other Christian

How old were you when someone behaved sexually towards you?

How old were you when someone penetrated you sexually?

Do you use alcohol or drugs to self-medicate?

No Yes

If yes, how often?

Three-Part Questionnaire Part 2

What follows are descriptions of typical reactions someone could have after an experience such as you have had.

Please indicate if you had similar reactions soon after the experience of being trafficked or for as long as you can remember.

After each reaction that you think describes your behavior, select how severely you had that reaction in the past month.

If the reaction is not one you think describes you, select number four that reads, “This statement does not describe me” as the severity rating.

I

Ia.

1. Small problems get me very upset. For example, I get angry at a minor frustration. I cry easily.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

Sometimes I overreact a little 1

Sometimes I get very upset, or everything upsets me more than it used to 2

Often, I get extremely upset and have tantrums 3

This statement does not describe my behavior 4

2. I find it hard to calm myself down after I become upset and have trouble getting back on track.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I get momentarily upset 1

It keeps coming back to me hour after hour 2

I get completely consumed by it 3

This statement does not describe my behavior 4

3. When I feel upset, I have trouble finding ways to calm myself down.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I need to make special efforts to calm myself (talking, sports, listening to music)		1
I need to stop everything and focus all my energy on calming down		2
I need to resort to extreme measures, like getting drunk, taking drugs, or doing other harmful things to my body		3
This statement does not describe my behavior		4

Ib.

4. I feel angry most of the time.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I feel quite angry but I am able to shift to other matters		1
My anger gets in the way of doing things		2
My anger dominates my daily life		3
This statement does not describe my behavior		4

5. I have thoughts or images of hurting somebody else.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		

None; not at all in the last month	0
Yes, fleeting thoughts	1
I think about hurting people every day	2
I can't stop thinking about hurting people	3
This statement does not describe my behavior	4
6. I have trouble controlling my anger.	
Was this true for you after the experience?	No Yes
Has this been true for you for as long as you can remember?	No Yes
How true has this been for you in the last month?	
None; not at all in the last month	0
I snap at people	1
I yell or throw things	2
I actually attack people physically	3
This statement does not describe my behavior	4
7. I worry about people finding out how angry I am.	
Was this true for you after the experience?	No Yes
Has this been true for you for as long as you can remember?	No Yes
How true has this been for you in the last month?	
None; not at all in the last month	0
I have trouble confronting someone when they hurt me	1
I do not confront the person I'm angry at, but I show my anger in other ways	2
I do not let anyone know in words or actions that I am angry	3
This statement does not describe my behavior	4

Ic.

8. I have been in accidents or near accidents.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

Occasional accidents causing harm or pain but not requiring medical attention 1

One accident or episode requiring medical attention 2

More than one serious accident or episode requiring medical attention 3

This statement does not describe my behavior 4

9. I find myself careless about making sure that I am safe.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I think about the risks involved in relationships or situations, but do it anyway 1

I take undue risks regarding the people I am with or places I visited 2

I keep company with people who I know could be dangerous; not taking measures to protect myself in dangerous situations 3

This statement does not describe my behavior 4

10. I have deliberately tried to hurt myself (like burning or cutting myself).

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month	0
I hit or kick objects	1
I hurt myself deliberately (pinching, scratching, hitting, banging) without serious damage	2
I hurt myself deliberately in ways that cause serious physical damage	3
This statement does not describe my behavior	4

Id.

11. I have thought about killing myself.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I was preoccupied, but had no plan		1
I made gestures or was chronically preoccupied with plans		2
I made one or more serious suicide attempts		3
This statement does not describe my behavior		4

Ie.

12. I make active efforts to keep myself from thinking about sex.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		

None; not at all in the last month	0
I try not to think about sex	1
I work very hard not to think about sex	2
I will not tolerate any thoughts about sex	3
This statement does not describe my behavior	4

13. It bothers me to be touched in general.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month	0
It sometimes bothers me	1
It often or regularly bothers me	2
I simply could not stand it	3
This statement does not describe my behavior	4

14. It bothers me to be touched in a sexual way.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month	0
Sometimes it bothers me	1
It often or regularly bothers me	2
I simply could not stand it	3
This statement does not describe my behavior	4

15. I actively avoid sex.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I find myself making excuses 1

I try not to have sex 2

I don't have sex 3

This statement does not describe my behavior 4

16. I find myself thinking about sex more than I want to.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I think about it too much 1

It distracts me from what I should be doing 2

I am obsessed with it 3

This statement does not describe my behavior 4

17. I find myself driven to engage in sexual activities without really feeling that I had a choice.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I feel the urge, but I do not act on it	1
I feel compelled to, but I force myself to stop	2
I engage in compulsive sex	3
This statement does not describe my behavior	4
18. I am active sexually in ways that I know put me in danger.	
Was this true for you after the experience?	No Yes
Has this been true for you for as long as you can remember?	No Yes
How true has this been for you in the last month?	
None; not at all in the last month	0
I am a bit careless	1
I talk myself into ignoring the danger or I only see the danger afterwards	2
I knowingly put myself in danger	3
This statement does not describe my behavior	4

If.

19. I expose myself to situations that might be dangerous, e.g. I get involved with people who might hurt me. I go to places that are not safe.

Was this true for you after the experience?	No Yes
Has this been true for you for as long as you can remember?	No Yes
How true has this been for you in the last month?	
None; not at all in the last month	0
I am a bit careless	1
I talk myself into ignoring the danger or I only see the danger afterwards	2
I knowingly put myself in danger	3

This statement does not describe my behavior 4

II

IIa.

20. There are parts of my life that I cannot remember, or I am confused about what happened, or I am unsure whether certain important things did or did not happen to me.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

There are a few memory lapses 1

There are important gaps in my memory; there are missing periods 2

I have no memory for days, months, or years of my life 3

This statement does not describe my behavior 4

IIb.

21. I have difficulty keeping track of time in my daily life.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

At times, I have difficulty making or keeping track of schedules 1

I regularly show up in the wrong place at the wrong time 2

I am unable to keep track of my daily life 3

This statement does not describe my behavior 4

22. My mind goes blank when I feel frightened or under stress.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I am withdrawn at times 1

I go into my own world and do not let other people in 2

I feel like I stop existing 3

This statement does not describe my behavior 4

23. I sometimes feel so unreal that it is as if I am living in a dream, or I am not really here, or behind a glass wall.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

I feel unreal at times but I can easily be brought back 1

I feel unreal a lot and have difficulty getting back 2

I regularly feel totally disconnected from my surroundings 3

This statement does not describe my behavior 4

24. I sometimes feel like there are two people living inside me who control how I behave at different times.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month	0
I am a very different person in different settings	1
It feels like different parts of me are in competition over how I should behave	2
There are separate parts of me that take control at different times	3
This statement does not describe my behavior	4

III

IIIa.

25. I have the feeling that I basically have no influence on what happens to me in my life.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month	0
I do not take initiative in routine activities	1
At times, I do not bother to keep appointments, do not go out, do not return phone calls, do not take care of myself (e.g. my personal hygiene, shopping, eating.)	2
I simply do not bother to take care of myself	3
This statement does not describe my behavior	4

IIIb.

26. I feel that I have something wrong with me after what happened to me that can never be fixed.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I feel wounded, but that I can get better		1
I feel that parts of me are damaged but some parts of me still function		2
I feel like I am a permanently damaged person		3
This statement does not describe my behavior		4

IIIc.

27. I feel constantly guilty about all sorts of things.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I feel more responsible than I need to for things that go wrong		1
I blame myself for things that go wrong even when I had nothing to do with it		2
I blame myself and punish myself for whatever goes wrong, even when I have nothing to do with it		3
This statement does not describe my behavior		4

IIIId.

28. I am too ashamed of myself to let people get to know me. I hide my true feelings from others. I avoid talking with people or I make up a story about me.

Was this true for you after the experience?	No	Yes
---	----	-----

Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I make up stories to hide things I'm ashamed of		1
I avoid letting most people know who I really am for fear that they'll get to know me		2
I let no one get close to me to make sure they won't find out who I really am		3
This statement does not describe my behavior		4

IIIe.

29. I feel set apart and very different from other people.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes
How true has this been for you in the last month?		
None; not at all in the last month		0
I feel quite different from people around me		1
I feel different from others and distant, estranged or alienated from them		2
I feel like I am from another planet and don't belong anywhere		3
This statement does not describe my behavior		4

III f.

30. I feel that other people made too big a deal of having been exposed to potentially dangerous or violent situations.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes

How true has this been for you in the last month?

None; not at all in the last month	0
Minimal	1
Moderate	2
Severe	3
This statement does not describe my behavior	4

IV

IVa.

31. I sometimes think that people had the right to hurt me.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

They could not help it; they were mentally ill or drug addicted 1

I was awful; most people would have done the same thing if they had been in their shoes
2

I deserved everything I got 3

This statement does not describe my behavior 4

IVb.

32. I sometimes think that the people who hurt me are very special.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember No Yes

How true has this been for you in the last month?	
None; not at all in the last month	0
They are better people than I am	1
They are very special people	2
They possess special powers that give them the right to do what they did	3
This statement does not describe my behavior	4

IVc.

33. I am preoccupied with taking revenge on the people who have hurt me.

Was this true for you after the experience?	No	Yes
---	----	-----

Has this been true for you for as long as you can remember?	No	Yes
---	----	-----

How true has this been for you in the last month?

None; not at all in the last month	0
I think about it, but move on to other things	1
I think about it so much that it gets in the way of taking care of daily activities	2
Taking revenge dominates my thoughts	3
This statement does not describe my behavior	4

V

Va.

34. I have trouble trusting people.

Was this true for you after the experience?	No	Yes
---	----	-----

Has this been true for you for as long as you can remember?	No	Yes
---	----	-----

How true has this been for you in the last month?	
None; not at all in the last month	0
I am guarded and am suspicious of people's motives	1
People need to prove themselves again and again before I let my guard down	2
I don't trust anybody	3
This statement does not describe my behavior	4

35. I avoid having relationships with other people.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes

How true has this been for you in the last month?

None; not at all in the past month	0
I arrange to have lots of time by myself	1
I do not initiate contact with others. I do not make phone calls or write letters	2
I do not return phone calls, reply to letters. I stop conversations as soon as I can	3
This statement does not describe my behavior	4

36. I have difficulty working through conflicts in relationships.

Was this true for you after the experience?	No	Yes
Has this been true for you for as long as you can remember?	No	Yes

How true has this been for you in the last month?

None; not at all in the last month	0
I am quiet or avoid situations that might cause conflict, or I am easily hurt and offended	1
I have trouble hearing other viewpoints, or have difficulty standing up for myself	2
I quit jobs and relationships without negotiating, I threaten to sue people if they offend me, I can't stand it if people disagree with me	3

This statement does not describe my behavior	4
--	---

Vb.

37. I find that other traumatic experiences keep happening to me.

Was this true for you after the experience?	No	Yes
---	----	-----

Has this been true for you for as long as you can remember?	No	Yes
---	----	-----

How true has this been for you in the last month?

None; not at all in the last month	0
------------------------------------	---

I find myself occasionally hurt in relationships	1
--	---

I repeatedly find myself hurt in relationships	2
--	---

I am seriously hurt by people I love or thought I could trust	3
---	---

This statement does not describe my behavior	4
--	---

Vc.

38. I have hurt other people in ways similar to how I was hurt.

Was this true for you after the experience?	No	Yes
---	----	-----

Has this been true for you for as long as you can remember?	No	Yes
---	----	-----

How true has this been for you in the last month?

None; not at all in the last month	0
------------------------------------	---

People have told me once or twice that I am hurtful	1
---	---

People have told me several times that I am hurtful, or I deliberately hurt people	2
--	---

I seriously hurt or injure other people in ways that are similar to ways I have been hurt	3
---	---

This statement does not describe my behavior	4
--	---

d) during urination

e) headaches

f) elsewhere

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

Some trouble but did not require medical attention 1

Visited a doctor and was prescribed more than one medicine without relief 2

Several doctor visits, a hospital admission, and/or invasive diagnostic tests 3

This statement does not describe my behavior 4

VIc.

41. I suffer from (choose all that apply), yet doctors have not found a cause for it.

a) shortness of breath

b) palpitations

c) chest pain

d) dizziness

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

Some trouble but did not require medical attention 1

Visited a doctor and was prescribed more than one medicine without relief	2
Several doctor visits, a hospital admission, and/or invasive diagnostic tests	3
This statement does not describe my behavior	4

VIId.

42. I suffer from trouble with any of the following, yet doctors have not found a cause for it.

- a) remembering things
- b) swallowing
- c) losing my voice
- d) blurred vision
- e) actual blindness
- f) fainting and losing consciousness
- g) seizures and convulsions
- h) being able to walk
- i) paralysis or muscle weakness
- j) urination

Was this true for you after the experience?	No	Yes
---	----	-----

Has this been true for you for as long as you can remember?	No	Yes
---	----	-----

How true has this been for you in the last month?

None; not at all in the last month	0
Some trouble but did not require medical attention	1
Visited a doctor and was prescribed more than one medicine without relief	2
Several doctor visits, a hospital admission, and/or invasive diagnostic tests	3

This statement does not describe my behavior 4

VIe.

43. I suffer from (choose all that apply), yet doctors have not found a cause for it.

- a) burning sensations in your sexual organs or rectum (not during intercourse)
- b) irregular menstrual periods
- c) excessive pre-menstrual tension
- d) excessive menstrual bleeding

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

Some trouble but did not require medical attention 1

Visited a doctor and was prescribed more than one medicine without relief 2

Several doctor visits, a hospital admission, and/or invasive diagnostic tests 3

This statement does not describe my behavior 4

VII

VIIa.

44. I feel hopeless and pessimistic about the future.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month			0
I get discouraged and lose interest in planning for myself			1
I don't see a future and go through the motions of living			2
I feel condemned and have no future left			3
This statement does not describe my behavior			4
45. I don't expect I'll be able to find happiness in love relationships.			
Was this true for you after the experience?	No	Yes	
Has this been true for you for as long as you can remember?	No	Yes	
How true has this been for you in the last month?			
None; not at all in the last month			0
I sometimes feel distant and disconnected from my loved ones			1
I go through the motions of relationships, but feel numb			2
I don't feel part of the human race, and cannot imagine ever loving anybody			3
This statement does not describe my behavior			4
46. I don't find satisfaction in work.			
Was this true for you after the experience?	No	Yes	
Has this been true for you for as long as you can remember?	No	Yes	
How true has this been for you in the last month?			
None; not at all in the last month			0
Sometimes it is a routine, but I can forget about my troubles by working			1
Work is a burden, and I have trouble keeping my interest up			2
I could not care less about my work			3
This statement does not describe my behavior			4

VIIIb.

47. I believe that life has lost its meaning.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

Sometimes it seems pointless 1

I cannot think of a good reason, but I keep on living 2

I live in a huge void 3

This statement does not describe my behavior 4

48. There have been changes in my philosophy or religious beliefs—or in, the religious beliefs or philosophical beliefs I grew up with.

Was this true for you after the experience? No Yes

Has this been true for you for as long as you can remember? No Yes

How true has this been for you in the last month?

None; not at all in the last month 0

My beliefs have changed, but it was a normal progression of life 1

I am disillusioned with the religious beliefs I grew up with 2

I hate the religious beliefs I grew up with 3

This statement does not describe my behavior 4

Three-Part Questionnaire Part 3

Complete each of the following statements by choosing a number from 1 thru 7 that is most true for you right now.

The numbers represent one extreme reaction to the opposite extreme reaction.

1. I am usually...

board.				enthusiastic.		
1	2	3	4	5	6	7

2. Life to me seems...

completely routine.				always exciting.		
1	2	3	4	5	6	7

3. In life I have...

no goals at all.				very clear goals.		
1	2	3	4	5	6	7

4. My personal existence is...

utterly meaningless, without purpose.				very purposeful and meaningful.		
1	2	3	4	5	6	7

5. Every day is...

exactly the same.				constantly new and different.		
1	2	3	4	5	6	7

6. If I could choose, I would...

prefer to have never been born.				want 9 more lives just like this one.		
1	2	3	4	5	6	7

7. After retiring, I would...

loaf completely the rest of my life.				do some of the exciting things I have always wanted to do.		
1	2	3	4	5	6	7

8. In achieving life goals, I have...

made no progress what so ever.				progressed to complete fulfillment.		
1	2	3	4	5	6	7

9. My life is...

empty, filled only with despair.				running over with exciting good things.		
1	2	3	4	5	6	7

10. If I should die today, I feel that my life has been...

completely worthless.				very worthwhile.		
1	2	3	4	5	6	7

11. In thinking of my life, I...

often wonder why I exist.				always see a reason for my being here.		
1	2	3	4	5	6	7

12. As I view the world in relation to my life, the world...

completely confuses me.				fits meaningfully with my life.		
1	2	3	4	5	6	7

13. I am a...

very irresponsible person.				very responsible person.		
1	2	3	4	5	6	7

14. Concerning the freedom to choose, I believe humans are...

completely bound by limitations of heredity and environment.				absolutely free to make all life choices.		
1	2	3	4	5	6	7

15. With regard to death, I am...

unprepared and frightened.				prepared and unafraid.		
1	2	3	4	5	6	7

16. Regarding suicide, I have...

thought of it seriously as a way out.				never given it a second thought.		
1	2	3	4	5	6	7

17. I regard my ability to find a purpose or mission in life as...

practically none.				very great.		
1	2	3	4	5	6	7

18. My life is...

out of my hands and controlled by external factors.				in my hands and I am in control of it.		
1	2	3	4	5	6	7


19. Facing my daily tasks is...

a painful and boring experience.				a source of pleasure and satisfaction.		
1	2	3	4	5	6	7

20. I have discovered...

no mission or purpose in life.				a satisfying life purpose.		
1	2	3	4	5	6	7

Appendix G: Recruitment Poster



**PLEASE
VOLUNTEER TO
ANSWER
QUESTIONS ON
A SURVEY**

**ABOUT SEX
TRAFFICKING**

Sharing experiences can help others.


**COMPLETELY
ANONYMOUS SURVEY
STUDY**

IF YOU ARE 18 YEARS OR
OLDER

IF YOU WERE TRAFFICKED
FOR SEX

VOLUNTEER TO SHARE
YOUR EXPERIENCES

**GO TO
THE INTERNET SURVEY AT**



SurveyMonkey

https://www.surveymonkey.com/r/ABOUT_SEX_TRAFFICKING

A Walden University
doctoral student is conducting a
Correlational Study between
"Meaning Making" and Complex
Trauma in Females Trafficked for
Sexual Exploitation.

FOR QUESTIONS CONTACT
the Research Participant Advocate at
612-312-1210.

https://www.surveymonkey.com/r/ABOUT_SEX_TRAFFICKING

Appendix H: Phone Transcript

Hi, my name is Brenda Tracey and I am a doctoral student at Walden University. I am working on my dissertation research concerning women that have survived the sex trafficking experience.

Are you the director or is the director available?

I am looking for agencies that would be willing to display a small recruitment poster asking women over the age of 18 who have been trafficked into the sex industry to anonymously take an online survey.

I found your agency on one of two internet databases that specifically list you as working directly with women who have survived sex trafficking. I want to reach these women and ask them to participate in a research study by answering questions on a survey that is available on the SurveyMonkey website. In order to reach them, I would like to ask for your assistance. I am looking for agencies to display my 8 1/2 by 11-inch recruitment poster, who also have an available computer in a private or semiprivate workspace with internet access. Most importantly, agencies would be willing to direct any participant to a professional counselor should the survey questions become upsetting for her. Would your agency be an appropriate place to display my recruitment poster?

I am looking to discover if there is a relationship between complex posttraumatic stress and having purpose in life so we can deliver more effective evidence-based treatment plans for this population.

I have been studying issues related to human trafficking for more than eight years. While working on my Master's degree in psychology from Walden, I found similar

concepts in the issues of captivity while enduring sexual slavery to that of surviving trauma while being imprisoned in the Nazi concentration camps. The phrase that struck me was the words above gateways that read “Work brings freedom” when it never did. When captors have ulterior motives, freedom is never granted. This led me to study Viktor Frankl and his search for meaning and to apply his theories to the study of human trafficking particularly in the area of sexual exploitation.

(If yes) Thank you so much for your willingness to assist in this research study. I will send you a package through the US postal service. May I confirm your mailing address?

(If no) I welcome any resources you may have in this area.

Thank you so much.

Appendix I: Cover Letter



[Date]

[Agency Name]

[Address]

[Director]

Thank you so much for offering to assist in this important research study exploring trafficked survivors experience of having purpose in life as compared to their experience of having symptoms of complex posttraumatic stress.

The outcomes of this study may have significant implications for survivor's ability to reintegrate into society and for practitioners in their approach to facilitating this reintegration.

Enclosed, please find the recruitment poster directing participants to the SurveyMonkey website:

https://www.surveymonkey.com/r/ABOUT_SEX_TRAFFICKING

I am looking forward to sending you the results of the study.

Also, If you wish to make additional copies, that is perfectly okay and please feel free to email or call me any time with any additional questions that may arise.

Brenda L. Tracey Ph.D. student

brenda.tracey@waldenu.edu

[telephone number redacted]

Appendix J: Permission to Use the SIDES Assessment and PIL Test

The PsycTESTS database authorizes reproduction and use of both the SIDES Assessment and the PIL Test.

Permission for the use of SIDES assessment

Permissions: Test content may be reproduced and used for noncommercial research and educational purposes without seeking written permission.

Distribution must be controlled, meaning only to the participants engaged in the research or enrolled in the educational activity. Any other type of reproduction or distribution of test content is not authorized without written permission from the author and publisher (Pelcovitz et al., 1997b).

Permission for the use of the PIL Test

Permissions: Test content may be reproduced and used for noncommercial research and educational purposes without seeking written permission.

Distribution must be controlled, meaning only to the participants engaged in the research or enrolled in the educational activity. Any other type of reproduction or distribution of test content is not authorized without written permission from the author and publisher (Crumbaugh & Maholick, 1969).

Appendix K: Certificate of Completion of National Institutes of Health Human Subjects

Training



Appendix L: Walk and Talk Agencies

HRC Ministries	office@hrcministries.com	509-922-0939	4204 E Sprague Ave, Spokane, WA 99202		returned call sent me an email with: Hi Brenda, the following are organizations that I would suggest reaching out to: Real Escape from the Sex Trade, Seattle Against Slavery, Engedi Refuge, The Rebecca Bender Project, Shared Hope International, Rescue Freedom, and Door to Grace. Thanks, Sarah
Lutheran Community Services		509-747-8224	210 W Sprague Ave, Spokane, WA 99201	Mabel Elsom	Left message with Mable. Went to visit and she suggested to contact women who self-identify.
Partners with Families and Children	partners@partnerswithfamilies.org	509-473-4810	1321 W Broadway Ave, Spokane, WA 99201		Left message with Carol Plischke (509) 473-4832
The Jonah Project	diana.jonahproject@outlook.com bindi.jonahproject@gmail.com	509-270-0405 Bindi Tilbury (509) 655-2408	1106 W Garland Spokane, WA 99205	From Angel/ Cheryl Smith welcome to the Neighborhood/Diana McMillian /Bindy	sent email to: diana.jonahproject@outlook.com
World Relief Spokane		509-484-9829	1522 N Washington St. Ste. 200, Spokane, WA 99201	ATTN: Mark sent poster	at 1:00 April 16 th

Real Escape from the Sex Trade		206-451-7378	4215 Rainier Ave S B, Seattle, WA 98118	left voice message	
Seattle Against Slavery		206-486-5589	P.O. Box 95662 Seattle, WA 98145	Robert Beiser	not a good fit/suggested Rebecca
Engedi Refuge Ministries		360-922-7600	P.O. Box 950 Lynden, WA 98264	no participants at this time	
The Rebecca Bender Project	on 1 st list				left voice message/Hope returned call/ sent email: hburn@rebeccabender.org / would display a poster ONLINE in exchange for me sharing one of their marketing pieces and offering participants compensation.
Shared Hope International		866-437-5433	P.O. Box 65337 Vancouver, WA 98665	Left message with staff	
Rescue Freedom		888-388-1811	105 Central Way #201, Kirkland, WA 98033	left voice message	
Door to Grace		503-747-5474	1638 NE Davis St, Portland, OR 97232	in Portland OR	

Appendix M: Self-Identify on Social Media

https://www.facebook.com/rebeccabenderSL?ref=ufi&rc=p
https://www.facebook.com/jessica.joy.3956
https://www.facebook.com/bekah.rebekah
https://www.facebook.com/spinkermeester
https://www.facebook.com/WowMinistrySummer
kpadvocacy@gmail.com
https://www.facebook.com/Human-Trafficking-survivor-1962280687392023/
https://www.facebook.com/SistersAgainstTrafficking/
https://www.facebook.com/VOICESoftherescued/
https://www.facebook.com/withoutpermission/
https://www.facebook.com/SPACEsurvivors/
https://www.facebook.com/Survivors4Solutions/
https://www.facebook.com/pg/MentariUSA/about/?ref=page_internal
https://www.facebook.com/OkKidsCorral/
https://www.facebook.com/magdaleneserenityhouse/
https://www.facebook.com/PioneerWA/
https://www.facebook.com/HopeAgainstTrafficking/
https://www.facebook.com/SexTraffickingSurvivorsUnited.USA/
https://www.facebook.com/profile.php?id=100016331346898
https://www.facebook.com/LegalAidSSA/
https://www.facebook.com/unitedagainsthumantrafficking/
https://www.facebook.com/usiaht/
https://www.facebook.com/Florida-Coalition-Against-Human-Trafficking-177746596520/
https://www.facebook.com/HumanTraffickingCoalition/
https://www.facebook.com/bikersagainstrafficking/
Bikers Against Trafficking – Wisconsin
https://www.facebook.com/Youth-and-Family-Services-of-Washington-Co-Inc-296327132175/
https://www.facebook.com/VictimWitnessAssistanceProgram/
https://www.facebook.com/LincolnCountyVictimAdvocate/
https://www.facebook.com/WACVSHotline/
https://www.facebook.com/Solid-Ground-Womens-Crisis-Center-401301183399938/
https://www.facebook.com/pg/crisisctr/about/?ref=page_internal
https://www.facebook.com/FaithAllianceTEST/
https://www.facebook.com/CALCASA/
https://www.facebook.com/Queen-Annes-County-Office-of-the-Sheriff-272285886206/
https://www.facebook.com/NewHopeSafeHouses/

https://www.facebook.com/A-Safe-Place-130163017111563/
https://www.facebook.com/nsvrc/
https://www.facebook.com/responsenh/
https://www.facebook.com/ywcacc/
https://www.facebook.com/ywcamisoula/
https://www.facebook.com/VolunteerLawyers/
https://www.facebook.com/restorehopeincNYC/
https://www.facebook.com/sarcbv/
https://www.facebook.com/RuralVictimHelp/
https://www.facebook.com/House-Of-Magdeline-1606763942903450/
https://www.facebook.com/asafeplacetogorachelbisbeeowner/
https://www.facebook.com/restorationone98204/
https://www.facebook.com/SalvationArmyUSA/
https://www.facebook.com/WorldReliefTriad/?ref=br_rs
https://www.facebook.com/WorldReliefSacramento/?ref=br_rs
https://www.facebook.com/RYHTC/
https://www.facebook.com/ProjectUnbound/
https://www.facebook.com/HydeCountyHotline/
https://www.facebook.com/clevelandhomeless/
https://www.facebook.com/suzanneruttilisws/
https://www.facebook.com/IllinoisTaskForceonHT/?hc_ref=ARRMlyDAclgPHtYkoyjTUXkUAQs xexCwZE1oTNHzcByIEbuiTdk0jFARQO1V8nh8sDg&fref=nf
https://www.facebook.com/HumanTraffickingEvents/
https://www.facebook.com/pg/victims.support/about/?ref=page_internal
https://www.facebook.com/STLCATE/
https://www.facebook.com/pg/PathWaysPA/about/?ref=page_internal
https://www.facebook.com/VictimsofCrimeResourceCenter/
https://www.facebook.com/pg/secondlifetennessee/about/?ref=page_internal
https://www.facebook.com/Southampton-County-Victim-Witness-Assistance-Program-1665235180251428/
https://www.facebook.com/profile.php?id=100006965029444
https://www.facebook.com/nola.brantley?sk=wall&fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/Aesdhriel?fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/ronni.smith.5?sk=wall&fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/profile.php?id=100016855090064&sk=wall&fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/ericka.m.west

https://www.facebook.com/aceiteasehli?sk=wall&fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/Sueby01
info@freetheslaves.net
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https://www.facebook.com/yesHEisAfrica/videos/620419611394291/
https://www.facebook.com/humantraffickingbeaware/
https://www.facebook.com/Vickyhumantraffickingstory/
info@sfjny.org
Afroz Hirani@afidafi
Margareta@AmeliaL18434591
just Jenni @JenniPlumley
Let my people go @LMPGnetwork
https://www.facebook.com/laurie.clarcq?fref=gm&dti=83863467849&hc_location=group
https://twitter.com/AnjaliMHR
https://twitter.com/AstrologerTisch
https://twitter.com/EcolInternet3
https://www.facebook.com/profile.php?id=100008393567872&tn-str=*F
https://www.facebook.com/humantraffickingisnotamyth/
https://www.facebook.com/Kellyszoo
https://www.facebook.com/fiona.barnett.940?tn-str=*F
https://www.safeharborhouse.org/contact-us
https://www.facebook.com/groups/83863467849/members/
https://www.facebook.com/coolbean1788?fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/melisa.martin.01
https://www.facebook.com/jackie.ballard.9
https://www.facebook.com/Mary.Barnes.St.Clair
https://www.facebook.com/eva.greenstein?fref=gm&dti=83863467849&hc_location=group
https://www.facebook.com/dianna.carter.7?fref=gm&dti=83863467849&hc_location=group
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https://www.linkedin.com/mynetwork/invite-sent/cassandra-strom-94b6083b/?isSendInvite=true
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