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Domestic Minor Sex Trafficking and Social Work Practice

Stephanie E. Chester
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Stephanie Chester

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Pablo Arriaza, Committee Chairperson, Social Work and Human Services Faculty
Dr. Debora Rice, Committee Member, Social Work and Human Services Faculty
Dr. Barbara Benoliel, University Reviewer, Social Work and Human Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

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Abstract

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MSW, Norfolk State University, 1998

BA, Virginia State University, 1993

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

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Abstract

Domestic minor sex trafficking (DMST) is a social problem affecting children between the ages of 12 and 17 years old. The issues related to DMST present challenges for social work practitioners because they often lack knowledge regarding how to identify and provide specialized services to this population. The purpose of the qualitative study was to collect and analyze data to develop an understanding of how social workers in the northeastern region of the United States identified challenges and thereby improved their practice skills when intervening with this vulnerable population. An epistemological paradigm, with a constructivist perspective employing Nguyen's systems theory, was used to understand the phenomena. The practice-focused research question posed to 5 clinically licensed social workers (LCSW) asked about the perceived barriers hindering social work practice when identifying victims of DMST. In addition, upon recognition of DMST victims, participants described existing community services that addressed their social work practice needs. The LCSWs attended 3 hour-long audio-recorded focus groups, offering their knowledge and experiences related to DMST in the designated region. Constant comparison was used to analyze the data provided by the participants during the focus groups. The key findings indicated a lack of proper identification tools and specialized services for this community. Findings can be used to recommend social change efforts, which included increasing communication about the victims between jurisdictions and communications with policy makers and service providers regarding the need to develop and implement training on various related topics.

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Dedication

I dedicate this action research project to my mother, Carolyn Streat. There are no words to express your life time of support and love! For this I will be eternally grateful. This project is also dedicated to my daughter Jada for her support and understanding of the many hours I spent working on this degree to set the bar for you. All I do is for you! Lastly, but not least, my two guardian angels, my father and brother: Thank you for watching over me. Jay, my big brother, you have always believed that I would become the first family member to receive a doctorate degree, even when I was not enrolled in a program. Thank you for your unconditional love and faith in me.

Acknowledgements

First and foremost, praises and thanks to God, for his showers of blessings throughout the completion of my action research project successfully.

I would like to express the deepest appreciation to my committee chair, Dr. Pablo Arriaza, who challenged, supported, and stuck with me through this entire journey. A journey I will always remember. I am fortunate to have Dr. Debora Rice as my committee member. She supported this project while providing a depth of knowledge and thoughtful feedback.

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Section 1: Foundation of the Study and Literature Review

In the last decade, there has been a growing awareness of the prevalence of human trafficking, particularly sex trafficking of women and children, which includes adolescents younger than 18 years in the United States (Hardy, Compton, & McPhatter, 2013). Clayton, Krugman, and Simon (2013) discussed minor sex trafficking as forcing children younger than 18 years to perform sex acts, and then exploiting them for money, while they endure maltreatment, physical abuse, and sexual abuse. Hartinger-Saunders, Trouteaud, and Matos Johnson (2016) suggested that domestic minor sex trafficking (DMST) has received significant attention through social media, public advertising campaigns, and documentaries. Child Welfare Information Gateway (2015) described how different agencies align their efforts to improve understanding and expand access to services. In addition, there should be an understanding of how social workers view the communication of sensitive information related to DMST and share it among professionals. Organized efforts from various helping professions should understand the complicated dynamics of minor sex trafficking.

Social workers, one group of helping professionals, promote a holistic understanding of minor sex trafficking. Using an ecosystems approach to inquiry positions social workers to explore the intricacies of this social phenomenon (Lau & Ng, 2014). The U.S. Department of Social Services (DSS) stated, “Victim identification is the critical first step in stopping this modern day slavery” (CdeBaca, 2013, p. 2). It is important to ascertain whether a child is involved in DMST

The purpose of my action research project was to increase the broader social work community's awareness of DMST in a city located in the Northeastern region of the United States. To accomplish this goal, I conducted three focus groups with local social workers to document, from their perspectives and experiences, the underlying issues related to misidentification and treatment of victims of DMST and its effects on their practice. Specifically, I invited social workers to participate in my action research to share information regarding problems associated with DMST, including how they believed the social work community has addressed this growing problem. I collected data regarding the availability of services for DMST victims, along with their perceptions of existing gaps in appropriate treatment. By documenting this information, I intend to share outcomes, which will enhance social work practice with victims of DMST.

The participants of this action research project were social workers with an undergraduate or graduate social work degree and work with DMST victims. At the quarterly Commonwealth Prevention Alliance meeting, held in September 2015, one of the topics discussed was the misidentification of DMST victims by social workers and the lack of specialized resources in the community. Information shared at this alliance meeting led to my inquiry regarding how to best enhance social work practice in the identified area. After attempting to identify resources in this community for DMST victims, it became apparent that only a limited number of specialized resources exist for children exposed to sex trafficking.

Action research methodology provides a systemic approach to research that could be the catalyst for discussions related to proper identification among social workers. It may also result in the dialogue regarding solutions to eradicate DMST. In facilitating the action-focused groups, I collected data directly from clinical social workers. Data collection provided the opportunity for clinical social workers to share their experiences related to working with DMST victims and identify problems related to proper identification.

This project allowed clinical social workers to work collaboratively to produce an action plan for identifying, understanding, assessing, and treating DMST as a social problem. Social work practice involves assisting people in obtaining tangible services, such as counseling and psychotherapy, while helping communities or groups provide social and health services. Social workers can enhance their understanding of what other peers are experiencing when attempting to identify and work with DMST victims. Social workers can also benefit from the findings of this project by becoming more aware of the issues in their communities and the need for specialized training to assist the victims effectively. Residents of this community could benefit from this project by understanding some of the experiences that have occurred related to DMST. Comprehending the totality of DMST as a social problem in the community requires everyone to work together to eradicate it and protect their children.

Throughout my study, I provide background information, including a review of the salient literature regarding the topic DMST to frame the identified problem. I have

detailed the selected methodology, offering my approach to collecting data, as well as the questions I posed to the five participants involved in the three focus groups. During the first meeting, I asked participants about their demographic and background information. The outcomes from the second focus group revealed the participants' definition of the problem from their perspectives. I used the last focus group to probe the participants for recommendations and potential resolutions that they could contribute to ameliorate the identified problems consistent with the values and ethics related to clinical social work practice. In disseminating the outcomes, social workers can access information to develop a better understanding of the population and problems related to identifying and treating victims of DMST. I also asked participants to offer suggestions for specialized services for victims in social work settings. Prior to identifying the applicability for social workers, I explain the analytical process I used to codify and identify thematic content. I then offer a summary of the entire document, along with concluding thoughts regarding the study.

The findings of my action research project will contribute to the growing body of knowledge of social work practices, thereby improving professionals skills sets regarding identifying and providing appropriate services to children involved in sex trafficking. I collected the shared perceptions and experiences of social workers exposed to this vulnerable population. My findings can assist with developing specialized care and contribute to advocating for legislation to protect the children in the community from traffickers.

Problem Statement

Child serving agencies throughout the country have minimal awareness of human trafficking and resulting challenges and barriers in understanding the risk factors surrounding DMST victims. This may be due to the lack of tracking, misidentification, and provision of appropriate treatment services (Kotrla, 2010). Kotrla (2010) suggested that the most vulnerable groups in the United States at-risk of becoming victims of sex trafficking are child and adolescent populations. Minors who are sex trafficked are frequently involved in foster care and child welfare services, as well as the juvenile justice system (Kotrla, 2010). As such, the basis for the project focused on how the awareness of clinical social workers affects the proper identification of their clients affected by DMST.

Engaging key stakeholders to express their understanding and views about DMST may be the first step in developing a voice for children affected by this social problem. Social workers lack exposure to this population and, combined with the nonexistence of clear and specific guidelines for them to work with DMST survivors, a problem exists. Social workers and other helping professionals have a basic understanding of DMST. However, sharing sensitive information about this population will position them to develop effective specialized services to DMST survivors. Jones, Engstrom, Hilliard, and Diaz (2007) described how clinical social workers in various settings such as mental health facilities, youth shelters, hospital emergency rooms, and the criminal justice system might have clients who are victims of sex trafficking but are not aware of services

to assist them. At times, children do not self-disclose due to fear of their *pimps* or are too embarrassed to disclose how the *pimps* forced them to participate in illegal activities. Frundt (2013) indicated that women and children continue to be many of the victims of sex trafficking and 30% to 35 % of the victims are girls younger than 18 years. The law holds children younger than 18 years legally responsible for their participation in prostitution (Farrell & Cronin, 2015). Unprepared to meet the needs of this growing at-risk population, juvenile justice facilities move victims through arrest and prosecution procedures. Human service workers and law enforcement professionals lack adequate training to address the psychological and legal concerns regarding the commercial exploitation of children.

Background

Lack of Awareness

Countryman-Roswurm and Bolin (2014) documented sex trafficking as one of the most profitable and fastest-growing criminal businesses in the world. Although victims experience detrimental outcomes resulting from this trade, during the past decade, researchers published only a limited number of peer-reviewed articles focused on sex trafficking (Nawyn, Birdal, & Glogower, 2013). Although this form of modern-day slavery exists on a worldwide scale, it was hard to provide accurate estimates of the incidences of sex trafficking (Nawyn et al., 2013). Nawyn et al. (2013) suggested that one of the reasons for inaccurate estimates of incidences of sex trafficking is the inability of researchers to agree on a precise definition. Without a general understanding of the

concept, inclusion criteria fluctuate, making it challenging to compare documented studies (Nawyn et al., 2013).

Logan, Walker, and Hunt (2009) identified adolescents and young women as a particularly vulnerable group for international and domestic sex trafficking. DMST is a subcategory of sex trafficking, relating specifically to children and youth (Logan et al., 2009). Another critical point is the commercial aspect of sexual exploitation acts when separating trafficking crimes from sexual assaults against children (Smith, Vardaman, & Snow, 2009). As it continues to occur within the borders of the United States, researchers highlighted the importance of understanding this multifaceted social issue (Logan et al., 2009).

Misidentified Children

Within the existing literature regarding DMST, one central issue, misidentification of the population, received increased attention. Hardy et al. (2013) discussed the lack of awareness by first responders, community providers, and the community in general as contributing to the misidentification of children involved in sex trafficking. Such misidentification and mislabeling resulted in bypassing or not adequately serving victims labeled as sex workers, prostitutes, and criminals (Hardy et al., 2013). Shared Hope International is an organization working to eradicate sex trafficking, by using their approach to prevent, restore, and bring justice to protect victims. Shared Hope International (2009) reported this as a significant barrier to the rescue, response, and provision of services to the affected population. Therefore, clinical social workers

found it challenging to develop strategies to meet the victim's needs. Increased awareness within the profession would assist in accurately identifying victims of DMST and effectively prioritizing appropriate responses. By receiving specialized services, children could transition from DMST victim to survivor, positively changing both the individual and society.

The participants of this action research project were social workers with an undergraduate or graduate social work degree and work with DMST victims. While attending the quarterly Commonwealth Prevention Alliance meeting, held in September 2015, one of the topics discussed was the misidentification of DMST victims by social workers and the lack of specialized resources in the community. Information shared at this alliance meeting led me to inquire about how to improve social work practice in the area. After attempting to identify resources in this community for DMST victims, the limited number of specialized resources for children exposed to sex trafficking became apparent to me.

Action research methodology provides a systemic approach to research that can be the catalyst for discussions related to proper identification among social workers and resulting in a dialogue on solutions to eradicate DMST. In facilitating the action-focused groups, I collected data directly from clinical social workers. Data collection provided the opportunity for them to share their experiences related to working with DMST victims, including problems related to proper identification.

The study project allowed clinical social workers to work collaboratively to produce an action plan for identifying, understanding, assessing, and treating DMST as a social problem. Social work practice involves assisting people in obtaining tangible services such as counseling and psychotherapy while also helping communities or groups offer the necessary assistance from social and health providers. Social workers can enhance their understanding of what other peers experience when attempting to identify and work with DMST victims. Social workers can also benefit from the findings of this project by becoming more aware of the issues in their community and the need for specialized training to support the victims effectively. Residents could benefit from this project by understanding some of the experiences that have occurred in their community related to DMST. Comprehending the totality of DMST as a social problem in the identified region requires everyone to work together to eradicate it and protect their children.

Throughout the study, I provided background information, including a review of the salient literature regarding the topic of DMST to frame the identified problem. I have detailed the selected methodology, offering how I approached collecting data, as well as the questions I posed to the five participants involved in the three focus groups. During the first meeting, I asked participants about their demographic and background information. The outcomes from the second focus group revealed the participants' definition the problem from their perspective. I used the last focus group to probe the participants for recommendations and possible resolutions they could contribute to

ameliorate the identified problems consistent with the values and ethics related to clinical social work practice. In disseminating the outcomes, social workers could access information to develop a better understanding the population and problems related to identifying and treating victims of DMST. I also asked them to offer suggestions for specialized services for victims in social work settings. Before identifying the applicability for social workers, I explained the analytical process that I used to codify and identify thematic content. In closing, I offered a summary of the entire document, along with concluding thoughts regarding the study.

The findings of my action research project contribute to the growing body of knowledge of social work practices, thereby improving professionals skills sets regarding identifying and providing appropriate services to children involved in sex trafficking. I collected the shared perceptions and experiences of social workers exposed to this vulnerable population. Using the findings, I can assist with developing specialized care while advocating for legislation to protect the children in the community from traffickers.

Research Question

The research question posed to the clinical social workers participating in this study was as follows:

RQ1. What are the perceived barriers hindering social work practice when identifying victims of DMST?

Also, upon recognition of DMST victims, I asked participants about existing community services that they were familiar with to address their social work practice needs. I

inquired about how they share information related to treatment options and whether a need for specialized treatment interventions exists.

Clinical social workers in the target region had opportunities to work directly with clients who were victims of DMST. Children who are sex trafficked receive various labels, such as *victims*, *criminals*, or *unidentified*. Identifying those involved in DMST requires advanced and frequent training for social workers. The additional instruction can provide clinical social workers with opportunities to understand the complex social-emotional issue of DMST. The goal of this action research project was to enhance social work practice in accurately identifying DMST victims, along with collecting information regarding treatment practices. The objective was to collaborate with clinical social workers to recognize the barriers if any when attempting to identify DMST victims. By enhancing my knowledge, I can inform others on the topic of DMST. Conceptually, I viewed the issues from an ecological vantage point, based on the multisystemic theory of Bronfenbrenner (La & Ng, 2014). Hardy et al. (2013) described how trauma-informed care methods are pertinent to survivors of DMST but also critical for mental health providers. Social workers may benefit from understanding victimization and the repeated and prolonged traumatic events that DMST victims experience while imprisoned by their trafficker.

Purpose Statement

The purpose of this research was to enhance social work practice related to DMST victims by collecting and analyzing the perceptions of clinical social workers employed in

the region. I accomplished this by speaking to them and, together, identifying problems associated with recognizing and treating the vulnerable populations victimized by DMST. The lack of documentation created difficulties for researchers, thereby constraining social work practices. My purpose was to contribute to increasing the knowledge of social workers, enhancing their skills sets regarding proper identification, and delivering appropriate and effective services to victims of DMST.

Hardy et al. (2013) estimated that the number of children at risk of being sexually exploited calls for specialized training of mental health professionals, enabling the helpers to provide effective services for the affected DMST population. Social workers are often the professionals facilitating and securing resources for vulnerable populations in general. Understanding the victim's needs, assists social workers when providing services to DMST victims. Hom and Woods (2013) discussed the need for social workers to conduct an effective assessment to identify victims' emotional and physical vulnerabilities to secure appropriate resources. The misidentification of victims and improper placement can be expensive and detract DMST victims from receiving appropriate redress.

To accomplish this goal, I conducted three focus groups with local social workers to document, from their perspectives and experiences, the underlying issues related to misidentification and treatment of victims of DMST along with its effects on their practice. I invited social workers to participate in an action research to share information regarding problems associated with DMST, including how they felt the social work

community had addressed this growing problem. Social workers shared their experiences relating to the availability of services for DMST victims, along with their perceptions of existing gaps in appropriate treatment. By documenting this information, I intended to share outcomes, which would enhance social work practice with victims of DMST.

Understanding DMST and the gaps in servicing this population will promote my ability to be a voice for victims and advocate for specialized resources in the community. The findings of this action research project have improved my social work practice by identifying potential training needs for myself and peers. Using the findings could increase awareness for other helping professionals who can learn about this social problem and receive additional education for servicing DMST victims properly.

Gap in Literature

In my study, I addressed the gap in the literature regarding DMST as it related to social work practice in the targeted region . One way I increased my knowledge about services for DMST victims was by gaining an understanding of the barriers to correctly identifying the victims from the current providers' perspectives. There was a need to comprehend this social phenomenon from the viewpoint of social workers, who are also often members of a first response team. Community-based research on this topic is limited, as are studies specific to understanding the need for proper identification and treatment services. I conducted an action research study, as the methodology aligns with clinical social work practice. The information collected during the focus groups allowed me to understand social workers' experiences with developing new ways of

comprehending DMST in the community. I will use this knowledge to inform other professionals who encounter the victims, as well as policy makers addressing the issue from a legislative perspective (Muraya & Fry, 2016).

Improving Clinical Practices

Clinical social workers who participated in this research benefited by collaborating with other colleagues to discuss their collective understanding of the problems related to DMST. When social workers gain a broader and comprehensive understanding of the effects on young victims, they will be able to identify and assist in providing services for them. My action research project involved collaborating with clinical social workers to understand proper identification of DMST victims to be able to provide them with specialized services in the clinical social work setting. From this research, I have increased my understanding of DMST in my local community. By incorporating the perspectives gleaned from the social workers in this study, I have enhanced my social work practice to actively engage in and advocate for the provision of more appropriate services for victims of DMST.

Jordan, Patel, and Rapp (2013) determined that social workers play a significant role in being the voice of vulnerable and exploited individuals. Identifying sexually exploited children is a challenge for clinical social workers. Annual reported estimates of victims of DMST in the United States are between 15,000 and 50,000 (Jordan et al., 2013). In the past 2 years, the U.S. Attorney's Office has successfully prosecuted 24 federal cases against 57 defendants engaged in human trafficking in the identified region

(Youth for Tomorrow, 2016). The cases involved 388 victims of sexual exploitation, and 38 were children (Youth for Tomorrow, 2016). To date, I have been unable to find published statistics for the targeted area related to the number of identified DMST victims. Because of the associated cases, officials developed a sex trafficking task force 2 years ago; investigators lumped together statistics in this area and categorized them. Shared Hope International (2011) discussed the large gap in the estimated number of victims of DMST and related it to their misidentification. A study by Farrell, McDevitt, and Fahy (2010) determined that the moderately small numbers of trafficked human beings might be due to the lack of training and the ability of law enforcement officials to identify the victims properly. Social workers play a vital role by intersecting mezzo systems such as first responders and law enforcement. By conducting this action research project, I have enhanced my clinical practice by addressing the social issue of DMST in social work practice.

Nature of the Problem

The rationale for using action research allowed the participants to gain an understanding of DMST and social work practice while working toward developing solutions to identify the and intervene on their behalf. I have obtained this knowledge through collaborating with fellow clinical social workers. Action research is a collective process and supports sharing multiple perspectives to contribute to data collection (Dustman, Kohan, & Stringer, 2014). Dustman et al. (2016) supported four principles of action research that are imperative to guide an action research project effectively: (a)

communication, (b) relationship, (c) participation, and (d) inclusion. Each of these four principles plays a role in the strategy and progress of an action research project. Conducting an action research project has increased my understanding of the challenges clinical social workers confront when interfacing with DMST.

Epistemological Paradigm

The epistemological paradigm was the philosophical basis of this action research study, coupled with a constructivist perspective to understanding phenomena. Constructivism asks the participants to provide their knowledge of DMST based on their experiences working in the identified community (Lee, 2012). Lee (2012) examined constructivism as a paradigm in qualitative research that has grown due to the earlier research conducted by Lincoln and Guba (2003).

Participant Description

The participants of this action research project were clinical social workers employed in the targeted area. They all provided services to clients involved in the sex trafficking lifestyle or children who are involved in crimes of a sexual nature. The contributing social workers also had an undergraduate or graduate social work degree.

I was seeking to understand DMST specifically from social workers' perspectives. Those involved in this action research project had the greatest potential of working directly and indirectly with DMST victims. I also participated as a colearner and facilitator.

Data Collection

I collected the data by conducting three audio-recorded action-focused groups. This method allowed clinical social workers to voice their feelings concerning the issues related to DMST at the sites where they worked or volunteered. The purpose of the focus groups was to facilitate discussions about the population, the misidentification of victims, and the need for specialized services to enhance their social work practice. The focus group format allowed all the participants to come together at a designated time and place to discuss demographic and background information, and to define and propose resolutions to the identified problems from their perspectives.

By employing this strategy, participants had open exchanges of ideas about their experiences and asked questions to determine how other social workers addressed barriers to finding appropriate resources for DMST victims. Participants asking each other questions revealed information that could not have been feasible by using other strategies, such as surveys. I analyzed the data after transcribing and reviewing the audio recordings. After reviewing the transcripts, I identified shared experiences, concerns, and recommendations. Finally, I documented identified patterns related to interfacing with DMST victims and stored the data on a password-protected external hard drive in a secured safe in my home, as required by Walden University's Institutional Review Board (IRB).

Limitations

One of the limitations of conducting the research was the restricted number of clinical social workers in the area working with DMST victims. The lack of available workers resulted in a small sample size. Brañas et al. (2016) suggested that one way to increase the number of participants is using snowball sampling. Participating social workers may reach out to other social workers in the community who may have been unidentified as potential contributors. Another constraint was the dearth of previous studies conducted related to DMST. Due to this limitation, it was hard to find basic information about this topic. Awareness of the scarcity of research led me to explore this phenomenon.

Biases

The lack of understanding social workers had about sex trafficking occurring in designated area of the study could have biased the outcomes. Other biases could have been the participants viewing sex trafficking as more of an international problem, or underestimating the effect DMST in the local community, and the clients they served in their practice. I addressed these potential biases by discussing the participants about understanding and personal experiences working with this population in the identified area. Also, I engaged the participants in a discussion about the definition of *sex trafficking* and some of the risk factors they considered when identifying potential victims of DMST, such as homelessness and being a victim of physical or sexual abuse. McClain and Garrity (2011) highlighted the difficulty of identifying victims of sex trafficking because the victims may present themselves as having other issues. Jordan et al. (2013)

stressed the importance of social workers understanding the definitions, dynamics, and the state and federal legislation involved in human trafficking to identify and provide services the victims.

Theoretical Framework

Nguyen's (2015) systems theory applies to situations in which several systems inextricably connect and influence one another. For social workers to aid individuals within an environment, it is necessary to develop a holistic view of their clients as well as available resources. Corning (2014) discussed how biologist von Bertalanffy inspired and advocated for a general systems theory, which led to the founding of the Society for the Advancement of General Systems Theory, in 1955. Systems theory is the interdisciplinary training of complex systems. Michailakis and Schirmer (2014) discussed how practitioners in social work conducting research that studies social problems should consider the observer. When gathering information about a social problem, different observers may view the same social issue differently. Conducting focus groups allowed the participants to provide their perspectives about DMST. Applying systems theory in the research assisted me in understanding the relationships, dynamics, and structure of the community. Understanding the complex systems led to increasing my knowledge about the negative effects of DMST on individuals and methods of contributing to positive change.

Rationale

Social work is the specialized field committed to improving the standards of living for individuals and communities. Social workers respect systems theory because it can assist them as they recognize, explain, and address social problems. Lander, Howsare, and Byrne (2013) discussed how systems theory concentrations on the interaction of parts of a system with one another. One traditional way social workers use systems theory is to provide an understanding of human behavior in the social environment. The professionals use this theory to understand the interrelationships between individuals, families, and communities. I used systems theory in this research to understand DMST and to define the problem and propose solutions to address DMST in the identified area. Social workers understanding DMST victims, and the multilevel of issues about this social problem, assisted with identifying specific resources to promote positive social change within the community.

Per Lander et al. (2013), systems theory provides a basis for understanding how complex systems relate. The theory is relevant to social work because human service workers and law enforcement are directly involved in solving a problem that affects individuals in their community. Application of systems theory was appropriate to address this social problem (DMST) because both professions must find a practical approach to identifying, assessing, and treating minors involved in the sex trade. There are various related steps to identifying and treating DMST victims. For example, identifying adolescents exposed to the sex trafficking lifestyle as criminals causes them to become a part of the juvenile justice system instead of receiving treatment services. Clayton et al.

(2013) described how social workers need preparation to recognize and address past and present abuse to prevent ongoing victimization. Using systems theory in this research assisted in explaining how understanding DMST, proper identification, and specialized resources needed for this population relate to each other and the community.

One of the principles of social work is to respect the inherent dignity and worth of a person. Victims of the sex trade industry faced being treated as criminals, ignoring the suffering they endure. Social workers, law enforcement, and the juvenile justice system do not have the tools to solve this research problem. Collaboration among social workers, human service workers, and law enforcement provided an action plan and protocol for addressing DMST. To this end, Bunger (2010) stated the following:

> …as a result, human service agencies are encouraged to 'coordinate' their service agencies with one another under the assumption that the collaborative activity can facilitate access to services, reduce unnecessary duplication of effort and produce a more effective and efficient social service system. (p. 385)

Significance of the Study

This action research project contributes to understanding DMST and social work practice in the northeastern region of the United States. The participants were social workers who practice in the area and had a minimum of a bachelor's degree or master's degree in social work. An understanding of DMST by participants increased my awareness of the social problem and commitment to address the issues they identified. The participating social workers also enhanced their awareness of the importance of

proper identification of DMST victims. The findings of this action research project may contribute to developing specialized training and prevention programs for clinical social workers. Those who participated in this project had the necessary skill sets to suggest the implementation of effective prevention programs for the protection of children in the community.

Relevance

The contributions of this action research project provide a foundation and helps influence social workers to strive towards social change for this vulnerable population. This action research project is relevant to social work practice because the more social workers understand DMST in this community, the more they can identify solutions to address the identified problems. Another contribution this study could have on participants is identifying the need for social change by understanding DMST. Filling the gap between understanding DMST, proper identification, and specialized resources for DMST victims could increase the knowledge of social workers and therefore enhance social work practice. The increased knowledge of the participants could add to the field of social work by encouraging other researchers to continue to study topics related to this social problem. Understanding DMST, proper identification, and specialized resources by social workers may allow them to raise awareness in the community and work on the development of effective services for victimized children.

Social Change

Perdue, Prior, Williamson, and Sherman (2012) described the need for systemic change to accomplish long-term changes of an identified issue. However, a complete change is challenging due to systems operating differently to address the targeted problem. Social workers' understanding DMST allows them to advocate better for victims while increasing awareness of the effect of their victimization on multiple levels of intervention. On a macro level, politicians being aware of DMST in their communities could be instrumental in developing legislation using consistent language on every governmental tier. The use of uniform terminology in policy development would decrease misinterpretation of the laws and provide a unified understanding of DMST (Muraya & Fry, 2016). Currently, inconsistencies in the wording of policies result in difficulties when prosecuting traffickers. A common language about DMST may aid in a higher conviction rate of traffickers. Mezzo social work happens in small groups, for example, prevention programs for those at risk of becoming involved in the sex trafficking lifestyle. Microlevel social work practice occurs with individual or families. For example, social workers providing clinical services directly to the victims. Potential implications for positive social change consistent with the scope of the project include increased confidence of social workers in working with DMST victims because they have a better understanding how it affects the youth's life. The information may assist them with being able to provide specialized treatment services to support children transitioning from DMST victims to survivors.

Values and Ethics

Three values listed in the National Association of Social Workers (NASW) Code of Ethics (2008) directly related to proper identification of DMST victims and the development specialized resources are a) service; b) social justice; and c) competence. Social work involves providing service to individuals, families, and groups. The clinical social workers who participated in this action project shared their knowledge of DMST and determined effective approaches to enhance addressing this social problem. Social workers continuing to increase their competency related to DMST victims would allow them to provide specialized services. The community could realize the effect of DMST because human service workers, juvenile facilities, and law enforcement would increase resources to identify, assess, and address the implications of sex trafficking. The desired result of this action project was to improve understanding DMST and how it affects this community and to create an action plan and protocol for addressing DMST from a social work perspective. NASW Code of Ethics (2008) provides guidelines to protect the relationship between the client and the social worker when ethical dilemmas arise. The professional relationship and an understanding of the NASW Code of Ethics by social workers establish boundaries to guide effective clinical practices. The (NASW), Code of Ethics (2008), reminds social workers of their responsibility to increase the opportunity and choices for all individuals, with special concern for exploited and vulnerable people.

Social workers respect the dignity and worth of those they serve, and their primary goal is to help people in need address social problems. DMST is a social problem, which

affects an at-risk population in the northeastern region of the United States. The issues require redress by not only social workers, but also law enforcement, counselors, and policymakers (Muraya & Fry, 2016). According to Smith et al. (2009) between 100,000 and 300,000 American children face victimization every year through sex-related crimes. Hodge (2014) discussed how future qualitative research would enlighten professionals on the process of victim identification. The current research project provided social workers with the necessary tools to accurately identify DMST and create an action plan for addressing this social problem in the community.

The social work values are evident in those employed by agencies who face the challenges of accurately identifying and providing specialized services to DMST victims. This action research project supported the values of NASW Code of Ethics by enhancing their professional expertise and ability to advocate for social change on behalf of victimized children. Improving social workers' knowledge ultimately enriches the lives of the vulnerable populations they serve.

Review of the Professional and Academic Literature

In searching for literature related to the DMST population, I reviewed articles from Google Scholar and Walden University's online library. Using the keywords *domestic minor sex trafficking, sex trafficking, misidentification of victims, sex trafficking industry, social workers, missing children, missing adolescents, services for sex trafficked victims, sex trafficked victims.* I identified articles from databases including PsycINFO, Academic Search Complete, SocIndex with Full Text, PsycARTICLES, PsychNet,

Political Science Complete, ProQuest Central, Education Research Complete, Dissertations & Theses, Education Research Complete, and Eric. I used scholarly, peer-reviewed articles, published within the last five years, or the latest date available.

Misidentification

The misidentification of children involved in the sex trade industry contributes to them not receiving the specialized services they need. A lack of training and awareness by human service workers and law enforcement influences decisions to label children prostitutes as criminals instead of victims. According to Shared Hope International (2011), DSS and Child Protective Services (CPS) remain ill equipped to respond to DMST. The area has a limited number of residential placement options, which provide specialized shelter and care for DMST victims, and as a result, DMST victims often return to their pimps. Shared Hope International (2011) discussed how juvenile justice systems had not established a uniform protocol to facilitate the identification of DMST. Combining these factors contributes to gaps in identifying, assessing, and addressing DMST victims. The misidentification of DMST victims created a need for intervention by social workers, law enforcement, and human service workers. An effective action plan and protocol could provide an understanding of best practices for identifying, assessing, and addressing DMST victims.

Shared Hope International (2011) conducted an assessment on DMST, researching the identification of and response to DMST victims. The mixed methods study was the basis for 41 interviews with professionals from various agencies throughout

the state, some who advocate for and some who advocate for and interact with DMST victims. The findings of this study concluded there is an acute lack of awareness of DMST leading to a high rate of misidentification of victims by professionals. The researchers reported the participants felt the shortage of training is the reason for their lack of awareness. The strength of this study was the approach researchers used to understand how to identify DMST victims. The data gathered allowed for the researchers to understand the challenges and gaps of DMST victims from various professionals and organizations. However, professionals were reluctant to participate in the study due to them not having exposure to DMST victims. This weakness provided justification for understanding DMST in this research. As the facilitator in this action research project, I questioned how professionals knew if they worked with victims if they do not understand how to identify them or the social problems they confronted. After a review of previous research related to this social problem, it was more useful to provide participants with background information, description of characteristics, and risk factors of clients exposed to the trafficking lifestyle to determine if they could have worked or be working with DMST victims.

Clinical social workers in various settings such as the criminal justice system, mental health facilities, and hospitals emergency rooms misidentify DMST victims because no intake tool or protocol exists. Bunger (2010) identified fragmentation as one of the biggest challenges for human service delivery systems, including adult and behavioral health. Social workers tasked with coordinating services for at-risk

populations, collaborate with other human service organizations and law enforcement to provide intervention and treatment.

The focus of this action project was to enhance social work practice. Using action research, I identified problems requiring additional attention related to DMST. Social workers provided their input regarding an action plan and protocol for accurately identifying, assessing, and treating DMST victims. In conducting this study, social workers suggested best practices for addressing DMST, assisted with detecting the challenges relating to the proper identification of victims, and specialized services in the community from their perspectives. The results of this action project could assist law enforcement and social workers in properly identifying DMST victims. A collaborative effort is necessary to facilitate social change and improve social work practices concerning DMST victims.

There are several studies related to the misidentification of DMST victims. The population often viewed as criminals by first responders, and go on to receive charges of prostitution or delinquency ((Farrell& Cronin, 2015; Perin, 2012). Instead of receiving the services they need to help them heal from the trauma of trafficking, the juvenile justice system handles DMST victims (Perin, 2012). Perin (2012) described how misidentification was a result of lack of understanding and awareness of this population.

Research related to sex trafficking developed rapidly in the last decade, providing an understanding of DMST from the victim's perspective. Hayes and Unwin (2016) discussed how the development and current working definitions of trafficking in the U. S.

are contributing to social change by being more descriptive. The Trafficking Victims Protection Act (TVPA) (2000) established the principle that "all trafficked victims who are minors are unable to consent to the crime of prostitution" (Tomes, 2013, p. 215). The Act supports considering DMST as illegal, regardless of coercion, fraud, or force. A need remains to continue to explore the role of the traffickers as it may provide insight into protecting the children in the community and developing effective prevention programs.

Currently, limited empirical research exists focused on DMST. A majority of the literature addresses human trafficking from other countries into the U.S., not specifically addressing sex trafficking of minors who are residents of America. Shared Hope International coined the term *domestic minor sex trafficking* (*DMST*) to, "identify the commercial exploitation of children under 18 years of age who are U. S. citizens or lawful permanent residents" (Smith et al., 2009, p.9).

Social workers and other justice and program providers disagree on how to define the issue of DMST. Some human service workers view DMST as a chosen profession and do not see children as DMST victims. Edberg et al. (2014) and Countryman-Roswurm and Bolin (2014) agreed DMST is a human rights issue and believe young women involved in the sex trade are victims of mental, emotional, physical, and sexual abuse. NASW Code of Ethics (2008) describes how the primary mission of the social work profession is to improve human well-being and aid the basic human needs of all individuals, especially the oppressed, those living in poverty, and other vulnerable

populations. An action research project, which addresses this social problem, could enhance social work practices.

There have been several theories behind DMST from various perspectives. Whitaker and Hinterlong (2008) provided an economic theory perspective, where traffickers view victims to make a profit. Kotrla (2010) expanded on this theory using a supply and demand perspective. The author indicated a primary reason DMST exists is the demand for commercial sexual exploitation of minors in U.S.

Clayton et al. (2013) documented how traumatizing experiences can result in a variety of emotional, physical, and psychological problems for DMST victims. “The immediate risk associated with sexual exploitation are beatings, rape, torture, and murder, with the long term consequences being drug addiction, sexually transmitted diseases, mental illness, self-destructive behavior, tuberculosis, malnutrition, and ostracism by peers and the larger society” (Rand, 2009, p.144). Edberg et al. (2014) conducted a qualitative study on exploitation and domestic trafficking of girls and young women. The research focused on two trajectories, which led to involvement in the commercial sex workers. Edberg et al. (2014) reported the girls and young women who participated in the study indicated that some form of abuse occurred in their homes before their entry into the sex trade, and their trafficker provided them with an escape from home.

Social workers’ understanding DMST could help prepare them to deal with the trauma identified when victims disclose their personal experiences in the clinical setting. Qualitative studies provided insight into the personal experiences of DMST victims using

face-to-face ethnographic interviews. One of the studies by Countryman-Roswurm and Bolin (2014) reflected how social workers providing effective treatment recognize the best way to meet the victim's needs was by addressing the trauma the victims experienced in a way that empowers and assists with developing resiliency. It is important for social workers to identify service gaps working with this population to increase appropriate services to assist DMST victims. Understanding DMST is important to social workers because the mission of the NASW code of ethics (2008) discusses how social work is to promote advocacy and social wellbeing, including effective, ethical, and person-centered social work. Despite the coercion used to recruit them, DMST faces victimization because of perceived participation in the sex trade.

Social workers experience difficulties when attempting to identify DMST victims. They do not self-identify because of their concern regarding retaliation and further abuse from their pimps. Other victims of DMST suffer from Stockholm syndrome and believe the pimp is acting in their best interest. Countryman-Roswurm and Bolin (2014) identified several reasons why girls do not self-identify. They documented the difficulty of providing evidence that sexual trafficking occurred due to the distrust youth have of the system and an unwillingness to admit or discuss their experiences (Countryman-Roswurm & Bolin (2014). The result could be DMST victims fall through cracks in service provision.

Shared Hope International (2011) found child welfare providers do not use an intake tool to determine DMST victimization. Some youth service providers reported they

flagged potential indicators from health screenings and interactions with youth. However, there was no consensus on how to identify DMST victims. Shared Hope International (2009) representatives from various agencies demonstrated a general knowledge and understanding of DMST. Clawson et al. (2009) and Gibbs, Walters, Lutnick, Miller, and Kluckman (2015) suggested having a consistent case manager could provide effective service delivery because he/she would serve as a central person to collect and maintain all the information about victims. Researchers agreed adequate training and consistency would contribute to the proper identification of DMST victims.

Barnert et al. (2016) conducted a study of 32 semi-structured interviews conducted with Safe Harbor experts in nine states. The nine states were those that implemented Safe Harbor Laws in 2012. These laws redirected child victims of sex trafficking and commercial sexual exploitation from the justice system and into the child welfare system. The key findings identified in this study was the need for an alternate path from the justice system to supportive services that are well funded. In another finding, researchers described the need for specialized job training and education to serve child victims of sex trafficking. The common theme in order for these findings to be successful is sustainable funding.

Gibbs et al. (2015) conducted a study that evaluated three programs which received funding to identify and serve victims of labor and sex trafficking. The victims were children under the age of 18 and were U. S. citizens. The programs provided direct services or community collaboration, such as case management and comprehensive

services. Many of the clients needed safety planning, crisis intervention, and mental health services. The key findings in this study included the diversity of the victims, barriers to providing long-term services, and the potential programs could contribute providing specialized services to trafficking minors.

Shared Hope International (2012) noted the absence of a coordinated victims' services system as a significant challenge to obtaining assistance for victims. A law enforcement official suggested creating additional services for DMST using providers who assess domestic violence victims. Shared Hope International (2012) suggested, "This proposal was offered as a temporary solution that would allow child victims immediate access to resources like attorneys, nurses, child support groups, and child therapists who specialized and dedicated service systems are established for DMST victims" (p. 44). Prior research conducted by Bunger (2010) and Moore, Baird, and Goldberg (2016) stressed the importance of consistency and continuity of services in terms of a handoff or helping a client get to the next level of care. Bunger (2010) and Moore et al. (2016) interviewed social workers who helped with defining, understanding, and coordinating services related to DMST, revealing coordinating services for clients improved outcomes and the quality of care.

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Most funds allocated for trafficking victims are through the Trafficking Victims Protection Act (TVPA). In 2000 and reauthorized in 2003, 2005, and 2008, TVPA became a federal human trafficking legislation. One gap in this legislation was the lack of funding available for American DMST victims. The allocation of funds through the TVPA is for foreign victims, as opposed to domestic victims (Muraya & Fry, 2016; Vardaman & Franker, 2009). A clear understanding of this at-risk population may influence policymakers to revise current legislation and purpose future policies to assist DMST victims in the United States. Developing best practices will provide specific guidelines for addressing DMST (Muraya & Fry, 2016). Edberg et al. (2014) recommended that future researchers focus on risk factors and intervention strategies, which address DMST. Edberg et al. (2014) and Muraya and Fry 2016) encouraged all practitioners to collaborate to develop programs, which serve risk populations of sexually exploited children. The type of collaboration Edberg et al. (2014) referred to took place during the focus groups.

Section 2: The Project

The purpose of this action research was for me to collaborate with clinical social workers to understand DMST from a clinical social work perspective and to determine effective ways to improve social work practices. My research question was as follows:

> RQ1. What are the perceived barriers hindering social work practice when identifying victims of DMST?

Upon recognition of DMST victims, I asked about what community services exist that address the children's needs. I inquired about how social workers share information related to treatment options and whether there was a need for specialized treatment interventions. Through the process of addressing these questions, I gained an understanding of the importance of properly identifying DMST victims and potential needs for specialized services.

This action research project offers background information about the study, methodology, and data collection, and it documents challenges that social workers in the community experience when attempting to identify victims. The focus groups provided an opportunity for the participants to discuss best practices to address DMST from a social work perspective. The action research project focused on understanding DMST and the need for specialized services in the community. I described the participants and the methods used to collect the data and conclude with a summary of the ethical procedures used while gathering and storing the information.

Background

The U.S. Department of State (2013) reported that 600,000 to 800,000 individuals are trafficked nationally every year. Commercial sexual exploitation is the largest subset of human trafficking of adolescent women and children (U.S. Department of State, 2013). Hartinger-Saunders et al. (2016) discussed how statistical data lacks accuracy due to there not being a uniform data collect system throughout the United States to track DMST incidents. One of the difficulties is accurately identifying sex trafficking victims, especially children. The National Incident-Based Reporting System's data concluded law enforcement personnel were more likely to identify DMST victims as juvenile offenders and charge them with such crimes as prostitution and delinquency (Farrell & Cronin, 2015; Finkelhor & Ormrod, 2004).

The purpose of this research was to enhance social work practice related to DMST victims. To improve my social work practice, I must understand DMST. In this study, participants described their understanding of DMST and the challenges they face when identifying victims. During discussions, participants identified specialized resources and other services that could assist this population effectively. An understanding of DMST from social workers' perspectives may increase advocacy and influence social change. The focus of this project was the misidentification of victims and the specific resources in identified area. The findings provided a perspective from social workers about DMST and their views about this social problem in the community. The recommendations provide a

foundation for future research, the need for a protocol for proper identification of victims, and the development of intervention services.

The clinical social work practice problem that I attempted to understand was the challenges and barriers social workers face when working with the DMST population. Social workers follow the NASW Code of Ethics (2008) as it supports their mission to enhance the well-being of all people. DMST victims are a vulnerable population and need empowerment based interventions. Social workers' understanding of DMST in the identified area may bring about in-depth training and the development of services specifically focused on increasing positive outcomes for this population. Increasing social workers' awareness to identify DMST victims properly will assist with identifying and directing them toward using programs, which offer ancillary support such as medical attention, food, clothing, mental health, and legal services.

Stakeholders

The key stakeholders identified for this project were social workers in the northeastern part of the United States. These stakeholders have experience identifying and working with children involved in the trafficking lifestyle. The hope was that by addressing and enhancing an aspect of clinical social work practice, other professionals and ultimately the victims would benefit. The project empowers the stakeholders and participants by allowing them to share their experiences and what they believe the community needs to assist them in providing the best services. Having dual roles as a facilitator and community social worker, the study provided me with an opportunity to

network with other professionals who are striving to reduce DMST. The focus groups awarded me the opportunity to gain an understanding and awareness of this social problem from other professionals by identifying what specialized social work services in the area have helped to meet the needs of the victims and their family.

Methodology

This action research used a qualitative design to allow participants the opportunity to share their experiences and perceptions related to DMST (Dustman et al., 2016). The participants were social workers who work with adolescents in the targeted communities. The size of the focus group was based on the limited number of social workers in the identified area who were willing to participate in this action research project voluntarily and met the established criteria. I used purposive sampling to select specific individuals to participate. Social workers recruited to participate in this project were social workers who have earned an undergraduate or graduate degree in social work. The educational requirement for employment as a social worker in many local agencies is an undergraduate degree in social work.

Recruitment

I identified social workers involved with DMST victims or had been involved in the past. Using LinkedIn, which is a social media professional website, I identified social workers meeting the study criteria. The local NASW group housed potential participants, which I accessed through their page. The approved recruiting message to potential participants included information on my background, the reason for contact, and a brief

description of the research I was conducting. It also included the topic, the criteria for participating, issues related to volunteering, and the process of gathering information (Appendix A). Upon receiving their interest in continuing, I requested their email or postal address to provide them with the recruitment flyer with detailed information and asked if they were willing to share recruitment flier with other social workers who met the stated criteria (Appendix B). This process is called snowball sampling. I used it to assist me with reaching additional social workers that meet the criteria that were not part of the professional social media website and may be difficult to identify. Heckathorn (2011) discussed how snowball sampling became a widely used technique in qualitative research to increase sampling size for a difficult population. The identified area had a limited amount of social workers that meet the criteria to participate in this research. I thought snowball sampling would be a way to address identifying increased numbers of eligible participants.

Once I identified participants, I asked them to review the informed consent document, sign it, and provide it to me at the first focus group meeting before participating. Consent forms were also available at the first focus group for those who may have forgotten or misplaced their copy of the consent form. The informed consent explained the research, procedures, voluntary nature of the study, risk, and benefits of the study. The form also detailed how I would maintain confidentiality, securely store data, and other pertinent information, along with a statement of consent. All participants signed

the informed consent before participating. I stored the informed consent forms in a locked safe in my home with the audio recordings ton ensure confidentiality.

In the course of the data collection process, participants received periodic emails with the agreed upon dates, time, and place of the focus groups. I reserved a backup date in case an emergency prevented the focus group from meeting on the scheduled date, although those circumstances did not occur. All participants received a code name to ensure their confidentiality. I also asked the participants only to use first names during the focus group meetings as another measure of confidentiality.

Sampling

I used purposive sampling to recruit participants for the study. Purposive sampling is when a researcher chooses specific people within the population to use for a research project (Suri, 2011). I used the LinkedIn professional online social networking service to identify social workers in the geographic area who met the criteria. I am a member of the local NASW group located on the LinkedIn website, which allowed me to see the credentials of the social workers and their current job titles, and to have access to message them directly. I messaged the potential social workers who met the criteria to introduce myself, the study and invite them to participate in the focus groups voluntarily (Appendix A).

I asked those interested if they were comfortable providing their direct email address, fax number or mailing address to receive information related to the study. I also provided my email address and phone number so the potential participants could contact

me directly with any questions they may have regarding their involvement in the study. Following our initial conversation, I sent the Walden University IRB approved recruitment flyer (Appendix B) along with the approved informed consent document honored the social workers requests to communicate with them via mailing address or email (or both). Some potential participants indicated that they did not want to join; I thanked them for their time and informed them I would remove their name from the recruitment list. The focus group ultimately consisted of five participants who could attend the scheduled meeting dates and times. I informed each participant of date, time, and location of the focus groups. They were also reminded they could stop participating in the research study at any time without recriminations. Dustman et al. (2016) highlighted how focus groups provide opportunities for all participants to describe their experiences and perspectives about the problem.

Data Collection

The method for collecting data for this action research project were three focus group meetings. Initially, the participants discussed their demographic and background information. During their second focus group, they defined the problem by describing their experiences and perspectives related to DMST based on their interactions with DMST victims. For example, they discussed their exposure to DMST clients and their views on proper identification of victims. During the last focus group, I asked participants to provide resolutions for the identified problems. The focus groups allowed me to hear

the participant's experiences in their words and identify common terms related to the topic.

Instruments

I used a qualitative approach to collect data while facilitating three focus groups. The participants included clinical social workers, who work with or have worked with DMST victims. The specific data collected included clinical social workers' knowledge of DMST, and their ability to identify the victims. I created focus group questions, which Walden University Institutional Review Board (IRB) and my committee members approved, to provide direction for everyone involved. I developed the questions to engender responses to answer the focus group questions. Also, these questions were to support the action research methodology by first engaging with participants in the exploration of the definition of the problem, the intersectionality with other social issues, and later identifying solutions. The open-ended inquiry allowed the participants to answer using their words. Although the participants were clinical social workers in the area, their experiences with this population differed.

I prepared myself by identifying strategies in advance in case of questions during the focus group elicited silence or misunderstandings during the focus groups. When this occurred during the focus groups, I summarized what I heard and asked the participants to let me know if I was missing or misunderstanding what they intended to communicate. This summarization not only confirmed that I understood what they stated but also allowed them to elaborate on the information I paraphrased from them. Hearing their

words encouraged them to expand on their experiences. The rationale for using this method and the prepared questions was to allow participants the opportunity to describe their personal experiences individually. The open-ended questions encouraged them to discuss what they believed was important, while not restricting participants to pre-conceived answers.

I gathered the data for this project using audio recordings, after receiving signed consent from the participants during the informed consent process. Walden University Institutional Review Board (IRB) approved the informed consent before presenting it the potential participants. The IRB approval number is 07-27-16-0479085. The recorded data ensured I accurately documented the discussion and gave me the ability to review the recordings verbatim for additional information. I extended the original timetable because of the length of time required to complete the transcription of the data after each group session, resulting in collecting the data over the course of eight weeks. The other participants agreed to alter the dates, as it allowed me the appropriate time to finish the transcription and develop an understanding of what took place in each focus group before moving forward. The additional time allowed me to set three dates so all the same participants could attend each of the three focus group meetings.

Data Analysis

I used constant comparison to review and analyze the collected data, developed to answer the research question. Neal, Neal, VanDyke, and Kornbluh (2014) suggested incorporating the process when frequency is a part of the data collected. I audio recorded

all the focus groups after gaining permission from the participants. I transcribed each audio recording verbatim to provide me the opportunity to review and code the data before the next focus group to ensure I understood the information gathered up to that point. After each focus group, I repeated these steps. The coding did not start until I had transcribed and reviewed all the audio recordings for accuracy. I began processing the information they shared throughout the course of the collecting the data and recorded my thoughts in a journal to assure I did not forget them prior to initiating the coding process. When I did begin listening to participants' responses, I started to see patterns of thoughts and experiences they expressed. Using a reflexive journal was helpful in documenting statements from participants and adding personal feedback to express my thoughts and ideas.

After the completion of all transcriptions, I reviewed them a minimum of three times before coding. The coding process consisted of me developing a brief description of the participants' statements. I completed this process throughout all transcripts. I completed it over several weeks, during which time I re-coded the data three times to identify any additional codes, which emerged. After the third coding, I did not recognize any new codes. The additional coding also allowed me to enhance the rigor of my coding process. Reviewing the transcripts multiple times, on different days allowed me to view the information with fresh eyes every time. It also enhanced the rigor of the process and thereby the accuracy of the outcomes. Using constant comparison also allowed me to identify and analyze common themes and terms from the comments offered by the

participants of the focus groups. Constant comparison analysis inductively reduces information into themes (Onwuegbuzie, Leech, & Collins, 2012).

The first step in analyzing the data was to document what the participants stated during the focus groups, in their words. With the permission of the participants, I audio-recorded the focus groups. Before I began to transcribe the recordings, I listened to recordings of all three focus groups. The next step was to review just the audio recording from the first focus group. I then went through the first audio recording a third time and listened to about 10 seconds of the recording and typed verbatim what each participant was saying. The transcription of the first focus group resulted in 10 pages.

Once I completed the transcription of the first focus group, I listened to the audio recording of the second focus group. The second review allowed me to focus only on the information provided during this focus group. I then listened to the audio recording a third time. During the third time, I listened to about 10 seconds of the audio recording and typed verbatim what the participants were saying. At the end of this transcription, I had 68 pages from the second focus group.

The last step of transcribing the audio recordings was to review the recording of the third focus group. After listening to it, I went back a third time, listened to 10 seconds of the audio recording, and typed verbatim what the participants were stating. At the end of transcribing the third focus group, I had 18 pages. At the end of the entire transcription process, I listened to the entire audio recordings while reading the transcripts to make sure they were accurate. At the end of this process, I had listened to the audio recordings a

total of 7 times, over the course of a couple months and had 96 pages of audio recording transcribed. This process was labor intensive but provided an opportunity for me to become familiar with data, which was crucial to data analysis.

I then used hand-coding to organize the data. The objective during this process was to gain an understanding of the data collected and information pertaining to the research question. I inquired about the perceived barriers hindering social work practice when identifying victims of DMST. Upon their recognition of a DMST victim, I asked about what community services existed to address the population's needs. I also asked how they shared information related to treatment options and whether there was a need for specialized treatment interventions. My objective was to gather data from the participants to answer the research question. Through constant comparison, I went through all the transcripts and highlighted the statements that pertained to the research question by using Microsoft Word. Constant comparison analysis inductively reduced information into codes and then themes (Giles, de Lacey, & Muir-Cochrane, 2016; Onwuegbuzie, Leech, & Collins, 2012). For example, I highlighted statements related to the identification of victims and services. I went through the transcripts a second time a couple of days later to attempt to see what else stood out to me that I may have missed the first time I coded. Using Microsoft Word allowed me to keep notes in the margins while coding, which made it easier when I began analyzing the data. This process took a few weeks. Systematically coding using this process, I then developed small phrases for each

coding category. With each subsequent reading, I attempted to discern what the participants were trying to communicate with greater specificity.

The next process was for me to go through each focus group transcript and use different color highlighters to identify additional codes in the margins. To group codes into categories, I used various colored highlighters to separate them into distinct categories (Appendix D). After I had gone through the transcripts multiple times attaching categories to each code, I felt I had achieved saturation. The point of saturation is when the same codes continued to emerge after re-reading the transcripts several times, and no new codes emerged (Marshall, Cardon, Poddar, & Fontenot, 2013). I also could not identify any more codes when reviewing the transcripts and the codes in my reflexive journal.

The open coding process was a way to organize and sort the data. The coding in the margins summarized what the participants were saying during the focus groups. I coded by assigning phrases to each category that coincided with my research question. For example, one research question I posed asked participants about the perceived barriers hindering social workers from identifying victims of DMST? One of the most popular responses from participants about this research question was the non-existent protocol for identifying victims. Participants provided in-depth discussions during the focus groups allowing me to understand the barriers social workers encountered when attempting to identify victims. Giles et al. (2016), used an identical process in their

qualitative study. They discussed how writing in the margins to code data, and constant comparison simplified the categories and assisted with the refinement of the categories.

Leech and Onwuegbuzie (2011) discussed how using constant comparison allows researchers to categorize data from participants into themes and related concepts. I demonstrate the outcomes in the Appendix. The initial codes identified after transcribing the audio-recorded data (Appendix E). I arrived at these codes by reviewing the transcripts multiple times and highlighting participant's responses that stood out pertaining to the question ask during the focus group. The responses could be those participants repeated, as well as any that contributed valuable information to answering the question. This also included responses that provided me with a clearer understanding of their experiences. A more condensed version of the repetitious codes emerged from the responses throughout the transcripts identified in Appendix F. I then identified the ones repeated more than once and condensed the ones with the smallest representation into other codes with similar meaning. After reviewing the second coding and reflecting on my journal entries for confirmation, I placed numeric values to quantify the codes and rename the codes into categories. The results contributed to identifying the ones used most frequently throughout the discussion. The top five codes with the most responses allowed me to label the final themes (Appendix G). The concepts are the awareness social workers have about DMST and their understanding of the barriers with properly identifying DMST victims to provide specialized services needed. Giles, de Lacey, and Muir-Cochrane (2016) and Onwuegbuzie et al. (2012) described how constant

comparison is a method of inductive analysis. The researchers explained how they use it to compare participants' experiences and collected at different times (Giles et al., 2016: Onwuegbuzie et al., 2012). I mirrored their use of the analytical process.

Ethical Procedures

The informed consent form described the purpose of the study as well the expectations of the participants, for example, their consent to audio-record the group meetings. The procedure followed ensured the ethical protection of participants as it is the social workers' duty to protect the identity of colleagues and research participants (NASW Code of Ethics, 2008). Respecting colleagues as individuals and their views provides an environment to work together towards common goals and social change. Maintaining their confidentiality provided a good foundation for developing the professional relationship with colleagues who desired to enhance their clinical practice. I protected their confidentiality when analyzing the data by assigning each participant a code name. Assuring their confidentiality assisted in helping the participants feel comfortable and speak openly and honestly. I will maintain all transcripts on a password protected external hard drive in a locked safe at my home with consent forms and keep all information related to this study for a minimum of five years, and then destroy them by burning all materials in a burn barrel.

NASW Code of Ethics (2008) describes social workers' responsibilities in practice settings. In this study, social workers who have specialized training working with this population could provide other professionals in the community with a better

understanding of DMST victims. A part of this education is the confidentiality needed when working with this population for their protection. Social workers contributing to increasing awareness about DMST may also consider initiating conversations focused on developing prevention programs to protect children at risk from becoming involved in the sex trafficking lifestyle.

Summary

The purpose of this action research project was to collaborate with clinical social workers in targeted area, to gain an understanding of DMST from a clinical social work perspective, and to determine an effective way to improve social work practices. I collected the data by conducting three focus groups with participants who were social workers who had a minimum of an undergraduate or graduate degree in social work. The participants were social workers who have had the opportunity to identify and work with children exploited for commercial sex. The information obtained from the focus groups increased my awareness of DMST and contributed to a plan to improve victim identification and develop appropriate services to ameliorate their suffering. In the next section, I discuss the analysis of the findings and recommendations.

Section 3: Analysis of the Findings

The purpose of this action research project was to enhance social work practice related to DMST victims. I collected and analyzed the perceptions of social workers employed in the region who currently work with, or have worked with, identifying DMST victims. The research question posed to participants related to their perceived barriers hindering social work practice when identifying victims of DMST. Upon recognition of DMST victims, I asked what community services existed to address the victims' needs. I inquired about how social workers share information related to treatment options and whether they needed specialized treatment interventions.

I collected the data by conducting three audio-recorded focus groups with the same five participants for each group. During the first focus group, I gathered professional background information about each participant such as their employment background, how long they have been social workers, professional licenses they have, and what was motivating them to participate in this study. All the information was a part of the audio records from the first focus group and then transcribed. This information allowed me to see how participants worked with DMST victims, for example, how social workers provided direct services and the difficulty securing funding. After the initial focus group, I realized that there were social workers from different aspects who have worked with victims providing direct care, funding, and crisis intervention.

The second focus group offered me an opportunity to inquire how participants defined the problems related to DMST. If they identified a problem, I queried more to

identify the barriers they encountered when attempting to resolve them. Most of the questions during the second focus group addressed the research question. I asked participants about community services that they were familiar with to meet the needs of DMST victims and inquired about how they share information related to treatment options, along with whether they felt there was a need for specialized treatment interventions.

I designed the last focus group to allow participants to share additional information related to the research question and any ideas they had about resolving the identified problem. During this group, participants also described some of the barriers communicating with other social workers in the area related to this social problem and its victims.

Data Analysis Techniques

The five themes identified in the findings of the project were a lack of specialized training, specialized services, awareness and understanding, lack of proper identification, and funding. All five of the themes paralleled with the research question. The research question inquired about the perceived barriers hindering social work practice when identifying victims of DMST. In addition to asking about the identification of DMST victims, I asked about what community services existed addressing the victims' needs. I questioned how social workers share information related to treatment options and whether there was a need for specialized treatment interventions.

One of the themes often repeated, but not identified in Appendix F and Appendix G, was the dedication of all participants of the study to work with this population. I did not include it in the appendix because it described each participants' professional commitment to serve vulnerable populations, including those who choose to work with victims of DMST. Participants reported that they were active in joining with other professionals to eliminate DMST on a state and federal levels but unfortunately not the local level. Participants attributed this to the lack of awareness of other social workers and many professionals not viewing DMST as an issue in local towns. A large barrier is pushback they receive in the identified area due to a lack of understanding the magnitude of this social issue, existing in the targeted region.

After receiving permission from the group members, I audio-recorded focus groups and transcribed them verbatim. I allowed time between the focus group dates to ensure a chance to read the transcripts several times so that I could have a general understanding of the information provided before the next focus group. Once I completed the transcriptions, I reviewed them using constant comparison to identify reoccurring statements.

I chose not to use any software to track, organize, or analyze the data. Instead, I decided to hand code the transcripts, which allowed me to account for biases by keeping a reflexive journal to document my thoughts and feelings about the data provided. Woods, Macklin, and Lewis (2016) explained how the researcher's judgment drives the qualitative research as opposed to technical decisions. This was the purpose of keeping a

reflexive journal to continue to identify my thoughts, judgment, and moral responsibility to the research.

I began coding after completing all the transcripts and checking them for accuracy. Using constant comparison allowed me to compare the experiences of the participants related to DMST and even compare their data to data they provided at a different time. I reviewed the first focus group and used different color highlights to identify the initial codes (Appendix E).

Next, I went through the same transcript again to code in the margins while keeping a codebook to remember what the different color highlights and codes represented. The codes were words or small phrases used to describe what the participants stated. I repeated this process until I have saturated the data. This provided me a way to organize and sort the data. The coding in the margins summarized what the participants said during the focus groups. It took me three sessions of coding in the course of 4 weeks to believe that I had identified all the coding I could. The coding process took time but provided a rigorous qualitative study by allowing me to be open to and thoroughly going through the data.

I highlighted each category, such as identification or available services, with separate colors. For example, statements related to identification I highlighted in yellow, barriers red, and services blue. Color coding provided me with a process to organize the data. After highlighting the repeated information in the categories, I narrowed the information down to the most repeated. This additional coding allowed me to see

repetitious information throughout the transcriptions and another way to identify common themes throughout the categories and among the participants. I then counted the number of times they repeated information related to the code (Appendix F). The counting of the similar data listed in each category resulted in reducing the codes and categories into five themes.

Validation and Legitimation Process

I kept a reflexive journal from the beginning of the recruitment process through the completion of analyzing the data. Peredaryenko and Krauss (2013), discussed how a qualitative researcher being a member of the same profession used in the study leaves little to the imagination as to where the researcher stands in relation to the identified problem. For example, the participants in this study have similar credentials and have worked with this population. The process allowed me the time to reflect on whether I adhered to the IRB approved process.

I used a reflexive journal to record my thoughts and feelings in writing and assist in identifying my biases associated with the research. I made entries in the reflexive journal after each focus group and during my analysis. Journaling allowed me to recognize the data that stood out to me during the focus groups and my feelings about the information. For example, after the first focus group, I realized the extensive professional background the participants had related to DMST while writing in my journal. There was also peer debriefing with my chair to discuss my feelings and information gathered during the focus groups and transcription process. Ortlipp (2008) described how the use of a

reflexive journal in qualitative research influenced the research design while allowing a place to question the outcomes throughout the research process about such things as the methods, and assumptions. I journaled after each focus group to express my thoughts about what the participants were saying and my inner thoughts about the information I gathered. Journaling assisted with my conscious and unconscious thoughts becoming a visible part of the research for me. Throughout my journaling, a few things that stood out. One of the thoughts that stood out was the dedication the participants had toward the DMST population. Also, their experience was more extensive than I anticipated which contributed to their commentary regarding the subject. Listening to the participants describe the investment needed to work with this population and reading the experiences again in the transcript was enlightening for me. They had invested a lot of their time working with this population and stated they would continue to work towards raising awareness, even though they described barriers. The participants not only worked with DMST victims on a local level but many of them had worked with various agencies on a state and federal level that specialize in DMST. I stored my reflexive journal in a locked safe in my home.

I believe the most surprising discussion I documented in the journal was participants feeling one of the needed resources for victims was local churches and having them be more involved in educating the community about DMST as well as providing services to victims. This discovery surprised me due to the safety issues that come with working with this population. Traffickers often view victims as their property

and often secure the return of their property by any means necessary. This could jeopardize not only those working with the victims but innocent bystanders in the church. It posed a concern for me because local specialized training is lacking in this area for professionals and the community. I questioned how we could ask for churches to be involved in a social problem when there is no local provision of specialized training.

The focus groups supported challenging participants to share their viewpoints and experiences against those held by their peers, ultimately, providing a rich picture of the social problems related to DMST. Once the transcription process was completed, member checking was applied to ensure the accuracy of the information the participants provided. One limitation to trustworthiness and rigor in this study was my presence in the focus groups. I have seen and worked with some of the participants in the community, and this may have had some effect on their responses. They did ask why I was not participating in answering the developed questions during the first focus group? My response was this research offered an opportunity for me to learn from them and expand my knowledge about DMST from their perspective as social workers in the community who have worked with this vulnerable population. It appeared that once I addressed this issue, the comfort level of the participants increased.

Findings

In reviewing, the transcripts from the three focus groups, I identified several themes. I placed the repeated codes into themes and checked to make sure the themes

identified patterns within the data related to the research question. Additionally, I reviewed the findings to assure consistency with previous research.

Lack of proper identification

The findings of this project identified problems with working with victims of DMST. The first problem acknowledged were the gaps in the identification process. Several of the participants reported there was no protocol for identifying DMST victims. A participant described how many professionals identified children involved in this lifestyle as criminals and placed in a Juvenile Detention Center. Musto (2013) described how many law enforcement personnel should have DMST victims detained to protect and assist them in receiving services. One participant shared, “it is impossible to identify DMST victims if you do not understand DMST population or the lifestyle”. The lack of proper identification often related to the lack of specialized training the participants received. They reported that most of the information they gathered resulted from attending training related to DMST at agencies outside of the identified area. After becoming familiar with the data through facilitating the focus groups, transcribing, and reviewing the transcripts several times, I realized many themes intertwined with one another. For example, because of the sparsity of training, participants reported many social workers in the area could not properly identify DMST victims. No reporting and underreporting diminishes the availability of data and thereby affecting the level of funding attached to remediating this social problem. A protocol is nonexistent to identify

victims or a database, which would provide the number of victims who would benefit from funding to develop and provide specialized services.

One progressive step that has come about is the change in current legislation related to children involved in the sex trafficking lifestyle. Siskin, Fernandes-Alcantara, and Finklea (2014) discussed how the changes in current legislation consider all children involved in the sex trafficking lifestyle as victims. This also includes those who consent to have sex and those who do not identify themselves are victims.

Misidentification

Participants in the study reported the misidentification and incarceration of children continue due to limited specialized resources in the area. They reported identifying services could reduce or eliminate juvenile correction officers holding the victims in secured facilities. In Musto's (2013) study there was a consensus among participants that due to the lack of specialized services for this population, having victims detained is the best option until they identify resources. Souther (2014) discussed how every state disseminates their statutes about protocol and treatment of children detained for prostitution. One participant stated, "All kids at risk display some of the same risk factors, which increases the chance misidentification".

Specialized Services and Funding

The social workers discussed barriers to providing direct services to victims. One of the common themes was the lack of available specialized services. A participant stated that many social workers in the area have a lack of interest in this population possibly due

to their lack of understanding of the victims or DMST. Another common theme related when discussing the lack of specialized services was the required passion and time it takes to work with this population. A participant reported specialized services related to DMST were non-existent in the region. Another participant added that if social workers do not have a passion for working with this population, they might not view it as an issue. Greenbaum (2016) discussed how providing services to trafficking victims could require a collaboration between agencies and organizations to meet their specialized needs. One participant stated, “Organizations have to do better coming together to work on this issue”.

Another barrier social workers encounter when attempting to provide specialized services is the lack of funding associated with this population. One participant said social workers must jump through hoops and hurdles to get funding for specialized services. Other funding available is in certain geographic locations in the county. The lack of funding crossed several findings in this study. Lack of funding affects training provided to educate social workers about this population, services needed for this population, and local resources available. They discussed how the three jurisdictions in the identified area have three separate governments and three separate funding sources.

Lack of Training

Social workers expressed the difficulty of being able to identify victims due to the lack of protocol when attempting to identify DMST victims. Participants described the underlying reason for this difficulty was the lack of specialized training for the social

workers. Gibbs, Walters, Lutnick, Miller, and Kluckman (2015) reported the participants in their study discussed how the importance of building a rapport with victims is essential to secure a trust between the provider and victim. The trust described in the study was as important as the time needed to have multiple sessions required to work with this population. This issue of trust falls under the theme of lack of awareness and understanding. Social workers do not understand the importance of the lifestyle of this population and the trust level required to assist them. Participants in this study described how building a good rapport and the allotted time to work with this population go hand in hand. Social workers recognize the need to invest time to build rapport.

Lack of Awareness

The lack of awareness and understanding by social workers and the community was an agreed issue among participants. This lack of awareness and understanding related to DMST, lead to the inability to develop and institute specialized resources for local victims and survivors. Social workers cannot provide specialized services to a population they are not familiar. Hayes and Unwin (2016) described how critical it was for social workers to be knowledgeable about the culture, challenges, and values reflected in the assessments of victims.

Greenbaum (2016) reported DMST victims might be difficult to identify because they present with multiple issues and in various settings such as medical. Victims have many problems that overlap and may mask the primary issue of being a victim of DMST.

For example, a victim may appear depressed and present with substance abuse issues. Those may be problems but not the primary issue.

Lack of Specialized Training

The last theme referred to the lack of training social workers received related to DMST. Participants disclosed attending training provided to professionals outside of the region. It was a consensus among them that the few trainings provided in the area provided general information about DMST. Most of the training provided national or state information but not local information related to the community they serve. The lack of local information may have contributed to a disconnect between the state and local professionals understanding of DMST victims.

The question I posed to the clinical social workers, was what barriers they perceived, if any, hindered their work as social workers in identifying victims of DMST. One of the repeated concerns voiced by the social workers was the fact a protocol does not exist for identifying DMST victims. According to Fong and Cardoso (2010), one way for social workers to tackle victim identification was working closer with court systems, juvenile detention centers, emergency shelters, and others who have experience working with DMST victims. The lack of reliable protocol results in inconsistencies in properly classifying victims. During the focus group, social workers discussed the problem of misidentified or unidentified minors, which contributes to these minors not receiving appropriate services to address their specialized needs. One participant offered misidentification of children classified as intellectually disabled occurs because they

cannot speak up for themselves. Perin (2012) described how misidentification was a result of lack of understanding and awareness of this population.

A barrier social workers acknowledged that hinders them from identifying victims is how children usually present other common issues such as drugs, truancy, low self-esteem, and depression. One participant said there are many issues that overlap such as drug abuse and sex trafficking. Hayes and Unwin (2016) confirmed this finding and discussed how victims presenting with complex needs could confuse the identification and intervention process. Assessors attribute their problems to other disorders, overlooking the potential of DMST victimization. Another obstacle for social workers is victims do not self-disclose their involvement in the DMST lifestyle or view themselves as sufferers. Another stated she had never come across a youth who self-identified as a victim.

Gibbs, Walters, Lutnick, Miller, and Kluckman (2015) conducted a study evaluating three programs serving DMST victims. One of the strategies used to engage victims focused on professionals developing an atmosphere of respect and trust while gathering information from victims through conversation as opposed to filling out intake forms (Gibbs et al., 2015). One focus group participant stated that the professional relationship is the key to working with any DMST victim whether male or female.

Another part of the research question in this study was to inquire about the participants' familiarity with existing community services addressing the victim's needs. They appeared frustrated and voiced how the area had minimal specialized services for

DMST victims. One participant said, “We started seeing young women who were brought up in this and needed services and discovered that there was a lack of the most appropriate kind of services to address the issues that these victims presented”. There was one local agency commonly mentioned during the focus groups. This agency has a residential program to aid girls who have been sex-trafficked and sexually exploited. Some of the feedback from participants of this research was the local residential program being gender specific (girls), and DMST is not gender specific.

During the focus groups, participants only identified two local therapists with specializations in working with DMST victims. Social workers viewed this as a problem because the two therapists could become overwhelmed and risked experiencing burn out without attending to their need for self-care. A participant stated there was one primary provider that everybody seems to look to as the one expert in this area and that was just not enough. The two identified therapists were also at risk of suffering from compassions fatigue and vicarious trauma. Cohen and Collens (2013) conducted a research discussing how the organizational factors, such as the amount of trauma work within a social workers’ caseload and how much exposure to traumatized clients can affect social workers negatively or positively. The potential for vicarious trauma further supports the reason for social workers to develop self-care routinely and for agencies to incorporate self-care opportunities for their employees, such as a discount to a local gym. The local residential facility and the two therapists were the only local services identified during the

focus group. Participants felt there was a definite need for additional specialized services for DMST victims.

I also noted how professionals reported not sharing information related to treatment services due to a lack of training and awareness. A participant stated, “There’s no commitment to putting the services and resources in place to address this group”. Additionally, two participants described how adjoining jurisdictions did not want to assist each other or share resources. For example, they do not invite other districts to trainings nor do they send out information about newly developed local resources for this population. The lack of sharing information may limit social workers’ knowledge of this population, limit the services they could provide, and influence clinical practice. Hayes and Unwin (2016) suggested social workers could be more effective by coming together and developing a way to eradicate DMST or support victims that are not willing to escape the lifestyle. One participant said, “My feelings and thoughts about DMST in our community is that there is still a lack of acknowledgment that this is happening and when you are talking about minority children and youth who are caught up in it, there is no pressure, there is no sense of urgency about this issue”. There were several state and national agencies mentioned who specialize in this population such as Shared Hope International, Polaris Project, and the National Center for Missing and Exploited Children.

The important learning points in this project were the difficulty social workers face when attempting to identify DMST victims, the lack of specialized services in the

area for the target population, and the need for additional services for victims and survivors of DMST. Throughout the focus groups, I became enlightened about the lack of awareness related to DMST by social workers and other mental health professionals as described by participants. This lack of awareness includes community residents. The dearth of information influences clinical practice because social workers are not able to properly identify victims, understand the victim's special needs, respond to red flags, or provide appropriate interventions. The importance of a state and national protocol for identifying victims became clear from the repeated mention of this during the focus groups. Developing a state or national protocol for identifying DMST victims, may make its way down to local social workers and increase proper identification of victims. A state or national protocol would equip social workers to educate other mental health professionals in the area and increase awareness.

Another learning point in this study was the need for specialized services for those affected by DMST. There were only three agencies reported in the area who provide specialized services to DMST victims and survivors. Only one of the three agencies identified serve female victims.

An unexpected finding during my analysis was the participant's thoughts about the importance of the local churches being involved in raising the awareness of DMST with their congregations and providing direct services to victims. The participants had an extensive discussion related to churches being involved with educating their community and providing services to DMST victims. This surprised me due to the safety issues that

come with assisting victims. Gibbs, Walters, Lutnick, Miller, and Kluckman (2015) discussed in their research how case management related to DMST often included planning for safety, assessing needs, locating resources, and setting goals for clients. After reviewing the transcripts, I could see how having the local churches involved could assist with this issue, if they received proper training on safety aspects and intervention strategies.

Another unanticipated finding in my research was the discussions about the passion necessary for working with the population. For example, participants discussed how working with this population is not a 9am-5pm job and requires intensive interventions. Referral sources call upon the social workers serving this population when needed, all times of day due to rescuing or taking victims into custody. A participant discussed how social workers working with this population should have a passion for working with DMST victims and survivors. One said, “If you do not have the passion for a certain population, you are not going to take the time to build the needed relationship”. Gibbs, Walters, Lutnick, Miller, and Kluckman (2015) reported the importance of workers have frequent conversations with suspected or identified victims over a period to establish trust and engage with the children. Social workers should stay up to date on evidence-based practices to provide effective specialized services to DMST victims and their family. If the agency is not providing training related to the best practices working with this population, it was often the responsibility of the social worker to stay abreast of current practices working with DMST victims.

Summary

The social workers who participated in the focus groups provided insightful information about their experiences and perspectives related to DMST both individually and collectively. The information gathered answered the research question. Several barriers contributed to the inability of social workers to identify DMST victims. The most common barrier was the absence of standardized protocols for detecting victims on the local, state or national level. Participants partially attributed inconsistencies in the identification process to the victims presenting with other issues such as drugs, depression, truancy, and family issues. Another obstacle was the lack of local specialized service providers who focus on the population. The participants could only recall three specialized services in the area. Another common issue was the lack of awareness about DMST. The lack of awareness included social workers, other mental health professionals, and the community. The information one participant described included the knowledge of DMST, identification of victims, lifestyle traits, and specialized treatment interventions. The lack of awareness included the residents not being able to identify DMST red flags in their family, prevention for children, or how to initiate specialized services if needed. Based on the collective findings, the participants recommended several solutions to resolve some of the social issues related to DMST in targeted communities. I discuss the recommendations in the next section.

Section 4: Recommended Solutions

The purpose of my study was to increase the broader social work community's awareness of DMST in the northeast region of the United States. The study consisted of organizing three focus groups with social workers who had a minimum of a bachelor's or master's degree in social work and experience in working with DMST victims. I conducted the study to increase my understanding of the experiences and perspectives of social workers in the community related to DMST.

The findings of the study highlighted the barriers social workers face when attempting to identify DMST victims, access local specialized services, and develop solutions to contribute to social workers being more effective when working with the target population. Increasing awareness related to DMST by local social workers would assist them with accurately identifying victims and providing appropriate treatment services for this population. A major part of social workers working with DMST victims is having the acceptable time to build the needed professional relationship to secure the victims' trust. Pearce (2011) discussed the importance of professionals developing a trusting relationship with victims.

The information obtained by social workers during the focus groups allowed participants to hear from other social workers. The focus group discussions contributed to increasing social workers' awareness. The group identified the need for educating the community and other professionals about the signs of DMST victimization and available local specialized services for victims. Heightened recognition of these factors may

support social workers in contributing to the development of protocols, properly identifying DMST victims, and ultimately developing preventative measures to reduce the influx of victims.

Application for Professional Practice

I documented local social workers' views and experiences related to DMST and their practices. It provides a better understanding of the lack of knowledge social workers in the community feel they have associated with this population. One participant added,

> DMST was a hot topic about two years ago, in this area. Since then I believe the focus from a social work standpoint has now moved onto another 'hot topic' trauma informed care. While DMST is still an ongoing issue in our area, it is no longer heavily talked about nor addressed as an issue the area faces.

The participants described the need for specialized training to social workers and other professionals to increase their ability to identify victims properly. There is also a need for a protocol to classify victims and thereby provide specialized services properly. The participants shared their awareness of only three specialized service providers in the area for this population. The process also resulted in understanding the inadequate funding available to provide training to social workers and specialized services to clients. Last, the participants had an in-depth discussion about local churches being involved in the process to eradicate DMST.

Shared Hope International (2011) conducted an assessment on DMST, documenting the identification of and response to DMST victims. The findings of this

study concluded there is an acute lack of awareness of DMST leading to a high rate of misidentification of victims by professionals (Shared Hope International, 2011). Researchers reported that the participants felt the shortage of training contributed to their limited awareness (Shared Hope International, 2011). Perin (2012) described how misidentification is a result of inadequate understanding and awareness of this population. The findings of the study confirm how the dearth of training related to the target population also affected social workers' ability to identify DMST victims properly. There was also discussion about the lack of awareness by community residents and other professionals.

The findings of the study relate to clinical social work practice by showing the need for social workers to be aware of the red flags related to DMST. Outcomes indicated a connectedness between proper identification and the need for specialized resources for victims. The continued lack of recognition reduces the chances victims receive the services needed to assist them in transitioning into a survivor. The lack of a tracking software to identify the number of victims poses a problem when attempting to secure funding. Without a way to track the increase or decrease of victims, the community could not justify whether a problem exists.

The communication between districts is another area of focus, as suggested by the participants in the study. Adjoining jurisdictions in the region do not share new or updated information concerning the victims. Several municipalities have a DMST task force, but they are not interested in combining them or unifying their efforts. The social

workers disclosed their frustration with this because DMST is affecting all the jurisdictions and victims relocate to adjoining districts. Adjoining forces would also increase the awareness of new developments related to DMST. Some of those new developments may be identifying specialized services in the area and changes in legislation related to DMST. A participant commented,

> . . . we did get a funding source, we got money specifically to deal with girls of sex trafficking, but they made it only for a certain zip code. We were not included even though they are neighboring counties.

The problem statement in the study described social workers' lack of exposure to victims of DMST, coupled with the nonexistence of clear and specific guidelines. Highlighting the barriers, social workers confront when attempting to intervene has practice implications. Barriers such as lack of awareness, lack of services, and the fact victims do not self-disclose. The difficulty for social workers working with victims is the victims often possess other more common problems such as substance abuse, depression, and family difficulties. The findings from the study provided a view of the problem to assist in increasing professional's understanding of various methods to redress when attending to issues related to DMST.

Solutions for the Social Work Setting

Currently, social workers do not receive training on how to recognize the signs of DMST victims and their lifestyle. Another problem is the non-existence of clear and specific guidelines for working with victims of DMST. One recommendation based on

the findings reported here was for the surrounding jurisdictions to open their training to other professionals such as social workers to become qualified to work specifically with this population. The openness allows for networking between social workers providing services to DMST victims and survivors, thereby increasing their awareness and familiarity with the specialized resources in the area.

Another recommendation after analyzing the data is to develop protocols for identifying DMST victims, statewide and nationally. The guidelines would provide parameters for various jurisdictions to develop assessments specific to the needs of their residents. The protocols would have to take into consideration the culture, language, and beliefs of the residents in the community. The protocol would also have to be specific to the trafficking lifestyle and able to highlight signs of victimization. A unified task force consisting of professionals who are aware of the social problem would be another advantageous outcome to ameliorate the on-going suffering of those victimized by these criminal enterprises.

One of the steps an agency may want to consider before implementing the above recommendations was becoming aware of the magnitude of the problem of DMST. Agencies cannot make decisions about various deleterious outcomes for the community at large, without a complete appraisal of the issues. Agency leaders should consider the different levels of DMST involvement by the victims. Some victims may have been a part of the DMST grooming process, while perpetrators subjected other DMST victims to the sexual encounters. These factors also affect the number of clients who present based on

proper assessment of symptomology exhibited by victims of DMST. Focus group participants discussed how common diagnoses lead social workers to overlook and misidentify indicators of DMST. Issues that are more common to social workers such as depression and substance abuse may present as the primary issue when they are not.

Outcomes from discussions with focus group members also indicated social workers engaged in providing services to the target population require a certain passion to deliver effective interventions. Including time and patience, they need an awareness of the lifestyle and precautions required to ensure not only their safety but also the client's wellbeing. Social workers possessing a passion for intervening should seek out training to provide specialized, effective clinical services, which include prevention, intervention, and treatment strategies. Trained social workers can offer education to other service providers and the surrounding community.

Implementation of the recommended solutions would improve my social work practices, including taking the time to become a part of a regionalized task force developed by uniting the smaller sex trafficking task forces in the area. The task force would reflect the combination of professionals working with victims including law enforcement, social workers, medical personnel, court officials, and local politicians. Their participation would benefit my social work practice because it would allow me the opportunity to learn about DMST from other professional perspectives and collaborate to identify the community specialized resources. The information from surrounding districts combined with validated research may inform politicians of the need for changes in

legislation. Presenting my research to participants attending local training related to DMST and requesting feedback on the recommendations can assist organizations in evaluating the potential efficacy of implementing changes. Written evaluations would support documenting responses for on-going and future consideration.

Implications for Social Change

The study has the potential for positive social change for victims of DMST by showing the need for a protocol for identifying DMST victims. A protocol would assist with identifying victims and providing local professionals with the same framework when encountered by a possible victim. Working from the same framework provides professionals the common terminology when referring to DMST victims. Jordan et al. (2013) discussed one of the important changes needed on a micro-level is to protect the victims rather than punishing the victims. The best way to decrease the instances of DMST is the early intervention and identification of children who may be potential victims.

Filling the need to have a local protocol for identifying victims would allow victims to receive proper identification and assessment. Pardee, Munro-Kramer, Bigelow, and Dahlem (2016) described how misidentification of victims in the clinical setting could lead to missed opportunities and possibly disturbing consequences. Some of the disturbing effects may be referrals to proper resources, educating the victim, and promoting good physical health. Proper identification could lead to the development and maintaining of a database to provide a more accurate number of victims in the area.

Accurate numbers may be one of the driving force to increased funding for victims in the identified area.

Professionals and families who understand the problem exists in their community can advocate for services and appropriate treatment planning for victims. Bringing social workers together to share information to assist victims and survivors can result in validation of these outcomes, along with developing additional strategies for on-going improvement. Implications for positive social change include inspiring social workers to develop a newfound passion for wanting to work with a challenging population. Increased awareness of everyone in the community may contribute to developing prevention programs to reduce the number of affected children. Social workers' understanding the problems along with the culture of the community can assist them in educating the community so they can help protect the children and identify the red flags of DMST. Educating families will allow them to understand where to go for services if they suspect a child of being involved in DMST. There is also a need to eliminate the related stigmas.

Agencies understanding DMST and the needed attention may increase the need for educating their professionals. Educating them about the population, services, and laws related to DMST. Social workers educating other professionals may increase hearing the voices of professionals who work towards legislative changes on the local, state and federal levels. One focus group member contributed,

> I increased my knowledge about it through my graduate school research because I then wanted to see where we were statewide in terms of dealing with this as an

> issue nationwide. In addition, policy makers were not doing very well in terms of how they were addressing this even the laws that were non-existent to address this. Legislators were kind of piggybacking on top of existing laws to try to make a stab at addressing sex trafficking in the state.

Understanding the laws related to DMST increases the knowledge of social workers and the available resources for victims. The findings from the study may raise awareness about DMST and the local changes needed to reduce DMST instances. The information from the study allows social workers to understand what other social workers are saying about DMST and the need to promote change. Using the results of the study empowers social workers to educate themselves to provide appropriate services for DMST victims, survivors, and their family. The findings of the study identified the need for local jurisdictions around the identified region to unify and encourage change.

Summary

Sex trafficking is an issue often viewed as only occurring internationally. The problem is very much a domestic concern, affecting children in our country and referred to as DMST. Participants in the study were social workers who agreed DMST was a problem in their community. They discussed how the lack of awareness concerning DMST influences social workers' ability to identify victims properly. Improper identification resulted in victims not receiving the specialized services necessary for their transition from DMST victim to DMST survivor.

One recommendation for disseminating the information produced in this study was to use the findings to provide training for various agency workers who interact with DMST victims. Through the training, these workers could provide new insights into the findings. I could answer direct questions about the study and possibly increase the number of professionals interested in working with the identified population. Training may also encourage social workers to increase their understanding about DMST victims to provide a voice for the victims that have no voice. Summarizing the study to submit for publication would be another way to disseminate the information. Having the research published will extend the findings to a broader audience and bring more visibility to the problem. Educating not just social workers in target region but any professional who has the potential for working with victims and gaining an understanding of the population from a social workers' perspective. Increased dissemination provides information for future researchers and contributes to the development of appropriate services and additional knowledge in the field of social work.

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Appendix A: Recruiting Message/Email

Social Workers,

My name is Stephanie Chester, and I am a doctoral candidate at Walden University pursuing my Doctorate of Social Work (DSW) degree. I will be conducting a qualitative study under the supervision of Dr. Pablo Arriaza, Ph.D. to increase my understanding of domestic minor sex trafficking (DMST) in my community. I would like to gain this understanding from social workers who work with or have the potential of working with these victims. This understanding also includes identifying barriers that may go along with properly identifying DMST victims. This study has been approved by the Walden University's Institutional Review Board (IRB).

I am searching for participants who are social workers with an undergraduate or graduate social work degree employed by your agency and work directly or have the potential of working with DMST victims. These participants should be willing to take part in various 45-60 minute focus groups. Participants would also provide consent for

the focus groups being audio recorded. There would be no compensation for participating in this study.

I look forward to hearing from you or any potential participants. The deadline for contacting me to participate in this study is (TBD). All interested participants or questions, please contact me at the information listed below.

Appendix B: Recruitment Flyer

ATTENTION SOCIAL WORKERS

Would you like to participant in an action research focus group?

If so, you are invited to participate in an action research study designed to identify any barriers (if any) social workers experience when attempting to identify victims of domestic minor sex trafficking. You will participate in focus groups discussing your experiences and perspectives related to this population. Your voluntary input may lead to increased awareness of this population and the need for specialized services for this community. Your help will be greatly appreciated.

If you are

- a social worker with an undergraduate or graduate degree in social work
- work in a child welfare agency or hospital with children (under the age of 18) who are or may have been involved with sex trafficking in the community

Please contact Stephanie Chester today at [redacted]to obtain more information about this no-cost, confidential study. All information is kept **CONFIDENTIAL.**

Appendix C: Color and Coding Categories

Color and Coding Categories

Color	Category
Yellow	Identification of DMST victims
Turquoise	Types of services
Red	Barriers to identification and service provision
Bright Green	Lack of resources -- contributory reasons
Pink	DMST Culture
Dark Blue	Current resources and services

Appendix D: Initial Codes

Initial Codes

Honored Profession	Dedicated to this population	Dedicated to
Proud Degree	Slow process to secure services	working with
Commitment to practice	Inappropriate treatment interventions	victims
Extended social work	Participant dedicated to working with	
education	this population	Lack of state
Dedication to education	DMST is 2nd or 3rd issue in order to	legislation
and training	receive some services	Lack of passion
Federal Program	Discrimination about who receives	Factors for DMST
development and practice	services	as with other
Multi-level practice	Specialized individuals needed to	common issues
Needs of children in the	identify victims	
program	Cross related issues	Mentally,
Dedication to profession	Known common issues incorporating	physically, and
Passion substance abuse	DMST	emotionally
practice	Dedication needed to learn about	abused
Multi-agency practice	DMST victims	
Multi-level practice	Dedication Needed by social workers	Participant
Social Work educator	DC dedicated to educating future	dedicated to
Dedication to vulnerable	professionals about this issue	working with this

populations	Participant dedicated to training	population
Practice in multiple places	Discrimination of victims receive	
3 level practice experience	specialized services	Dedicated to
Dedication to vulnerable	Lack of commitment by local social	working with this
populations	workers	population
3 level practice experience	Social workers direct care understand	
Dedication to vulnerable	the needs of victims	Distrust of
populations	Upper management does not recognize	professionals
Social Work educator	local issue	Patience working
Commitment to children	Direct care should understand services	with this
Practice with abused	needed for victims	population
children	State’s lack of interest in addressing	
Commitment to DMST	issue	Participant direct
victims	Legislation view children as victims	and honest
Federal Program	instead of criminals	Patience with
development and practice	Not an issue until it affects someone in	rapport building is
Continued professional	power	critical
development	Changes in legislation will be minimal	
Continued professional	until strikes personally	Victims are often
development	Residents need to have a voice related	subjected to other
Social Work educator	to this topic	crimes

Dedication to profession
Social worker supervisor
Dedicated to substance abuse treatment
Dedication to community and children
Dedication to vulnerable populations
Commitment to DMST victims
Dedication to vulnerable populations
Needed cultural competence
Dedication to community
Dedication to vulnerable populations
Professional networking
Continued education about DMST needed
Provides DMST education

Participant dedicated to population on multiple levels
Children freely participating
Victims participating in meeting basic needs
Difference between coercion and free will
Participants dedication to this population
Participant dedicated to learning to properly identify victims
Participant involved in prevention
Dedicated to direct services
Risk factors for DMST are common for many other issues
Previous abuse
Minorities return to their country to avoid prosecution
Common step-parent sexual abuse
Immigrant traffickers will often flee the country

Victims traumatized
Victims have multiple issues more common presenting issues
DMST related issues are often masked
Victims have multiple issues
Participant dedicated to increasing his knowledge about DMST
A survivor who

locally	Children participating in meeting basic	has dedicated her
Community Denial around	needs	life to raising
DMST	Issue not gender specific	DMST awareness
Dedication to vulnerable	Physically, emotionally, and mentally	
populations	abused	Survivors
Program Quantity over	Child may have physical signs	educating
Quality	Lack of medical attention	professionals
Dedicated to DMST	Victims lack of physical safety	
services	Complicated medical issues	Survivors willing
Safety first for DMST	Risk factors are similar to other issues	to share their story
victims	Common risk factors related to more	are out there
Media coverage declined	common issues	
Social issue denied	Social workers addressing	Survivor may
Protocol before victim's	inappropriate dress for age	make more of an
care	Lack of respect	impact on others
Various needs for various	Common red flags are the same for	
victims	multiple issues	Survivors are not
Unrealistic treatment	Inappropriate social skills with adults	respected by some
timelines	Lack of respect	professionals
Lack of services post 18	Inappropriate social skills	
years old	Recently, local Politician trafficker	DMST victims

Racially biased interventions	identified in area	are more likely to relate to survivors
Racially biased news coverage	Media coverage about local politician trafficker	
Media coverage racial identity	Victims appear of age	Trained by survivors
Dedication to social change in community	Victims viewed as prostitutes	
Dedication to vulnerable populations	Child abuse	
DMST not gender specific	Confidentiality with this population	Survivors make a larger impact on victims
Local business involvement in DMST	Participant dedicated to educating other professionals	
Unaware of update local terminology	Political figures lack of acknowledgment	Difficulty implementing services
History of local DMST	Victimless crime	
Denial of local DMST	At risk-run away children	Common themes are the same all kids at risk
Dedicated to increasing community awareness	Children associated with recruiting efforts	
Dedication to vulnerable populations	Victims involved with multiple issues	Mental health signs can be invisible
	Professionals mislabeled as social workers	
	Low self-esteem for victims	
	Low self-esteem	
	Low self-esteem	

Special needs children involved

Dedicated to honesty

All children are at risk

Traffickers taking advantage of Special needs children

DMST victims can trigger new more presenting issues

Social media

Social media

Every DMST victim has a different story

Various victims require various treatments

Victims can identify the sincerity of social workers

Identifying this population

Multiple red flags for victims

Every victim different

Lack of changes in policy

Participant dedicated to policy change

Agencies prefer quantity over quality

Unrealistic time frames

dedication to work

Dedicated social worker

Limit experts

Social workers should outsource clients

Social workers should refer clients

Unrealistic expectations

Social workers working with victims have a higher risk of burnout

Unrealistic caseloads

Victims self-medicating

Victims display multiple issues

Many victims possess underlying issues

All children are at risk

Kids will often disguise the true problems

Some victims are at risk of self-harm

	Difficulty prioritizing victim's needs	Unknown common theme

Appendix E: Examples of Second Coding

Example of second coding

Codes	Themes
Misidentification of victims	
Cross related issues	
Known common issues incorporating DMST	
Victims being misidentified	
Specialized individuals needed to identify victims	
Victims don't self-identify	Lack of proper identification
Challenges identifying DMST victims	
No protocol of DMST victims	
Changes in protocol for victims	
Coercion	
Victim's don't self-identify	

Misidentified due to other more common presenting issues	
Educators lack of identification	
Children are often misidentified	
No set protocol	Lack of proper identification
Every DMST victim has a different story	
Rapport building is critical	
Lack of specialized services	
Discrimination about who receives services	
Difficulty accessing specialized services	
Slow process to secure services	
Lack of services	Lack of services
Misunderstanding of specialized services	
Dedicated to direct services	
Misunderstanding of specialized services	
Discrimination of victims receive specialized services	
Inappropriate treatment interventions	
Unrealistic treatment timelines	

Lack of knowledge and practice by social workers	Lack of awareness and understanding
Lack of training to properly identify victims	
Lack of acknowledgment about the issue	
Participants frustration with professional's lack of awareness	Lack of awareness and understanding
DMST not seen as an issue	
Social workers lack of awareness	
Lack of awareness	
Lack of acknowledgment of demographics of victims	
Lack of acknowledgment about the issue	
Participant dedicated to training	Lack of specialized training
Lack of training	
Lack of specialized training	
Lack of specialized training in school system	
Various needs for various victims	
Limited specialized providers	
Common red flags are the same for multiple issues	Lack of specialized training

Mental health signs can be invisible	
Victims require specialized treatment	
Various victims require various treatments	
Victims can identify the sincerity of social workers	Lack of specialized training
Inappropriate treatment interventions	
Participant dedicated to working with this population	
Lack of services	
DMST is 2nd or 3rd issue in order to receive some services	
Frustration about lack of funding	Lack of funding
Lack of local funding	
Community lacks funding	
Financial struggle within community	
Professionals unaware how to secure funding	Lack of funding
Lack of funding for services	
Harsh restrictions securing funds	
A lot of funding restrictions for this	

population	
Struggle to get funding for services not available in the area	Lack of funding
State funding regulations	
Limited due to funding restrictions	
Lack of local funding	

Appendix F: Themes

Common Codes	Times Repeated
Lack of training – Specialized training needed	45
Lack of specialized services	27
Lack of awareness	71
Lack of funding	21
Lack of proper identification – No protocol	46

Appendix G: Questionnaire

Questions for Focus Groups

I. Demographic and Background Information (First focus group questions)

1. Can you share with the group your professional background and professional interests?
2. How long have you been a social worker and in what capacity?
3. Can you share with us any professional licenses or certifications that you hold?
4. What motivates you to participant in this study?

II. Problem Definition (Second focus group questions)

1. Can you please share with us your knowledge about domestic minor sex trafficking (DMST)?
2. Can you share with us your feelings/thoughts/opinions about DMST in our community and social work practice?
3. What has been your experience(s) with minors involved in DMST lifestyle and social work practice?
4. As a social worker, how do you identify minors in this lifestyle? For example, what may be some risk factors when you are identifying minors involved in this lifestyle?

5. Can you share with us any social work practice barriers or challenges when identifying DMST victims?
6. In your social work experience, how do the minors involved in DMST self-identify?
7. As a social worker, what are some common themes that you have identified when working with victims of DMST?

III. Problem Resolution (Third focus group questions)

1. What are some of the local resources you have identified to assist your clients who are DMST victims?
2. What would you like to do to contribute towards social change in this community in relation to DMST?
3. What are potential solutions to enhancing social work practice in this area?
4. What are your feelings/thoughts/opinions about best practices for social workers to share information about treatment options for this population?
5. Now that we have defined the problem of DMST related to social work practice, who are some key stakeholders you believe could contribute to future research related to this social issue?