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A Narrative Study Focusing on Survivors of Forced Labor Trafficking

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Walden University

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Walden University

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Taras NK Raggio

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Walden University
2019

Abstract

A Narrative Study Focusing on Survivors of Forced Labor Trafficking

by

Taras NK Raggio

MPA, Troy University, 2001

Dissertation Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2019

Abstract

Throughout history, the media's rendering of slavery depicts vulnerable groups caught in a network of trafficking looking for a better life. Scholars of trafficking cite challenges in understanding the health care needs of domestic forced labor trafficking survivors in the United States. Seminal trafficking findings have shown that variations of trafficking affect the survivors' health after surviving trafficking. Therefore, in this qualitative, narrative inquiry I sought to understand how 8 survivors of forced labor trafficking, ages 25 years and older, described their health following trafficking beyond 5 years. The theory of social constructionism constituted the theoretical foundation, and the salutogenic model of health is the conceptual framework. The research questions for the study focused on understanding how adult survivors described experiences of entering and exiting trafficking, and their physical health, post-trafficking involvement. Criterion sampling facilitated identifying survivors of forced labor trafficking. Semi-structured interviewing guided the survivors' narrative storytelling. For analyzing the narratives, I used Braun and Clarke's Thematic Analysis strategy. The results of the pilot and main study showed that survivors suffer from an array of ongoing cognitive and general health concerns beyond surviving trafficking. The findings suggest that these ongoing health conditions influenced survivors' well-being beyond surviving trafficking. The results of the study may lead those in the medical field (e.g. health administrators) to identify other conditions influencing survivors' health after surviving trafficking.

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Dedications

“Obstacles are those frightful things you see when you take your eyes off your goals” –Henry Ford

To survivors suffering from trafficking. To survivors suffering from the injustices of undue process. To survivors suffering from spousal abuse. To survivors suffering from trauma. To survivors suffering from mental abuse. To survivors suffering from stalking. To survivors suffering from shaming and humiliation. To survivors suffering from others ulterior self-serving intentions.

Acknowledgments

To Mother

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Chapter 1: Introduction

Throughout history, the media's rendering of slavery depict vulnerable, groups caught in a network of trafficking in search of better life (Johnson, 2013; Soderlund, 2013). Trafficking is one of the most significant forms of human rights violations (Johnson, 2013). In this study, I define trafficking-in-persons as the deliberate attempt to physically transport any person by severe force, cognitive manipulation, and coercion for monetary gain (U.S. Department of State [DOS], 2018).

Trafficking begins with recruitment from a trafficker. The trafficker's hidden motives of recruitment begin with stalking, deceiving, and manipulating potential victims. Deception and manipulation involve misleading potential victims with promises of a better future.

A better future includes securing official documentation such as a United States T-visa (non-immigrant status; DOS, 2018), glamorizing employment, or providing money to support the potential victim's family (Johnson, 2013; Owen et al., 2015; Perry & McEwing, 2013). Once the trafficker gains the trust of a potential victim, the potential victim's desire for a better life begins to evolve into a journey of violent acts of human enslavement. However, the American public has a limited understand concerning the individual's present-day trafficking journey. Indeed, there is nothing new about the concept of enslaving people for forced slave labor.

Throughout history, human slavery was a way of life, influencing philosophers, politicians, the enslaved persons, and their families. The Greeks used slaves to construct massive infrastructure (Houston, 2015; Youni, 2010). The Portuguese and Spanish

frequently traded human slaves throughout the Barbary States and Gold Coast of North Africa (Kara, 2011; Rönnbäck, 2015).

In the late 1600s the rise of slave ownership in colonial America shifted from owning Native Americans as slaves to owning Africans brought through the transatlantic slave trade. In colonial America, enslaved people were involuntary bought, traded, and sold as a commodity. The concept of chattel slavery, owning a person for personal gain, in colonial America instituted economic and social change.

In 1700 to 1800s slave labor included African and White servants living in conditions of deprivation. In colonial America owning chattel slave labor enhanced agriculture crop cultivation and increased a slave owner's profits from commodities such as cane sugar, tobacco, or cotton (Bronson & Nuriddin, 2014). In the 18th century, the average slave for plantation labor was an African male beginning at age 14. (Lovejoy, 2011; Pritchett & Yun, 2009).

In America, slaves worked on plantation farms as laborers in cotton fields or served as in-house domestic servants. Often, slaves worked under severe conditions enduring physical and psychological abuse from their owner (Bronson & Nuriddin, 2014; Lovejoy, 2011). The unhealthy working conditions of enslavement contributed to significant physical and mental trauma as well as poor health (Bronson & Nuriddin, 2014; Pritchett & Yun, 2009).

The slave owner dictated the well-being of a slaves' health. Environmental conditions, such as living in overcrowded spaces, exposed slaves to diseases such as

malaria, dysentery, and sexually transmitted infections (Bronson & Nuriddin, 2014).

Thus, alternative medical remedies were fundamental for the slave's health.

Often a slave with knowledge in herbal remedies provided alternative medical treatments for acute sicknesses (Bronson & Nuriddin, 2014). Root plants cured bone health, herbs were used for treating chest colds, and tinctures remedied bowel concerns (Bronson & Nuriddin, 2014). Unless a slave endured chronic health conditions or threats to life, slaves never received proper medical treatment from a trained medical professional.

Often, using a slave for medical experimentation was a standard practice in medical education (Bronson & Nuriddin, 2014). Consequently, slaves had a mistrust of medical doctors and preferred alternative home remedies under the control of a trusted elder (Bronson & Nuriddin, 2014). Slave narratives from the eighteenth century described the complexities after surviving their ordeal (Lovejoy, 2011).

Slave narratives highlight that living in improvised conditions significantly limited adequate health care and health education (Bronson & Nuriddin, 2014). Because most infirmaries feared outbreak of diseases such as malaria (Bronson & Nuriddin, 2014; Pritchett & Yun, 2009). Furthermore, educated White slave owners with a degree in medicine offered in-home care.

By the mid-1800s efforts to abolish slavery, began the contentious debate in Congress of whether to maintain forced slave labor or whether to free Black slaves. The Emancipation Proclamation of 1863 and the Constitutional amendments of 1865 created a Congressional chasm in the United States of America (McKee, 2005; Stanley, 2010).

Indeed, owning a slave meant more than prosperity. Owning a slave in America; especially the Confederate States meant that a person had increased stature and superior control over others' lives (Lovejoy, 2011).

Narratives from member of Congress opposing the freedom of those who were formerly enslaved surfaced, claiming that former African male slaves and indigent servants were enticed and rap White young women. (Donovan, 2006; Schreiber, 2009). The widespread rumors of alleged forced prostitution against America's White daughters instigated outrage among politicians (Schreiber, 2009; Soderlund, 2013). Exaggerated attention highlighting White slave trafficking in America made media headlines.

Beginning in 1900, James Robert Mann, (R-IL) introduced the White Slave Trafficking Act of 1910. The act made it illegal to transport, violate, or coerce prostitution on any individual for forced sexual exploitation (Doyle, 2015). The White Slave Trafficking Act changed racial equality in America. For example, riots and revolts from former slaves and aspiring abolitionist led to violent and unstable human rights violations of the 19th century (Donovan, 2006).

The current concepts of human slavery, mirror centuries of human rights abuses (Donovan, 2006; Doyle, 2015). Similar to slaves of colonial America, victims of forced trafficking are forced to work as farm laborers or domestic servants at the mercy of their perpetrators (Owen et al., 2015; Palumbo & Scieurba, 2015). Corresponding to the transatlantic slave traders, the perpetrator of trafficking is a middle-man engaged in exchanging vulnerable groups for monetary gain (Brysk, 2011; Chuang, 2015).

Trafficking of humans is in the form of cross-border trafficking, the trafficking of human organs, and the trafficking of infants and children (Chuang, 2015; Farley, Franzblau, & Kennedy, 2014; International Labor Organization [ILO], 2012b; Owen et al., 2015; United Nations Office on Drugs and Crime [UNODC], 2009).

A middle-person, usually a trafficker, takes advantage of the demand for cost-effective labor and increases the chance of cross-border or cross-waters (Atlantic and Pacific) trafficking into the United States (Griffin & Wilson, 2012). The trafficking-in-persons continues in a vicious cycle of trading, harboring, and coercing forced labor into and within the United States (McNulty, 2013). The demand for cheap labor and production of cost-effective commodities such as produce, clothing, or electronics prompts trafficking's vicious cycle phenomenon (Kara, 2011; DOS, 2018).

By the mid-1990s, the estimated that the number of people involuntarily trafficked into the United States exceeded 50,000 per year (DOS, 2018). There are various heinous acts associated with trafficking-in-persons. However, the two most frequent acts of trafficking to and within the United States include forced labor trafficking, and sex trafficking. For this study, I defined sex trafficking as the involuntary exploitation of vulnerable groups by forced prostitution (DOS, 2018). Participants in this study included individuals no longer in a trafficking circumstance at the time of the interview.

Forced labor trafficking involves the act of deceiving vulnerable groups with false promises of better employment. In the United States, migrants and vulnerable populations escaping, or seeking freedom from oppression or conflict (e.g., economic instability) may

become victims of either sex or forced labor trafficking (Brysk, 2011). In this study, I explored the phenomenon of domestic forced labor trafficking in the United States.

For the study, domestic forced labor included agriculture labor, involuntary domestic work, and work bondage. Agriculture labor includes working in tobacco farms, the fishing industry, or produce fields (Barrick, Lattimore, & Zhang, 2014; McKee, 2005). Domestic work involved individuals forced to work in jobs as domestic servants included housekeepers, nannies, or in-home health care providers (Ladegaard, 2015).

Likewise, work bondage transpires when a victim owes an abusive employer a substantial amount of debt (Ladegaard, 2015). The debt owed to the abusive employer incurs high-interest rates until the victim repays the amount in arrears. For example, in the United States, forced labor may begin under the notion of day labor employment or advertised as work-for-hire. However, job opportunities such as those offered to a day-laborer might instill physical and psychological abuse by an uncaring employer or by a third party (e.g., trafficker).

Government Efforts and Trafficking

Efforts to abolish present-day slavery in the United States echo similar efforts of the abolitionist movement. After, the United States government publicly declared that funding developed from trafficking-in-persons provided monetary support to fund 9/11 terrorist groups (Financial Action Task Force [FATF], 2011), the United States government to enacted the Victims of Trafficking and Violence Protection Act of 2000 (DOS, 2016; Pub. L. 106-386). The Victims of Trafficking and Violence Protection Act of 2000 criminalized any person who physically recruited, transported, or harbored, any

individual(s) by force or coercion, for human trafficking to and within the United States (DOS, 2018).

Rulings of the Victims of Trafficking and Violence Protection Act (VTPA) established an office to monitor trafficking in the United States. The VTPA of 2000 mirrored other measures regulating trafficking (Brysk, 2011; Farrell, Owens, & McDevitt, 2014). Though anti-trafficking laws in the United States were enacted to raise public awareness regarding the influence of trafficking the phenomenon of trafficking remained unfamiliar to the American public.

One reason for the lack of public awareness originated from the socioeconomic impact that trafficking has on the economy. For example, emphasis on competing in the global economy for commodities and cost-effective labor exceeded concerns of trafficking; especially concerns surrounding forced labor trafficking, in the United States (Brysk, 2011; Farrell et al., Kendall, Funk, & Banzhoff, 2012; Loftus, 2011; McKee, 2005). The discrepant statistical data, terminology, and inconsistent socioeconomic reporting on trafficking in the United States further led Congress to amend anti-trafficking legislation (DOS, 2018; Library of Congress [LOC], 2015).

In 2002, President George W. Bush signed Executive Order 13257 establishing the President's Interagency Task Force (PITF). The president's anti-trafficking task force monitors all facets of trafficking including victim protection, education, and public awareness, community outreach, and international and interagency collaboration efforts. Over time, enhancements to the anti-trafficking laws incorporated anti-trafficking aftercare services for domestic victims and survivors of trafficking-in-persons (DOS,

2016b). In Chapter 2, I explain the 15-year trajectory of laws established for protecting individuals influenced by trafficking.

The Health of Survivors of Trafficking

Knowledge of trafficking increased and prompted new models of caring for survivors of trafficking survivors. For example, before the enactment of anti-trafficking legislation, health professionals did not acquire knowledge of how to triage potential victims of trafficking in the emergency room (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; Chisolm-Straker, Richardson, & Cossio, 2012; Crane & Moreno, 2011; Macias-Konstantopoulos et al., 2013). The lack of trafficking knowledge among health care professionals led to further victimization among survivors of trafficking (Chisolm-Straker et al., 2012; Macias-Konstantopoulos, 2013).

In 2015, Congress enacted the Justice for Victims of Trafficking Act (JVTA). The JVTA enhanced trafficking-in-persons awareness training for health professionals. The JVTA also provided restitution and social support services for survivors of domestic trafficking-in-persons. Though the JVTA enhanced social support services, the response time in emergency management and primary care treatment facilities continues as a stagnated response for victims of trafficking (Chisolm-Straker et al., 2012).

One reason for the stagnated response is victims' lack of trust in professional medical care. Lack of confidence in medical professionals further challenges a collaborative approach to the victim- and survivor-centered approach (Baldwin et al., 2011; Cecchet & Thoburn, 2014; Hodge, 2014; Macias-Konstantopoulos et al., 2013).

Trafficking victims' responses to medical treatment echo the distrust of medical professionals in African slave narratives.

Defining Trafficking

In the United States, populations vulnerable to forced labor trafficking include migrant populations, and vulnerable populations in farming and urban environments (Barrick, Lattimore, Pitts, & Zhang, 2014; Cole & Sprang, 2015; Elezi, 2011; Guzmán, 2015; Macias-Konstantopoulos et al., 2013). In the United States, migrant and vulnerable populations of forced labor trafficking are of any age, race, and gender. Conversely, research has shown that forced sexual trafficking in the United States affects more minority females, beginning at age 12 years (Cecchet & Thoburn, 2014).

In the United States, immigrant and migrants who do not speak English and lack social and financial support comprise most of those who are trafficked in the United States (Guzmán, 2015). In the United States, the demographic of forced labor in farming includes male's ages 25 years and older (Barrick, Lattimore, Pitts, & Zhang, 2014). However, international studies exploring forced labor farming practices in the wine industry have shown that forced labor trafficking targeted more females ages 25 and older (Palumbo & Sciorba, 2015).

In this study, I focused on exploring the narratives of survivors of domestic forced labor trafficking and understanding their post-trafficking health experience. Capturing the survivor's journey of entering, exiting, and surviving after trafficking parallels previous slave narrative research exploring the experiences of survivors of the Atlantic slave trade (Lovejoy, 2011; Johnson, 2013). This study contributed to existing trafficking research

by focusing on survivors of trafficking health following surviving trafficking (De Angelis, 2014; Hodge, 2014; Kiss et al., 2015; Lederer & Wetzel, 2014; Mapp, 2011; Muftic & Finn, 2013; Oram et al., 2012).

In the following sections, I begin with background information that frames the context of the current study. Following, I offer the study's problem statement regarding the phenomenon of forced labor trafficking in the United States. I then present the purpose statement, research questions, and conceptual framework that grounded the study. In subsequent sections, I describe the nature of the present study, key terminology, and my assumptions regarding the scope, delimitations, and limitation of the study. Chapter 1 concludes with a summary of the study's significance and potential implications for social change.

Background

Since 2010, forced labor trafficking in the United States has received increased attention among health care professionals, human rights advocates, and labor law scholars. Statistical data from the World Bank Group, the United States Department of Justice (DOJ), the International Labor Organization (ILO), and the United Nations (UN) has highlighted the global implications forced labor trafficking has on the economy and public health care systems (ILO, 2014; UN, 2008).

Beginning 2009, data from the World Bank Group suggested that sex and forced labor trafficking exceeded \$31 million per year. Following, economic data reported by the ILO (2014) concluded the estimated revenue from trafficking was \$150 billion per

year. Of the \$150 billion, forced labor trafficking constituted 34% (\$51 billion) of the global estimated annual income (ILO, 2014).

Trafficking data from the ILO (2014) showed income from forced agricultural labor generated 18% (\$9 billion out of \$51 billion), and involuntary domestic servitude generated 16% (\$8 billion out of \$51 billion) of the annual revenue from forced labor trafficking. Labor construction generated 67% (\$34 billion out of \$51 billion) of TIP's global annual profits. A UN report on trafficking showed that forced labor trafficking influenced global rights violations (UNODC, 2009). Next, to sex trafficking, forced labor trafficking is the second highest method of trafficking to and within the United States (Pham, Vinck, Kinkodi, & Weinstein, 2010). Worldwide, the phenomenon of forced labor trafficking influences more adults (15.4 million or 74%) ages 25 years and older (ILO, 2014).

Data compiled by Polaris®, a nongovernmental agency tracking domestic incidences of trafficking, showed that reported trafficking cases from 2007 to 2016 in the United States exceeded 30,000. Of the 30,000 reported cases of alleged trafficking, 7,572 (4%) were reported cases of forced labor trafficking (National Human Trafficking Hotline Center [NHTRC], 2017). Conversely, statistical data of alleged TIP cases compiled from 2008 to 2010 by the DOJ (2011) showed there were 2,515 cases of alleged trafficking in the United States. Of the 2,515 cases, 278 (11%) were cases of alleged forced labor trafficking. Likewise, statistical data by the DOS (2018) reported a global estimate of 14,262 cases of forced labor trafficking-in-persons.

To fund trafficking, traffickers recruit potential victims wherever natural disasters, violence, and conflict transpire (Perry & McEwing, 2013; Owen et al., 2015). The vicious cycle of recruitment begins when a trafficker uses deception as a method of gaining trust (Johnson, 2013). Deception tactics include deceiving the victim or victim's family with stories of a new life free from poverty and filled with glamour and fame (Lederer & Wetzel, 2014).

After a trafficker gains the victim's trust, the trafficker threatens the potential victims' family and livelihood by using social isolation and cognitive manipulation. (Crane & Moreno, 2011; De Angelis, 2014; Johnson, 2013; Zimmerman, Hossain, & Watts, 2011b). A diminished identity means traffickers will develop clever, manipulative tactics to confiscate the victim's official documents. Ladegaard's (2015) international study of survivors of sex trafficking in Southeast Asia showed that traffickers threaten and exploit a potential victim's family even before a trafficking situation begins. The trafficker will also use psychological abuse to facilitate the victims' social isolation from their families (De Angelis, 2014).

The global burden of trafficking -related health inequities extended into billions (Kendall et al., 2012). Victims exploited by trafficking endure tremendous physical health impairment (Cecchet & Thoburn, 2014; Hodge, 2014; Johnson, 2012; Lederer & Wetzel, 2014; Muftic & Finn, 2013). Research has shown that physical health outcomes for domestic survivors of forced labor trafficking in the United States include substance abuse, musculoskeletal disorders, neck and head pain, deteriorated reproductive health, and endocrine dysfunction (Lederer & Wetzel, 2014; Muftic & Finn, 2013). Psychosocial

conditions of social isolation, helplessness, and depression also contributed to domestic survivors' poor health outcomes (Lederer & Wetzel, 2014; Muftic & Finn, 2013).

Previous quantitative trafficking research has involved self-report measures for investigating survivors' physical health outcomes retrospectively (Oram et al., 2012; Zimmerman et al., 2011b). As a consequence, self-report instruments may not adequately measure the survivors' physical health experiences because individuals recall pre-existing conditions that are unrelated to their current condition. Self-reporting measures are also more likely to lead to under reporting or over reporting of survivors' health care needs, leaving gaps in awareness, prevention, and intervention protocols (McNulty, 2013).

International and domestic researchers investigating sex trafficking risk and health outcomes have presented similar findings concerning the health of survivors following trafficking (Kiss et al., 2015; Muftic & Finn, 2013; Oram et al., 2011; Zimmerman et al., 2011b). On the other hand, the deficit in health psychology research shows the need for understanding how survivors of domestic forced labor trafficking in the United States describe their physical health beyond 5 years after their trafficking experiences (Barnett et al., 2015; Hodge, 2014; Johnson, 2012; Mapp, 2011).

Problem Statement

In the United States, minority and migrant populations fleeing unhealthy living conditions represent potential vulnerabilities as victims of forced labor trafficking (Guzmán, 2015; Perry & McEwing, 2013). Throughout a victim's time while in a forced trafficking situation, he or she may experience forced criminal behavior under the coercion of the trafficker (Barnett et al., 2015). Criminal behavior includes using illicit

drugs or stealing money to earn extra cash outside of their trafficking circumstance (Barnett et al., 2015). As such, trafficking survivors with a criminal record who were previously prosecuted by law enforcement have limited access to community resources (Barnett et al., 2012; Harwood et al., 2012; Ladegaard, 2015).

For example, before the passing of U.S. safe harbor legislation, victims of domestic minor sex trafficking were arrested and prosecuted for soliciting sex (Barnett et al., 2015; Kotrla, 2010). Former juvenile sex trafficked victims, stigmatized by their past criminal behavior, fear authority and feel socially isolated from adequate support services. Trafficked foreign victims of forced labor trafficking are often stigmatized by their past criminal behavior or continually face social obligations of caring for their family (Boone, 2015; Ladegaard, 2015). Family obligations mean engaging in unconventional activities (e.g., sex trade or mail order brides) to provide monetary resources for the family (Boone, 2015).

Another challenge is the increase in violence associated with forced sex and labor trafficking in the United States. Physical abuse is high among victims of sex and labor trafficking (Lederer & Wetzel, 2014). Forced sex and labor TIP have debilitating and long-term effects on survivors' mental and physical health (Baldwin et al., 2011; Ladegaard, 2015).

Researchers have confirmed that domestic survivors of trafficking experience more adverse health effects, and have scarce post-trafficking resources, despite the Trafficking Victims Reauthorization Protection Act (TVPRA) enhancing victim support services (Lederer & Wetzel, 2014; Muftic & Finn, 2013). Scholars have cited challenges

in addressing domestic forced labor TIP in the United States. Barrick et al. (2014) and Johnson (2012) identified challenges interpreting anti-trafficking legislation addressing support services for survivors of forced labor TIP.

Subsequent scholars have cited a deficit in triage training among health professionals needed to care for victims of TIP (Baldwin et al., 2011; Gibbs, Walters, Lutnick, Miller, & Kluckman, 2015; Ross et al., 2015; Titchen et al., 2015). Chisolm-Straker et al. (2012), Baldwin et al. (2011), Hodge (2014), and Johnson (2012) also have noted that the absence of triage training in the emergency department lessens culturally informed care, post-trafficking involvement. In this study, I have extended ongoing research exploring the physical health experiences of forced labor trafficking.

Ladegaard's (2015) international qualitative narrative research captured the voices of survivors of involuntary domestic servitude. Ladegaard used the theory of social constructionism for interpreting survivors' experiences of trauma and physical abuse resulting from trafficking. Ladegaard's study infer the need for future research exploring narratives from survivors of forced labor trafficking. Thus, this study extended Ladegaard's qualitative narrative inquiry exploring domestic survivors of forced labor trafficking. Unlike Ladegaard's international study, I explored narratives from adult survivors of domestic forced labor trafficking in the United States.

Purpose of the Study

In this study, I explored the narratives of adult survivors of domestic forced labor trafficking in the United States. Further, I explored how survivors of domestic forced

labor trafficking interpreted their lived experiences of physical health, post-trafficking involvement.

Research Questions

This study's research questions focused on understanding the meaning of survivors' perspectives on trafficking and their post-trafficking experiences. In seeking a holistic understanding of the forced labor trafficking phenomenon, I developed two research questions for the study:

RQ1: How do survivors of TIP describe their lived experiences of forced labor trafficking?

RQ2: How do survivors of TIP describe their physical health, post-trafficking experience?

Theoretical Foundation

Social constructionism grounded the theoretical framework for the current study. Social constructionism and the philosophy of epistemology is a strategy for determining meaning based on interpreting the different cultural interactions within society (Braun & Clarke, 2006; Bruner, 1991; Rubin & Rubin, 2012). Karl Mannheim (1865 as cited in Crotty, 1998) first propositioned the theory of social constructionism for understanding how individuals constructed and found meaning from reality (Andrews, 2012; Crotty, 1998; Galbin, 2015).

The meaning of reality refers to the individual's lived experiences, social environment, interpersonal relationships, cultural influences, and interactions with society (Galbin, 2015). Social constructionism is neither rooted in the philosophy of

positivism or objectivism, but seeks to understand how individuals co-construct their worldview (Andrews, 2012; Crotty, 1998). Social constructionism is an interplay between interpreting reality and finding meaning from a lived experience (Andrews, 2012).

Conceptualizing reality is the premise of narrative storytelling (Riessman, 2008). Narratives represent the multiple realities of a lived experience (Riessman, 2008; Corbally & O'Neill, 2014). For this study, I used social constructionism as a theoretical framework to elucidate how survivors of forced labor trafficking constructed their narratives to describe their lived experience and physical health, post-trafficking involvement.

Contextual Lens

Antonovsky's (1987) salutogenic model of health, holds that general resistance resources (GRRs) and a sense of coherence (SOC) determine the level of success following a negative life experience (Griffiths, Ryan, & Foster, 2011; Hochwalder, 2015). The GRRs included community support, self-identity, financial stability, and education (Antonovsky, 1987). A SOC is the ability to find meaning following a negative event (Antonovsky, 1987).

The elements of GRR and SOC offer the chance of constructing a meaningful later-in-life experiences (Antonovsky, 1987; Griffiths et al., 2011; Hochwalder, 2015). The salutogenic model provided me a way to represent how survivors of trafficking from different cultures comprehended, managed, and found meaning from their lived experience (see Antonovsky, 1987).

Nature of the Study

In this study, I explored the phenomenon of forced labor trafficking in the United States with the tradition of narrative inquiry as a methodological design. I chose narrative inquiry because the design's approach elicits survivors' interpretation of their lived experience from forced labor trafficking (Caine, Estefan, & Clandinin, 2013). An essential feature of narrative inquiry is the design's versatility of co-constructing and interpreting the participants lived experiences through the art of storytelling (Bruner, 1991; Riessman, 2008). For the study, narrative storytelling represented the meaning of survivors lived events as interpreted from plots, themes, and sub-themes of the survivors' life story (Riessman, 2008).

Key Meanings of Trafficking

The underground criminal network of trafficking human beings for forced labor trafficking in the United States a difficult phenomenon to identify. Former inquiries investigating involuntary domestic servitude, agriculture labor, and debt bondage in the United States collected data with self-report instruments. Self-reported instruments included survey methods, self-reporting instruments facilitated for cases of domestic violence, or case management for trauma survivors (Barrick et al., 2015; Farrell et al., 2014; Gibbs et al., 2015).

Indeed, research efforts by former scholars provide an impetus for examining TIP survivors. Conversely, previous research efforts also lack a theoretical or conceptual lens for understanding key concepts contributing to survivors of TIP after trafficking

involvement, especially forced labor trafficking. For the current study, I explored involuntary domestic servitude, agriculture labor, and work bondage in the United States.

Domestic Servitude

The Department of State (2018) suggest the trafficking of human beings for involuntary domestic servitude in the United States frequently happens by Embassy Diplomats seeking nanny services for child care or housekeeping services. Envoys from Southeast Asia (e.g., Saudi Arabia) take for granted the sanctity of involuntary domestic servitude. Traffickers of Southeast Asia recruit potential victims into the United States for domestic services by advertising in the media (Kiss et al., 2015).

Advertisement for involuntary domestic servitude is advertised as domestic maid helper or in-home caretakers (Kiss et al., 2015). Merriman (2012) found traffickers, falsify United States Government fiancé visa to help fund their criminal enterprise. Victims of domestic servitude are frequently of Asian descent and are as young as 12 years old (Kiss et al., 2015; Ladegaard, 2015). Research shows once a victim assumes employment extortion, physical abuse, and sexual assault are among the chief concerns of abuse among victims trafficked for involuntary domestic servitude (Ladegaard, 2015).

Agricultural Farming

Goods, for the demands of consumerism and agricultural farming in the United States (Barrick et al., 2015). Governmental agencies in the southeast region of the United States, addressing trafficking found that the demand of outsourcing farming below minimum the wage undermines the growth of farming in the United States (Barrick et al., 2015). Working below minimum wage and exposure to unhealthy conditions such as

inadequate nutrition, environmental toxins, and social isolation initiated forced labor trafficking in the United States (Band-Winterstein & Fein, 2014; Barrick et al., 2015).

Debt Bondage.

Traffickers facilitate debt bondage by deceiving and controlling victims' financial funds (Elezi, 2011; Kara, 2011). Debt bondage repayment includes the cost of medical bills, clothing, transportation, and incidentals for meals (Baldwin et al., 2011; Elezi, 2011; Kara, 2011). Traffickers socially isolate victims by confiscating victim's official documentation.

The repaying of debt bondage incurs high-interest rates if not paid off before fleeing the trafficker's control. The cyclical method of debt repayment continues at the expense of undermining the victim's opportunity of living a healthy life of fortitude (Elezi, 2011). Fear of deportation and acts of violence increase victims of TIP decline in mental and physical health (Ladegaard, 2015). To secure repayment of debt bondage, traffickers threaten the victims and the victims' family (Elezi, 2011).

In Chapter 2, I further define the concept of sex and labor trafficking. For the current study, I included the characteristics of sex and labor trafficking because there is a growing concern with travel tourism and traveling sales agents soliciting for sex and labor in the United States (Elezi, 2011; Gugić, 2014; Wolak, Liberatore, & Levine, 2013). For the study, I conducted a one-time pilot study. The goal of the pilot study tested the feasibility of the researcher-developed guide, as described in Chapter 3, Methodology.

Summary of the Methodological Strategy

Qualitative inquiry grounded the methodological strategy of the current study. Antecedents of qualitative inquiry purposefully select small sampling sizes to further clarify the phenomenon under study (Patton, 2015). For the present study, I chose criterion sampling as a sampling strategy because the method enriches the quality of in-depth information, and increases the chance of obtaining a holistic representation of rich descriptive data (Bloomberg & Volpe, 2016; Patton, 2015).

Criterion sampling facilitated alignment with current Federal guidelines for identifying adult certified survivors of TIP (U.S. Department of Health and Human Services [HHS], 2012a). Adult certified survivor means international survivors of TIP having graduated from an approved anti-trafficking advocacy organization. Criterion sampling strategy also coincided with qualitative narrative inquiry for obtaining information rich data (Patton, 2015). In Chapter 3, I further explained why the strategy aligned with the current study over other qualitative sampling strategies.

Certified and United States citizen adult survivors of trafficking set the inclusion criteria for participating in the present study. For the present study, I explored survivors' understanding of their forced trafficking experience as well as their physical health following trafficking. Volunteer survivors of this study included eight adult survivors over the age of 25 years that have survived their trafficking experience beyond five years.

Organizing and coding. Following data collection, data analysis for the current study followed Braun and Clarke's (2006) thematic analysis and Lieblich et al.'s (1998 as cited in Walden University, 2013) holistic method for open coding of category groupings.

The final analysis emerged in tandem by reading and re-reading, coding, categorizing themes from plots and subplots, and by generating an interpretive report. Chapter 3 further described the open coding method for analyzing the themes of the current study.

Definitions

For the current study, the definition of terms appears in alphabetical order.

Allied health professional: Allied health professionals included nurses, behavior health specialist, health technicians, and physical therapists (Chisolm-Straker et al., 2012).

Adult survivors of trafficking: Adult survivors of trafficking-in-persons mean former trafficking victims, ages 25 years and older no longer under a trafficking circumstance at the time of the interview (Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008).

Certified adult survivors: Certified adult survivors refer to former foreign and migrant victims of trafficking-in-persons, ages 25 years and older. Survivors having graduated from a certifying Department of Health and Human Services anti-trafficking organizations. Including former foreign survivors convicted or arrested for crimes of trafficking-in-persons and have provided witness testimony against their perpetrator (HHS, 2012a).

Coercion: Coercion is the act of a potential victim enduring the demands of a trafficker to avoid punishment (DOS, 2018).

Debt bondage: Includes bribes, defrauding of wages, withholding health care, criminal acts of extortion, and financial control over trafficking victim's well-being (Kara, 2011).

Domestic trafficking: For the current study, domestic trafficking refers to the phenomenon of trafficking-in-persons' in the United States (Ladegaard, 2015).

Exploitation: Means abuse of power, stalking, shaming, dehumanizing, and denying individual rights of freedom (DOS, 2016b; OHCR, 2000).

Forced labor trafficking: Forced labor trafficking means involuntary employing any person by severe, person-to-person, forms (e.g., abuse, assault) of forced coercion, or manipulating individuals for profit (DOS, 2016b).

Human Trafficking: Is defined as an informal term describing severe forms of sex and labor exploitation in the United States (DOS, 2016b).

Human smuggling: A deliberate continuation of transporting immigrants across borders in exchange for economic growth and monetary gain (Crane & Moreno, 2011).

Marginalized groups: Refer to persons with limited quality of life, health care, education, and community support services (Perry & McEwing, 2013).

Meaning from reality: Finding meaning from reality is defined as the individual lived experiences, social environment, interpersonal relationships, cultural influences, and interactions within society (Galbin, 2015).

Minimum trafficking guidelines: For the current study, minimum trafficking guidelines refer to the ranking of countries that have taken a concerted effort to prosecute

traffickers, provide victim support services, and prevent trafficking exploitation (DOS, 2018).

Physical health experiences: For the study, physical health experiences (e.g., sequelae) refer to the amount of noninfectious health related diseases among adult trafficked populations in the United States (Murray, Barber, Foreman, & Geleijnse, 2016; Vos, Barber, Bell, & Geleijnse, 2015).

Post-trafficking: For the study, post-trafficking experience means, during the time of writing the current study, adult survivors of trafficking-in-persons, surviving their experience beyond five or more years (Oram et al., 2012).

Salutogenesis: A continuum of how one conceptualizes, manages, and finds meaning from their health conditions despite negative life experiences (Antonovsky, 1987).

Trafficker: A trafficker is an individual engaged in physical person-to-person exposing vulnerable persons by severe (e.g., abuse) forms of exploitation, force, and coercion for the sole purpose of benefiting from the extortion (Owen et al., 2015).

Trafficking-in-persons: A human rights violation that deliberately exploits any person against their will to severe forms of physical coercion, cognitive manipulation, and physical infliction (DOS, 2016b).

Trafficking Victims Reauthorization Protection Act: A United States government amendment that appropriates Federal public financing funds towards enhancing victim support services to fight trafficking (DOS, 2018).

Victims of Trafficking: A victim of trafficking means an individual that is more vulnerable to the forced, coercive and manipulative criminal behavior, and physical and psychological abuse of another human being (DOS, 2018; HHS, 2012a).

White Slave Crusades: Christian right wing and anti-vice efforts against White Slave Trafficking in 1910 America (Donovan, 2006).

White Slave Trafficking: Is a federal ruling introduced by Congressman James Robert Mann (R-IL) in 1910 addressing White Slave Trafficking in America (Doyle, 2015).

Assumptions

Four assumptions guided the purpose of the proposed study. The first assumption presumed adult survivors of forced labor trafficking in the United States genuinely conveyed their forced experiences after surviving trafficking. The theory of social constructionism guided the assumption in that as adults mature they begin to find meaning of life based on their experiences.

The second assumed survivor's physical health modalities transpired after leaving trafficking. Seminal research guided the assumption because survivors of TIP continually experienced health complications, following trafficking. The third assumption presumed survivors from urban environments interpreted their forced experiences differently than survivors of TIP from rural settings. The duration, type of trafficking-in-persons, and cultural background guided the third assumption.

The phenomenon of forced labor trafficking is significantly higher among foreign entities than for domestic forced labor trafficking in the United States. The demand for

cost effective labor, the cost of commercial goods and economic instability guided the fourth facet of the study. Theorist suggests economic instability among foreign entities increased international forced labor trafficking (Warren, 2012).

Scope and Delimitations

For the study, social inequalities facilitated the vulnerabilities of entering trafficking. Minorities and immigrants of the study faced injustices of social class, stereotyping, cultural background, and inadequate health care. Vulnerabilities such as poverty, violence, crime, and interpersonal conflict contributed to trafficking for minority and immigrant survivors of the study (De Angelis, 2014; Perry & McEwing, 2013).

For reasons, unknown, ambiguous anti-trafficking laws in the United States focusing on preventing trafficking vary by Federal and state legislation (Hodge, 2014; Johnson 2012). In the United States commonly reported trafficking cases focused on apprehending sex trafficking victims (Farrell, Owens, & McDevitt, 2014). Investigations exploring the health of trafficking survivors in the United States derived from studies examining prosecuted cases (Farrell et al., 2014) or from invalidated self-reporting instruments (Barrick et al., 2015; Zimmerman & Schenker, 2014a).

Underutilizing of anti-trafficking support services and gaps in identifying immigrant visa allocations contributed to the phenomenon of trafficking-in-persons in the United States (Barrick et al., 2015; Guzman, 2015). Contributing evidence suggests victims and survivors of negative interactions with health care professionals is a growing concern informing health care policy in the United States. Muftic and Finn (2013), and Hodge (2015) found that both, victims and survivors of trafficking have inadequate

support services following trafficking despite Federal rulings enhancing anti-trafficking support services.

Trafficking scholars have advised furthering knowledge for concerning survivor's health after trafficking (Hodge, 2015; HHS, 2013b). Therefore, this study contributed knowledge to field of health psychology for understanding survivors of forced labor trafficking lived and physical health experiences after surviving trafficking.

For the study, criterion sampling defined the boundaries of the study. Survivors of the study met the criteria for participating in the study. Survivors of the study were English speaking United States citizens. Survivors were also above the age of 25 years.

The original goal of the study selected volunteer survivors from the Southeast Region of the United States. For the current study, survivors volunteered from throughout the United States. The selection criteria of the study excluded survivors with severe forms of trauma and survivors under witness protective custody. Also, survivors under the age of 25 years, or survivors recently exited from their trafficking situation below five years, defined the boundaries of the current study.

Research investigating trafficking and health outcomes have positioned causal relationships with feminist theory, socioeconomic theory, or ecological systems theory (Cecchet & Thoburn, 2014; Pittenger, Huit, & Hansen, 2016). Feminist theory is a salient framework regarding women suffrage, and experiences of psychological abuse and physical violence (Brysk, 2011; Cavalieri, 2011; Cecchet & Thoburn, 2014). Socioeconomic theory interprets the relationship between social status and threats to the vulnerability of disease (Cecchet & Thoburn, 2014). Ecological systems theory is a

salient approach for understanding the development of human behavior in micro, meso, and macro systems (Pittenger et al., 2016). Although the theories interpreted the growing concern of trafficking in the United States, the theories differed from the purpose of the current study.

Event and response based models such as Cannon's (1932) fight or flight syndrome, Holmes and Rahe's (1967) stress life events scale; or Seyle's (1976) general adaptation model, informed the concept of stress and coping for the current study. (Sharma & Romas, 2012). However, theorist argued event, and response-based models rely on quantitative approaches to determine the presence of health (Sharma & Romas, 2012). Then again, Antonovsky's (1987) salutogenic model of health and Lazarus and Folkman's (1984) primary and secondary appraisal model apprised the current study for understanding survivors of trafficking involvements. Chapter 2 further describes the event and response based models for understanding the phenomenon of trafficking.

Survivor's demographics of the study varied among ethnicity, gender, age, and cultural background. Therefore, the wide range of demographics for the current study moderated the transferability of findings. Prolonged engagement with survivors of the study increased the chance of obtaining narratives from multiple perspectives and life experiences. (Patton, 2015). The transferability of findings enhanced the delimitations for the current study.

Limitations

The sampling strategy for the study were criterion sampling. Criterion sampling is salient for investigating quality concerns among marginalized groups. Criterion sampling

limited saturation to a few cases that met the inclusion criteria for participating in the current study (Harwood et al., 2012). For the study, criterion sampling reduced the transferability of findings. Qualitative inquiry as a methodological approach for the current study limited dependability because the methodology is subjective to interpreting the survivor narrative story. (Hugman, Pittaay, & Bartolomei, 2011; Patton, 2015).

Antonovsky's theoretical framework is highly regarded in the literature concerning psychological distress and self-reported sense of coherence following negative events (Benz et al., 2014; Hochwalder, 2015). Conversely, theorist delineated Anotonovsky's philosophy proposition citing the model is ineffectual (Griffiths et al., 2011, p.171) for describing the relationship between how one copes with internal and external stimuli. Another challenge with the theory is that the model does not transfer to the individual struggling from extreme mental health anxieties (Griffiths et al., 2011; Sardu et al., 2012).

Scholars cited that the paradigm of human existence is flawed (Becker et al., 2010), unpredictable and irrational (Griffiths et al., 2011). Therefore, making sense of reality is subjective to the individual's interpretation of life experiences. Notwithstanding, scholars have transcended Anotonovsky's original 15-item life orientation questionnaire to diverse interpretations and meanings.

Survivors varied among ethnicity, cultural backgrounds, and age. The recruiting strategy for this study were defined to English speaking adult certified survivors of domestic forced labor trafficking within the United States. For the study, I did not non-

certified foreign survivors, and survivors undergoing mental health treatment for severe forms of trauma, and survivors that have exited trafficking below five years

The efficacy of data collection instruments such as the researcher-developed interview guide limited the capacity of gathering survivor narratives in one-time frame. Gathering survivor narratives in one setting limited the transferability of findings. The interview questions of the study were designed for English speaking adult survivors. Thus, the etymology of communicating styles limited transferability of findings.

Semi-structured interviewing increased researcher autonomy (Rubin & Rubin, 2012; Ryan, Coughlan, & Cronin, 2009). A limiting feature of semi-structured interviewing required balancing between asking participants interview questions and anticipating the survivor's feedback (Rubin & Rubin, 2012). Furthermore, measuring participants subjective truths, recall bias, and social desirability limited dependability for the present study (Brunovskis & Surtees, 2010; Harwood et al., 2012; Ryan, Coughlan, & Cronin, 2009).

Telephone interviewing were used as a methodology for gathering survivor narratives. I chose the interviewing strategy because the strategy is effective for eliciting narratives from vulnerable groups. Conversely, the methodology is time consuming compared with a cost-effective strategy like internet interviewing (Patton, 2015). Notwithstanding, determining silent cues from survivors, and ascertaining response bias is an ineffective method of telephonic interviewing.

Volunteering in the community and survivor experience contributed knowledge to the current study. Volunteering for nongovernmental agencies as a student-researcher

narrowed the recruiting strategy for the current study. To safeguard person biases and power differentials, I bracketed prejudices by journaling my thoughts and engaging in self-narrative reflexivity (Kennedy-Lewis, 2012). Safeguarding biases means member-checking the instrumentation for clarity, and triangulating of the data for credibility, dependability, and confirmability to the implications of findings for the present study (Rudestam & Newton, 2015).

Significance

The significance of findings from the current study influences social change for advancing health literacy programs in medical treatment facilities serving disadvantaged groups. The significance of the current study furnishes knowledge in healthcare management for implementing effective anti-trafficking training programs within rural and urban environments.

Studying vulnerable and socially disadvantaged groups is very challenging in behavioral health research (DOJ, 2011; Bloomberg et al., 2016; Hugman et al., 2011; (Knight, Roosa, & Umana-Taylor, 2009). Identifying subsequent forms of forced labor trafficking during the current study intensified knowledge for understanding the survivors' health care needs. Attempted suicide and substance abuse plague survivors of TIP (Lederer & Wetzel, 2014). The current study contributed to social change by increasing knowledge in trauma-informed care among different diverse groups and survivors of trafficking.

Moreover, because of the lack of known cases of trafficked victims and survivors seen through the emergency room (Johnson, 2012) the significance of the current study

offered measures for identifying victims of TIP during or after triage. The significance of the current study also contributed knowledge among the medical community, technical community colleges, and Universities of higher education. Indeed, understanding how survivors of trafficking interpreted their health following trafficking contributes towards social change for developing new theories and health psychology models.

Summary

In Chapter 1 I described the effects of domestic forced labor trafficking in the United States. I identified the gap of knowledge within health psychology concerning survivors of trafficking physical health experiences after surviving trafficking. In Chapter 1 I offered evidence from the literature surrounding forced labor trafficking.

Following, I briefly outlined qualitative methodology, I described the goals and the questions of inquiry for the study. In Chapter 1, I proposed the theory of social constructionism as a conceptual lens for understanding how survivors constructed their forced experiences of trafficking. I justify why selecting narrative inquiry fits the design methodology for this study. I defined forced agricultural labor, involuntary servitude, and work bondage trafficking. I concluded the chapter by discussing social change in health psychology.

I begin Chapter 2, by reviewing the literature Review. I describe the purpose, problem, and background of forced labor trafficking. Following, I introduce key search terms for the study. I introduce the Salutogenic Model of Health as the theoretical framework and social constructionism as the conceptual lens for the current study.

In the tradition of narrative inquiry, I offer a novice overview of the historical concepts of forced labor exploitation throughout in America. I explained how the historical notion of forced labor exploitation coincided with the current knowledge of forced labor trafficking in the United States. I go through anti-trafficking legislation influencing trafficking. I briefly describe health and social inequities influencing survivors of trafficking health after surviving trafficking.

Chapter 2: Literature Review

In this study, I explored narratives from adult survivors of domestic forced labor trafficking in the United States. In it, I sought to understand how survivors of forced labor trafficking interpret their lived experiences and physical health, post-trafficking involvement. The study adds to the growing body of knowledge investigating the phenomenon of forced labor trafficking in the United States (Palumbo & Scirba, 2015; Zimmerman & Schenker, 2014a).

Ethnic minorities and immigrants living in unhealthy environments are vulnerable to forced labor trafficking (Guzmán, 2015; Morello-Frosch et al., 2011; Perry & McEwing, 2013). Research have shown that domestic survivors of trafficking experience more adverse health effects, and have scarce post-trafficking resources, despite the amendments enhancing victim support services (Lederer & Wetzel, 2014; Muftic & Finn, 2013).

Barrick, Lattimore, Pitts, and Zhang (2014) cited significant challenges interpreting legislation supporting survivors of forced labor trafficking. Other scholars have cited challenges in recognizing survivors of trafficking in emergency services (Baldwin et al., 2011; Chisolm-Straker et al., 2012; Gibbs et al., 2015; Hodge, 2014; Ross et al., 2015; Titchen et al., 2015). Therefore, I sought to extend ongoing inquiry exploring the physical health experiences of domestic forced labor trafficking.

Background

Forced labor trafficking in the United States influences individual health and socioeconomic inequities (Brunovskis & Surtees, 2010; Cole & Sprang, 2015; Collins et

al., 2013; Gibbs et al., 2015; Macias-Konstantopoulos et al., 2013). Seminal studies exploring trafficking have shown that unresolved conflict within cultures enhanced socioeconomic inequities (Pham et al., 2010). Unresolved conflict is defined as organized crime and ethnic cleansing from known terrorist groups triggering social injustices between disadvantaged groups (e.g., Pham et al., 2010).

Findings from research suggest variations among trafficking type and duration effected the health experiences of survivors of trafficking (Gibbs et al., 2015; Richards, 2014; Zimmerman & Schenker, 2014a). The ILO (n.d.) estimated that private-sector organizations worldwide generated billions in profits from forced labor trafficking. Furthermore, insufficient information concerning the number of incidences of forced labor trafficking stemming from illegal agricultural farming, and governing laws concerning trafficking in the United States, offer challenges (Barrick et al., 2014; Wyler, 2013)

Chapter 2 is organized into five sections. The first section introduces the background, the problem of trafficking and describes the significant gap in the literature affecting domestic forced labor trafficking in the United States. In the second section, I describe the inclusion and exclusion criteria I used for the search strategy, and identify the scholarly databases I used to gather materials.

Following, I offer Antonovsky's (1987) salutogenic model of health, which is the theory for understanding the life experiences of TIP survivors. , I used the salutogenic model of health to interpret how survivors described their physical health in retrospect, after surviving forced trafficking. Conceptualizing how survivors of forced labor

trafficking viewed their symptomology of physical health from a different angle may inform future health models. In Chapter 2 I also included a brief discussion on identifying the best practices for recognizing and treating survivors of TIP long-term physical health needs. Chapter 2 highlights the characteristics of forced labor trafficking including domestic servitude, agricultural labor, and work bondage.

Search Strategy

For this study, I gathered materials from databases such as SocIndex, Academic Search Complete, PyschARTICLES, PsychEXTRA, CINAHL, EBSCO, PsychINFO, the National Library of Medicine, Google Scholar, QxMD, Emerald, and ERIC. Boolean search operators narrowed the search strategy. The focus for the study included the keyword's *survivors of trafficking-in-persons AND physical health NOT sexual exploitation*.

The keyword variables included *human smuggling, trafficking-in-persons, anti-trafficking legislation, safe harbor laws AND trafficking-in-persons; health disparities; physical health AND trafficking-in-persons; social support services AND trafficking-in-persons; social constructionism theory, narrative inquiry, and thematic analysis of trafficking-in-persons AND physical health NOT sexual exploitation*.

I included studies meeting the following inclusion criteria. They had to be studies reporting on the physical health experiences of adult survivors of TIP, Studies reporting on a comprehensive methodological strategy, or investigations reporting on interpretations of narratives from adult survivors of TIP. I did not include writings

addressing the historical context of the theoretical and conceptual framework of this study.

For this study, I excluded non-peer reviewed publications concerning TIP, systematic reviews combining previous research, and secondary sources reporting subjective opinions from other non-qualified inferences. Non-qualified inferences mean subjective views violating the premise of scientific research and the concepts of the study.

As a student-researcher, I recognized personal biases before searching the literature surrounding trafficking. Although I hold personal understandings of surviving trauma, my intent in this study was to focus on understanding survivors of domestic forced labor trafficking- health following trafficking I bracketed thoughts and feelings surrounding the phenomenon of trafficking by journal inherent biases.

Theoretical Foundation

The philosophy of constructionism evolved from the era of ancient Greece and Medieval Europe (Crotty, 1998; Galbin, 2015; Richardson, 2013). Historical interpretations of the constructionism movement included the 1800 post-slavery narrative storytelling (Riessman, 2008), the 1900s Progressive Era (Crotty, 1998), and the 1920s depression era (Crotty, 1998). Addressing social change in a post-modern era brought new meaning to how individuals view and shape their world. Constructionism emphasizes individual sense-making of life experiences based on one's interpretations of a similar phenomenon or event (Galbin, 2015; Gergen, 1985).

Constructionism, as a qualitative framework for this study, provided me a frame for understanding the health of survivors of trafficking following their trafficking experiences (see Crossley, 2003; Crotty, 1998; Gergen, 1985). An embedded concept of constructionism is that of social constructionism (Crossley, 2003; Crotty, 1998). Introduced by Karl Mannheim (1893-1947 as cited in Crotty, 1998, p. 60), the social constructionist suggests, shared meaning is the influence to which individuals form their understanding of a lived experience, Culture, language, and the interactions within society determines whether an individual finds meaning following their lived experience (Crotty, 1998; Galbin, 2015; Gergen, 1985).

(Meschoulam et al., 2015). Clifford Geertz (1973, as cited in Crotty, 1998) proposed that culture and language give meaning to lived experience and emerge as an aggregate function of reality. In this regard, Geertz argued beliefs, values, and social norms evolve over generations and are then socially validated by life experiences (Crotty, 1998; Ungar, 2010).

Giddens (1979), a professor of sociology, championed Geertz view of language and culture asserting that truth as it may be, is a superficial natural science attempt at restructuring scientific rigor to explain meaning (Crotty, 1998). Fish (1990) noted constructionism is the idea to which intellectual curiosity give meaning to thought and life experiences (Crotty, 1998).

Blake posited that the natural and social worlds converge in a system of social phenomena (Crotty, 1998). By this, Blake was asserting that nature and nurture precede the social and natural sciences. Nature is the innate ability to reason given at birth.

Nurture molds human inclinations as an individual grows into maturity (Ungar, 2010). Therefore, individuals develop, construct, and interpret reason before scientific rigor (Galbin, 2015). Meaning science cannot determine how the individual copes from a tragic experience and find meaning.

Schwandt (2003, as cited in Andrews, 2012) contended that the social constructionism is knowledge derived from how different cultures bond together. By this Schwandt means, an individual's culture determines how one adjust, to the experiences of life. Positioning social constructionism as a theoretical foundation, clarified how survivors of trafficking found meaning after surviving.

Seminal studies investigating the health of survivors of trafficking have posited unbalanced theories for understanding the phenomenon (Ostrovski et al., 2011; Zimmerman et al., 2011b; Zimmerman et al., 2008c; Zimmerman et al., 2003d; Zimmerman & Schenker, 2014a). Furthermore, international researchers investigating forced labor trafficking have not provided a sufficient theory for interpreting how survivors of forced labor trafficking understand their health after trafficking (Barrick, Lattimore, Pitts, & Zhang, 2014). In the next section, I briefly review response and event based coping models. I provide the brief overview because these models help researchers determine the individual's level of understanding of a negative experience.

Event and Response Based Coping Models

Cannon's (1932) fight or flight syndrome is the first event-based model for theorizing the influence of coping mechanisms on health. Cannon, a physiologist, hypothesized that individuals respond to stressful stimuli by either reacting or responding

to a negative experiences. Cannon's fight or flight response based model demonstrated, changes within the body happen when there is a disruptive balance between the sympathetic and parasympathetic systems (Sharma & Romas, 2012).

Selye (1976) expanded Cannon's model with the general adaptation model. Selye hypothesized physical responses to negative stimuli transpire in stages. The stages include alarm, resistance, and exhaustion. During the alarm phase, organisms within the human body try to maintain control of negative physiological reactions by releasing stress-inhibiting hormones (e.g., cortisol).

An overabundance of cortisol pumps blood flow to the heart; thereby the human body begins to resist negative stimuli to the point of exhaustion. Exhaustion is a critical phase in Selye's model because physical ill-health and disease begin to deplete the body's remaining energy (Sharma & Romas, 2012). Holmes and Rahe (1967) theorized that individuals cope with life events by identifying life factors that influence negative health outcomes.

Folkman and Lazarus's (1980), coping model suggests individuals respond to acute or chronic stimuli based on their social environment. The social environment determines how individuals adjust to problem-focused coping or emotion-focused coping (Delahaij, van Dam, Gaillard, & Soeters, 2011). Equally, Haan (1997) suggests emotional and problem-focused coping is an individual choice between how one responds and copes with following a life event. Indeed, these response-based models of coping provide a systematic approach for interpreting stressful experiences (Delahaij et al., 2011).

Conversely, the models do not fit the methodology for interpreting coping following a lived experience.

Contextual Framework

Following Lazarus and Folkman's (1984) appraisal models, Aaron Antonovsky (circa. 1923 to 1994) introduced the salutogenic model of health. Unlike Lazarus and Folkman's appraisal model, Antonovsky salutogenic model of health proposed that those suffering from negative events adopt general and resistance resources (GRRs). General resistance resources (GRR) such as social support, monetary resources, and shared cultural beliefs determined the survivors' well-being (Antonovsky, 1987; Benz et al., 2014; Griffiths et al., 2011; Hochwalder, 2015).

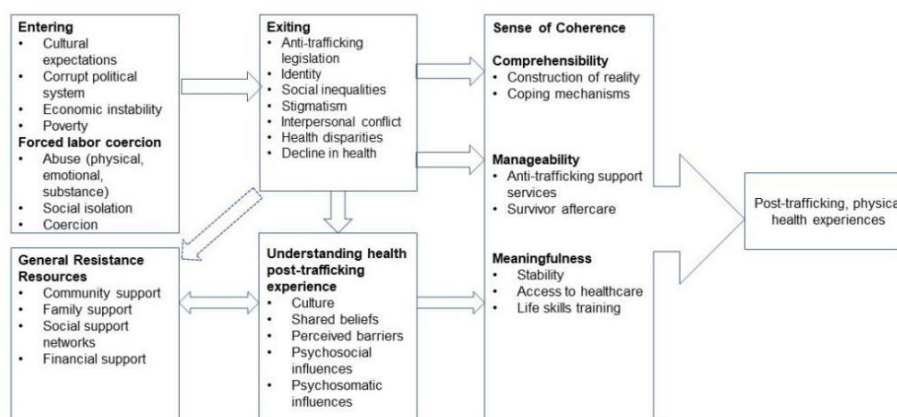
Specific resources included coping with financial hardships, violence, assault, and interpersonal conflict (Hochwalder, 2015). Antonovsky's salutogenic model of health incorporated the theory of sense of coherence (SOC). Antonovsky postulated three elements of the salutogenic model of health influenced a strong SOC, (a) comprehensibility, (b) manageability, and (c) meaningfulness (Antonovsky, 1987).

The higher the GRR, the more individuals comprehend, manage, and find meaning from their lived experiences (Antonovsky, 1987). Through narrative interviewing, Antonovsky sought to understand why and how Holocaust survivors thrived on good health after reintegrating back into a society that caused the same harm. For survivors of Antonovsky research encountering conflict during childhood contributed to how the Holocaust survivors, as adults, found meaning (Antonovsky, 1987).

Hochwalder's (2015) quantitative study investigated casual relationships of positive and negative life events between female nurses working in a hospital. .

Quantitative findings from the ANOVA found that after one year under half (48%) of female nurses ($N = 1012$), ($M_{age} = 46.9$ years old) had a high sense of coherence score (>160) after adjusting for financial strains, and family opposition. The findings from Hochwalder's study support Antonovsky's general resistance resources of social support networks for understanding survivors' health following trafficking. The salutogenic model of health, shown in Figure 1 illustrates the mediating pathways for understanding survivors of forced labor trafficking lived and post-trafficking health experiences.

Figure 1. The Salutogenic Model of Health for Understanding Survivors Lived and Post-Trafficking Experience



Mediating pathways of entering a trafficking situation emerge when resistance resources deplete, socioeconomic hardships threaten the quality of life, and cultural conflicts dehumanize a population's livelihood. Experiences of exiting trafficking connect general resistance resources to social support networks such as community and family,

monetary resources, and identity development. Understanding a post-trafficking experience can have a detrimental effect on health, and consequently, may raise the influence of distress in psychosocial behavior.

Factors for determining behavioral health influences the survivors experience of exiting trafficking as well as managing symptoms of physical health, post-trafficking involvement. Thus, cultural, shared beliefs, and perceived barriers determined how survivors of trafficking described their health experience. Finding meaning is the ability to confront and understand a negative experiences (Antonovsky, 1987, 1996b).

Comprehensibility from the lived experience of forced labor trafficking connect individual coping mechanisms, social inequalities, health education, and survivors' health disparities. Manageability is how one copes when overcoming a negative life experience (Antonovsky, 1987, 1996b). Meaningfulness is the capacity to find meaning following the negative life experience (Antonovsky, 1987, 1996b).

The level of achievement or failure and repeated life experience determined whether survivors of this study endured a low or high sense of coherence (Antonovsky, 1987). Therefore, the salutogenic model and social constructionism demonstrated how survivors of trafficking inferred their experiences following trafficking. Interpreting how survivors found meaning also connected to the salutogenic model of health for understanding the stages of entering, exiting and surviving trafficking.

Literature Review

For the current study, the literature review integrated Randolph's (2009) nine stages for conceptualizing the literature. For the study, I argued legal positions

ascertaining the law and trafficking- in the United States. Following, I evaluated global health and social inequities influencing domestic TIP.

I distinguish the characteristics of domestic forced labor trafficking in the United States. Next, I discuss healthcare professional's interactions with survivors of TIP. Following, I define survivors of trafficking, post-trafficking health experiences, and close the literature review with implications for the future. Before beginning I offer a brief of the beginnings of trafficking in America.

The White slave crusades, anti-vice efforts against *White slavery* [emphasis] were vital for the Progressive era (Donovan, 2006). I argue the narratives because the efforts for eradicating trafficking in America became the focal point of political and Christian debate. Opposing arguments concerning white slave trafficking steered the Federal government to introduce the Mann White Slave Trafficking Act (1910) also termed the White Slave Trafficking Act. Following, I bring to mind the comparisons of the abolition movement and modern-day anti-trafficking efforts.

I discuss anti-trafficking legislation governing domestic forced labor trafficking in the United States. During the time of writing, anti-trafficking legislation included the Trafficking Victims Protection Act (TVPA, 2000; P.L. 106-386) and the TVPA Amendments (2003, H.R. 2620; 2005, H.R. 972; 2008, H.R. 7311; DOS, 2016b). The TVPA Reauthorization Act also combined Title XII of the Violence against Women Reauthorization Act of 2013 and the Justice for Victims Trafficking Act (2015).

I briefly describe health disparities and social inequities of health influencing trafficking in the United States. I offer a discussion surrounding the experience of

entering and exiting a trafficking. I conclude the chapter by describing survivors of trafficking general health experiences

The Beginnings of Forced Labor Trafficking

Charles Sumner's (1863) narratives of *White Slaves in the Barbary States* addressed the growing concerns of white slave trafficking in the United States. Sumner's narrative described the corrupt practices of slavery, political arrogance, and society's disbeliefs of the White slave trade (Sumner, 1863). By the 1900's narratives of *White slave trafficking* [emphasis added] proliferated America.

Beginning in the nineteenth century, European immigrants that migrating to the United States adopted a social class dichotomy of native-born White America and helped lead opposition for segregating African American laborers in nineteenth-century America (Donovan, 2006). For itself, ethnic segregation stimulated economic control over commodities, education, and right of freedom (Friedman, 2005). Followers of slave labor spread vicious rumors of debauchery against the males of African Americans, Native Americans, and improvised immigrants (Donovan, 2006).

The fear of rape, abduction, and violence against young White women introduced widespread outrage across the United States (Donovan, 2006; Schreiber, 2009). In the Western United States, coercive and violent acts of lynching on poor Italian and Chinese immigrants were a measure of controlling the purity of America (Donovan, 2006). In the South, lynching of African American thought it a spectacle to containing inter-racial mixing and socialization (Donovan, 2006; Friedman, 2005).

Anti-slavery abolitionist and city law enforcement officials reported astronomical numbers of America's daughters trapped in White slave trafficking. Historian's, Soderlund (2013) and Schreiber (2009), chronicled the mass media discourse of exasperated White slave trafficking. Media headlines highlighted European male immigrants enticing women, predominately White women, of a lower socioeconomic class seeking employment, mainly in metropolitan regions, with the fallacy of a better life for the future (Schreiber, 2009; Soderlund, 2013).

Subsequently, the young women fall prey to coercive forced prostitution. (Schreiber, 2009; Soderlund, 2013). Differences surrounding the term *White slave* [emphasis added] initiated congressional debate. The reverend Ernest Bell, Christian activist, captured narratives from influential reformers of White slave trafficking in *Fighting the trafficking in young girls* (Donovan, 2006).

The Honorable Edwin W. Sims, U.S. District Attorney (1910) professed discontent with trafficked young White girls and women. The Honorable Sims defined White slave trafficking as "women and girls who are [sic] slaves, women who are owned, exploited and held as property and chattels, who lives are involuntary servitude" (Sims, 1910, p. 13). Likewise, William Alexander Coote argued, White slave trafficking is a heinous old age crime for the sole purpose of degrading women at the mercy and pleasure of gentile aristocrats (Coote, 1910).

Conversely, Christian conservatives emphasized the growing concern of White slave trafficking. Evangelical Christians such as the Reverend F.M. Lehman and N.K. Clarkson argued young women from lower social status lack the intelligence to know the

difference between coercion and false flattery (Donovan, 2006). Moreover, the Reverend's note, falling prey to forced prostitution is, of the young woman's reconnaissance, and not of public concern (Donovan, 2006).

Likewise, Evangelical scholar E. Norine Law (1910), asserted people's disbelief regarding White slave trafficking in America. Law's narratives, the *Shame of a great nation: The story of the white slave trade* advocated that young women lured to the promises of a stable marriage filled with glamour remain involuntary enslaved at the mercy of a trafficker (Law, 1909). Law suggested that the toxicity of political power, greed, and corruption undermined the philosophy of Christian purity.

Literary scholars such as Jane Addams viewed the White slave narrative movement as an exaggerated plot to justify America's Christian movement (Schultz, 2015; Winkelman, 2013). Unlike Bell's dichotomy of racial purity, Addams sought equality of women's rights and social relations regarding race and segregation (Donovan, 2006; Schultz, 2015; Winkelman, 2013). For Addams, wages and gender objectification led women into the procurers of the White slave trade (Donovan, 2006; Winkelman, 2013).

Moreover, Addams advocated for immigration reform and cultural immersion (Donovan, 2006; Winkelman, 2013). Despite the abolitionist efforts of eradicating White slave trafficking, several exceptional anti-trafficking Federal U.S. Supreme Court cases cite human rights violations during the Progressive Era. *Clyatt v. the United States*, 197 U.S. 207, 218 (1905) and *the United States v. Clement*, 171 F. 974, 974-975 (1909) cite anti-peonage, involuntary servitude, and human rights violations (McKee, 2005). In

response to the outrage concerning white slave trafficking, on June 23, 1910, James Robert Mann (R-IL) introduced the Mann White Slave Traffic Act (Doyle, 2015).

The Mann White Slave Act, 36 Stat. 825 (1910), 18 U.S.C § 397-404 (1940) made it a Federal crime for anyone “knowingly transporting, or cause transporting any individual for the immoral purposes of forced prostitution or debauchery” (Northwestern University School of Law, 1917, p. 98). The provisions of the Mann Act extended in the case of *Caminetti v. the United States*, 242 U.S. 470 (1913 - 1917) and *Diggs v. the United States*, 37 Sup Ct. Repr. 192 (1913 - 1917). The cases cited illicit sex of a minor, illegal transportation, forced prostitution, violence, and debauchery against young women (Northwestern University School of Law, 1917; Yale Law Journal Company, 1947).

Federal and State prosecutors persistently cite historical Supreme Court cases for convicting crimes against child exploitation. However, in most cases, prosecuting trafficking cases fail to uphold in court because the applicable of the law do not apply in all trafficking situations. In fact, the trafficking of individuals continue to haunt America in the form of modern-day slavery, a euphemism under the umbrella of human trafficking.

Déjà Vu, Modern-day Slavery

The trafficking phenomenon echoes four centuries of anti-trafficking efforts. Unlike chattel slavery, trafficking is a difficult phenomenon to understand (Chuang, 2015; Kara, 2011). President Lincoln's struggles with eradicating chattel slavery, twenty-first-century Congressional legislatures, law enforcement, prosecutors, and anti-

trafficking support agencies struggle with conflicting anti-trafficking legislation in the United States (Farrell, Owens, & McDevitt, 2014).

Federal Government Efforts

The U.S. Federal government is the leading funding agent for providing worldwide support to victims and survivors of trafficking (DOS, 2018). In 2015 the Federal government funded, \$37 million in federal grants to for efforts eradicating trafficking (DOS, 2018). Organizations such as the Department of State advise every year on the estimated number of national and international incidences of trafficking.

Countries following the minimum guidelines of the TVPA (2000) receive a Tier ranking (DOS, 2018). Tier ranking means, countries have taken efforts to prosecute traffickers, provide survivors support services, and reduce the frequency of trafficking. Countries meeting the minimum guidelines get a higher tier ranking (DOS, 20118). The DOS guide on trafficking did not determine whether the estimated number of cases in the United States were from sex trafficking or labor trafficking. DOS, 2018).

Victims of Trafficking Protection Act

Before anti-trafficking laws were established in the United States, incidences of alleged trafficking were prosecuted under the thirteenth amendment. However, prosecuting trafficking cases under the thirteenth amendment were either dismissed or resulted in a hung jury (Griffin & Wilson, 2012). In the United States v. Kozminski, 487 U.S. 931 (1988), two intellectually challenged men were psychologically abused (Griffin & Wilson, 2012) and were forced to work long labor hours in unhealthy working conditions (Farrell et al., 2014).

The provisions of the case were not upheld by the U.S. Supreme Court because the Thirteenth Amendment did not specify conditions of mental health, forced labor trafficking, or provisions for protecting minor children (Farrell et al., 2014). In response to the growing concern of trafficking, Congress enacted the Victims of Trafficking and Violence Protection Act (VTPA) of 2000. Subsequently, Congress amended the Victims of Trafficking Act to include legislation for funding and monitoring the incidences of trafficking (DOS, 2018). The timeline in Figure 2 demonstrates the fifteen-year trajectory of federal legislation concerning trafficking in the United States.

Figure 2. Timeline of Anti-trafficking Legislation in the United States

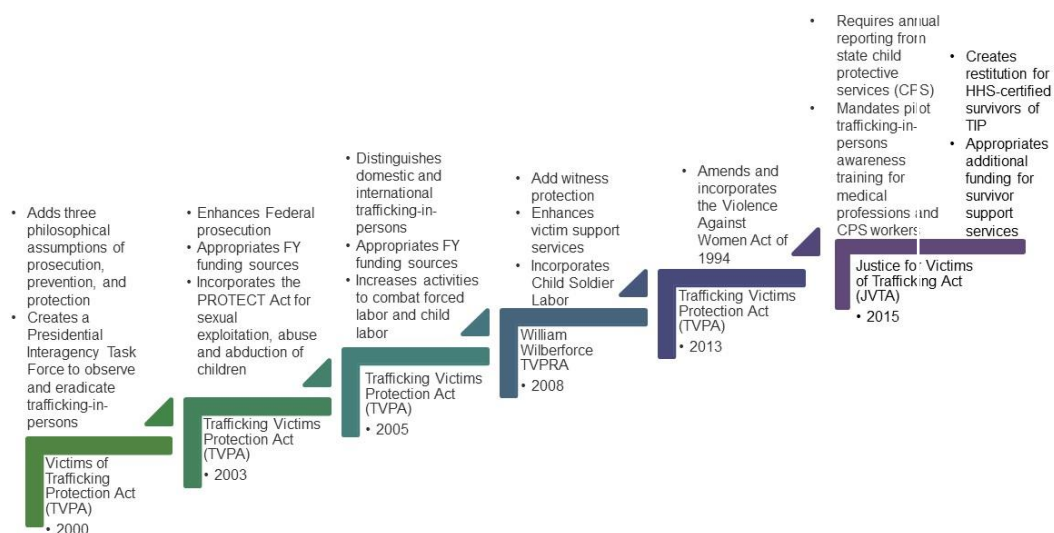


Figure 2. Timeline of anti-trafficking legislation in the United States. Source: U.S. Department of State. Retrieved online from <http://www.state.gov/j/tip/laws>.

The Victims of Trafficking and Violence Protection Act (TVPA; 2000), criminalized any person who willingly and knowingly recruited, harbored, or transported

by severe force, fraud or coercion any individual for trafficking (DOS, 2018). The TVPA focuses on preventing, prosecuting trafficking, and protecting victims and survivors of trafficking (DOS, 2018).

Prevention focuses on educational programs designed to recognize victims of trafficking. Prosecution focuses on federal sentencing guidelines aimed at prosecuting traffickers. Protection is the outcome to which certified trafficking victims get enough information for obtaining anti-trafficking support services. To qualify for anti-trafficking support services, victims of trafficking must have endured severe forms of physical abuse and mental abuse, and coercion. Survivors also, had to provide witness testimony against the trafficker (Todres, 2013).

The TVPA ruling established the President's Interagency Task Forces for monitoring trafficking. Other Federal government offices monitoring the incidences of trafficking include:

- The Department of Health and Human Services (HHS) collaborates with trafficking agencies. HHS establishes certification for foreign victims and survivors of forced trafficking. HHS monitors efforts vital to the restoration of victims, and survivors' physical and mental health.
- The Justice Department (DOJ) facilitates sting operations for anti-trafficking efforts. The Department of Homeland Security identifies cross-border trafficking suspects and assist with identifying immigration relief efforts.

- U.S. Department of Labor develops education efforts for eliminating forced child trafficking and other forms of child labor trafficking. The agency offers awareness training for identifying and reporting alleged trafficking. The International Labor Organization enhances education of international trafficking within the U.S. Department of Defense federal contracting agencies (DOS, 2018; Moser, 2012, p. 226).

The TVPA Amendment of 2003, enhanced Federal laws for supporting victim witness testimony (DOS, 2018). The amendments appropriated funds for federal research grants to further explore trafficking. The amendment extended the *Prosecutorial remedies and other tools to end the exploitation of children today Act*.

The goal of the act sought to decrease sexual exploitation, abuse, and illegal abduction or adopting of minor children (DOS, 2018). The TVPA amendment of 2005 increased federal grant funding to support efforts for decreasing trafficking (DOS, 2018). The TVPA amendment further defined international and domestic trafficking, and the monitoring of forced child labor in the United States.

The William Wilberforce TVPRA of 2008, established funding to increase measures for eliminating trafficking and incorporated Title IV, child soldier labor trafficking. The TVPRA established incentives for international and national non-governmental organizations, non-profit organizations, and anti-trafficking agencies offering support to victims suffering from severe forms of trafficking (DOS, 2018). In 2013, Congress amended the TVPRA to include the Violence against Women Act of 2013 (DOS, 2018).

In 2015 Congress enacted the Justice for Victims of Trafficking Act (JVTA), (LOC, 2015). Legislation within the JVTA added focus and value for the study because the statutes offered guidelines for understanding survivors' health after surviving trafficking. Sections within the amendment confirm knowledge for understanding survivors' of trafficking health experiences.

Subsection 702 trafficking awareness training for health care administrators. Subsection 1002, the Human Trafficking Survivors Relief Act of 2017 grants safety for survivors of trafficking convicted or arrested for trafficking (LOC, 2015). The amendment granted funding for non-governmental and non-profit organizations.

In brief, the TVPA and the TVPA amendments set the standards for providing resources to monitor trafficking in the United States. Following the JVTA of 2015 authorized funding for mental health, housing, and education (LOC, 2015). However not all scholars agree that the guidelines extend coverage for ensuring the safety of victims and survivors of trafficking. Concerns with funding for survivor aftercare and comprehending the anti-trafficking laws proliferate in the literature.

Regulatory Challenges

Scholars cite challenges in addressing inconsistent language for protecting services victims and survivors of forced trafficking (Brysk, 2011; Kendall et al., 2012; Loftus, 2011; McKee, 2005). Oversight organizations such as the United States Government Accounting Office (GAO; 2016), reported negligent underutilization of trafficking support services provided by non-governmental agencies.

The limited number of immigrant visas included appropriated funding (Brysk, 2011), and delayed visa adjudication (Kiss et al., 2015). In the United States, common trafficking visas for victims include the “T (temporary, non-immigrant status), U (non-immigrant status), H-2A (temporary agricultural worker), H-2B (non-agricultural temporary worker), and J1 (summer work travel) visa” (DOS, 2015a, p. 356). Scholars analyzing the guidelines of the TVPA (2000), and amendments of 2003, 2005, 2008 and subsequent legislation investigated the efficacy of visas designations within the statutes for protecting victims of trafficking (Albonetti, 2014; Chuang, 2015; Shoaps, 2013).

Albonetti (2014) explored the TVPA’s federal sentencing guidelines influencing trafficking cases from 2001 through 2010. Albonetti’s research is notably because the findings mirrored other studies in that the federal guidelines emphasized more on prosecuting trafficking cases than for protecting victims of trafficking (Albonetti, 2014; Barrick et al., 2014). In a similar manner, Shoaps (2013) identified inconsistent language between international and domestic anti-trafficking laws.

Shoaps propositioned a collaborative approach for protecting victims of TIP extends beyond discrediting the law. Conversely, Chuang (2015) debated the TVPA and TVPA amendments shortcomings in meeting the federal legislative goals and objectives. Chuang (2015) contended that the TVPA functions to advance the political agendas of feminism, congressional reelection platforms, and philanthropy of progressive conservative groups. Chuang argued that Congress’ focuses more on describing and defining the term trafficking rather than focusing on treating survivors of trafficking.

Warren (2012) and Barrick et al. (2014) argued the discrepancies between national and international anti-trafficking laws difficulties for persecuting cases of trafficking. Warren (2012) and Schaffner (2014) suggested countries such as Southeast and Central Asia overlooked reporting incidences of TIP. Therefore, alleged corruption and a weak criminal justice system mitigated prosecuting human traffickers (Elezi, 2011; Todres, 2013).

Farrell, Owens, and McDevitt (2014) identified several gaps with prosecuting and convicting cases of trafficking. First, Farrell et al. conducted in-depth interviews with 166 officials in the criminal justice system in 12 counties with or without anti-trafficking state legislation. Following, Farrell et al. explored 140 judicial mediated cases. Thematic analysis revealed that anti-trafficking laws varied by county, state and region.

Half of the adjudicated cases within the 12 counties of Farrell et al.'s research involved minors. Together, cases of trafficking within each state county involved "sex (85%), labor (11%), and sex and labor (4%; p.148)". Furthermore, States with anti-trafficking legislation did not differ from States without anti-trafficking legislation prosecuting cases of trafficking.

Contrary to Barrick et al. (2014), Farrell et al. (2014) found that only 25% of adjudicated domestic trafficking cases involved foreign victims of trafficking. Barrick et al. and Farrell et al. both agree that state law officials cite challenges within the federal statutes. Deficiency interpreting federal and state laws concerning trafficking victims, and victim credibility mitigated how cases of trafficking were prosecuted and decided before the court of justice (Barrick et al., 2014; Farrell et al., 2014).

Other legislative gaps for addressing forced labor trafficking included domestic servitude (Barrick et al., 2014; Elezi, 2011; Kara, 2011), child labor (Brysk, 2011; Elezi, 2011), and work bondage (Kara, 2011). The discontent experienced by prosecutors convicting trafficking cases, law enforcement's misunderstanding of the TVPA language of the law, highlighted the need for understanding how trafficking laws influence survivors' experiences of surviving trafficking (Barrick et al., 2014; Elezi, 2011).

Indeed, recognizing forced labor trafficking as a health inequity in the United States is a current challenge informing health policy in the United States. In either forced labor or sex trafficking, inconsistent legislation mitigated survivors' long-term health. In the following section I offer a brief on the health inequities influencing survivors of forced labor trafficking in the United States.

Health Inequities Influencing Survivors of Trafficking

In this study I explored the narratives of adult survivors of forced labor trafficking and their physical health, after surviving trafficking. Understanding survivors' health disparities of trafficking contributed to future trafficking research findings. A measure for exploring how health disparities influence survivors' of trafficking health is the Global Burden of Disease (GBD) study.

The GDB of 2016 analyzed health comparisons among demographic of culture, ethnicity, gender, and age. For this study, I analyzed the GBDs measurements of health based on morbidity, longevity, and unforeseen mortality. Measurements of the GBD included "disability-adjusted life years (DALYs), years of life lost from non-infectious diseases (YLLs) and years lived with disability (YLD)" (Murray et al., 2016, p. 2145).

I synthesized the GBD's YLDs from 2005 through 2013 corresponding to the survivors' severity of later-in-life physical health inequities among adult survivors of trafficking living in the United States (Johnson, 2012; Lederer & Wetzel, 2014; Muftic & Finn, 2013). Improvised minorities and immigrants dwelling in unhealthy conditions represented vulnerabilities to the trafficking (Perry & McEwing, 2013). Therefore, I distinguished health inequities facilitating the vulnerabilities of entering trafficking.

Measurements of the GBD from 2005 to 2013 estimated that the DALY increased for noninfectious diseases including cardiovascular, musculoskeletal, and gastrointestinal disruption (Murray et al., 2016; Vos et al., 2015). Murray et al., (2016) examined demographic, leading DALYs and health of life determinants from 1990 to 2013 across various countries. Murray et al. utilized a hierarchal regression analysis to investigate how the social determinants explain the variance of health inequities among different countries.

Murray et al.'s. (2015) GBD findings concluded financial status, education, and average age explained over half (50%) of the differences for the DALY among the different countries. On the other hand, demographic moderated the relationships of the variance among the DALY for cardiovascular, suicide, and interpersonal violence (Murray et al., 2015). Murray et al.'s findings proposed, the YLD and healthy aging have no relationship with socioeconomic status (Murray et al., 2015).

The fifteen-year global health burden between demographic and YLD increased by 10 points (21.1% to 32.1%) for musculoskeletal, neurological, psychological and drug use disorders (Murray et al., 2015; Vos et al., 2015). Moreover, compared with former

GBD surveys periodontal disease and HIV increased by 10% in 2013. The GBD analysis from 2005 also showed that suicidal thoughts and interpersonal violence contributed 58.42% of the health disparities in the United States (Vos et al., 2015). Conversely, the proportion of suicidal thoughts and interpersonal violence in 2013 attributed 51% of health disparities in the United States for ages 15 to 69 years old (Institute for Health Metrics and Evaluation [IHME], 2013).

Murray et al. (2015) and Vos et al. (2015) agreed health system costs remain substantially high regarding the severity of global YLD and loss of health across countries. Given that the global burden of non-communicable diseases increased from 1990 to 2013, survivors of trafficking represented a proportion of the GBD health disparities in the United States. The GBD findings expanded knowledge for understanding how social determinants moderated the health of survivors of trafficking (Perry & McEwing, 2013).

Social Inequities of Trafficking

Social inequities determine biological, interpersonal, and cultural understanding. For this study, understanding how survivors of trafficking interpreted their trafficking experiences of is an important concept given the social vulnerabilities of poverty, age, and conflict after entering trafficking (Perry & McEwing, 2013). In the United States, Black Americans, Asians, and Hispanic populations continually face a variety of setbacks based on internal and external dynamics contributing to social inequities (Morello-Frosch et al., 2011).

Internal dynamics include age, genetics, social class, and inadequate health care (Morello-Frosch et al., 2011). External dynamics including family expectations, education (Oyserman, Smith, & Elmore, 2014), and stereotype bias (Morello-Frosch, et al., 2011) significantly influenced how marginalized groups perceived the future (Perry & McEwing, 2013). Consequently, both internal and external dynamics facilitated how marginalized groups achieve an enhanced quality of life (Morello-Frosch et al., 2011).

Conversely, a recent study suggested individuals living with lower socioeconomic conditions have poor health regardless of contributing internal or external social factors (Oyserman et al., 2014). Hodge (2014) agreed that different forms of trafficking influenced society regardless of status, education and income level. Social inequities such as poverty, age, conflict, and violence cite reasons for desolate societies experiencing trafficking vulnerabilities (De Angelis, 2014; Macias-Konstantopoulos et al., 2013; Perry & McEwing, 2013; Wilson & Butler, 2014).

Poverty and conflict. The incidence of poverty in the United States echoes trafficking surveillance among developing countries. The Census Bureau's (2012) supplemental poverty measures (SPM) proposed the estimated poverty thresholds afflicted more than 310,000 people in the United States (DeNavas-Walt & Proctor, 2014). Adults' ages 18 to 64 years comprised 60.2% (186,000) of the poverty threshold in the United States (DeNavas-Walt & Proctor, 2014).

Compared with adults, children and adolescents 18 years and younger living in oppressed societies are at-risk of entering forced labor trafficking (Elezi, 2011; Perry & McEwing, 2013). Child sex and labor trafficking especially hold true where families

value cultural traditions of employing children to provide for the whole family (Wilson & Butler, 2014). Therefore, potential victims and survivors of trafficking face hardships already prescribed to them by biological and psychosocial conditions (Macias-Konstantopoulos et al., 2013; Oyserman et al., 2014).

Conflict and economic instability connect migration and poverty in underdeveloped countries (Perry & McEwing, 2013). Ethnic cleansing, environmental health and economic control over finances discredited the survivors' health (Zimmerman et al., 2011b). Living in improvised nations where violence prevails created later in life social and health inequities (Oyserman et al., 2014).

Furthermore, with the rise in natural disasters, displaced individuals seek refuge to improve their social predicament (Perry & McEwing, 2013; Zimmerman et al., 2011b). The high cost of living and the demand for cost-effective labor also perpetuated social inequities of forced labor trafficking (Barrick et al., 2014; Jagers & Rijken, 2014; Kendall et al., 2012; Perry & McEwing, 2013). Potential victims exposed to hazardous environmental conditions will submit to acts of violence, fraud, and coercive treatments from those advocating trafficking (Guzmán, 2015; Perry & McEwing, 2013).

Scholars have noted, the cumulative conditions of poverty, conflict, and violence facilitated ill-health among vulnerable populations living in low socioeconomic environments (Morello-Frosch et al., 2011). However, research has not yet captured survivors of forced labor trafficking social inequities while forced to enter trafficking. The findings from this interpreted whether social determinants before entering trafficking

or conditions after entering forced labor trafficking facilitated survivors well-being after surviving trafficking.

Experiences of Entering Trafficking

Reported estimates of vulnerabilities by criminal acts of TIP and prosecution of trafficking vary by state, region, and metropolitan area (NHTRC, 2017). Trafficking in the United States is higher in metropolitan cities such as New York, Atlanta, and the District of Columbia (Ernewein & Nieves, 2015). In the United States, trafficking consist of other criminal behavior such as bribery (Barrick et al., 2014) and cross-border money laundering (Brysk, 2011; Griffin & Wilson, 2012). Human traffickers utilize funds to smuggle vulnerable groups into the United States. (Lederer & Wetzel, 2014).

Forced labor trafficking effects more foreign migrants seeking a job in the United States (Barrick et al., 2014; Guzmán, 2015). Traffickers deceive Government officials by posing as a legitimate business representative to obtain a temporary visa (Guzmán, 2015). After the trafficker procures a visa for the victim, the traffickers will then gain control over the victim's livelihood. Perpetrators of forced labor trafficking lure victims to labor in agricultural farming (Barrick et al., 2014), domestic servitude, and sex and labor trafficking (Elezi, 2011; Griffin & Wilson, 2012; Guzmán, 2015), to name a few.

Zimmerman et al.'s (2011b) seminal research focused on health implications and migratory patterns of TIP. Zimmer et al. used migration theory as a framework for illustrating the stages of trafficking. Zimmer et al. asserted, that the trajectory of trafficking occurs in four stages; recruitment, transition, exploitation, and integration-

reintegration. The findings infer that victims of forced labor trafficking experienced more sexual abuse and assault during the transition stage than victims for sex trafficking.

In the recruitment phase, victims become subjected to an already dire situation. Thus, the victim's naive realism of hope for a better life increases exposure to trafficking. During the transition phase, victims risk their health by engaging in dangerous situations such as unsafe travel by vessel or migrating treacherous terrain on foot to reach safety (Zimmerman et al., 2011b).

After the victim arrives at the promised designation, the trafficker confiscates the victims' official documents. In this stage the trafficker gains control by socially isolating the victim; leaving the victim dependent on the trafficker for aid, shelter, and money. During the exploitation stage of trafficking, abuse, malnutrition, forced addiction threatens the victims' self-efficacy.

The health of potential victims slowly declines during the exploitation phase of TIP (Zimmerman et al., 2011b; Wilson & Butler, 2014). Mitigated health or not acknowledging victims of trafficking in a health care setting further exacerbates the victim's health during the exploitation stage of trafficking (Zimmerman et al., 2011b). A survivor of Zimmerman et al.'s, trafficked as a young girl conveyed:

The abortion was done illegally in terrible, unsanitary conditions. The operation was very difficult, so I was nearly dead. There was no anesthetic. The doctor said he would inject soap water into the uterus and the fetus [sic] would go out. After the abortion, I felt very bad, like I would die and I was taken to the hospital (p.330).

Therefore, reintegrating stage following trafficking is key in a health care setting (De Angelis, 2014; Pandey, Tewari, & Bhowmick, 2013; Wilson & Butler, 2014).

Characteristics of Forced Labor Trafficking

While estimated trafficking exploitation in the United States emerged from sex trafficking, the incidences of forced labor trafficking have increased. The Department of Justice 2013 annual report on trafficking estimated forced labor trafficking is more salient among Hispanics (55%), Blacks (18%), Asian (15%), and other unidentified ethnicity (18%). Conversely, estimates of sex trafficking by ethnicity showed higher among Blacks (40%), Hispanics (24%), Asia (4.3%), Whites (25.6%), and other unidentified ethnicity (5.8%).

The International Labor Organization characterized forced labor trafficking as any condition that fractures the person rights to freedom (Ollus, 2015). Forced labor trafficking is defined as the involuntary harboring, and deceiving of vulnerable groups (Jagers & Rijken, 2014). If a trafficker benefited (e.g. received funding) from trafficking the forced situation becomes trafficking

In the United States, alleged cases of domestic forced labor trafficking derive from research investigating prosecuted cases (Farrell et al., 2014) or survey research gathered through self-reporting methods (Barrick et al., 2014; Gibbs et al., 2015). Together, with deficiency of anti-trafficking training for healthcare administrators, survivors face a variety of diseases. For this study, I sought to understand survivors of trafficking health before entering trafficking and after surviving trafficking. I define

domestic forced labor trafficking in the United States as involuntary domestic servitude, agriculture labor, work bondage, and sex and labor trafficking.

Involuntary Domestic Servitude

Identifying domestic servitude in the United States is arduous because employing a domestic servant for in-home health, au pair services, or housekeeping is considered a domestic affair (Elezi, 2011). Traffickers recruit for involuntary domestic servitude through mail order brides, Fiancé K-1 nonimmigrant Visa or by advertising in-home or caretaker jobs (Kiss et al., 2015; Merriman, 2012). For example, in Southeast Asia, research have found victims of mail order brides are as young as 12 years old (Merriman, 2012).

Ladegaard (2015) explored the narratives of victims from international, domestic servitude in Southeast Asia. Ladegaard found that foreign diplomats employ vulnerable foreign immigrants for domestic servitude. Ladegaard's research showed that survivors of domestic servitude experienced severe physical assault and abuse by their employer.

Survivors of this study exploited from domestic servitude experienced defrauding of wages, withholding health care and extortion, and working under harsh conditions (Kiss et al., 2015). Scholars suggested, survivors exploited by domestic servitude are have encountered sexual and verbal abuse, physical violence by their employer (Kiss et al., 2015). Limited research is available concerning survivors of trafficking health experiences of forced domestic servitude (Kiss et al., 2015).

Agricultural Farming

In today's competitive marketplace, forced agricultural labor ensue where farming for competitive pricing and commodity of goods exceed human capacity. Agriculture farming include working in cotton or tobacco farms, the fishing industry or vegetable harvesting fields (Barrick et al., 2014; McKee, 2005). In the United States, Mid-Atlantic state governmental agencies such as North Carolina, where agricultural labor farming prevail, reported the highest alleged violations of labor law violations (Barrick et al., 2015). Therefore, the limitations of farming capitalism, hiring migrants to work below minimum wage, and living in deprived conditions, initiated the onset of forced labor trafficking in the United States (Barrick et al., 2015; Jagers & Rijken, 2014; Kara, 2011; Owen et al., 2015; Palumbo & Scieurba, 2015).

Barrick et al., (2014) explored the prevalence forced labor trafficking in the state of North Carolina. Barrick et al.'s ethnographic research identified that half of the 380 undocumented farm immigrants in North Carolina experienced vulnerabilities to unhealthy working conditions. The findings from Barrick et al.'s survey focused on survivors identifying their physical health conditions from a listing of symptoms the victims alleged during trafficking.

Barrick et al. found victims experienced debt bondage, physical and sexual abuse, and forms of severe exploitation from forced labor trafficking. Barrick et al.'s community-based study contributed to the current literature exploring forced labor trafficking in the United States. Conversely, Barrick et al.'s sampling strategy contradicted the findings. For example, the findings of Barrick et al.'s did not determine

if the participants experienced physical health symptoms before entering trafficking, during trafficking, or after trafficking. The invalidated survey instruments may have contributed selection bias in the inquiry findings.

There is a current deficit of literature exploring survivors of forced agricultural labor health paradigms in the United States. Given most of the forced labor trafficking in the United States derive from agricultural labor (Owen et al., 2015), the current qualitative narrative inquiry added knowledge to health psychology research for informing other health conditions contributing to survivors of forced agricultural labor.

Work Bondage

Work bondage happens when victims of trafficking exchange debt for freedom. However, by securing freedom when fleeing oppression, victims of trafficking give into their trafficker's demands, and unknowingly enter a trafficking (Elezi, 2011). Following traffickers secure the victim's official documents, threaten family members, or use violence until the victim is finished paying the incurred debt off (Ladegaard, 2015).

Former research identified traffickers of involuntary domestic servitude secured work bondage from victims as a debt owed for medical bills and incidental expenses (Baldwin et al., 2011; Ladegaard, 2015). Incidental expenses mean funding for clothing or food. Fear of violence from work bondage increased the victim's susceptibility to poor health (Ladegaard, 2015). Following debt bondage, is the phenomenon of sex and labor trafficking.

Sex and Labor Trafficking

Sex and labor trafficking results when victims of trafficking labor and perform sexual favors for the trafficker's clients. Frequent and recurring sex and labor includes massage parlors, strip clubs, exotic dancers, home health care or sex tourism (Farley et al., 2014; Griffin & Wilson, 2012; Rabbitt, 2015; Wolak et al., 2013). Countries with the highest incidence of sex tourism include Asia, Central America and Southeast Asia (Boone, 2015; Gugić, 2014).

Countries below the poverty level have the highest incidences of sex and labor exploitation trafficking (Wolak et al., 2013). Struggling migrant families earning limited income contribute to the growing epidemic of forced sex and labor trafficking, especially trafficking involving minors (Gugić, 2014; Wolak et al., 2013). Adjudicated cases of young adolescents trafficked for cross-border sex and labor trafficking demonstrated the growing concern of trafficking between the United States and Mexico border (Flynn, Alston, & Mason, 2014; Goździak, 2010; Gugić, 2014). Perry and McEwing (2013) identified that survivors of sex and labor trafficking face severe health inequities during and after surviving trafficking.

Health of Survivors Following Trafficking

Kiss et al. (2015) and Oram et al. (2012) found that survivors of trafficking endured severe cognitive and musculoskeletal difficulties after surviving trafficking. Notably, memory decline is significant among adult survivors of trafficking. Oram et al. (2012) argued these health conditions correlate with the type and duration of the trafficking.

Gibbs, Walters, Lutnick, Miller, and Kluckman's (2015) study examined survivors health following trafficking from non-governmental organizations. Gibbs et al. found that the recipients of these anti-trafficking services experienced mental abuse neglect. Gibbs et al.'s findings coincided with other findings suggesting that there is a need for understanding survivors' health after surviving trafficking.

Involuntary substance abuse is high among victims and survivors of trafficking (Cecchet & Thoburn, 2014; De Angelis, 2014; Gibbs et al., 2015; Kara, 2011). Collins et al. (2013) ethnographic research, examined the role of adverse physical health consequences on trafficking survivors. Through in-depth interviewing former survivors of cross-border sex trafficking described the coercive means the trafficker uses as a measure of controlling. The survivor stated:

I did not want to have sex because I was on my period, and this guy pulled out a knife. I was forced, he made me have anal sex [...] He said, if not you'll stay here, you won't get out of here. I was scared, and well, I had to do it (Survivor, age 46; p. 462).

Gupta, Reed, Kershaw, and Blankenship (2012) findings showed that survivors of trafficking experienced sexually transmitted infections and human immunodeficiency virus (HIV). Subsequent findings confirmed sexual violence contributed to the survivor's co-morbid health conditions (Silverman et al., 2008). Co-morbid conditions included hepatitis-B, syphilis, and hepatitis-C (Collins et al., 2013; Shannon & Csete, 2010).

Survivors of trafficking experiencing conflict such as anxiety from family separation, reside in countries experiencing civil disturbances, economic turmoil and

organized crime (Gibbs et al., 2015). In times of turmoil, victims of trafficking often seek refuge in a safe environment after leaving their family members (De Angelis, 2014; Kara, 2011).

Established countries such as the United States and Canada are vulnerable to forced labor trafficking (Brysk, 2011). Cecchet and Thoburn's (2014) qualitative narrative inquiry explored the vulnerabilities of romanticism, coercion, and mental abuse from survivors ($N = 6$) ages 25 to 55 years old ($M_{age} = 49.5$) of domestic minor sex trafficking (DMST) in the United States. A survivor of Cecchet and Thorburn's study was explicit in explaining her experiences of trafficking:

I met this guy...he [was] interested in me. He has a nice car, nice clothes, and nice everything. He was like a boyfriend and father. Then my name was ... [sic]. He would beat me up really bad or hit me with a pimp stick. It's a wire hanger knotted up, and then they beat you with that... (Survivor, A; p.487).

The findings show that criminals of trafficking romanticized and fabricated a story to prey on the victims emotions before entering trafficking.

Experiences of Exiting Trafficking

Today, more than ever, medical administrators have significant role in aiding survivors of forced labor trafficking. Findings show that primary care doctors find difficulty understanding trafficking and do not have the confidence to identify victims or survivors during triage (Ross et al., 2015; Titchen et al., 2015). A reason for the oversight could mean, that survivors of trafficking do not identify themselves as being a "victim" of trafficking (Dovydaitis, 2010; Rabbitt, 2015).

Survivors contributed their experiences of trafficking to shame, guilt, self-blame, meager decision-making, and instability (Titchen et al., 2015). For this study, survivors neglected their health needs because the trafficker made them feel loved and needed such as the Stockholm syndrome. The Stockholm-Syndrome evolves when trafficking victims develops a false psychological bond for their trafficker (Edman et al., 2016; Johnson, 2012).

Commentary by a survivor of sex trafficking explained the greatest concern while trafficked, is the indifference shown during triage while waiting to be seen by the doctor ("Commentary: Commercial Sexual Exploitation," 2014). For example, in one instance a health care administrator became upset after the survivor returned an incomplete intake form. Another, survivor described that she was told to *strip down* [emphasis added] before a obtaining a gynecological examination. The survivors testified that certain language trigger negative thoughts and emotions stemming from repeated rape, sexual assault, and abuse ("Commentary: Commercial Sexual Exploitation," 2014).

Findings by Patel, Ahn, and Burke (2010) similarly found that after leaving trafficking, survivors distrust the medical system. The more a survivor, distrust the health care system the difficult it is for health administrators to address the survivors health needs following trafficking (Baldwin et al., 2011; Hodge, 2014). Research shows that survivors that have exited from trafficking prefer the familiarity of one medical doctor when receiving treatment. (De Angelis, 2014; Shoaps, 2013).

Survivors of this study expressed that frequent changes in health care services created barriers between the survivor and medical doctor for fostering good health (De

Angelis, 2014). To further determine the incidences of trafficking in the United States, national and international scholars have investigated health administrator's knowledge of etiquette for treating survivors of tracking (Baldwin et al., 2011; Chisolm-Straker et al., 2012; Ross et al., 2015; Titchen et al., 2015).

Baldwin et al. (2011) explored barriers to medical treatment from the testimony of survivors of domestic trafficking in the United States. Baldwin et al. conducted face-to-face, in-depth interviews female survivors of trafficking. Twelve survivors, ages 26 to 63 years old, represented trafficking including domestic servitude ($n = 8$), sex and labor trafficking ($n = 1$), and sex trafficking ($n = 3$).

Findings of Baldwin et al.'s study show that confidentiality is more salient among survivors of trafficking when receiving treatment in a medical facility. Disturbingly, Baldwin et al. also found, the trafficker had an intimate relationship with the health care provider. Baldwin et al.'s findings offered insight because survivors of this study faced challenges after interacting with hospital administrators.

Chisolm-Straker, Richardson, and Cossio (2012) investigated medical doctors and health administrator's confidence of identifying victims of trafficking. Two hundred and eighty four volunteers including "registered nurses, attending physicians, and medical students" volunteered for the study (Chisolm-Straker et al., 2012, p. 982). The participants' knowledge of trafficking was measured before training began and after completing the training.

Volunteers of Chisolm-Straker et al.'s study with three to ten years' experience in emergency services, medical academia, trauma center or teaching certifications

participated in the before and after training intervention study (Chilsom-Straker et al., 2012). Before training, volunteers confessed that never had formal training on how to recognize a victim of trafficking (Chilsom-Straker et al., 2012). Furthermore, volunteers of the study never had training in caring for survivors of trafficking (Chilsom-Straker et al., 2012).

First, Chilsom-Straker et al. examined the volunteer's knowledge before the trafficking training intervention. Volunteers were asked on a four-point Likert scale how confident (1 = not confident to 4 = very confident) they could (a) recognize a trafficking victim, (b) had received training on trafficking, and (c) if the medical students ever provided treatment to a victim of trafficking. Data analysis from SPSS shows that the volunteers understood the phenomenon of trafficking but did not have the confidence in treating trafficking victims (Chilsom-Straker et al., 2012). In contrast, just under half felt very confident responding to victims of trafficking (Chilsom-Straker et al., 2012).

Following the trafficking training intervention, more than half of the participants reported feeling confident in identifying, assessing, and treating victims of trafficking. Chilsom-Straker et al.'s study limited because not all of the volunteers responded to the survey following the training. The findings from Chilsom-Straker et al.'s study demonstrated the importance of trafficking training in the medical setting.

Similarly, Ross et al. (2015) surveyed 782 international medical administrators at various hospitals in the United Kingdom. The survey containing a 51-item questionnaire measured the medical administrators' knowledge of treating victims of trafficking. Unlike Chilsom-Straker et al. (2012), the participants of Ross et al.'s (2015) cross-

sectional study included clinical mental health professionals, and midwifery to name a few. Moreover, Ross et al. explored the volunteers understanding of sex and labor trafficking victims. Ross et al. found that at any given time 103 health administrators had interfaced with a victim of trafficking.

Volunteers of Ross et al.'s study such as midwives (39%), obstetricians (20%), pediatricians (17%), and mental health counselors (18%) had come in contact with a victim of trafficking. Cognitive decline were leading indicators of alleged trafficking cases of trafficking (Ross et al., 2015). Of the 782 participants in Ross et al.'s study, 482 did not have knowledge on how to identify alleged cases of trafficking in a medical setting.

Furthermore, 74 volunteers did not understand the magnitude of how trafficking effected their community (Ross et al., 2015). The inferences from Ross et al.'s findings suggest those in the medical field would benefit from an integrating trafficking for identifying and triaging victims of trafficking in the medical setting. Ross et al.'s study informed the current study for discerning other conditions influencing survivor's health.

Titchen et al. (2015) surveyed medical doctors understanding of domestic minor sex trafficking (DMST) in the United States. Volunteers of Tichen et al.'s study with five or more years were either practicing in a group or clinical setting. The findings from Tichen et al.'s study showed that physicians in private practice, with 20 or more years' experience, found TIP education is valuable in a community setting.

Doctors practicing in a community hospital, or physicians practicing at a private institution did not find that trafficking education was very effective (Tichen et al.,

2015). Ten percent of pre-medical students in Tichen et al.'s study were significantly more aware ($p = <.01$) of identifying a victim of trafficking than for physicians (51.1%) with 17 or more years. Tichen et al. found that physician with less than two years' experience were significantly ($p = <.05$) aware of the estimated number of children trafficked for sex in the United States.

In contrast, 19.5% of doctors with 14 or more years' experience did not know the estimated number of children trafficked in the United States (Tichen et al., 2015). The findings from Tichen et al.'s study is of concern because more senior physicians could misidentify the symptomology of sex trafficking victims as stemming from forced prostitution (Burke et al., 2015) or domestic violence (Dovydaitis, 2010; Hodge, 2014). Indeed, the precursors of a survivor's negative health experiences transpired during trafficking and post-trafficking experience (Hodge, 2014; Wilson & Butler, 2014).

Therefore, the findings from Tichen et al. and Chilsom-Stricker et al.'s study exemplify the need for standardizing medical education in a clinical setting. Tichen et al. (2015) and Chilsom-Stricker et al.'s (2012) findings informed, the current narrative inquiry findings for showing how survivors' interactions with medical doctors affected the survivors' health needs, after surviving trafficking.

Exiting trafficking is difficult for survivors of trafficking. Because survivors must go through a myriad of mental and physical health conditions. The chances of re-entering trafficking is high among survivors of trafficking (Hodge, 2014). In situations where immigrants have just exited trafficking, many fear reprisal and deportation before coming

forward for subsidized assistance (Hodge, 2014; Lederer & Wetzel, 2014; Pandey et al., 2013).

Irrespective of the type and duration of trafficking, survivors of this study faced numerous challenges after exiting a trafficking. Survivors deteriorated health and returning to living in lower socioeconomic conditions precipitated survivors feelings of helplessness, loneliness, (Lederer & Wetzel, 2014; Pandey et al., 2013; Peternelj-Taylor, 2016). Moreover, social isolation lowered the survivors' opportunity for obtaining a job (Wilson & Butler, 2014).

Ferdowsian and Merskin (2012) found an interesting correlation for comparing trauma injury in animal behavior. Rodent models having spent time together in a caged environment rodent models were separated and exposed to social isolation and malnutrition. After exposing the rodents to harsh conditions, the researchers found that the rodents exhibited promiscuous behaviors found in human behavior. The findings of Ferdowsian and Merskin's study infer that after experiencing the negative events, the rodent models exhibited psychological trauma injury.

One of the most comprehensive methods for empowering survivors of trafficking is by incorporating a survivor-centered holistic approach. In the United States, comprehensive health care services for survivors of sex trafficking are readily available. However, anti-trafficking support for survivors of forced labor trafficking are insufficient; leaving gaps in informed health care for survivors of trafficking (Doran, Jenkins, & Mahoney, 2014).

Survivors' Physical Health Post-Trafficking

In a Washington, DC Capitol Hill, joint information session, testimony by survivors sex trafficking identified that musculoskeletal disorders, chronic pain, cognitive decline, frequent headaches, gastrointestinal disturbances, and deteriorated reproductive health were the reasons for their decline of health after surviving trafficking (Congress of the U.S. House of Representatives, 2016). Survivors from international sex-trafficking have more mental health conditions after surviving trafficking as opposed to survivors of forced labor trafficking (Zimmerman et al., 2011b). On the other hand, scholars have compared both health experiences of survivors of forced labor trafficking to survivors of the Holocaust.

Band-Winterstein and Fein's (2014) phenomenological research explored the interpretations of forced labor from survivors of the Holocaust. Although Band-Winterstein and Fein explored Holocaust survivors, the inferences of Band-Winterstein's study found similar health experiences with survivors of forced labor trafficking. Band-Winterstein and Fein conducted semi-structured in-depth interviews with 20 Holocaust survivors. Six participants worked in construction, 12 worked in weaponry, and two survivors worked in maintenance facilities.

Three themes from the survivor narratives informed the interpretations and findings. These included; forced labor inequities, meaning-making, and life outcomes. Corresponding with survivors of forced labor trafficking, survivors of Winterstein and Fein's study were forced to labor under unhealthy conditions. Survivors who confronted their overseer were tortured or put to death.

Survivors of Band-Winterstein and Fein's study found that working in the concentration camps, when not threatened, were beneficial for survival. While, other survivors found work degrading and humiliating. Band-Winterstein and Fein noted that the survivors' view of *self* [emphasis] facilitated how future work experiences influenced their life. A few survivors found solace in later-in-life employment. On the other hand, some survivors avoided working or were self-cautions of finding a job (Band-Winterstein and Fein, 2014).

Key findings from Band-Winterstein and Fein's study suggests survivors interpret their experiences from forced labor different from one another when describing their experiences of surviving. Findings of Band-Winterstein and Fein's study reflected Antonovsky's salutogenic model for how the experiences of negative life events intersect with forming adaptive strategies in the face of adversity.

Band-Winterstein and Fein recommend future research explore the type and duration of forced labor, and survivors' capacity to effectively adapt, despite negative health outcomes. Band-Winterstein and Fein's study interrelated with this study for determining the dynamics of surviving forced labor trafficking, and how survivors socially constructed their worldview. Therefore, through the survivor lens, I sought to interpret if survivors of forced labor trafficking found meaning in sustaining a job following trafficking.

Distinguishing the Findings

For this study, I synthesized ongoing research exploring the health experiences of survivors of trafficking. Within five years, findings from the literature review informed

the current study's inquiries for understanding survivors of trafficking. Three international research studies investigated survivors of international sex trafficking (Kiss et al., 2015; Oram et al., 2012; Ostrovschi et al., 2011), and another study explored survivors of forced domestic labor trafficking (Ladegaard, 2015).

For the current study, three empirical research studies informed major themes in the literature for understanding domestic adult survivors, ages 25 years and older of sex trafficking in the United States (Cecchet & Thoburn, 2014; Lederer & Wetzel, 2014; Muftic & Finn, 2013). A major theme in the literature suggests the need for filling the gap of research regarding survivors of domestic TIP health experiences post-trafficking involvement (Hodge, 2014).

Muftic and Finn (2013) quantitative analysis investigated the health outcomes of survivors of trafficking in the United States. Muftic and Finn concluded, measurements for exploring health among domestic survivors of trafficking are significantly limited in the United States. Muftic and Finn suggests that inquiry further identify health experiences from survivors of trafficking. Coinciding with this study, Muftic and Finn's research increased knowledge for understanding the trajectories of entering a trafficking.

Cecchet and Thoburn (2014) qualitative narrative inquiry explored the mental health experiences of adult survivors of domestic minor sex trafficking, ages 22 to 55 years old in the United States. Cecchet and Thoburn conducted face-to-face interviewing with survivors. Key themes from their analysis show that resiliency and support from the community increased the survivors self-efficacy after once they had exited trafficking

(Cecchet & Thoburn, 2014). Cecchet and Thoburn's inquiry demonstrated the need for further identifying mental health conditions among younger survivors of trafficking.

De Angelis' (2014) international research examined survivors' mental capacity after surviving trafficking. De Angelis' qualitative narrative inquiry found that 24 women, ages 22 to 24, initially recruited for mail order marriages, were eventually forced into involuntary servitude. Moreover, De Angelis noted, after surviving trafficking, survivors experienced more fear of living in poverty than reliving the experience of a trafficking.

Lederer and Wetzel (2014) identified the health outcomes from adult survivors of domestic sex trafficking in the United States. Lederer and Wetzel (2014) collected survivor narratives using audio-taped and in-depth face-to-face interviewing. Lederer and Wetzel concluded, health care and medical professionals have a critical role in identifying and treating suspected cases of TIP in the United States.

Lederer and Wetzel's (2014) identified a significant gap in the literature for describing, identifying and treating domestic victims of trafficking. Although Lederer and Wetzel's study utilized a mixed method approach, the qualitative in-depth face-to-face interviews with the participants informed the current study's by understanding survivors' of trafficking health following trafficking.

Ladegaard (2015) explored survivors' experiences of forced domestic servitude trafficking. Ladegard gathered survivor narratives from survivors residing in a domestic violence safe-haven shelter located in Japan. Ladegard sought to understand the influence

of crying as a dialectal paradigm of language for interpreting the experiences of severe forced labor trafficking.

Ladegaard's in-depth face-to-face interviewing with survivors revealed the dissolute conditions survivors endured while at the mercy of their employer. Ladegaard's "narrative therapy approach" (p.193), discursive analysis, and social constructionist perspective interpreted from the survivor narratives that the survivors endured severe trauma, humiliation, malnutrition and mental abuse, while in captivity. Ladegaard found general resistance resources such as community support, and therapeutic narrative storytelling healed the survivor's from the traumatic experiences of forced domestic servitude trafficking.

For this study, I extended Ladegaard's qualitative narrative inquiry by exploring domestic survivors of forced labor trafficking. Unlike Ladegaard's study, I sought to understand how survivors of forced labor trafficking in the United States described their experiences of surviving trafficking. Ladegaard's qualitative narrative inquiry and social constructionist belief provided the impetus for this narrative inquiry.

Summary

In Chapter 2, I explored the historical notions of trafficking in the United States. In chapter 2, I identified the characteristics of survivors of forced labor trafficking. Following, I described concerns surrounding the survivors' health experiences after surviving trafficking. I outlined federal laws guiding anti-trafficking legislation. In chapter 2, I reviewed the literature for understanding the significance of providing support to survivors after they have survived trafficking.

In Chapter 3, I describe the methodology and the recruiting strategy of the current study. I explain the rationale for exploring the current study with a qualitative methodology. I conclude chapter 3 by describing the strategy for collecting survivors of trafficking narrative stories of forced labor trafficking.

For itself, stories are the expression through which victims find meaning, heal from painful wounds, and go on to live, yet, at times a challenging, productive life. Without understanding the history behind narrative storytelling future generations would have never known the perils of chattel slavery, the brutality that Holocaust survivors endured, and now, the suffering of trafficking survivors,

Chapter 3: Methodology

In this study, I explored the personal narratives from adult survivors of domestic forced labor trafficking. Furthermore, the current study explored how survivors of domestic forced labor trafficking interpreted their physical health, post-trafficking involvement. In Chapter 3, I focus on the following topics: (a) research design and rationale, (b) my role as the student-researcher, (c) the methodology used for data gathering, and (d) ethics surrounding the study. I conclude Chapter 3 with a summary and transition into Chapter 4.

Research Design and Rationale

I developed the research questions for this study to better understand the meaning survivors subscribed to their lived experiences from forced labor trafficking. In seeking a holistic view of the forced labor trafficking phenomenon, the following questions informed the findings:

RQ1: How do survivors of trafficking describe their lived experiences of forced labor trafficking?

RQ2: How do survivors of forced labor trafficking describe their physical health, post-trafficking experience?

In this study, I explored narratives from survivors of forced labor trafficking. Researchers have investigated the influence of trauma outcomes on victims of domestic sex trafficking (Cecchet & Thoburn, 2014; Ladegaard, 2015; Lederer & Wetzel, 2014; Muftic & Finn, 2013). However, there is limited research on how survivors of forced

labor describe their physical health after surviving trafficking (Baldwin et al., 2011; Hodge, 2014; Lederer & Wetzel, 2014).

The Trafficking Victims Protection Act of 2000 defined trafficking as the deliberate intention of imposing severe mental and physical infliction on any individual who cannot defend against violent acts of abuse and criminal behavior (DOS, 2016b). In this study, I define forced labor trafficking as contracting and employing any individual by forced coercion, or manipulation for the benefit of monetary gain (DOS, 2016b).

I sought to extend previous qualitative narrative inquiry research by exploring survivors' health experiences from forced labor trafficking (Ladegaard, 2015). I chose qualitative narrative inquiry because the methodology because it allows the researcher to collect thick descriptive data regarding the participants' life experiences (Bloomberg & Volpe, 2016; Patton, 2015). Thick descriptive data refers to how an individual describes past events (Bloomberg & Volpe, 2016; Patton, 2015; Rudestam & Newton, 2015).

Traditionally, qualitative research is a holistic strategy that involves an interpretive framework for analyzing in-depth information (Patton, 2015). For this study, I used an inductive approach that for describing the rigorous methods of collecting the data (see Bloomberg & Volpe, 2016; Shank, 2006; Patton, 2015). As design strategy, I used a narrative inquiry.

Narrative inquiry is a design method for interpreting the lived and relived experiences of the storyteller (Caine et al., 2013; Riessman, 2008). Narrative inquiry helps researchers capture the lived experiences of transpired events in chronological order (Patton, 2015; Riessman, 2008). The unique lived experiences contributes to how

an individual understands their inter-subjective world (Bruner, 1991; Hydén, 2014; Riessman, 2008).

Narrative inquiry reduces the need for specific data analysis and instead focuses on temporality (Caine et al. 2013; Riessman, 2008). Narrative life history or oral storytelling engages the reader, shapes the meaning of cultural characteristics from a lived experience, and serves to move forward social problems needing further exploration (Bruner, 1991; Caine et al., 2013; Corbally & O'Neill, 2014; Riessman, 2008).

Phenomenology may have fit the research design strategy; however, the design is used for exploring the emerging experiences of a similar phenomenon (Moustakas, 1994; Smith, Flowers, & Larkin, 2009). Ethnography inquiry aligned with my research questions, however ethnographic focuses on how embedded cultures interact in their natural environment (Patton, 2015). Furthermore, observing is akin of ethnographic research and was unfitting for this study (Patton, 2015).

Quantitative research involves an empirical, deductive approach that hypothesis, concepts, and generalizes findings from a representative sample (Frankfort-Nachmias & Nachmias, 2008). The precise number of survivors of trafficking is difficult to determine because of the limited number of empirical studies investigating trafficking in the United States. Indeed quantitative research is feasible for measuring statistical data. However, quantitative methodology did not fit the model of this study for obtaining the in-depth understanding needed for exploring how survivors find meaning from their lived experiences (Patton, 2015).

The gaps in the literature indicate the need for exploring trafficking survivors' experiences with a qualitative method (Hodge, 2014; Ladegaard, 2015; Oram et al., 2012). I determined that exploring the phenomena of TIP with qualitative research as opposed to quantitative research could provide future investigators with information-rich data surrounding survivors' health following trafficking (Roberts, 2013).

Role of the Researcher

For this study, I sought to understand how survivors of domestic forced labor trafficking described their lived experiences after surviving trafficking. I began the study with a naïve notion regarding the factors influencing trafficking-in-persons in the United States. After reviewing the literature there were several things that I wanted to understand.

First, I wanted to understand the extent of the trafficking in the United States. Following, I wanted to understand how survivors interpreted their trafficking journey. Concluding, I wanted to understand how survivors of trafficking described their physical health after surviving forced labor trafficking.

After reviewing the literature, I found a number of quantitative studies focused on investigating victims' of trafficking mental health (Lederer & Wetzel, 2014; Muftic & Finn, 2013; Oram et al., 2012). However, there is a need to explore survivors' post-trafficking health experiences using qualitative inquiry. Exploring the phenomenon of forced labor trafficking with a qualitative narrative design contributed to the existing trafficking research.

Epistemological Perspective

The advantage of adopting the role of a participant-observer as a student was that it enabled me to establish trust with the survivors (see Patton, 2015). On the other hand, I found that being a student could lead me to develop unintentional biases, prejudices and stereotyping the survivors experiences (Dahlke, Hall, & Phinney, 2015; Kennedy-Lewis, 2012). Throughout the study, I remained cognizant of potential biases that may have arisen.

Before embarking on this journey, I identified an anti-trafficking non-governmental organizations (NGO) meeting the inclusion criteria for the study. As a student researcher I focused on inquiring the survivors' lived experiences. As a student I became an empathetic towards the survivors to share stories of surviving domestic forced labor trafficking.

Volunteering and expertise in the community as an advocate, and the interactions with the survivors established a unique position for me as a student-researcher. The interpersonal relationships I developed with survivors over the course of the current study created trust and facilitated direct relationship with the survivors. Frankfort-Nachmias and Nachmias (2008) suggested that establishing a direct partnership with informants is a strategic advantage for gaining entree to a research site.

Sharing similar experiences with the survivors of this study enhanced the relationship between me and the survivor. Therefore, for this study, I adopted the emic perspective of understanding the survivors' experiences of trafficking. If a survivor inquired about recovery or trafficking in general, I first confirmed with IRB that I would

not cross over into an advisory role while conducting the study. If a survivor inquired about recovery from trauma or trafficking in general, I deferred the inquiry following the interviewing. After interviewing the, I offered the survivors a listing of mental health counselors.

Managing Power Differentials

Potential Biases emerging in this study included selection bias, unconventional incentives as a method of coercion, and manipulating the goals of the study to advance a personal agenda (Patton, 2015). Through self-narrative reflexive journaling I set aside biased thoughts. As a student-researcher, I focused on narrating the survivors' unique story of surviving trafficking.

Throughout the study, self-narrative journaling I adopted ethical decision-making models such as Kocher and the Jones ethical model during and after collecting the survivor narratives (Kennedy-Lewis, 2012). Self-narrative journaling also sustained evidence for documenting issues of trustworthiness (e.g., credibility, dependability, and transferability).

Incentive justification. In terms of ethics, offering disadvantage groups a monetary incentive is challenging. Because, offering participants extravagant incentives could appear coercive and undermine the participant's true desire for participating in the study (Knight, Roosa, & Umana-Taylor, 2009). Scholars suggest that offering disadvantaged groups an incentive encourages participation (Knight et al., 2009). The survivors of this story were given an incentive for contributing their experiences their experiences of trafficking within research the community

Methodology

The defined population for the study encompassed adult survivors of domestic forced labor trafficking in the United States. Forced labor trafficking included involuntary domestic servitude, agricultural labor, and work bondage. Volunteers of this study were adult survivors of domestic forced labor trafficking, ages 25 years and older that have survived forced labor trafficking beyond five years. I chose this age group because previous trafficking research have inferred that forced labor trafficking in the United States effects more adults than children (Barrick et al., 2014; Zimmerman & Schenker, 2014a).

Furthermore, the defined age group confers with on Antonovsky's (1997) salutogenic model of health postulates that, as individuals become more mature, they begin to reflect on how their experiences in life have effected their health. Culture, interactions with society, and the environment inform whether an individual maintains a negative or positive frame of mind (Antonovsky, 1987).

Sampling Strategy

Three sampling strategies informed the methodology for this study. First, homogeneous sampling is a sampling strategy that brings together select research participants with similar backgrounds (Patton, 2015). Homogeneous sampling strategy aligns more with focus group interviewing, group facilitation or observation. Therefore, homogeneous sampling did not fit the design and methodology of this study.

Convenience or snowball sampling is salient strategy for exploring vulnerable or disadvantaged groups (Barrick et al., 2014; Cecchet & Thoburn, 2014; Muftic & Finn,

2013; Oram et al., 2012). An advantage of convenience and snowball sampling is that the strategies rely referrals from external sources. However, relying on self-report instruments or referrals from external sources introduce participant bias or socially desirable responses during data collection (Patton, 2015; Rudestam & Newton, 2015). Therefore, snowball sampling did not fit the goals of this narrative inquiry.

Intensity sampling is another conceivable strategy for sampling survivors of forced labor trafficking. Intensity sampling involves sampling small, diverse groups meeting defined criteria (Patton, 2015). I did not choose intensity sampling because the strategy is more suitable for experienced investigators with prior subject matter expertise of the phenomena under study (Rudestam & Newton, 2015). Therefore, intensity sampling did not align with the current study.

Criterion Sampling

The objective of this study was to gather narratives from survivors of forced labor trafficking meeting a defined criteria for participating. Criterion sampling is a strategy for sampling volunteers meeting an established criterion (Bloomberg & Volpe, 2016; Patton, 2015; Rudestam & Newton, 2015). Criterion sampling increases the chances of obtaining a holistic representation of descriptive data (Bloomberg & Volpe, 2016; Patton, 2015). Moreover, criterion sampling focuses on enhancing quality related health concerns that need improving.

A disadvantage of criterion sampling is that the strategy is intended for a few cases that meet defined inclusion criteria (Patton, 2015). For this study, I followed Federal guides for determining if the survivors met the criteria of trafficking as defined

by the Federal government (DOS, 2018; JVTA, 2015). I chose criterion sampling because the strategy is inept for identifying foreign survivors victimized by severe forms of trafficking. (DOS, 2018).

Survivors Criteria

The Department of Health and Human Services Federal strategic initiatives appeal for more qualitative research to (HHS, 2013b). Table 1 describes the inclusion and exclusion criteria for the study.

Table 1

Select Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Certified International (T-visa) and United States citizen adult survivors, ages 25 years and older, trafficked from domestic forced labor trafficking in the United States.	Non-certified international former victims of TIP that are awaiting witness testimony against a perpetrator in the U.S. Courts system.
Eligible survivors should speak English and have left trafficking beyond five years. English speaking means, survivors speak English in their native tongue or have acquired English as a second language meet the inclusion criteria of the current study	Survivors' of TIP under the care of a mental health professional for severe forms of trauma at the time of the interview.
	Survivors that do not retain a T-visa from Immigration and Customs Enforcement (ICE).
	Non-U.S. citizens possessing a U-visa that have decided not to cooperate with law enforcement, will not participate in the current study.
	Survivors under the age of 25 including survivors that have recently exited from trafficking or have not left their trafficking experience beyond five years.

Before beginning the study, survivors self-identified as a survivor of forced labor trafficking. Survivors also verified that they had survived forced labor trafficking beyond five years.

Sample Size

In the United States, it is difficult to determine the number of survivors representing forced labor trafficking. Within the context of narrative inquiry, two facets determined the number of survivors needed for the study. The first considered the sampling size for reaching saturation (Rudestam & Newton, 2015). The second determined the sampling size for representing the goals of the study (Ryan & Bernard, 2003; Rudestam & Newton, 2015).

The original goal was for me to sample 10 survivors of trafficking. However, after reaching saturation, I ended sampling after interviewing eight eligible survivors; including the survivors from the pilot-study. Saturation means over half of the survivors' experienced similar events (Nastasi, n.d.). For example, I inquired the survivors' health experiences of surviving trafficking. If, all eight of the survivors experienced the same health condition (e.g., foot injury) after surviving trafficking means that I had obtained saturation of the survivors' health experience.

Identifying Survivors of Trafficking

After receiving approval from Walden University Institutional Review Board (IRB), I began recruiting. Recruiting involved two stages. In the first stage I identified anti-trafficking advocacy organizations supporting survivors of trafficking. The second stage involved identifying survivors eligible for participating in the study.

Recruitment, Stage I. In the first stage, I contacted the National Human Trafficking Hotline (NHTH) to obtain a listing of anti-trafficking advocacy organizations providing trafficking support services to survivors of trafficking. Thereafter I reviewed the anti-trafficking agency mission statements to identify recruiting agency. In this stage, I identified, tracked, and coded each anti-trafficking organization on a Microsoft Excel spreadsheet.

Following, I telephoned the anti-trafficking agency to obtain more information about the organization. The informal telephone conversation were used as a guide for establishing communication and introducing the goals of the study, and the reasons for recruiting survivors of forced labor trafficking. .

I explained to the stakeholder representative, that I did not intend on exploring archived files, nor explore the beneficiaries of utilizing anti-trafficking services. I emphasized that as a student I am not conducting the study in an official capacity. Instead, I reiterated the importance of understanding survivor narratives of domestic forced labor, post-trafficking experience on health.

I explained to the community stakeholder that the objectives of collaborating with the organization were to distribute information concerning the study. For this study, I did not require a letter of cooperation with the community representatives. If the community stakeholder representative required a letter of cooperation, I notified Walden University IRB to obtain conditional approval before beginning recruiting. The recruitment flyer, (see Appendix C), described the goals of the study, criteria for participating in the study, the incentives for participating, and my contact information.

Recruitment, Stage II. I followed-up with survivors who responded to the flyer announcement after receiving notification. I described the criteria for participating and scheduled a time for the interviewing. For this study, all survivors were interviewed in one setting. I followed up with the survivors by telephone or email within three days of the scheduled interview. I reminded the survivors about the goals of the study and the time of the interview. During the telephone conversation, survivors were briefed on informed consent, and confidentiality.

Before interviewing the survivors, I gathered the survivors' demographic. I tracked, sorted, and coded survivors' demographic responses on a Microsoft Excel Spreadsheet. For the study, I termed one the electronic Microsoft Excel spreadsheet "Participants Meeting the Inclusion Criteria," and the other, "Participants Meeting the Exclusion Criteria" for participating in the current study. I maintained the Microsoft spreadsheet file in a secure filing cabinet.

For this study, I conducted all the interviews by telephone in the privacy of a home office. Before interviewing, I obtained the survivors verbal informed consent and verbal acknowledgment of the limitations of confidentiality. Conducting the interviews by phone, at the survivors' request, upheld the Principle of Beneficence.

As an incentive, survivors were given a \$10.00 Amazon® gift for volunteering. I developed a separate journal for tracking and assigning the incentive gifts. Tracking the gifts facilitated ethical beneficence. I continued recruiting until I obtained enough survivors representing forced labor trafficking.

In qualitative narrative inquiry, the relationship between saturation and sample size happens when the volunteers begin repeating similar information representing the phenomenon of this study (see Bloomberg & Volpe, 2016; Nastasi, n.d.). Under narrative inquiry, volunteers share a unique perspective of their life story (Caine et al., 2013). Prolonged engagement from the duration of survivor interviews constituted the relationship of saturation from the estimated number of survivors representing the phenomenon under study (Bloomberg & Volpe, 2016; Rudestam & Newton, 2015).

Instrumentation

I used several instruments for capturing the survivors' narratives. I first gathered the survivors' information using demographic survey. Following, I interviewed the survivors with an interviewing guide that I developed for understanding the survivors' experiences of forced labor trafficking. Digital audio recording and verbatim transcription reflected the essence of the survivors' narratives

Survivors of trafficking demographic. I used the form, shown in Appendix D to gather the survivors trafficking demographic information before interviewing. Elements of the form included collecting the survivors' age, the type of trafficking, the duration of trafficking and the number of years trafficked. The form also inquired the survivors' experiences of participating in health research.

Gathering trafficking demographic from survivors informed the inclusion and exclusion criteria of participating in the current study. Gathering survivors trafficking demographic did not hinder the survivors from participating in the study. Acquiring the

survivors trafficking demographics determined the average age for understanding the cultural differences among survivors of forced labor trafficking.

The information I gathered from the trafficking demographic should aide anti-trafficking organizations with knowledge for developing services focused on survivors of forced labor trafficking. Furthermore, collecting trafficking demographic corresponded with the research questions and interview guide.

Interviewing guide. To date, there is a significant gap of qualitative interviewing guides for interviewing survivors of trafficking. I developed a 13-item interviewing guide shown at Appendix E. The interviewing guided focused on descriptive open-ended questions characterized the interview guide's structure and were structured chronology by the number of questions representing the survivors' experiences of trafficking (Rudestam & Newton, 2015).

The inspiration for developing the interview guide derived from multiple sources. Multiple sources for the present study included the Vera Institute of Justice (VERA) human trafficking screening tool for victims of trafficking (Vera Institute of Justice, 2014), and by collaborating with survivor-led anti-trafficking organizations. On September 9, 2016, I attended trafficking training for behavioral health specialist offered by the Department of Health and Human Services (HHS; 2016c). The training added the knowledge needed for developing the interviewing guide.

Validity of the interviewing guide. For this study, I facilitated a pilot-study for determining the feasibility of the interviewing guide. Acquiring an expert panel comprising of Walden University faculty staff members from the School of Social and

Behavioral Science was the original intent of establishing content validity. However former survivors of trafficking or of survivors of similar experiences offered their expert evaluation for validating the interviewing guide. Incorporating expert evaluation established rigor and clarified ethical congruence.

Digital audiotape recording. Digital audio recording captured the survivors' narratives. I captured the recordings with an Etekcity® Mini 8GB USB high-density voice recorder. The Etekcity® Mini 8 GB USB captured up to 150 hours of audio recording. I then transferred the audio recordings from the Etekcity® to a secure laptop. Following recording the survivor narratives, I transcribed the verbatim transcripts.

Sufficiency of Instruments

The adapted matrix (see Table 2) demonstrated the adequacy of data collection instruments answering the current study's research questions. Demographic and perceptual information provided the background for understanding the survivor's journey of entering, exiting, and post-trafficking experience. For the current study, the researcher developed interview guide connected the perceptual and demographic information needed for answering the first question. Digital audio recording captured the survivor narratives; connecting the first and second questions of the study.

Table 2.

Sufficiency of Researcher Developed and Secondary Data Collection Instruments

Research question	Data needed (demographic, background, perceptual)	Collection of data	Instruments
Labor trafficking Demographic form	Demographic, background, perceptual	Ethnicity, age, gender, type of labor trafficking, and years survived	Descriptive, modified open- ended survey
RQ1: How do survivors of TIP describe their lived experiences of forced labor trafficking?	Background, perceptual, Demographic	Perceptions, interpretations, cultural behaviors	Interviewing guide, digital audio recording, and researcher journal notes
RQ2: How do survivors of TIP describe their physical health, post- trafficking experience?	Perceptual	Interpretations, perceptions, attitudes	Interviewing guide, digital audio recording, and researcher journal notes

Note: Data collection matrix adapted from *Completing your qualitative dissertation: A roadmap from beginning to end (3rd ed.)*, by Bloomberg, L. D., & Volpe, M. Copyright 2016 by Thousand Oaks: SAGE Publications, Inc.

The Pilot Study

This study began with verifying the efficacy of the interviewing guide. Pilot-testing, the effectiveness of the current interview guide, confirmed reliability and validity (Rudestam & Newton, 2015). The questions of 13-item open-ended interviewing guide focused the survivors' lived trafficking experience and their health after surviving trafficking.

Volunteer survivors meeting the inclusion criteria for participating in the pilot study were English speaking adult survivors of domestic trafficking in the United States, ages 25 years and older, that had exited trafficking beyond five years.

Volunteers either self-identified as a survivor of trafficking or were survivors' representing similar experiences to trafficking. I did not interview non-certified international former victims of trafficking or survivors waiting witness testimony or non-English speaking survivors. I also did not interview survivors under the age of 25, and survivors that had recently exited from trafficking.

Recruiting pilot study involved several stages. The initial stage of recruitment I began identifying survivor-led anti-trafficking organization's mission statements coinciding with the goals and research questions of the study. After, I identified the organization I followed up with an informal email to the agency representative by email.

The informal email introduced the criteria for volunteering in the pilot study. The original intent of the pilot study was to begin recruiting from agencies within the Southeast region of the United States. However, after hearing more information about the study, several NGOs agreed to give the recruiting flyer to the National Survivors Network.

Coinciding with the data collection strategy for the main study, data collection for the pilot study involved two stages. In the first stage I collected the survivors' demographics. The following stage involved interviewing the volunteers by telephone telephonic semi-structured interviewing. For the current pilot study, I interviewed the

survivors' discretion, from a home office. The time frame for interviewing lasted no more than 90 minutes.

I recorded the interviews using digital audio-recording. Throughout the interviewing, I gently reminded the survivors of the voluntary nature of the pilot study. For the pilot study, no survivors reported feeling uncomfortable during the interview. I advised survivors that if they felt uncomfortable during the interview, they were free to withdraw from the pilot study, any time without obligation. If survivors felt uncomfortable or expressed feelings of distress, I stopped the interview.

After interviewing, I offered the survivors a listing of qualified mental health counselors. Volunteer survivors of the current pilot study received a \$10 Amazon gift incentive for participating. Feedback after interviewing, centralized the focus of the study (Rudestam & Newton, 2015). Following data collection for the pilot study, I gathered feedback concerning the interview. The goal of the feedback clarified the feasibility of interviewing questions before conducting the main study (Bloomberg & Volpe, 2016; Patton, 2015; Rubin & Rubin, 2012; Rudestam & Newton, 2015; Ryan & Bernard, 2003)

Feedback questions from the pilot study included asking the survivors, *if the interview questions asked were appropriate for the current setting* [emphasis added], or *should the interview schedule include additional activities* [emphasis added]. *If so, what questions remain missing from the interview schedule.* Based on the feedback from the pilot study, and consulting with the dissertation chair, I there were no need for further modifying the interviewing guide.

The relationship of the pilot study determined the methodology suitable for interviewing survivors of trafficking. Moreover, pilot testing the interview guide clarified the adequacy of interview questions based on the survivors' feedback. Furthermore, the testing the interviewing guide determined if there were bias before collecting the data. Given no changes were needed for the interviewing guide, the volunteers data from the pilot were included in the final study. The IRB approval number is, 1102170401955.

Main Study Strategy

The research questions focused on understanding how survivors described their post-trafficking physical health experiences after entering, exiting, and post-trafficking involvement. Therefore, data collecting for the study involved multiple stages to answer the research questions. For the first stage of the study, I collected survivor trafficking demographics. In the second stage I collected the survivors' narratives using digital recording and a semi-structured interviewing guide.

After receiving Walden University IRB approval, I identified one or more anti-trafficking support agencies specializing in aftercare for survivors of forced labor trafficking. Organizations such as the National Human Trafficking Hotline, a nongovernmental (NGOs) agency tracking the incidences of trafficking, and the Department of Justice helped identify the NGOs with the capacity to offer support for survivors of forced labor trafficking.

Recruiting volunteer survivors for the study remained confidential and conformed with the ethics of respect for persons and beneficence. For the study, I did not seek a

memorandum of understanding. If a community leader required a memorandum of understanding, I obtained IRB conditional approval before recruiting.

Interviewing strategy. The original strategy of the current study focused on interviewing survivors within a 150 mile radius of Washington, DC. However, after receiving overwhelming responses from the national survivors' network, survivors of the study were interviewed by telephone. For the interviewing strategy I used Hydén's Teller-Focused interviewing (TFI).

Hydén's TFI model is unique because as the narrator I were able to develop an *emic* [emphasis added] view of the survivors lived experience (Kim, 2015; Rubin & Rubin, 2012). Meaning I maintained a balance between inquiring the survivors, anticipating the response, and verifying the story. Thus, by balancing the questions limited biases while interviewing.

To safeguard the survivors' privacy, I interviewed the survivors by telephone from a home office. Before interviewing the survivors, I described the purpose of the study, informed consent, and the limitation of confidentiality. Thereafter, I confirmed verbal knowledge of informed consent. Again, by bracketing my thoughts before the interview limited response bias (Bloomberg & Volpe, 2016; Patton, 2015; Rudestam & Newton, 2015).

I reminded the survivors that they are free to withdraw from the study at any time. If survivors felt adverse feelings from the interview, I ended the interview, and thanked the survivors for sharing and contributing to the scientific community. If the survivors inquired, I offered the survivors follow-up information and information concerning the

debriefing. After the interviewing the survivors I reiterated informed consent and confidentiality.

Frequency of collecting survivor narratives. I collected survivor narratives until I reach a consistency of information from participant narratives (Bloomberg & Volpe, 2016; Cecchet & Thoburn, 2014; Patton, 2015; Rubin & Rubin, 2012; Shank, 2006). For the current study, the time frame of interviewing lasted from on average 45 minutes. Consulting with the dissertation committee maintained the validity of findings for the study.

I captured the survivors' narratives with digital recording. In the event of recording failure, I made hand notes by journal and clarified the survivor statements. After interviewing I cross-referenced the survivors' narratives with the notes in the journal. Cross-referencing the survivors' statements clarified ambiguous comments needing further understanding.

Follow-on recruitment strategy. Recruiting from the National Survivors Network maximized the recruiting efforts. If recruiting efforts resulted in too few volunteers, the original objective were then to begin recruiting within a 150- mile radius of Washington, DC metro. However, for this study, I obtained inquiries from a diverse group. Therefore, I did not need follow-on recruiting strategy.

Debriefing

If inquired, I offered to give the survivors a debriefing. The debriefing described the study goals, and a summary of the findings (see Appendix F).

Follow-up Requirements.

For the study, I tailored the interviewing and probing questions to meet the survivors' needs. After transcribing the narratives, if needed, I contacted the survivors' to further clarify comments or ambiguity of the transcripts. For example, survivors with that did not understand the questioning, I had to further describe questions concerning their health. After transcribing the survivor narratives for the pilot-study and main study, I began coding and synthesizing the narratives.

Braun and Clarke Thematic Analysis

Analyzing information in qualitative inquiry requires a systematic approach for contextualizing the data. The analysis for this study were derived from the survivor statements, themes, and coding (Bloomberg & Volpe, 2016; Kim, 2015). I followed Braun and Clarke's (2006) thematic analysis for analyzing the survivors' narratives.

The narratives were coded using Lieblich et al.'s (1998; as cited in Walden University, 2013) holistic categorical technique for organizing and coding information. Braun and Clarke's thematic analysis and Lieblich et al.'s approach helped identify emerging themes connecting the research questions of this study. Braun and Clarke's (2006) stages for developing themes include (a) reading and re-reading transcripts; (b) coding; (c) categorizing themes; (d) modeling, and (e) generating the findings (Braun & Clarke, 2006).

In their study, Jonsson, Svedin, and Hydén (2015) used Braun and Clarke's thematic analysis to analyze emerging themes from the narratives of 15 women trading sex online. Keeling and Fisher (2015) analyzed emergent themes from the narratives of

victims of domestic violence using Braun and Clark's thematic analysis. The findings of both studies show themes of remorse, support, well-being, and safety.

Barnert et al. (2015) conducted a two-part study exploring the effectiveness of Safe Harbor legislation in the United States. Barnert et al. first explored qualitative secondary data analysis from nine states with enacted Safe Harbor legislation. Following, the researchers conducted telephonic open-ended, semi-structured interviews with 32 subject matter experts (SME) of Safe Harbor legislation located within the nine states. Barnert et al. defined subject matter expert as stakeholder advocating Safe Harbor Laws. Safe Harbor experts represented 12 counties in the Northeast ($n = 6$), Mid-Atlantic ($n = 4$), Mid-west ($n = 6$), Western ($n = 6$), and Southern United States (Barnert et al., 2015).

Participant interviews of Barnert et al.'s study were coded and analyzed utilizing Braun's thematic analysis (Barnert et al., 2015). Thematic analysis and coded emerging themes from the participant interviews revealed emerging themes informing each state's Safe Harbor legislation (Barnert et al., 2015). Identified themes included: (a) unclear guidelines for implementing Safe Harbor legislation; (b) difficulty identifying child trafficking and (c) having safe housing (Barnert et al., 2015).

Following transcribing the narratives, I further analyzed the findings for themes connecting the survivors' perceptions, interpretations, attitudes, and cultural behaviors. Perceptual information linked RQ₁ for understanding participants journey of entering and exiting forced labor trafficking. Attitudes and cultural behaviors linked RQ₂ for understanding how survivors described their health experiences. The interpretations of

social constructionism and salutogenesis linked to cultural for understanding of how survivors described their physical health, after surviving trafficking.

In the first stage of data analysis, I read the transcripts verbatim, highlighted comments leading to emerging themes connecting the research questions, and interview questions. Capturing the survivor vivid memories through storytelling required reading and re-reading the survivor narratives. The second stage consisted of coding the survivor narrative as described through storytelling.

In tandem, reading and color coding the survivor transcripts continued until I identified emerging themes connecting the survivors' narratives. Survivor statements linking to the purpose of the study, I highlighted in yellow. Statements linking to the research questions, I highlighted in blue. I continued validating, referencing and coding the survivor narratives until no new themes emerged answering the research questions of the study (Cecchet & Thoburn, 2014). I finished transcribing and coding the survivor narratives within 45 days of interviewing.

Following cross-referencing the transcripts, I organized and categorized the coding following Leiblich et al. (1998 as cited in Walden University, 2013) model of organizing information (Walden University, 2013). Lieblich et al.'s model provided a holistic representation of how the survivors infer their life experiences from forced labor trafficking. Definitions of themes and exhaustive descriptors of the survivor narratives solidified the final validation of emergent themes (Rudestam & Newton, 2015). Subsequent data from triangulating the survivor narratives were reorganized in the final analysis for continuity.

Coding Strategy

Coding is the method of assigning pseudonym characters to categories and sub-categories derived from survivor statements (Patton, 2015). Line-by-line categorical coding is a nascent approach to organizing coded data for the study (Walden University, 2013). Bloomberg and Volpe (2016) recommend hand-coding qualitative data because the technique captures the "essence" (p.197) of the survivors' experience. Patton (2015) defined hand-coding as the cyclical stage of assigning unique identifiers of observing behavior and dialogue.

After analyzing the narratives, I transferred the color-coded statements, onto a Microsoft Excel spreadsheet. I frequently noted reflexive thoughts by bracketing my thoughts during coding. Though labor-intensive and time-consuming, manual coding provided the opportunity for generating new emerging themes (Rudestam & Newton, 2015). Chapter 4 further clarifies the themes connecting the current findings.

For this study, I categorized discrepant cases under a separate miscellaneous section for temporality. Temporality refers themes derived from the survivors' story (Caine, Estefan, & Clandinin, 2013; Riessman, 2008). Discrepant narratives that did not fit the themes of the study, were set aside for further analyses. If after determining the discrepancy differed from the other transcribed narratives, I then transferred the discrepant narrative under a miscellaneous category for future inquiry.

Issues of Trustworthiness

As a narrative storyteller bracketing and identifying biases on a continuum decreased concerns of trustworthiness. Trustworthiness referred to the consistency data

gathering, (credibility), critical peer review evaluation (transferability), clarity (dependability), and auditing (confirmability).

Credibility

Credibility referred to the amount of iterative interpreted data representing the survivors lived experience of trafficking (Bloomberg & Volpe, 2016; Shank, 2006; Patton, 2015). If not frequently examined, credibility based on the survivors' understanding of their experiences could bias the findings. Before collecting data for this narrative inquiry, I ensured reflexivity, member checks, and triangulation (Kim, 2015).

Reflexivity. Reflexivity is the notion of self-evaluation by bracketing and journal thoughts reflecting the phenomenon under study (Patton, 2015). For me, bracketing involved focusing on self-reflection and connecting with the survivors. Obtaining feedback from the dissertation committee and safeguarding the methodological rigor of the current study helped to mitigate biased thoughts. (Kramer-Kile, 2012). I acknowledged and delineated implicit biases influencing the integrity of the survivor's *emic* [emphasis added] view (Hydén, 2014).

Member checks. Member checking the interviewing questions for alignment and, pilot-testing the interviewing guide enhanced credibility (Bloomberg & Volpe, 2016). Before interviewing, three Walden University faculty staff members verified the alignment of research interview questions. To increase dependability I ensured the interviewing were and coincided with the focus of this study (Bloomberg & Volpe, 2016; Kim, 2015). Inquiring survivors of the pilot study with follow on questions concerning the interviewing guide also facilitated member checking for the study.

Triangulation. For this study, triangulating originated from the survivors' narratives of entering, exiting, and surviving trafficking. Narrating the survivor experiences of trafficking; combined with the sage advice of the dissertation committee lend rigor to the present study (Rudestam & Newton, 2015). Furthermore, systematic coding and data analysis of new themes sustained triangulation.

Transferability

Narrative inquiry influences transferability because the research design elicited in-depth dialogue and constant contact with the survivors (Hydén, 2014; Riessman, 2008). Under narrative inquiry, emergent themes from the survivor narratives constituted the concept of generalizability of the findings (Bloomberg & Volpe, 2016; Riessman, 2008). Full descriptive data and continued engagement with the survivors ascertained transferability for the study.

Thick description. Transferability of the findings informs the scientific community as to whether other findings would transfer within diverse settings and groups (Bloomberg & Volpe, 2016; Rudestam & Newton, 2015; Patton, 2015). To enhance transferability, I found that software such as NVivo 10.0, and Evernote® offered the most latitude for maintaining and tracking the findings.

Variation in participant selection. Consistent with other trafficking research findings, I variation of selecting the survivors set the criterion for participating in the study (Cecchet & Thoburn, 2014; Jonsson, Svedin, & Hydén, 2015; Ladegaard, 2015). The original intent of the study included selecting survivors, adult women and men, ages 25 and older from various ethnic and economic backgrounds, located in the Southeast

region of the United States. However, recruiting and interviewing from a diverse group of survivors the moderated selection bias of the study.

Dependability

The absence of detailed procedures in a research study introduce issues of trustworthiness in qualitative research. Dependability is a systematic method of tracking data collection, data analysis, and coding of raw data for future research. Dependability provided a holistic representation of organized data of the current study.

Strategies such as tracking research documentation for an external audit review enhanced dependability (Bloomberg & Volpe, 2016; Rudestam & Newton, 2015; Shank, 2006). For the study, reflexivity and e-journaling clarified issues of trustworthiness for future inquiry exploring trafficking.

Confirmability

Confirmability is an objective method for determining the findings of the study. Strategies for dependability such as an audit trail and increased confirmability (Patton, 2015). E-journaling and verifying that the findings conform to other research findings affirmed confirmability for this study.

Ethical Concerns

Collaborating with the anti-trafficking organization determined recruitment strategy for the study. For the study, I did not seek a memorandum of understanding. If I needed a memorandum of understanding, I contacted Walden University IRB to obtain conditional approval before recruiting.

The National Institutes of Health (NIH) administers online training and guidance concerning ethical treatment of human research participants. An important aspect of NIH's training concerns resolving dilemmas deemed moralistically unethical while exploring human research participants. On July 27, 2016, I completed the NIH's online training for the protecting of human research participants. The NIH training certificate number is 2119310.

Ethical concerns in research transpire when the principal investigator's misconduct leads to the inadequate treatment of human research participants (Fisher, 2013). Inadequate treatment in human research comprises of forced coercion, abuse, and deceiving the research participants (HHS, n.d.; Fisher, 2013). The APA (2010) established ethical guides and code of conduct standards for researching human participants. The Belmont Report including, Justice, Beneficence, and Respect for Persons informed ethical standards for the study (Walden University, 2014).

The Institutional Review Board approval number for the current study is: 11-02-17-0401955.

Ethical Concerns and Recruitment

Ethical challenges with recruiting survivors of forced domestic labor trafficking are intensified by confusing laws governing trafficking in the United States (Barrick et al., 2014; Collins et al., 2013; Kiss et al., 2015). An ethical challenge with recruiting for the study concerned beneficence and nonmaleficence (Principle A, protection from harm; APA, 2010). Before embarking on this study, I collaborated with the anti-trafficking organization to identify the survivors' demographics.

Before interviewing I first, identified the survivors trafficking demographic. Survivors trafficking demographic included the survivors' age, duration of trafficking, type of trafficking, and number of years survived trafficking. In the marketing material (e.g., distributing flyers) I included the ethics of participating, eligibility, confidentiality, and data collection methods.

For the inclusion criteria I followed the Federal statutes found in the Justice for Victims Trafficking Act (2015) for determining survivors of trafficking. For example, former foreign victims of trafficking seeking federal government benefits should have graduated from a program sponsored by the anti-trafficking organizations. The recovery programs include job placement, life skills training, health care, and obtaining a T-visa (temporary residence) while residing in the United States (DOS, 2018; HHS, 2013b).

United States citizens victimized by severe forms of trafficking qualify for benefits under the HHS, American Children, and Family services, and do not require the rigorous certification as do foreign survivors of TIP (HHS, 2013b). Survivors of the study self-identified as a survivor of trafficking. Before interviewing, survivors of the study verified that they were no longer involved in trafficking.

For the study, the survivors' information remained confidential and deidentified. I concealed the identity of the survivors with a false name. I treated the survivors' narrative transcripts, audio recordings and informed consent forms required for ethical safeguarding as confidential.

Survivors of the study exercised the right to withdraw from the study at any time during the interview. If they experienced negative feelings while answering the interview

questions, felt distressed, or experienced memory recall while answering the interview questions; I ended the interview. I identified and offered a copy of licensed mental health referrals for survivors experiencing minor psychological conditions.

I reiterated informed consent and the reciprocal relationship of understanding their story. Moreover, I listened with an attentive ear and reassured survivors of the bravery for sharing their narrative story. Clark (2006) and Hydén (2014) described the push-pull method of listening, and positive encouragement repositions the research participants' negative experience toward a safe place in space and time.

The inclusion criteria for the study required survivors speak English or acquired English as a second language. The informed consent form included a statement of the limitations of confidentiality. Before interviewing, I informed the survivors about the parameters of confidentiality.

Informed Consent. The principle of informed consent informs all research participants about the research purpose and procedures before deciding to participate in a research study. The current study explored the narratives from survivors of forced labor trafficking. For the study, informed consent is of particular importance because survivors experiencing adverse reactions to the questions could have felt that the questions interfered with participant's rights to privacy (APA, 2010b; HHS, n.d.; WHO, 2003).

The informed consent form, described the criteria for participating and included: (a) the purpose of the study; (b) the benefits of participating; (d) the potential risk with participating in the current study, and (e) the right to withdraw from the current study at any time during the interview (Rudestam & Newton, 2015; Patton, 2015). I obtained

verbal informed consent from the survivors before, during, and after the interviewing.

Before interviewing, survivors of the study signed a copy of the Informed Consent form.

Confidentiality

Participant confidentiality assured that all research participants' identity and data shared with the researcher remained protected and obscured from the present research study (APA, 2010; Patton, 2015; Rudestam & Newton, 2015). For the current study, the exceptions of confidentiality applied to instances of child and elder abuse, or self-harm, before volunteering. (APA, 2010). Before interviewing the survivors, I explained the limitations of confidentiality.

Unintended disclosure of confidential information. Before interviewing I verified with the survivors that the information they shared with me will be kept confidential. Survivors that unintentionally reveal previous deviant behavior, I immediately ended the interview. I reiterated the goals of the study, and confidentiality.

Survivors that inadvertently revealed previous criminal activity or child/elder abuse I query a clarification probe such as, *you say you were involved in _____ were the incidents reported to authorities.* Clarifying if the incidents have or have not been reported to authorities necessitates the reporting requirements under the State law where the participant resided. I explained that I, as a student-researcher, have an obligation to report the activity to the appropriate local state law enforcement authority if the incidences were not immune before interviewing the survivors. These measures upheld Beneficence, and Respect for Persons.

Treatment of Data

The prevalence of cybercrime in the United States has invariably doubled from 2007 to the present day (Finklea & Theohary, 2015). Cyber-attacks such as denial of service (DoS) deplete health care security efforts of properly safeguarding sensitive information. Consequently, to address safety issues concerning computer security, I made a concerted effort to install an internet security suite and anti-virus software packages (e.g., McAfee) to safeguard the survivors' information from malicious software such as spyware, malware or ransom ware.

I used a mobile HiFi with enhanced security for transferring the survivors' sensitive information over the internet. Moreover, concealing the survivors' names with a false name ensured the survivors confidentiality and protection from harm (Bloomberg & Volpe, 2016; Patton, 2015). Following data collection, I will destroy the survivors' information by a professional shredding organization. I will maintain the survivors' information and corresponding forms for a minimum of five years.

Though I have sole custody of the survivors' information, individuals with potential entree to the survivors' information, signed a confidentiality agreement. I stored the confidentiality agreements in a secure combination filing storage. I will maintain a copy of the signed confidentiality agreement and supporting documentation for five years.

Mutual respect and trust are central for at-risk groups (HHS, 2001d). Ethical concerns surrounding marginalized groups include respect for persons, beneficence and nonmaleficence (APA, 2010b). These three standards determine the ethical guides when

offering incentives or gifts to individuals of different cultures, gender and age groups (APA, 2010b; Bersoff, 2008; Hugman et al., 2011; Knight et al., 2009). For this study I offered the survivors a \$10.00 Amazon® gift for contributing to the study. Survivors kept the gift whether they volunteered or choose not to volunteer for the current study.

Summary

In chapter 3 I described the foundation for exploring survivor of trafficking with qualitative narrative inquiry. In Chapter 3, I also explained the research design, questions, and rationale for exploring the current study with the qualitative inquiry. I provided a brief discussion of surrounding differentials between me and the survivors.

Chapter 3 methodology sections described in detail the criteria for participating, the recruitment and data collection strategies. I outlined the data analysis strategy for following Braun and Clarke's (2006) thematic analysis. Following, I describe the interviewing guide that I developed. The go through the stages for pilot-testing the guide's efficacy with a few survivors representing trafficking.

I reviewed the ethical concerns for treating human research participants. Chapter 4 describes the results of the pilot and main study. Following I examine the emerging themes derived from transcribing the survivor narratives. In chapter 4, I insert quotations from the survivors' statements.

Chapter 4: Results

Purpose

In this study, I explored personal narratives from adult survivors of domestic forced labor trafficking in the United States. Moreover, I examined how survivors of domestic forced labor trafficking interpreted their lived physical health experiences, post-trafficking involvement.

Research Questions

The research questions of this study focused on understanding how survivors described their experiences of forced labor trafficking, and health after surviving trafficking. In seeking an epistemology view, the following inquiries were explored to gather the information I needed for understanding the survivor's experiences.

RQ1: How do survivors of TIP describe their lived experiences of forced labor trafficking?

RQ2: How do survivors of forced labor TIP describe their physical health, post-trafficking experience?

I begin Chapter 4 with describing the results and the inferences I drew from the pilot study that informed the main study. Following I describe the setting, the survivor demographics, and the variations of data collecting methods. I highlight Braun and Clarke's (2006) thematic data analysis model, and Lieblich et al.'s (1998 as cited in Walden University, 2013) holistic coding strategy. I describe ethics, and I then conclude Chapter 4 with the chapter summary.

Pilot Study

The goals of the pilot-study were to test the efficacy of the interviewing guide. The interviewing guide contained questions pertaining to the survivor's experiences of during and after trafficking. After receiving Walden University IRB approval, I began with identifying anti-trafficking organizations that coincided with the goals of this study.

After I identified the organization, four agencies agreed to distribute the marketing material with the National Survivors Network. For the pilot study, three survivors volunteered, of the three survivors, two survivors were notified from the National Survivor Network and other survivors heard about the study from a family friend.

Volunteer survivors self-identified as survivors of trafficking or a survivor of a similar experience to trafficking. Inclusion criteria required participants of the pilot-study to be adult English speakers ages 25 years and older who survived trafficking or similar experience. Interviewing for the pilot study were from November 14, 2017, to December 27, 2017.

Survivors were asked 13 questions regarding their lived experiences of survival and subsequent health conditions. The duration of interviewing the survivors lasted from 35 to 75 minutes. After interviewing the survivors, I sought feedback by asking five questions concerning the interview. All volunteers agreed that the interviewing questions were fitting for the main research study. Based on the survivors' feedback, no changes were needed for the interview guide.

Pilot-study findings. Survivors described their survival of trafficking different. A survivor of domestic servitude thought the federal government lagged behind in defining the term “survivor” of trafficking. Conversely, survivors thought that efforts for understanding survivors’ health following trafficking were beneficial.

In brief, the survivors of the pilot-study suggested more research surrounding trauma-informed care and survivor-centered approaches. Table 4 shows the survivors’ physical and general health experiences after surviving-trafficking. As no changes were needed to the pilot, I incorporated the data from these individuals into the main study’s data.

Setting

I contacted and interviewed all survivors by telephone. I interviewed the survivors from the privacy of a home office. Facilitating telephone interviewing enabled an environment conducive to guarding survivors’ privacy. Furthermore, guarding the survivors’ privacy also helped maintain confidentiality.

Before interviewing I explained the process of informed consent and the limitations of confidentiality. I confirmed with the survivors that their information would be kept confidential. I made clear that if they experienced discomfort, they could withdraw anytime from the study.

Volunteers acknowledged informed consent and the limitations of confidentiality. One enthusiastic interviewee expressed the need to proceed with the interview; despite the discomforts experienced during the session. To end, most participants did not report experiencing any feelings of traumatic discomfort during the interview session.

Demographics

The defined population for this narrative inquiry included adult survivors of domestic forced labor trafficking, ages 25 years and older that had survived trafficking beyond five years. The inclusion criteria required that the volunteers were English speaking United States citizens, naturalized citizens, or individuals on a current visa. For the study, I define the characteristics of forced labor trafficking as involuntary domestic servitude, agricultural labor, work bondage, and sex and labor.

The survived lived experience of trafficking varied among age group. Table 3 shows the survivors demographics for the pilot and main study. In this study, I defined involuntary domestic servitude as housekeeping services. I defined work bondage exchanging debt for financial freedom. I defined sex and labor trafficking as exchanging sex while holding a job (e.g., Asian massage parlors).

Table 3

Survivor Demographics

	Survivors age	Characteristics of trafficking	Duration of trafficking	Years survived trafficking	Ever been contacted before
*Participant001 (Loretta)	54	Domestic violence	15	14	No
Participant002 (Sin-u Lee)	33	Sex and labor	2	19	Yes
Participant003 (Daphnia)	41	Involuntary domestic servitude	3	11	Yes
Participant004 (Jasmine)	63	Sex and labor	18	30	No

	Survivors age	Characteristics of trafficking	Duration of trafficking	Years survived trafficking	Ever been contacted before
Participant005 (Sofia)	36	Involuntary domestic servitude and wage labor	5	16	Yes
Participant006 (Monique)	42	Sex and labor	12	10	No
Participant007 (Paulette)	39	Domestic servitude	10	20	No
Participant008 (Yvonne)	55	Sex and labor	5	23	No

Note: Survivors demographics for the pilot and research study. Fictitious names ensured the survivors confidentiality.

Data Collection

For this study, I gathered the survivors' information using a 13-item semi-structured interviewing guide (see Appendix E). The guided included open-ended questions concerning survivors' lived experiences of trafficking. The first objective of collecting data were to establish ethical congruence. Ethical congruence means connecting the order of interview questions with the survivors' experiences.

Though, I did not deviate from the interview guide; I included clarification, investigative, and confirmation inquiries. Clarifying the survivors' narratives during the interview minimized ethical concerns of beneficence. Ten survivors were referred from the National Survivor Network. Of the ten, two of the survivors did not meet the inclusion criteria.

I began interviewing the survivors with 30 days after IRB approval. Given that all survivors responded to the announcement that was emailed within the survivor network,

survivors of this study were interviewed by phone from a home office. The duration of interviewing were within three months.

I captured the narrative of eight survivors of trafficking using digital a recording. Digital recording was an unobstructed method of capturing the survivors' statements verbatim. Meaning, in the traditional sense of data recording, there was no need to push play, stop, or rewind the recording equipment. After interviewing and recording I then transferred the survivors' transcripts to a secure file.

Variations in Data Collection

I analyzed, coded and categorized an interview from the pilot as a discrepancy. Though the survivors' experiences mirrored survivors of trafficking; I treated the narrative as miscellaneous because the survivors' experience of domestic violence did not fit the goals of this study. After, one week I reanalyzed the discrepant interview looking for new codes and emerging themes. In the final analysis, no new themes emerged. The original of the study were to recruit survivors from Maryland, Virginia, and Washington D.C. However, survivors responded to the announcement from various regions of the United States.

Data Analysis

As a survivor of sexual assault and attempted rape, the first goal of data analysis was to journal emotions, biases, and thoughts concerning the phenomenon forced labor trafficking. For analyzing the survivor narratives, I followed Braun and Clarke's (2006) Thematic Analysis. I coded and organized the narratives using Lieblich et al.'s (1998 as cited in Walden University, 2013) holistic categorical techniques. I chose the two

strategies because both consider an epistemology perspective for analyzing in-depth, information-rich data (Patton, 2015).

In the first stage of data analysis I replayed the recorded interviews and re-read the transcripts. Thereafter, I manually used line-by-line coding to determine the themes. Each transcript was then hand-coded with a Wexford color highlighter and transferred the color-coded information on to an index 5x8 sheets for further analysis.

In this manner, survivor statements reflecting the purpose of the study were highlighted in yellow. Survivor statements facilitating the research questions were highlighted in purple. I highlighted in baby blue, the survivors' statements describing the survivors lived experience, and physical health after surviving trafficking. I repeated the six-stage data analysis until no new themes emerged.

Coding Procedures

After analyzing the data, I waited before coding the interviews. For the coding I followed Lieblich et al.'s categorical model (1998 as cited in Walden University, 2013). From this model, I was able to identify codes within the themes that coincided with the goals of this study.

Following, I began looking for inconsistency in the data. Next, I highlighted the codes to formulate categories for answering the research and interview questions. Next, I sorted and filtered the codes into families. I then assigned the codes by categories that reflected the survivors' statements. Each code was then grouped into families for further coding.

Software such as MS Excel was a cost effective method for coding and filtering the categories and emerging themes. Each code (e.g., support) had a frequency count of eight. For example, two survivors described their physical health experiences as declining for 10 years. Thus, in the first coding cycle, I identified musculoskeletal weaknesses, neurological injuries, and chronic pain lead to greater decline. In the second coding cycle I identified community and advocacy support was significant to the survivors' well-being.

From here I identified emerging themes of social support. Four additional themes such as community support, social justice, friends, and social others and the buffering effect emerged within subcategories of families. I continued filtering until I could no longer identify any new categories supporting the emerging themes.

Evidence of Ethical Trustworthiness

Credibility

Journal writing, probing, and feedback from the survivors' solidified credibility for the study. Credibility was enforced by using investigative and confirmation probes to identify biases and inconsistencies that facilitate ethical concerns (Yin, 2014). If I did not understand the survivor, I used a clarification probe such as "when you say." or "explain further".

Clarification probing informed a clarified understanding, eliminated bias and confusing jargon. Triangulation of the survivors' life story also added credibility. The five W's of who, what, where, when, and how adhere to a bigger approach for creating

oral life stories (Braun & Clarke, 2006; Riessman, 2008). The feedback from the survivors safeguarded researcher bias.

Member checks (e.g., participant feedback) established authenticity of the study's methodological validity. Following IRB approval, I tested the interviewing guide for cohesiveness and alignment by asking volunteers of the pilot study five questions concerning the interview (see Appendix E). The five follow-on questions coincided with confirmability and reliability for establishing trustworthiness.

Transferability

Survivors with diverse socio-economic backgrounds, referred from the national survivor network, volunteered for this study. Referrals from the national survivor network contributed to the transferability of findings. Furthermore, all survivors met the inclusion criteria and had survived their forced labor trafficking beyond five years. Having full engagement with the survivors and receiving their feedback contributed to transferability.

Dependability

To establish dependability, I used bracketing as a self-reflexive strategy before and after the recruiting and interviewing stages. The ongoing data analysis of the survivors' narratives enhanced the credibility of findings. Manual coding the themes served as a catalyst for understanding findings.

Confirmability

To document the literature review I used Evernote. I used the Evernote software as a method of maintaining continuity for tracking articles from the research journals.

Frequent annotation of the dissertation progress and receiving feedback from the committee chair also added validity to the results and findings.

Results

The theory of social constructionism suggests that shared meaning influences how individuals form their belief systems. The desire to find meaning and joy facilitate connectedness in communities and societies. In his theory, Antonovsky (1987) postulated that feelings of coherence arise when individuals find meaning from their past life (negative or positive) and current surroundings. For this study, I sought an epistemological view, to understanding how survivors of trafficking described their health and life experiences after surviving trafficking.

After interviewing the survivors' three main themes emerged. The first theme addressed the survivors' interpretations of surviving trafficking. The second theme addressed the survivors' physical health following trafficking. The final theme addressed the survivors' sense of coherence and finding meaning after surviving trafficking.

Theme 1: Interpretations of Survival from Trafficking

The goal of the qualitative narrative inquiry was to understand how survivors described their post-lived forced labor trafficking experiences. The research questions of the study focused on survivors' general and physical health experiences post-trafficking involvement. For the study, I did not inquire questions connecting the survivors' health experience before entering trafficking.

The first theme addressed research question number one (RQ₁). How do survivors of forced labor trafficking-in-persons (TIP) describe their forced lived

experiences? Survivors of the study described their lived experiences as the most challenging time of their life before entering forced labor TIP. Survivors discussed the inhibitors effecting quality of life and the decline of social support networks.

Loretta, age 33, a survivor of child sex trafficking, began her trafficking experience when she was 14 years old. Her father was a military veteran on frequent travel, and her mother was diagnosed clinically depressed and an alcoholic. As a teenager, she felt lonely and systematically isolated. She lamented that her trafficker was a better alternative to her mother: “If women are trapped nobody can ever judge or make a call on anybody else's situation” (Loretta, interview on November 24, 2017).

Abuses (psychological and physical) also influenced the survivors’ life after trafficking. Forms of abuses include rape, bondage and forced coercion at the mercy of a medical professional (e.g., Medical Doctor). All survivors shared their experiences of remorse, trauma, short-term memory loss and feelings of guilt for what happened.

Jasmine, age 63, trafficked by her father spent years in and out of jail and was addicted to hallucinogens. Her experiences of trafficking began when she was 14. She was violently prostituted by her boyfriend for 18 years.

I still felt like I had this great big ugly scarthat everybody could see, and it was the [sic] past, and I tried so hard to keep the past from being visible to anybody I wouldn't allow myself to be truly seen because, I always worked so hard at hiding that ugly scar. (Jasmine, Interview on December 18, 2018)

The Connection of Closeness to Others. Cecchet and Thoburn (2014), and Jonsson et al. (2015) concluded, paucity and inadequate aftercare compromised

survivors' quality of life. Thus, connecting to timely assistance befitted survivors' long term health. "The longer the victim goes without [mental] health assistance, the more difficult it is for them..." (Sin-U Lee, interview on November 23, 2017).

Perceptions of neglect influenced how survivors connected with external resources. During trafficking, survivors had few close family or friends for support. Therefore, feelings of social isolation affected survivors' relationships, self-esteem, and self-efficacy. Daphnia, age 41, a survivor of involuntary domestic servitude, and trafficked by her employer further added:

I could have benefitted tremendously from having shelter immediately upon getting out...If, I had access to shelter, that incorporated treatment, mental and physical life skills coaching... we probably would not deal so much with poverty, homelessness and... the [sic] difficulty of re-integrating back into society (Daphnia, , interview on November 24, 2017).

I inquired the survivors on how they obtained the information they needed to escape trafficking. Sin-u Lee, echoed that relationships during trafficking minimal.

The trafficker did not have my best interest at heart ... after it was suggested to me by a third party... the decision to leave came up more and more with me as I traveled back and forth to be with my trafficker.... I basically made the decision not to go back based on the conversation.

General health for survivors during their forced condition informed how they connected to resources outside of their forced lived experiences. Forms of psychology manipulation, intimidation or interpersonal conflict mitigated the survivor's cognitive

health and interpersonal relationships. Survivors of the study reported frequent depression, memory loss, attempted suicide, re-victimization, and recidivism. The reported incidences of frequent depression and attempt of life compromised survivors' long-term well-being.

Being a victim and being cross-examined by a defense attorney, your whole life is up for grabs. You are evidence as a person, and you can't lock a person inside of an evidence locker like you can for guns or drugs...Your psychological care, your personal history, they try to poke holes in your credibility.... So, you have this level of re-victimization.... I cannot tell you how many times I have seen victims trafficked as children and as adults started sex worker prostitution... that already have that level of traumatization so, that's where they'll lean; psychologically that's where they'll lean (Sin-u Lee, interview on November 24, 2017).

Restricted freedom of movement also influenced survivor's health needs.

Consistent with other trafficking research, traffickers often controlled the survivors' whereabouts and decision making (Lederer & Wetzel, 2014; Kiss et al., 2015). By this means, the trafficker tracked the survivor (e.g., stalking), and spoke on behalf of the survivor during ER visits or hospital appointments.

The head of household controlled medications and doctor visits...when I saw a doctor... the lady was always present with me... this should have been a sign of trouble to the health care provider that somebody was present with me, at all times.... I often deferred to her... (Daphnia, Interview on November 24, 2017).

Stockholm syndrome is the result of characterizing a capturer or abuser as a heroic savior (Edman et al., 2016; Johnson, 2012). Given survivors, were either juvenile delinquents, homeless, vulnerable or experienced family conflict most survivors of the study misjudged their traffickers' true intentions. As such, survivors developed a false psychological bond.

Unwittingly, during and after trafficking survivors did not disclose their health issues to a medical doctor. On the other hand, three of the survivors did disclose their experiences of trafficking to an OB-GYN doctor. Moreover, five of the survivors felt disclosing previous health information had no significance to their current health.

Following their forced experience, survivors felt their health rapidly declined. Survivors were unsure if, the decline of health was a result of trafficking or if, maturity in age influenced their health disparities. Nonetheless, survivors' cognitive health were invariably a primary concern affecting their quality of life.

Importantly, I asked survivors who initially made the most difference in their recovery after exiting. All participants indicated they found solace under the guidance of a mental health counsellor. Notably, family, friends also supported survivors' recovery after leaving trafficking.

Theme 2: Survivors Physical Health Following Trafficking

The second and third theme addressed the second research question (RQ₂). How do survivors of forced labor socially construct their physical health, post-trafficking experience? All survivors discussed their physical health needs after trafficking. Table 4

describes survivors' physical health concerns and disorders disclosed during the interview.

Table 4

Survivors' Post-trafficking Physical Health Experiences

	General Health Experiences	Number of Survivors Physical Health Conditions)
Periodontal Diseases	Gum diseases, broken teeth	3
Neurological Impairment	Chronic stress, head injuries, Concussions	8
Gynecological Issues	Pregnancies, loss of child, hysterectomy, abortions, cysts, sexual transmitted infections, forced miscarriages	7
Musculoskeletal Injury	Shoulder pain, lower lumbar back knee injuries, vertigo and foot issues	3

Note: Based on the number of survivors' responses during interviewing.

For the current study, three of the seven survivors incurred periodontal disease.

Survivors' periodontal diseases included broken or rotten teeth, and gum disease.

Neurological concerns included post-traumatic stress injury (PTSI), survivor relapse, childhood trauma, memory loss and flashbacks. Indeed, retriggering such as

hyperarousal, or flashbacking contributed to the loss of emotions. Sofia, age 36, a survivor of sex and labor, reflected on her experience while visiting the emergency ward. “The doctor told me to get on the table and strip down.... the word “strip” triggered feelings of reliving rape and abuse” (Sofia, interview on December 18, 2017).

Gynecological issues stemmed from years of forced repeated sex; rape as a minor, and numerous sexual assaults. Of the seven participants, five had severe gynecological issues. Urinary tract infections, forced abortions, fibrosis, vaginal cysts, and fibromyalgia were just a few GYN health problems influencing the loss of bearing a child.

Finally, the presence of musculoskeletal weaknesses highly influenced whether a survivor could maintain employment and function in society. One-fourth of survivors reported lower back pain, shoulder (e.g. broken collar bones), spinal injuries and bursitis (e.g. arthritis). Importantly, survivors noted physical health conditions stemmed from physical violence both during and following trafficking. Monique, age 42, trafficked by her husband as a camera girl and stripper.

If, I did not make enough money, or he did not get whatever he wanted when he went shopping, or just whatever mood he was in and...I was dancing at the time, I was a cam girl at the time and everything else, I really could not have by body bruised up so, he would punch me in the head a whole lot.... I ended up with quite a few concussions (Monique, interview on December 19, 2017).

Survivors’ interactions with medical professionals after trafficking determined if they would seek continued medical care in the future. Four survivors of this study sought

Medicaid assistance, three survivors used the affordable health care and one survivor was sponsored by a family member did obtain nor afford health care.

Social inequities and health disparities. Previous adverse interactions with medical professionals lessened survivors' chances for seeking quality care. Just under half of the survivors' reported abuse by a person of authority. Jasmine, for example, met her trafficker in a hospital emergency ward. Similarly, Sofia alleged her trafficker was a medical professional. Also, perceived biases stimulated mistrusts between survivors and medical professionals (Leder & Wetzel, 2014).

For foreign survivors of the study, the western view of health belief systems differed from how other cultures interpreted their health. Bigotry and prejudices contributed to inadequate medical needs among survivors of the study (Lederer & Wetzel, 2014). Daphnia described how she felt the public sensationalized only one aspect of trafficking. Daphnia added:

As a slave labor survivor, I often feel objectified. The vast majority of survivors have been monolithically White, Angelico Christians who are survivors of sex slavery. So, I often feel willfully ignored and oppressed...community advocates focus solely on recovery of sex trafficking (Daphnia, interview on November 24, 2017).

Disturbingly, half of survivors of the study did not share their forced lived experiences with a medical doctor following trafficking. A frequent theme found in the survivor narratives were the absence of medical needs following trafficking. Survivors either found health information on the internet (e.g., WebMD) or with the aid of external

self-help resources. Survivors explained, 10 to 30 years ago the term *trafficking* [emphasis added] was not well-defined in the literature, nor existed during survivors' experiences of trafficking.

Furthermore, confusing public law, and congressional initiatives diminished the opportunity to properly identify adult survivors of trafficking. Therefore, health information found on the web concerning the phenomenon of trafficking helped define the survivors' understand their turmoil and diminished self-efficacy. Misinterpreting the trafficking laws leaves gaps in anti-trafficking education, and support for effectively reintegrating back into society (LOC, 2015).

The longer the victim goes without mental health assistance, the more difficult it is for them... once part of the system fails, it does affect their overall health for their life (Sin-u Lee, interview on November 15, 2018).

Shared meaning is a method through which culture and language give meaning to a lived experience. How survivors comprehended, managed, and found meaning following trafficking determined the level of effect on their physical health. Mapping GRR's such as financial and family support enhanced survivors' sense of coherence. Survivors of the study found strength and support through social support networks.

Theme 3: Sense of Coherence and Finding Meaning

Participants had various reasons for why they found meaning subsequent trafficking. Social support was an important mediator for adequately reintegrating back into society. Most of the survivors experienced feelings of numbness, felt guilty, or were shameful.

On the other hand, survivors moved on and learned from their experiences.

Survivors reminiscing on the past only exasperated difficulties for how they perceived the future. Repeated exposure to trauma only increased the severity of trauma flashbacks (e.g., PTSD). Therefore, survivors were persistently optimistic about future connections. Reflecting on life, Sofia, age 36 a survivor of sex and labor indicated,

Looking back, I am less of a jerk and sensitive to other needs.... I would not have gone through much personal anguish if my situation had been readily identified. Moreover, I found compassion relating to the needs of others...I share experiences with others (Sofia, Interview on December 19, 2018).

Paulette, age 39, a survivor of sex and labor, trafficked by a medical doctor, mirrored Sofia's sentiments of compassion after trafficking,

Being able to mentor younger survivors; letting "kids" know it gets better. There are a lot of people you can trust. Son died in trafficking... A lot of folks really just don't recognize survivors until they are 20 or 30 years out. So, the idea of, you know... what they need from a health perspective is totally different from what I needed the day I got out is vastly different than what I need now (Paulette, interview on January 02, 2018).

Yvonne, age 55, a survivor of adolescent sexual assault, and commercial child sex trafficking reflected,

When I trusts... and I could finally see past everything... I developed strength, understanding, compassion, and courage. Understanding one size doesn't fit all. Take five minutes to evaluate what's in front of you. First, then just ask questions.

Society needs more information to readily identify adult survivors of TIP (Yvonne, interview on January 16, 2018).

The emerging themes from this study showed survivors' health needs following forced labor trafficking need to be readily recognized. Just under half survivors of the study described their physical health as being no worse than when first entering their trafficking situation. Cognitive well-being plagued survivors since leaving trafficking.

Disturbingly, survivors did not disclose their health to a health care professional out of fear and embarrassment. Furthermore, survivors felt the past events in their life had not relevance to their current or future situation. After trafficking survivors lived a meaningful and fertile life.

Regarding survivors' general health, survivors either found information on the web, researched articles from the library, or found assistance from visiting a community outreach center. Programs such as Polaris®, NSN, and mental health centers helped them make progress. Additionally, survivors sought friends for support as opposed to seeking support from a group servicing survivors of trafficking.

Summary

In Chapter 4 I highlighted the inferences of the study. I overviewed the setting, conditions and surroundings informing the interpretations of findings. Following I discussed the survivors' demographics and characteristics of trafficking. I described the location, duration, and frequency of interviewing.

I described the strategy for that I used for analyzing, coding the themes that emerged from the survivors' narratives. I reviewed ethical concerns and adjustments, if

any, to credibility, transferability, dependability, and conformability with interviewing vulnerable groups. I concluded chapter 4 by addressing supporting themes and findings derived from the survivor narratives.

Chapter 5 interpreted the findings of this narrative inquiry. In Chapter 5, I overview the limitations of findings. Following, I describe the boundaries and assumptions previously described in Chapter 2. Chapter 5 includes a discussion surrounding current trafficking findings.

I offer suggestions for future research. I confer with policy influencing health law and health psychology. I capture the essence of the study and efforts for instilling change in the community. I conclude chapter 5 with recommendations for the future.

Chapter 5: Key Findings

Introduction

In this study, I explored the personal narratives of adult survivors of domestic forced labor trafficking in the United States. Specifically, I explored how eight survivors of domestic forced labor trafficking interpreted their lived physical health after surviving trafficking. As I noted in Chapter 3, this study supports previous qualitative inquiry addressing physical health symptoms reported by survivors of forced labor trafficking.

This narrative inquiry differs from previous trafficking research in that this study involved, for the first time, the salutogenic model of health for understanding survivor of trafficking. For the study, I reflected on the survivors' narratives using Hyden's teller-focused interviewing (TFI). In this study, semi-structured open-ended interviewing provided the opportunity for survivors to express their unique lived experiences.

These interviews helped survivors define how they understood their forced lived experiences. The qualitative narrative inquiry method helped me develop themes from their responses (see Caine et al., 2013; Hydén, 2014; Riessman, 2008). I used social constructionism as the theory for grounding the study and the salutogenic model of health as the conceptual framework.

A qualitative deductive approach helped facilitate analyzing the findings. Lieblich et al.'s (1998 as cited in Walden University, 2013) holistic methodology for qualitative coding inquiry added sustenance to the final coding. After coding, the findings showed additional emergent themes of emotional support, self-efficacy, justice, and hope for the future.

Survivors' interpretations of their health following trafficking manifested in the form of narrative storytelling. The emergent findings show that survivors' ongoing health conditions continued for years after surviving trafficking. Key findings of this study confirmed previous quantitative and qualitative findings concerning survivors' ongoing need for quality wellness post-trafficking involvement.

In Chapter 5, I offer suggestions for furthering trafficking research. After, I discuss social change, and provide recommendations for future research. Given the deficiency of scientific articles on forced labor trafficking in the United States, this study contributed to ongoing research investigating the health of survivors of forced labor trafficking.

Interpretations of the Findings

The findings provided me valuable insights into how survivors interpreted their forced experiences. I sought to understand how survivors of forced labor trafficking viewed their general health experiences during forced labor trafficking. I also inquired about survivors' physical health experiences beyond 5 years after their forced experience.

The key findings from the survivor narratives contributed to the current body of knowledge (Doran et al., 2014; Hodge, 2014; Lederer & Wetzel, 2014) and demonstrated how severe forms of forced labor trafficking moderated the quality of survivors' long-term physical health needs (Jonsson, 2014; Ledegaard, 2015; Lederer & Wetzel, 2014; Kiss et al., 2015).

Two inquiries guided this study. The first question inquired how survivors of trafficking described their experiences of forced labor trafficking. Survivors endured

severe forms of mental and physical abuse during trafficking. While trafficked, survivors expressed the inadequacies of (a) social support before entering trafficking, and (b) the inadequacies of anti-trafficking support during and after their forced experience.

Before entering trafficking, the survivors reported that loneliness, homelessness, and family conflict contributed to their vulnerabilities of trafficking. Therefore, depending on help for outside resources, whether healthy or unhealthy, helped shaped survivors' perception of their health in the future. After leaving trafficking, survivors were subjected to the humiliations of shaming. Shaming refers to the Inferiority complexes, prejudices, biases, and high family expectations that the survivors endured before entering trafficking.

These perceived humiliating conditions mitigated the quality of the survivors' health following trafficking. Scholars have suggested that economic conditions (e.g., wealth or poverty) influenced trafficking survivors' health inequities regardless of income and disposition (Perry & Ewing, 2014; Oysterman et al., 2014). Survivors in this study were either from mid-income level families or were from varying dysfunctional families. Subsequent findings from this study confirm other trafficking findings.

For survivor, Monique, her husband controlled their finances and demanded that she provide services as an exotic dancer while holding another job to support the family needs. Monique lamented that the controlling behaviors such as verbal and mental abuse, and persistent stalking influenced whether she would obtain a job. In turn, the on-going abuse also impacted her mental health. Monique's husband required that she be employed in a full-time job during the day. Then at night, Monique engaged in voyeurism in front

of the camera for sex-trade. She felt continuously trapped in work-debt bondage.

Monique explained,

I was unable to take care of my health at all because my money went to paying off all the bills... After he beat me up, I would laugh about it because that was the only way I could deal with it. (Monique, Interview on December 19, 2017).

A frequent theme in this study was the inadequacies of medical and financial support after the survivors left trafficking. The survivors in this study conveyed that they never sought help or anti-trafficking support outside of their relationships because 10 to 15 years ago the definition of trafficking-in-persons was nonexistent. Survivors below the age of 35 either depended on Medicaid for coverage under the Affordable Care Act as their primary method of health insurance. Survivors ages 60 years and older depended on the public welfare system or the help of family members for medical support.

Confirming findings in DeAngelis' (2014) qualitative inquiry, survivors reported seeking therapy for physical health conditions relating to their forced experiences following trafficking. This showed that inadequate anti-trafficking health resources is a problem for survivors of forced labor trafficking in the United States (Doran et al., 2014). Findings of this study show health inequities (e.g., trauma-informed care) within the medical system for survivors of forced labor trafficking is challenging in the United States.

Challenges within the medical system included public health policy gaps, inconsistent reporting requirements, and underutilizing anti-trafficking support agencies. For example, federal government entities such as the Department of Justice (DOJ), or the

HHS, Office of Refugee Settlement have not published scientific evidence concerning survivors of trafficking health outcomes in over 10 years. Therefore, the precise numbers of victims and survivors affected by trafficking in the United States is difficult to determine.

Peternelj-Taylor (2016) interview with a leading expert on trafficking described that survivors endure severe mental disorders after leaving trafficking. Disturbingly, the findings of this study show that survivors decline of mental health included post-traumatic stress injury, systematic social isolation, and self-deprecation. Additionally, survivors felt disenfranchised from having been exposed to public ridicule, scrutiny, and shame. Similar to other narrative inquiry findings, threats to family members mitigated survivors' needs for finding adequate health coverage.

A guiding question leads one to inquire if the focus is more on prosecuting survivors of trafficking or is the focus on protecting survivors' well-being after exiting trafficking? Confirming Zimmerman et al.'s (2011b) seminal research findings, this study showed that the vulnerabilities during trafficking left survivors helpless and dependent on the trafficker for shelter, support, and food. The recurring and extreme sexual assault threatened the survivor's self-efficacy health beliefs.

Research addressing health beliefs among survivors of trafficking and medical professionals (e.g., Medical Doctors) found medical professionals have difficulty recognizing and addressing the health needs of survivors of trafficking (Hodge, 2014). During their forced experiences survivors of the study addressed their health needs by frequently visiting the emergency ward. For survivors, the emergency ward was a safe

place for free medical attention. Top reasons for addressing their health needs in the emergency ward included fear of being caught by law enforcement or fear of being beaten up by their trafficker.

From the corpus of survivor narratives, distrusts of health care and medical professionals denied survivors the opportunity for quality care after trafficking. Reasons include shame, guilt, self-blame and fear of passing judgment; including stereotyping their forced lived experience. The findings of the current study concur with Leder and Wetzel's (2014) and Pandey et al.'s findings.

Leder and Wetzel (2014) suggest medical and health care professionals are critical in identifying cases of TIP. Pandey et al. (2013) noted full support for survivors after exiting trafficking is paramount for a survivor's health. Given the plethora of in-depth interviewing I had with the survivors, findings of the current study confirmed with Pandey et al.'s findings.

Pandey et al. (2013) inferred a fresh approach is needed for reintegrating survivors within the community. Key findings from the current study suggest that government efforts increase aftercare funding for adult survivors of trafficking. A continuing increase of government funding for adult survivors of trafficking may help reduce the public's burden of stabilizing mental health and rehabilitating survivors following trafficking.

The second narrative inquiry (RQ2) explored how do survivors of trafficking describe their physical health, post-trafficking experience? Survivors conveyed that they continually sought medical treatment for conditions relating to their physical health

following trafficking. Survivors top physical health concerns after surviving trafficking included reporting GYN and musculoskeletal injury.

Subsequent chronic conditions such as arthritis and cardiovascular disease were primary concerns affecting survivors' physical health conditions. During trafficking, survivors of the study were severely deprived of nutrition. Substance abuse contributed to the survivor's inadequacy of nutritional needs during and after trafficking.

Gibbs et al. (2015) argued survivors' similar health experiences following trafficking explained the need for understanding how survivors sustain and manage their long-term health post-trafficking involvement. Similar to Band-Entertain and Fein's (2014) qualitative inquiry, survivors of the study view of *self* [*emphasis added*] influenced how they classified their physical health conditions after exiting trafficking.

Survivors of the study reiterated that the perceptions received from medical professionals, after surviving trafficking, lessened the survivors' ability to acquire corrective physical therapy. Thirty-five percent of survivors reported cultural and language barriers, were top reasons for not seeking medical attention following trafficking. Furthermore, confusing medical terminology during triage made survivors feel reluctant to receive follow-up services. Survivors of the study conveyed that stereotyping their condition diminished their confidence in the medical system.

Understanding how survivors found meaning from their experiences of trafficking contributed knowledge in the health psychology literature. A plethora of research suggests a sense of coherence and how individuals socially construct meaning help temper self-efficacy beliefs (Gablin, 2015; Tongreen, Green, Cairo, DeWall, & Davis

2015). Self-efficacy beliefs help promote general resistance resources (GRRs; e.g., family support) for how individuals conceptualize the world around them. Overall the findings from the current narrative inquiry confirmed and extended knowledge found in peer-reviewed journals.

The philosophy of social constructionism grounded the theoretical lens for the current study. The theory of social constructionism emphasizes that language and culture interpret how individuals find meaning from their worldview (Gablin, 2015).

Antonovsky's Salutogenic Model of Health formed the contextual lens of the current study. Salutogenesis examines how survivors develop a sense of coherence after experiencing adverse events.

Why do people seek meaning? Finding meaning from reality is a function of survival. Meaning transforms when people feel secure and comfortable in their surroundings. Sustaining meaningful and secure partnerships requires profound communications skills, support from others, and confidence in one's ability towards future endeavors.

Quantitative research confirming meaning and purpose in life found enhanced well-being reduces stress corresponding with self-efficacy health beliefs after coping with negative conditions (Shira et al., 2015). Thus, the more individuals find meaning from reality, the more they rid themselves from the negative effects of stress following hardships. Survivors' memorable events of trafficking significantly influenced how survivors found the need for internal change (Tongreen et al., 2015).

Survivors of the study had different reasons for finding meaning after surviving their trafficking experiences. After surviving trafficking, survivors recognized that finding meaningful and healthy partnerships helped survivors maintain equilibrium after surviving their forced experience. Healthy relationships empowered survivors to form more supportive secure relationships. Finding other survivors with kindred experiences helped survivors overcome feelings of dependency.

Fostering healthy unions helped most survivors thrive in their careers after surviving trafficking. Survivors were either in a fulfilling marriage, volunteered with juvenile delinquents, or founded a non-profit survivor-led organization for helping other survivors prevail following trafficking.

Survivors Jasmine and Yvonne found joy after giving birth to a baby boy. Jasmine also found meaning by helping other adult survivors of trafficking with the insecurities of finding and sustaining a job. Subsequently, all survivors re-established loving relationships with siblings or maternal parents after years of emancipating from one another.

The salutogenesis model of health suggests comprehensibility, manageability, and meaningfulness invoke a higher sense of coherence following a negative experience. A sense of coherence happens when individuals feel they have comprehended and managed their worldview (Tongreen et al., 2015). Meaningfulness transpires from past events influencing future decisions. Finding meaningfulness expressed the need for how survivors of the current study viewed healthy behaviors (Hooker, Sanders, & Parker, 2017).

Finding meaning is a mediator of physical health and emotional well-being. Emotional outcomes such as using the buffering effect helped survivors reduce physical stress-related injuries. For the current study buffering is the self-belief individuals covet when circumventing adverse events. Thus, interpreting coping behaviors following an adverse event evoke a higher level of buffering.

Survivors of the current study found meaning by reflecting on their lived experiences after exiting trafficking. Key findings from this study extended Band-Winterstein and Fein's (2014) research conferring Antonovsky's salutogenic model of health regarding survivors' ability to adapt to adverse conditions. All survivors felt, to feel loved and be loved they subjected themselves to substance abuse, assault, and chronic depression during trafficking.

Repeated exposure to isolation and feelings of fear from being abused and raped influenced survivors' interpersonal relationships. Interpersonal conflicts like family separation often plagued survivors' opportunity for enhanced quality of life. The repeated and continued patterns of psychological and physical abuse led to feelings of betrayal, pain, helplessness, and feelings of numbness.

Survivors' relationships with their traffickers surpassed the relationships survivors had with close others (e.g., family). Consequently, isolation was a method of gaining control and manipulating the survivor's mental health. Forms of brainwashing were often methods used by the trafficker for survivors to comply with the trafficker's demands. Moreover, psychological manipulation significantly influenced how survivors formed relationships in the future.

Salutogenesis suggests GRRs of community, family, and supportive networks induce coping behaviors for promoting longevity. For survivors of the study, reminiscing on memorable family events during trafficking helped survivors' buffer negative resentment toward their capturer. Forward thinking (e.g., limiting nostalgia) including having a positive outlook towards the future, increased the survivor's sense of coherence in self-efficacy beliefs.

When individuals have a sense of purpose, motivation leads them towards achieving future goals. Future goals transpire after individuals obtain the required support to manage adverse events. After interpreting and experiencing the new healthy changes around them, survivors of the current study reported demonstrating a wealth of strength in working through their health while fostering happy relationships.

Limitations of the Study

Understanding how survivors described their in-depth health experiences required capturing the essence of survivor narratives. For the current study, I sought to understand how survivors of forced labor trafficking described their physical health needs after surviving trafficking. As previously discussed in chapter 1, the findings of the current study presented a few challenges to the limitations of trustworthiness.

First, for the recruitment strategy, I sought volunteers from within 150- mile radius of the Washington, DC metropolitan region. However, with the help of the national survivor network, volunteers of the study comprised of survivors from different regions of the United States. The unintended recruitment strategy of eliciting help from the survivor network appraised the recruitment strategy for the current study.

The current study represented survivors' experiences of trafficking after surviving trafficking. The generalizability of findings is limited because the small sampling size was limited to eight volunteers. Therefore, the findings of the study do not confer with the general population of survivors of trafficking.

For the current study, the limitations of criterion sampling limited selecting volunteers to a defined age group. The defined age reduced transferability by disqualifying younger adults below the age of 25 meeting the research criterion. The criterion duration of five years following TIP, likewise, decreased issues of trustworthiness; especially for establishing dependability. Future studies should explore the physical health needs of younger adults, ages 18 to 25 years old. In doing so, the research community could benefit from learning more about this population's health needs.

For the current qualitative narrative inquiry, I interpreted the survivors' narrative stories from self-reported information collected during the one-on-one interviews. Before beginning the study, I assumed the survivors' physical health modalities evolved during their trafficking experiences. After hearing more of the survivor's health struggles, survivors subsequently acquired health issues following trafficking.

I surmised survivors of diverse cultures interpreted forced lived trafficking experiences differ from one another. However, after interviewing survivors, the responses to the interview questions often coincided with previous international findings assessing survivor health outcomes. Additionally, examining rich, thick descriptive information of

survivor testimony required in-depth knowledge. In-depth knowledge includes acquiring trauma-informed care for understanding survivors of trafficking subsequent health needs.

Empirical research has explored survivors of trafficking physical health experiences with self-reported empirical instruments designed for victims of intimate partner violence or victims of sexual assault (Ladegaard, 2015; Lederer, 2015). Initially, these instruments established a paradigm shift for understanding survivors of TIP physical health experiences. Conversely, the self-reported instruments do not put forth a grounded methodology for capturing the survivors' lens following trafficking.

Volunteer survivors of the study self-identified as a survivor of forced labor trafficking. Survivors' self-reporting on the quality of their health limited transferability by either over reporting or under-reporting their general health conditions. Consequently, the survivors over reporting or under reporting their health conditions delimited the findings.

For the current study, I collected data during one-time frame using a 13-item interviewing guide. Gathering the survivor narratives in one-setting moderated the opportunity for further inquiry. In the same regard, collecting the survivor stories in one setting decreased the transferability of the findings. Assessing the survivor's body language, and silent cues by using telephone interviewing, limited ethical trustworthiness of credibility and dependability.

A contributing negative influence of survivor's health is the influence of memory recall. Participant recall and response biases, subjective truths, and self-regulating

responses limited dependability for this study. Self-regulating responses mean, the participants could have controlled their responses before answering the questions.

For example, survivors of the study frequently flash backed and flashed forward or stagnated their responses. These self-correcting behaviors limited the credibility of findings because the survivors' narrative frequently changed to fit the paradigm of the story. Nonetheless, survivors sharing their narrative story of trafficking contributed knowledge to the field of health psychology.

I remained cognizant of researcher biases arising from interviewing marginalized groups. For the study, I carefully used differentiating questions and probing techniques grounded in the goals of this narrative inquiry. Safeguarding researcher bias and managing power differentials clarified the need for triangulating and member checking the data after ending the interviewing stage.

Peer-reviewing and frequent meetings with the committee chair helped to safeguard bias and manage differentials inherent with delivering this narrative inquiry. Before beginning journey, I selected phenomenology as the design strategy. I assumed by using the strategy would offer for a more meaningful analysis. After careful study, I realized that narrative inquiry best fit the model for elucidating how survivors depicted their narrative stories.

Recommendations

The intent of this qualitative narrative inquiry provided an impetus for understanding adult survivors of trafficking health needs. Unrecognized health outcomes continue to burden the current public health system (Barrick, 2014; Gibbs et al., 2014;

Hodge, 2014; Johnson, 2012; Ross et al., 2015). Economic conditions, instability, and inequities contributed to health disparities influencing future health care needs (Cole & Sprang, 2015; Collins et al., 2012). The deficit of literature exploring health outcomes beyond five years among survivors of forced labor trafficking exemplified the need for a future qualitative inquiry.

No funding was received for conducting the current study. Future qualitative inquiry could benefit from research grants capable of funding sizeable qualitative inquiry. Adequate research funding could extend the current study by addressing the health needs of survivors following domestic labor trafficking during mid-term (three years) of survival, and subsequently, exploring survivors' health after four to five years. In this regard, findings from future qualitative inquiry such as longitudinal studies will contribute beneficial information to the field of health psychology.

Research shows disadvantaged groups living in urban environments are the most vulnerable to incidences of forced prostitution, sex trade, and trafficking-in-persons. Rape, sexual assault and domestic violence are highly significant among survivors of diverse cultures. Future research should carefully examine the different experiences of trafficking among diverse cultures in the Native American, Black, and Hispanic communities using quantitative quasi-experimental designs.

Survivors of the study included women above the ages 25 years. Peternelj-Taylor (2016) recommended future studies continue exploring survivors' health needs among adolescent men survivors of forced labor trafficking. Therefore, future quantitative investigations could benefit from examining the differences of women health experiences

and men health experiences using quantitative methods following a trafficking experience.

Frequently, survivors relapsed or return to abnormal behavior to help buffer the experiences of surviving trauma. The findings of the current study show future qualitative inquiry could equally benefit from questions focusing on survivors' re-victimization and re-traumatizing after surviving trafficking. Further investigations should explore how often do survivors of TIP relapse after exiting their forced lived experiences. Models such as the transtheoretical stages of change model may better inform trauma-informed care in the health community, among mental health practitioners, law enforcement and the judicial system.

Often forgotten are the health outcomes for survivors of trafficking within the lesbian, gay, bi-sexual, transgender, and queer (LGBT-Q) community. The LGBT-Q community is exponentially growing and is positively contributing to positive social change. Therefore, I feel this community deserves further examination. Future experiential investigations should examine this vulnerable group using Queer theory, Gay theory or Feminist theory. Similarly, exploring forced labor trafficking in the LGBT-Q community, heightens trustworthiness of future findings.

For this study, I used a small sampling size to explore survivors of trafficking health. Indeed, this small sampling size reduced the generalization of findings. Future investigators should replicate the findings of the current study grounded in ethnography using a focus group as methodology.

Lastly, survivors of trafficking experience severe physical abuse during trafficking. For survivors of this study, sodomy, sexual assault, and frequent concussions exasperated their physical health following trafficking. Future quantitative studies should inquiry if survivors of trafficking intimate relationships, while married to an abusive spouse, had mediated the survivors' health and their self-efficacy beliefs in obtaining quality medical treatment.

Implications

The significance of the current study contributed to social change by generating social awareness in the health community regarding the underlying sources of trafficking. The implications of social change for the current study showed that the shortage of empirical research exploring social, and health inequities among survivors of forced labor trafficking undermined the survivors' physical health, post-trafficking. By interpreting the social inequalities that survivors of forced labor trafficking endured may better inform how survivors viewed their health after trafficking.

Indeed, statutes in the law focusing more on prosecution than for protection jeopardize victims and survivors of trafficking health and rehabilitation back into society. A change in the federal law that includes survivor-focused interventions, educating the medical field, and increasing cultural awareness, exemplified the need to understand how survivors of trafficking interpreted their health following trafficking. The implications of social change reflected the need for sensitivity training for law professionals and medical students are desperately needed to improve the continuity of laws focused on reducing recidivism and effectively reintegrating survivors in the community.

Recommendations for future research is required to help government agencies redefine public health policies to reflect the growing phenomena of child forced labor trafficking. Child forced labor means parents are physically forcing their children to obtain a job or run errands (e.g., street begging) to support criminal activity. Equally, essential program evaluations should dedicate mental health treatment protocols toward social interventions for children subjected to forced trafficking. The significance of effective public health policies may better inform law enforcement, parents, teachers, health professionals, and child protective services on the health influences of survivors of forced labor trafficking in the United States.

For the current study, Antonovsky's (1996a) salutogenic model of health provided the contextual lens for understanding the effects of GRRs after experiencing the hardships of surviving forced labor TIP. The implications of social change highlighted that the salutogenesis model and theory of social constructionism are equally effective for interpreting meaning after enduring life's negative outcomes. The strengths of salutogenesis confirmed, in a few cases, that GRRs enable adaptive coping styles.

The foundations of social constructionism confirmed survivors' quality of support services for finding joy in family environments and hope for the future. Shared meaning tempered emotional support for sustaining how survivors of trafficking interpreted their worldview following trafficking. The influence of positive social change also showed the importance of GRRs and the experiences of surviving trafficking. Future investigations could reveal how the salutogenic model of health, when combined with alternative

theories, connect by mapping thematic analysis when applied to previous lived experiences shaping the lives of others.

Seminal qualitative research exploring survivors' health needs following TIP have positioned feminist theory (Ceechet & Thoburn, 2014) or ecological systems theory (Pittenger et al., 2016) for understanding health outcomes. However, the implications from previous findings do not put forth a model of social change for understanding the survivor's unique health experiences. New collaborative theoretical foundations such as interpretive phenomenological analysis (IPA), grounded theory, self-efficacy theory, or social identity theory, supporting qualitative inquiry, may capture how survivors, on a deeper level, find meaning.

After escaping from trafficking survivors feel remorse, self-blame (Johnson, B.C., 2012) paralysis, and humiliation (Ferdowsian & Merskin, 2012; Ladegaard, 2015). To relieve this experiences survivors depend on mental health therapy from a certified medical administrators. Survivors of this study (90.3%) felt that medical professionals failed to recognize the signs and symptoms of trafficking.

Individuals in the medical field should make a concerted effort to understand the taxonomy and cultural background of patients under their care. Viewing victims or survivors of trafficking through a survivor-centered lens (Griffiths et al., 2011) rather than a narrow objective-oriented lens could enhance triage methods and treatment diagnosis (Baldwin et al., 2011). Developing curriculum and in-depth training for allied health professionals and EMT first responders could help reduce the public's burden of high health costs connected with survivors obtaining health coverage.

Beginning in 2013, the Department of Health and Human Services (HHS) developed training certifying medical professions in trafficking-in-persons. Certifying medical professionals is the first step of contributing to positive social change. The key findings of the study show, extending outreach services and training to the community benefits the long-term health needs of survivors of forced trafficking.

Conclusion of Findings

The current study explored the degree to which survivors of trafficking described their physical health outcomes after being exposed to domestic forced labor trafficking in the United States. Survivor perceptions of their general and physical health following trafficking manifested in the form of oral narrative storytelling. Survivor narratives provided insight into the severity of physiological conditions needing further exploring.

The findings of the study contributed to the growing body of qualitative findings concerning survivors' mental health conditions post-trafficking involvement. The inferences of the study demonstrated that early exposure to forced labor trafficking resulted in narratives yielding higher negative cognitive appraisals after years of surviving from mental abuse. For survivors of the study, cognitive appraisals influenced how survivors received public assistance or services following trafficking.

Emergent findings from this study suggested that survivors' ongoing suffering of physical health conditions post-trafficking involvement influenced the continuity of care for survivors of forced labor trafficking. Post-traumatic stress injury is highly prevalent among adult survivor of TIP. Survivors' ongoing physical abuse during trafficking increased the severity of post-traumatic stress injury on mental health outcomes. While

the current study did not explore the influence of mental health outcomes; neglecting survivors' post-trauma exposure had a detrimental effect on survivors' health.

The inferences of the study determined that the Federal guidelines describing the incidences of health outcomes of survivors of domestic forced labor trafficking in the United States misconstrue research findings. First, in the United States just under half of the estimated, reported, and suspected trafficking cases contributed to domestic forced labor trafficking. Next, the Federal Government, State Government and local government reporting requirements on the incidences of forced trafficking lack uniformity. Furthermore, proposed Federal statutes have yet to offer full protection for adult survivors of forced labor trafficking (Warren, 2012).

Current Federal guidelines focusing on anti-trafficking aftercare support reflect more on helping victims of forced sex trafficking (Hodge, 2014). Misguided Federal guidelines concerning the defined incidences and the definition of trafficking continue to plague the public, congressional constituents, and congressional staffers (Farrell et al., 2014). Undeniably confusing anti-trafficking legislation interpret how anti-trafficking support agencies understand aftercare for supporting adult survivors following trafficking.

Seminal findings have shown language, and cultural barriers denied survivors the opportunity of acquiring adequate medical treatment (Gozdziak, 2010). Survivors of the study from different cultural groups felt medical professionals should consider training for understanding cultural differences. Survivors also conveyed that an increase of

trafficking training decreases cultural barriers and feelings of mistrust among medical professionals and survivors of trafficking.

The inferences of the study suggest more empirical in-depth investigations would benefit the field of health psychology for understanding forced trafficking; especially for understanding domestic forced labor trafficking. The current study informed future research by bridging the gap of GRRs in helping survivors readjust after surviving trafficking.

In conclusion, the findings of this study contributed to the burgeoning experiences of survivors of forced labor trafficking as well as factors contributing to their physical health after surviving trafficking. Though trafficking knowledge is growing, further inquiry is needed to identify other conditions influencing survivors' health following trafficking. In doing so, increases knowledge in the medical field's and the survivors' understanding of their self-efficacy health beliefs following surviving trafficking.

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Appendix A: List of Acronyms

List of Acronyms

Title	Acronym
Commercial Sexual Exploitation of Children	CSEC
Department of Justice	DOJ
Department of State	DOS
Disability Adjusted Life Years	DALY
Domestic Minor Sex Trafficking	DMST
General Resistance Resource	GRR
Global Burden of Disease	GDB
House of Representatives	H.R.
Institutional Review Board	IRB
International Labor Organization	ILO
Justice for Victims Trafficking Act	JVTA
Library of Congress	LOC
Memorandum of Understanding	MOU
National Human Trafficking Hotline	NHTH
National Institutes of Health	NIH
Non-governmental Organization	NGO
Sense of Coherence	SOC
Trafficking-in-persons	TIP
Trafficking Victims Protection Act	TVPA
Trafficking Victims Protection Reauthorization Act	TVPRA
United Nations	UN
United Nations Office on Drugs and Crime	UNODC

Title	Acronym
Victims of Trafficking Protection Act	TVPA
World Bank Organization	WBO
World Health Organization	WHO
Years of Life Lost	YLL
Years Lived with Disability	YLD

Appendix B: Telephone Script

Greetings. I am Doctoral Student in Health Psychology at Walden University. I am currently conducting a thesis on survivors of forced labor trafficking-in-persons located in the Washington, D.C metropolitan area. I noticed your organizations mission statement and purpose aligns with the purpose of my current doctoral study.

After I receive IRB approval from Walden University I will contact other organizations who are active in shaping health care for survivors of human trafficking. The outcomes of the research may better inform the health care community on identifying additional health issues from labor trafficking. The information from the research study may also help health care professionals develop proper cultural informed care for survivor's long-term health.

If the organization has an interest in the study, I will post flyers and recruit, and, if applicable, would like access to a private conference room to interview previous clients of the organization. If the organization requires a Letter of Cooperation, I will email a draft Letter of Cooperation, for your signature and review, outlining the researchers and organizations responsibility.

Appendix C: Recruitment Flyer

SEEKING VOLUNTEERS

For a study on surviving forced labor trafficking



The researcher wants to interview survivors' and get to know your physical health needs after leaving your work

Do I Qualify?

Volunteers must:

- Be adults age 25 years and older.
- Left trafficking beyond 5 years.
- Speak English or have English as a second language.
- Be a survivor of forced farm labor, sex and labor, involuntary maid service, and work debt.

The information from sharing your story will help the healthcare community better understand survivors' physical health needs.

What do you get?

Participants that volunteer for the current study will receive a \$10.00 Amazon® gift.

Things you should know

- Participation is voluntary
- Interview face-to-face or by telephone for 1 ½ hours
- All your information is kept confidential
- I can meet you at a private



Appendix D: Labor Trafficking Demographics

Background Information

The following set of questions asks information about your background. Place a check mark next to the block that applies to your current situation.

Age: _____

Type of forced labor: Farming Sex and Labor Work bondage (debt)

Involuntary Domestic Servitude

Duration of trafficking: 0 to 5 years 5 to 10 years 10 or more years

Number of years survived post-trafficking: 5 to 10 years 10 or more years

English-speaking ability: English a first language English as a second language

The next set of questions asks information about your current health. Please honestly answer the questions to the best of your ability.

Q1: Has a health researcher ever contacted you before? If so, what was your experience

?

Q2: What is your preferred method of contact? Telephone, email?

Telephone email: _____

Appendix E: Researcher Developed Interview Guide

RQ1: How do survivors of TIP describe [socially construct] their post-trafficking lived experiences of forced labor trafficking?

1. Thinking back to your forced labor experience, how did you get the information you needed to leave your work situation?
2. Did you experience health issues during your forced work? Please tell me about those.
3. What were the strengths that pulled you through?
4. Did you have the freedom of movement to seek a health care provider?
5. How did you disclose your health issues, and to who?
6. Tell me about your health when you first left your forced work situation?
7. Who made the most difference in your recovery initially?

RQ2: How do survivors of forced labor TIP describe [socially construct] their physical health, post-trafficking experience?

1. How would you describe your physical health since leaving your work?
2. Did you have health issues because of the work experience? Please tell me about them.
3. What is your relationship like with your current health provider?
4. Have you shared your forced work experiences with a medical professional?
5. Regarding your overall health today, who or what programs have helped you make progress thus far since leaving your work situation?
6. What is one aspect of surviving trafficking that you have found meaningful?

Appendix F: Debriefing

Dear Survivor,

Thanks again for participating in the research study. The study focused on understanding survivors post-trafficking involvement stories and how they relate to health. The information you shared will help the healthcare community with a better understanding of survivors' long-term health care needs of labor trafficking. The information you shared with the doctoral student-researcher is confidential.

After the interview, you may have felt bad, or had feelings of shame. If so, talking with a professional mental health counselor about your feelings may help overcome negative emotions. The doctoral student-researcher and Walden University encourage you to seek support and assistance from a listing of local professional counselors provided during the interview.

For a summary of the study results, contact the student if you have questions about the current study. Thank you for your time!

Sincerely,