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Responding to Domestic Minors Sex Trafficking (DMST): Developing Principle-Based Practices

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ABSTRACT

Over the last decade, modern slavery has emerged as a major social-justice issue. Many new organizations in the United States have begun serving survivors of domestic minor sex trafficking (DMST), while others have expanded their services to include this vulnerable population in their mission. This qualitative study describes the principle-based practices that emerged from structured interviews with staff employed at five well-established organizations in the United States whose missions include providing direct services to DMST survivors. Thematic analysis identified five guiding principle-based practices for working with DMST survivors: nurture the humanity and dignity of clients; contextualize the needs of survivors within a broader social-justice framework; prioritize the immediate and practical needs of clients; support of the dynamic nature of survivors' healing; help identify and engage community and professional partners who are essential to the work of serving DMST survivors and ending sex trafficking. This research enhances the field's understanding of principle-based practice with DMST survivors and encourages those working with DMST survivors to critically consider the principles behind their practice. The findings are particularly important given complex vulnerabilities and needs, and the significant rise in the number of untrained organizations providing services to survivors.

KEYWORDS

Domestic minor sex trafficking; human trafficking; modern-day slavery; sex trafficking; trafficking in persons; Trafficking Victims Protection Act (TVPA)

Introduction

Modern slavery[1] is a major human-rights concern (Busch-Armendariz, Nsonwu, & Cook Heffron, 2011; Polaris Project, 2012). The U.S. Department of State's annual Trafficking in Persons (TIP) report cited estimates that as many as 27 million men, women, and children are globally trafficking victims at any given time (U.S. Department of State, 2013). In 2012, 46,570 victims of trafficking were identified

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[1]Slavery, modern slavery, trafficking in persons, and human trafficking are terms that are often used interchangeably. The Trafficking Victims Protection Act (TVPA) uses the term trafficking in persons.

worldwide; 7,705 individuals were prosecuted for human-trafficking crimes; and 4,746 criminals were convicted (U.S. Department of State, 2012). The U.S.-based National Human Trafficking Resource Center (NHTRC) has responded to more than 72,000 interactions in its first 5 years of operation, resulting in 9,298 unique reports of human trafficking (NHTRC, 2013). Sixty-four percent of those cases involved sex trafficking, 22% labor trafficking, nearly 3% involved both sex and labor trafficking, and 12% were unspecified (NHTRC, 2013). The Trafficking Victims Protection Act (TVPA) of 2000 defines sex trafficking as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act," and a commercial sex act as "any sex act on account of which anything of value is given to or received by a person" (U.S. State Department, 2000). Any minor under the age of 18 who is commercially sexually exploited is considered a victim of trafficking without having to meet the standard of force, fraud, or coercion (Busch-Armendariz, Nsonwu, & Cook Heffron, 2014; Busch-Armendariz, Nsonwu, Cook Heffron, & Mahapatra, 2012; Williamson & Prior, 2009). Although trafficking is often associated with the movement of victims across borders, it is not a requirement (Busch-Armendariz, Nsonwu, Cook Heffron, & Mahapatra, 2014). Sex trafficking is a particularly gendered crime; more than 85% of victims identified by the NHTRC (2013) were female, although survivors also identify as male and transgender.

Children are particularly vulnerable to exploitation. The NHTRC (2013) reports 29% of their potential trafficking cases involved at least one child victim. Of those, 74% involved pimp-controlled sex trafficking. Children are also exploited in pornography, escort services, and commercial-front and residential brothels. The International Labour Organization (ILO; 2013) reports that 1.5 million children are victims of trafficking worldwide, and the National Human Trafficking Hotline estimates that 200,000 American minors are at risk of being trafficked in the United States, the vast majority of whom are commercially sexually exploited and abused by adults. The prostitution of children is referred to either as domestic minor sex trafficking (DMST) or the commercial sexual exploitation of children (CSEC). This article uniformly adopts the acronym DMST to refer to children trafficked for sexual exploitation in the United States.

DMST survivors suffer significant impacts to their health and their psychological, social, and economic well-being (Busch-Armendariz et al., 2014; Flowers, 2001; Raymond & Hughes, 2001; Zimmerman et al., 2003). Specific consequences include long-lasting physical and psychological trauma, disease (including HIV/AIDS), drug addiction, unwanted pregnancy, malnutrition, social ostracism, and even death (U.S. State Department, 2013). The work carried out by a handful of dedicated organizations to mitigate these consequences are described in a small number of recent articles and reports (Boxill & Richardson, 2007; Busch-Armendariz et al., 2011; Clawson & Goldblatt Grace, 2007; Faulker, Mahapatra, Cook Heffron, Nsonwu, & Busch-Armendariz, 2013). Victims of human trafficking require short- and long-term services ranging from medical and psychological care to housing, vocational training, and legal assistance (Boxill & Richardson, 2007; Busch-Armendariz et al., 2014; Clawson & Goldblatt Grace, 2007; Faulkner et al., 2013; Hodge & Lietz, 2007).

Although a few specialized programs exist to respond to the needs of survivors of sex trafficking (Kalergis, 2009), comprehensive services across the United States remain limited in large part because of lack of awareness about the need (Hardy, Compton, & McPhatter, 2013) or misidentification of victims. A recent survey of 50 anti-trafficking organizations found a total of 1,644 shelter beds available to human-trafficking survivors, although 28 states reported no shelter specifically designated for human-trafficking survivors (Polaris Project, 2012). In response to an increased awareness and the gap in programming, services appear to be growing at a relatively rapid rate across the United States. The growing national interest in DMST is generally viewed as a positive shift to reconceptualizing these children and youth from delinquents and criminals to crime victims who deserve protection and specialized services. For example, the U.S. National Institute of Justice (NIJ) (2015) recently funded a priority area that included developing a researcher–practitioner model and the study of coalitions (NIJ, 2015). The criminal justice field clearly is taking the position that survivor voices are necessary to do competent work in this field.

In the United States, the demand for services has prompted both new and well-established organizations to launch or expand programs for DMST survivors at rapid rates. In some areas of the country, anecdotal evidence points to an upsurge of interest in providing direct services to DMST survivors and a proliferation of small-scale shelters by faith-based groups. According to one report, "all over North America faith-based organizations similar to Eagles Wing [a Christian ministry to women] are rising up" to address human trafficking (Cooper, 2010, p. 19). In the United States, government, social services, and communities have long relied on faith-based organizations to meet immediate and critical human needs (Mink, 2001). And yet, such direct service provision by nonprofessionals has called into question the readiness of well-meaning people to meet the complex needs of DMST survivors (Zimmerman, 2010, 2011). The lack of established evidence-based treatment models and programming standards for this population have implications across professional, nonprofessional, as well as secular and faith-based service-providing agencies.

While gaps in services and the demand for an effective coordinated response are on the rise, the development of best practices has not kept pace. The provision of services should be informed by principles, values, and ethics to mitigate the potential effects of disparate and conflicting service responses. The need for principle-based programming is even more important given the complex and unique vulnerabilities of DMST survivors. These complexities may include intersecting oppressions, poverty, childhood sexual abuse, family dysfunction, complex posttraumatic stress disorder (PTSD), substance abuse and addiction, trauma-bonded relationships between survivors and traffickers, and the involvement of law enforcement and the child welfare system. Therefore, responding to DMST and providing services to DMST survivors require a comprehensive and specialized array of services (Hardy et al., 2013), and those services need to be based in thoughtful, intentional, and shared principles that go beyond the impassioned motivation to "save" or "rescue" children.

The current study

This study seeks to respond to the need for principle-based program development. Its purpose is to add to the field's understanding of principle-based practice with this vulnerable population, to encourage those starting their work with DMST survivors, in particular, to consider the principles *behind* their practice, and to critically examine the principles *expressed by* their practice. The current study assesses the impact of the values and tenets that undergird the programs and services provided by organizations that have focused on DMST and have an established track record of successfully providing those services. Two research questions guided the study:

(1) What core principles underpin longstanding DMST programs?
(2) What practices reflect these core principles?

Given the exploratory nature of the research questions, researchers used qualitative processes to structure this empirical study.

Methods

Organizational selection criterion

We employed a purposive sampling strategy and three criteria to identify the five organizations that were invited to participate in the current research. After scanning the academic literature and Internet databases and interviewing program officers at federal funding agencies for DMST and staff at the National Human Trafficking Hotline, the research team settled on three inclusion criteria: (a) their organization's mission stated that programs included services to DMST survivors; (b) they had funding specifically to support programming for DMST survivors; and, (c) they had at least

Table 1. Participating Organizations.

	Organization A	Organization B	Organization C	Organization D	Organization E
Genders served	Male/Female	Female	Female	Female/Male/ Transgender	Female/Male/ Transgender
Client age range	11–17 years	12–24 years	12–18 years	13 and older	up to age 24
Referral	Voluntary	Voluntary & Court-Mandated	Voluntary	Voluntary & Court-Mandated	Voluntary
Survivor mentors on staff	No	Yes	Yes	Yes	No
Religious affiliation	No	No	No	No	No
Residential program	Yes	Yes	No	No	Yes
# of shelter beds	24	9–12	N/A	N/A	24

three consecutive years of funding to support their services for DMST survivors. These three criteria were established to account for the relatively young age of grassroots organizations that have appeared recently to serve DMST survivors. The research team targeted organizations with a record of sustained programming in this complex field and that could articulate the principles and values behind their approach to service delivery.

Based on this process and these inclusion criteria, the research team invited five organizations from different geographical locations in the United States to participate in the study. Table 1 provides additional organizational descriptive information. Participants representing their organizations held leadership positions and were, to varying degrees and at different times in their tenure, directly responsible for the day-to-day implementation of programs and service provision.

Data-collection procedures

Interviews were conducted with the participating organizations' leadership (program directors or executive directors) by telephone and email communication. A research team with direct practice and research experience in human trafficking and violence against women conducted the interviews in late 2012. A semi-structured protocol with open-ended questions guided the discussion around the organizational values, principles and tenets and prompted for examples of specific program descriptions and activities. The interview protocol was designed to capture the organizations' critical decision-making principles that shape service provision. Questions included the following: *What is the mission of your agency? What DMST-related programs and services are provided by your organization? What municipal, state, or national government funding do you receive and for how long? Are the services your agency provides regulated or accredited by an external entity? In your opinion, is there a need for specialized services for DMST victims, and why or why not? What do you consider to be the core values or principles that underpin your organization's work on DMST? How does your organization ensure that your programs are adhering to these principles? How do you define program success? What principles would you want to see included in the development of new DMST programming by organizations new to the field?* Telephone interviews were digitally recorded and later transcribed.

The University of Texas at Austin's Institutional Review Board reviewed and approved this study. Informed consent was obtained from all participants. This project was not funded and no individual or organization incentives were provided.

Data analysis and rigor

Researchers used qualitative thematic analysis to explore the data, which included transcriptions of digitally recorded interviews and e-mail correspondence with the participating organizations. A priori and inductive approaches were used to achieve the research goals where data-analysis processes were focused toward pre-existing categories related to the research questions and

simultaneously open to unanticipated themes that emerged from the interviews (Braun & Clarke, 2006; Ryan & Bernard, 2003). Interview notes and transcriptions were entered into a Qualitative Data Analysis Software, QDA Miner version 4 (Provalis Research, 2011), and analyzed using content and thematic analysis techniques. Guest, McQueen and Namey (2012) refers to the analytical process as "applied thematic analysis," where themes are identified from data in aggregated forms to find "solutions to real-world problems" (p. 17). One analyst coded the transcripts and brought themes to a core group of five research team members for in-depth discussion. Over the course of 4 months, the team met regularly to discuss similar and divergent viewpoints, the team's overall understanding of these data, and the themes emerging from the data analysis. Differences in opinion, at times, led individual researchers to request additional information from some or all of the organizations. Where appropriate, the research team directly quoted from meeting transcripts to strengthen the data analysis.

Findings

Through an iterative analysis process, five core principles emerged that guided these organizations' work with DMST survivors. These five core principles frame their programming and service provision and also give deeper meaning to the organizations' overall mission. Table 2 illustrates the five principles: (a)

Table 2. Core Principles and Associated Practice.

Nurture the humanity and dignity of clients
Afford all clients love, support, and a sense of belonging.
Cultivate a deep knowledge of clients and their lives. Respect and validate the unique experience of every client.
Recognize the potential future for every young person.
Withhold judgement of clients' past, current, and future choices.
Exercise special care in language used in every interaction with clients and in discussing the work with this population.
Systematically learn from clientele to deepen understanding of dynamic culture of sex trafficking.
Contextualize the work within a broader social-justice framework
Recognize that the problem is intrinsically about inequities in society—racism, sexism, classism—and the solution is about (radical) social change.
Reflect the genders, sexual identities, races, and backgrounds (lived experiences) of the clientele in the programming staff.
Invest time and resources to equip staff for quality programming, including a deep understanding of the intersections between race/class/gender.
Involve clients in the organization and/or programming.
Prioritize the immediate and practical needs of clients
Meet physical and immediate needs for safety, health care, personal hygiene, food, and shelter.
Provide crisis intervention to address immediate safety concerns of new or returning clients.
Meet mental health needs.
Meet legal needs.
Meet educational needs: school, GED, college placement, occupational skills.
Help create opportunities for clients' to pursue nonexploitative employment.
Provide financial support to contribute to monthly expenses, including rent, child care, and food.
Provide life-skills training that builds on inherent strengths of individual clients and clients as a group.
Support the dynamic nature of survivors' healing
Create supportive "therapeutic" environments that promote healing, recognizing that healing is not a linear process.
Ensure that all programming and services are trauma informed and that every service, informal or formal activity, and interaction supports an individual's healing.
Form partnerships and linkages across and between agencies and providers to create holistic wrap-around care for clients.
Create opportunities for clients to spend time and connect with others in structured and informal ways.
Offer individual mentoring to create meaningful one-on-one relationships with trained adults.
Establish a peer-mentoring program with trained and vetted peer counselors.*
Work with clients' families around reunification when appropriate and requested.
Engage partners as essential to the work
Proactively work with others to share what we know to learn and to systematically improve the quality of available services.
Provide training and support to service providers in providing services to DMST clientele.
Operate a hotline that other social-services agencies/law-enforcement officers can call when a DMST survivor is identified.

*Note that perceptions of the efficacy of peer counselors differed among the participating organizations.

nurture the humanity and dignity of clients; (b) contextualize the needs of DMST victims within a broader social-justice framework; (c) prioritize the immediate and practical needs of survivors; (d) support the dynamic nature of survivors' healing; and (e) recognize the essential importance of partnerships when serving the needs of DMST survivors and working to end human trafficking.

Principle 1: Nurture the humanity and dignity of clients

The participating organizations repeatedly highlighted the importance of recognizing the unique experience and potential inherent in every client and their fundamental need for love and support. This principle seemed tied to removing the layers of identities and labels often attributed to their clientele "victim, exploited child, sex worker, prostitute, addict, whore, runaway, lost cause, delinquent, criminal"—and about seeing individuals as unique persons with their own specific experiences and unique personality, strengths, and weaknesses. One provider stated, "all girls are valuable. All girls should be afforded love, support, and belonging to move from victim to survivor" (Organization C, personal communication, October 19, 2012). In a similar vein, another provider spoke to the importance of "not looking at this person as a victim, not shaming them, not dwelling on the fact they are a human trafficking survivor, [but instead focusing on] where do we go from here?" (Organization D, personal communication, October 12, 2012).

Almost all of the participating organizations spoke to the challenges they face in working with other service providers or decision makers in the community and the extent to which judgment, stigma, and discrimination are expressed through the language they use in referring to clients and/or discussing the problem of DMST. One person expressed, "I think there is a real disconnect between the lives of the young people being served and the understanding of the people doing the serving as to what their lives are like" (Organization B, personal communication, November 1, 2012). Another provider described the need to go directly to survivors as sources of expertise and information. She said, "these young people are the experts in their lives, and we are the experts in the resources. If they've survived this long, under such difficult circumstances, they have definitely developed expertise" (Organization E, personal communication, October 11, 2012).

As shown in Table 2, the organizations described approaches to service delivery and programming that reflect this principle, which suggests a framework for interacting with and learning from clients: afford all clients love, support, and a sense of belonging; cultivate a deep knowledge of clients and their lives; respect and validate the unique experience of each and every client; recognize the potential future for every young person; exercise special care in language used in every interaction with clients and in discussing our work with this population; withhold judgment of clients and their past, current, and future choices; and systematically learn from clientele to deepen understanding of the dynamic culture of sex trafficking.

Principle 2: Contextualize the work within a broader social-justice framework

Participating organizations spoke about how they situated their organizations and programming within a broader social change movement to end DMST. The participating organizations expressed this in a variety of ways, ranging from their understanding of sexual exploitation of minors being intrinsically connected to gender, class, race, and economic oppression to actively working to influence the systems and structures that allow the sexual exploitation and trafficking of minors to exist. One staff person expressed this as follows:

> I think the social justice orientation is sometimes missed [and] is definitely critical. One of the things we've seen and understood from the beginning is how systems impact the individuals we are serving. Any work with individuals also has to be about changing systems. (Organization B, personal communication, November 1, 2012)

In contrast, some of the participants described programming conducted by other organizations that is driven by fear—fear of survivors going back to "the life," fear of survivors being killed by their traffickers,

etc. This can lead to a "rescue" mentality that creates "savior-victims," restricts clients' movement and choices and seeks to control the survivors' environment, which was seen as contrary to promoting a social-justice approach to working with DMST survivors. One participant described this in the following way:

> This kind of rescue model doesn't leave a lot of room for "we need to address poverty." The things that keep commercial sexual exploitation and trafficking [alive].. . . Like we can just rescue them, stick them in a house and they'll be fine.

The "rescue" mentality, in combination with a lack of attention to class, promotes social discourse that does not reflect what providers see. One provider reported, "What people are seeing throughout the country is low-income kids. We can talk about it being anyone's kid, but it's not" (Organization B, personal communication, November 1, 2012).

Participants also described a social-justice framework as necessary in shedding light on under-counted and underserved communities. For example, another provider described her organization's attention to the lesbian, gay, bisexual, transgender, and queer (LGBTQ) population, citing that 45% of street youth identify as LGBTQ. She reiterated the importance of using a broader lens, particularly in addressing the needs of transwomen "because it's hard for them to find jobs, and they're often rejected by their family so they turn to the streets and to sex work to survive." This participant concluded her thought by saying, "pimped young women exist, but it's not the only story" (Organization E, personal communication, October 11, 2012).

For these participants, adhering to a social-justice framework was also linked to finding ways that programs could support the choices clients make and ways in which clients can be active participants in their own process and perhaps even contribute to the processes of others. The participating organizations that most clearly articulated this particular principle also spoke to the role of DMST survivors in shaping and leading programming and the movement to end DMST. One organizational leader indicated that "I care that you have good staff. That you believe in survivor leadership and how you think about race and class and gender. And that's the thing that's most valuable" (Organization B, personal communication, November 1, 2012). This sentiment was expressed by two of the organizations, albeit differently: One actively creates opportunities for survivors to use their voice in advocacy efforts, and another organization spoke strongly about the importance of striking a balance between the professional training of the staff (i.e., social work training and licensure) and the lived experience of the staff (i.e., having survived sex trafficking).

Examples of how the principle of social justice was expressed in practice included recognizing that the problem of DMST is intrinsically about inequities in society (racism, sexism, classism) and that the solution is about (radical) social change. Specifically, practice must reflect the genders, sexual identities, races, and lived experiences of the clientele in the programming staff. Organizations must invest time and resources to equip staff for quality programming, including a deep understanding of the intersections among race/class/gender, as well as involve clients in the organization and/or programming.

Principle 3: Prioritize meeting basic needs

Meeting the basic needs of survivors was expressed as a necessity by all of the organizations. The idea of basic needs included survivors' immediate physical safety, especially given the imminent danger many DMST survivors face in attempting to leave "the life." Shelter and housing are seen as a tremendous need, because many DMST survivors do not have a home to return to and providing a bed is fundamental to helping survivors begin to separate from their traffickers. Basic needs also include health care and personal hygiene, such as a safe and clean place to bathe.

However, the conceptualization of basic needs went beyond meeting the most immediate needs to also include education and the importance of creating opportunities for their clients to ultimately gain access to nonexploitative employment. Participants recognize that DMST survivors are caught up in a dynamic of economic dependency and exploitation. For example, one organization spoke about the importance of programs providing long-term shelter and an on-site school where students can earn their high-school diplomas, General Education Diplomas (GEDs), or be enrolled in college

or vocational programs. "Our values are whether you want us to buy your books and school supplies in 1 year or hold your hand in the hospital when you are dying of AIDS, we will be there" (Organization A, personal communication, October 29, 2012).

Examples of the principle of meeting basic needs included the following: meeting physical and immediate needs for safety, health care, personal hygiene, food, and shelter; providing crisis intervention to address immediate safety concerns of new or returning clients; meeting mental health and legal needs; meeting educational needs—school, GED, college placement, occupational skills; helping create opportunities for clients to pursue nonexploitative employment; operating a drop-in center for victims not in shelter to provide information and referrals for support services; providing financial support to help clients cover monthly expenses, including rent, daycare, and food; and providing life-skills training that builds on inherent strengths of clients.

The participating organizations offered a spectrum of perspectives on the necessity of providing residential (shelter) services. Some participants framed shelter as a fundamental need and without it, almost impossible for girls and young women to transition out of "the life." One provider stated that attention to the issue is important "but beds are better. There are too many people running around giving out misinformation, and there are still no beds for these kids" (Organization A, personal communication, October 29, 2012). Other participants spoke about shelter as part of the "rescue" response. While these participants recognized shelter was "good," they argued that the really important work can be done "outpatient." One participant stated that it is impossible for a single organization to ever fully meet the need in any given location. For example, one organization may have 5–30 beds, but serve anywhere from 50–300 clients on an annual basis. In addition, resources to fund specialized services for this population are limited and at least one participating organization indicated that they lost funding for their shelter services when they were unable to keep their beds filled on a continuous basis.

Principle 4: Support the dynamic nature of clients' healing

Fundamental to this work is an understanding that the process survivors undergo in leaving "the life" and healing from their experiences are not linear, often involve multiple attempts and is wholly unique to the individual. One organization's staff said, "Let people relapse. Change isn't enforced from outside; change from outside is not sustainable" (Organization B, personal communication, November 1, 2012). This emerged as a principle, since this understanding has tremendous implications for how programming is conceptualized and implemented. For instance, this principle generates understanding, patience, and support for survivors who return to "the life" and how they will be accepted back without judgment when they choose to leave again. The underlying values of accepting survivors' unique and dynamic processes seem to value client's self-determination and recognize that survivors are the experts on their own lives. Another provider described maintaining structure while keeping access to services open:

> Look, we kick girls out of our house. I hate doing it. You know it comes after multiple warnings and conversations. But there are still lots of times when someone isn't quite in that place. And… you do have to have rules and structures. So the next day after they are kicked out, they will be back at the office—getting food, getting support. We let people come back. For a lot of the girls who did well, it didn't happen until the third or fourth time they came to us. If you are kicked out, you still have group, you still have staff, you still have all these people you can spend time with. You can come take a shower. (Organization B, personal communication, November 1, 2012)

Participants described the importance of developing service plans based on client's unique experiences and needs. One participant stated, "In our work with youth, we recognize that they come from a wide variety of circumstances. They are not all the same. There is not a cookie cutter approach" (Organization D, personal communication, October 12, 2012). Another aimed to approach services from a place of "knowing there is no script, that people are individuals" (Organization B, personal communication, November 1). One provider drew from both her personal and programming experience, in recognizing that this individualized approach can influence, for example, the timing of

initiating therapy. She shared the notion that we should challenge "the idea that therapy needs to be the first thing. . .. It has to be about not taking away their therapy, but therapy doesn't always have to be formalized" (Organization B, personal communication, November 1, 2012).

Examples of how this principle was expressed in programming included the following: create supportive "therapeutic'" environments that promote healing and recognize that healing is not a linear process; ensure that all programming and services are trauma-informed and that every service, informal or formal activity and interaction supports an individual's healing; form partnerships and linkages across and among agencies and providers to create holistic wrap-around care for clients; create opportunities for clients to spend time and connect with others in structured and informal ways; offer individual mentoring to create meaningful one-on-one relationships with trained adults; and work with clients' families around reunification when appropriate and requested. At least two of the participating organizations spoke about establishing peer-mentoring programs with trained and vetted peer counselors; however, this model was contested by other organizations.

Providers expressed different perspectives and practices regarding the role of survivors in providing peer support and actively joining the movement to end DMST. Some organizations systematically create opportunities for former or "graduated" clients to get involved in working with their peers and DMST advocacy. One organization spoke about the importance of striking the right balance of having professionals (survivors or nonsurvivors) and laypersons (survivors) on staff to provide services and to run programs. Other organizations categorically do not ascribe to the peer-support model and teach their clients to situate their trafficking experiences squarely in the past. The organizations that do promote opportunities for survivors to become active in the movement to end DMST and/or to join staff seemed to indicate that these opportunities were important to the individual's healing, the healing process of other survivors, and instrumental to ensuring survivors' voices are actively shaping and leading the movement to end DMST.

Principle 5: Engage partners as essential to the work

Some DMST service providers felt protective of their clientele, given the extent to which survivors are stigmatized by the public and other social service providers, and the difficulty their clients have trusting people in general. One organization developed a "one-stop shop" approach:

> Many people come through the door with a huge mistrust of the system and social services. If you give a youth a referral and send them out, it'll usually never get used. So we structure services so that everything is under one roof—medical services, psychiatric services, legal services, accessing SSI [Supplemental Security Income] and food stamps and such. (Organization E, personal communication, October 11, 2012)

Others spoke about the importance of partnering with organizations to be effective, providing holistic "wrap-around" services. For these services providers, partnerships increase survivors' access to services and necessitate educating others about the presence and needs of this population. They could not assume that other service providers shared similar principles and commitments to serving this population, or that they were equally invested in developing intraorganizational relationships and collaborations. Partnerships were seen by these participants as essential to the collective mission to end sex trafficking of domestic minors in recognition that their organizations could not purport to meet the complex needs their clients present in their entirety. One organization described actively reaching out to sister service providers by means of calling them, meeting with them in person, and making presentations to other agencies.

Examples of how the principle of partnerships was expressed in programming included the following: proactive work with others to share what we know and to learn and systematically improve the quality of available services; provide training and support to other agencies that provide services to DMST clientele; and operate a hotline that other social services providers and law-enforcement officers can call when a DMST survivor is identified.

Discussion

This exploratory study supports the importance of defining principle-based practices and outlining emergent organizational practices when working in the DMST field. Rather than prescribing principles and guidelines, this article highlights the importance of making explicit, and critically examining, the values and principles that shape organizations' programming. Drawing from the wisdom of organizations with many years of service-provision experience with this population has advantages for emerging organizations, particularly because it is often confusing and discouraging to inexperienced staff, for example, when survivors return to "the life," a common occurrence in this field. Principle-based practices recognize power and control imbalances that occur between a survivor of DMST and one's trafficker and illustrate leaving as a *process* for survivors, even when a survivor makes choices, such as returning to an unsafe environment (Hodge & Lietz, 2007). Furthermore, a focus on principle-based programming may reveal power and control dynamics at play between organizations and their clients. These dynamics may ultimately require organizations to examine the ways in which their programming may support self-determination or, conversely, may mirror clients' relationships with their traffickers and/or larger structures of social inequality and injustice.

The inclusion of formerly trafficked survivors as mentors and organizational leaders emerged as a controversial issue. The subject of peer mentoring was a contentious issue with some organizations inviting formerly trafficked survivors to serve as mentors, peer counselors, and leaders within the organizations, while others disavowed such practices. A case study of one residential treatment program for sexually exploited adolescent girls reported:

> [F]rom our experience, a combination of contact with staff such as clinicians, administrators, and a milieu of counselors who are nurturing but maintain professional boundaries, with survivor mentors who share their own personal stories, has been an effective way to both engage youth in treatment and provide necessary continuing support after graduation. (Thomson, Hirshberg, Corbett, Valila, & Howley, 2011, p. 2295)

This debate might also expand to include the appropriate role and training for nondegreed, religiously affiliated staff that are increasingly working in the field.

Interestingly, similar debates also emerged within grassroots organizations serving sexual-assault and domestic-violence survivors during the second wave of the women's movement. In the context of domestic-violence services, the trend over time seems to have moved from survivor lay-staff working in the field to an increasingly professionalized staff that may or may not include survivors (Wies, 2008). Over time, we might see a similar trend toward professionalization of services for DMST survivors. Regardless, this points to conversations that must continue to explore the careful navigation and balance of the benefits of drawing from professionals' training, skills, and formal ethical commitments with the potential pitfalls of overprofessionalization.

A second unresolved issue emerged related to the need for, and focus on, residential shelter beds ("bed-focused services") versus the effectiveness of community-based services. A review of the literature and findings from this study indicate that providing safe shelter and meeting basic needs is essential to transitioning out of exploitative relationships and to allow for the healing process from multiple traumas and addictions (Busch-Armendariz et al., 2014; Clawson & Goldblatt Grace, 2007). However, shelter services are resource intensive compared to nonresidential programs and require well-trained staff to operate competently and safely. The Polaris Project's first survey (2012) of shelter beds available specifically for human-trafficking survivors is a helpful start for accessing the need for additional shelters. The extent to which nonresidential interventions are successful and cost effective vis-à-vis residential programs would be of tremendous value to the field's emerging knowledge base. This vital programmatic consideration becomes that much more important given what seems to be a trend in a proliferation of individuals organizing and fundraising to establish shelter, or "bed-focused," services for survivors.

In the process of careful and critical reflection of the principles undergirding practice and programming, organizations may find guidance related to staffing considerations and program elements. That is, better understanding the values inherent within the organization can inform

how organizations think about the incorporation of survivor leadership, lay-peer mentorship, and licensed, professional staff. Organizations may also use principle-based programming to assist in decision making around the development of residential, "bed-focused" services versus community-based programming. Perhaps most importantly, these reflections and conversations may lead organizations to carefully consider the ways that power and control dynamics may be operating negatively within the organization and between staff and those who receive services.

Discussions around principle-based practice must also inform discussions of and expectations for survivor outcomes. The research on client outcomes for this population is at a nascent stage and virtually nonexistent in peer-reviewed literature (Thomson et al., 2011). In fact, the question of client and program outcomes is a much-needed discussion among practitioners. Practitioners may tend to see outcomes as client-specific, client-defined, and wholly based on individual treatment goals. Practitioners may define program success as any positive step forward a client makes, no matter how small (Busch-Armendariz et al., 2012). The operationalization of client outcomes may range from establishing a sense of safety for self and others to working through trauma and to becoming self-sufficient (Clawson et al., 2009). Assisting the DMST practitioner community to come together to discuss guidelines for overarching program and client outcomes, in concert with organizations' principles and values, would be a significant contribution to the much-needed discussion around standards and quality of services.

Limitations

The limitations of this study are important to note. Although methodological decisions were based on the study aim to gain from the wisdom of well-established organizations, our criteria did not include an exhaustive range of organizations currently working with DMST survivors. In addition, the findings do not necessarily reflect consensus among these organizations, the procedures of all organizations, or evidence-based best practice, per se. Participant organizations may have used different terms or language to describe similar ideas, principles, and practices. Moreover, practices are in a state of rapid evolution, given that DMST programming is a relatively new field with an emerging evidence base. Finally, it is important to note that the organizations that participated in this study were developed primarily for girls. Children exploited by sex trafficking identify across the broad gender spectrum, and at least one of the participating organizations also served boys and gender nonconforming clients.

Conclusion

This research adds to the growing literature on DMST survivors by drawing from the expertise and principle-based practices of longstanding organizations. The findings are particularly useful for practitioners and organizations beginning their work in this field, as well as those who may not yet have engaged in intentional conversations about the underlying principles of their programming. These principles may not appear to differ dramatically from other forms of social service delivery. However, the main contribution of this study is the identification and sharing of principle-based practice voiced by organizations with established track records in responding to DMST. This form of guidance is particularly important given the complex vulnerabilities of DMST survivors and the increasing numbers of laypersons new to providing social services. Assisting the DMST practitioner community to develop guidelines for organizational practices, and program and client outcomes, would fuel much-needed discussion around quality and coordination of services.

DMST survivors are among the most vulnerable populations for which social service providers, policy makers, donors, and researchers are responsible. The current lack of evidence of program effectiveness risks funneling limited resources into programs that are ineffective or, at worst, harmful. The proliferation of state agencies and private organizations interested in serving this population requires the establishment of standards and empirical examples of what works and what

does not work to assist survivors in their recovery and healing. Next steps beyond these discussions compel researchers and practitioners in this field to conduct rigorous program evaluation and to continue to move toward the use of evidence-informed or supported practice. Cole and Sprang (2015) conclude that "community-based service provision that allows clinicians and staff flexibility in where they provide services may facilitate the intense and lengthy treatment that many youth require. More research is needed to assess communities' capacities to develop appropriate services and to evaluate these interventions" (p. 121). Attentive organizational self-reflection ultimately informs the development and evaluation of programs, with the end goal of improved services to survivors.

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