




Research

A Qualitative Multiple Case Study Analysis: The Elopement Process from Domestic Minor Sex Trafficking (DMST)

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Abstract

Domestic Minor Sex Trafficking (DMST) is the fastest growing crime globally. Vulnerable adolescents are primary targets of sex traffickers. DMST delays adolescent development following their treatment during and environmental conditions while in *The Life*. This qualitative study reveals elopement decisions are fraught with *barriers to elope* and *seeking safety*. The research uncovered a non-linear process that affects their development, that is described in the conceptual models: *The War MAZE*© and *Conquering the War MAZE*©. These new insights help healthcare providers identify *readiness to elope* and *elopement victory* by recognizing the adolescent's barriers to elopement. The results explain DMST elopement from a developmental perspective by analyzing qualitative data from survivor voices, which supports gender equity and empowerment of women. The findings inform healthcare providers in planning inclusive trauma-informed care approaches and unbiased research designed to safeguard DMST survivors during their recovery processes.

Keywords: domestic minor sex trafficking (DMST), elopement, adolescent development, MAZE, non-linear, qualitative, survivor of DMST, lived experience of DMST

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Human trafficking (HT) is the fastest growing crime in the world, and behind drugs, is the second-leading illegal enterprise globally, affecting more than 12.3 million people worldwide (Anthony et al., 2017; Chohaney, 2016). In 2000, a wide range of public health practitioners and researchers globally met to understand HT and thus, how to prevent it. The resulting legislation describes HT as a form of modern-day slavery that involves the “recruitment, transportation, transfer, harboring, or receipt of individuals” (Trafficking Victims Protection Act, 2000) by using ploys for recruitment, supported by forced behaviors and manipulation. Traffickers control the entire person and their activities for the purposes of exploitation (Fedina et al., 2019), typically for financial gain. Prevalence of human trafficking is unknown; therefore, research designs and methodologies are inadequate and difficult to measure. The result is inconsistent findings among researchers. Even so, research results over time resulted in improved understanding about HT (Roe-Sepowitz et al., 2015).

The sexual exploitation of children in the United States (US) remains a public health concern encouraged by fraud, force, or coercive enticement to engage in commercial sexual practices (Tidball et al., 2016), known as domestic minor sex trafficking (DMST) (Goldberg et al., 2017). In prosecution involving DMST in the US, legislation excludes *proof* of fraud, force, or coercion in minor children (Clawson, 2009). As such, healthcare providers in contact with minors in health care, need only report the minor as a child abuse victim to engage child protective services and law enforcement who remove the adolescent from the environment. Therefore, healthcare provider involvement and intervention on behalf of the adolescent victim of DMST is of highest importance.

Literature Review

Labor and sex trafficking are the two primary types of human trafficking. Surveys identify over 25 trafficking typologies (Anthony et al., 2017), and DMST is one type of sex trafficking. Nonetheless, a literature review requires full understanding about all types of human trafficking to inform and focus on the experience of DMST. When a minor, DMST is transactional sex. Transactional sex comprises all forms of sexual acts and exposures that involve the reception or giving of valuables to any participating person. With adolescents, transactional sex occurs in the form of pornography, prostitution, live-sex shows, massage parlors, stripping, military prostitution, mail-order brides, and sex-tourism, among others. As a minor, participation is *survival sex*, defined as transactional commercial sex practices that are meeting the personal survival needs of the child. As such, the minor is a casualty of felonious exploitation in exchange for payment in the form of shelter, food, money, or any other valuable commodity, such as drugs (Choi, 2015; Nichols & Heil, 2015).

Theory shapes thinking about research, which helps define concepts, guides research questions, and directs data analysis. Often borrowed from other disciplines, theoretical foundations inform nursing research and practice, offering a unique perspective about phenomena of interest. US anti-trafficking groups acknowledge human trafficking is a human rights violation, and they associate the act with slavery, exploitation, and violence. Therefore, escape from the trafficking environment is an area of interest. The challenge is that no single theory offers a

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comprehensive view about DMST elopement. Elder's life course theory (Elder, 1994) and Biderman's theory of coercion (Biderman, 1957) are two Human Based Right Approach (HBRA) perspectives informing DMST elopement research, summarized in Table 1.

Table 1

Theoretical Guiding Frameworks Guiding Research

Theory	Tenets	Principles
Elder's Life Course Theory	Events do not occur in isolation, but rather that experiences in one situation and at one time influence an individual's environment and affect later experiences in multiple contexts	<i>Social relationships</i> (human lives in social relationships with relatives and friends throughout life) <i>Historical effects</i> (an environmental consequence where social change affects an individual's successive life patterns) <i>Social timing</i> (the incidence, duration, sequence of roles, relevant expectations, and beliefs based on age).
Biderman's Theory of Coercion	Provides a framework with methods, effects or purposes, and variants of actions to maintain control of victims.	<i>Isolation</i> deprives victims of all social support. <i>Monopolization of perception</i> fixes victims' attention on immediate predicament. <i>Induced debility and exhaustion</i> weaken mental and physical ability to resist. <i>Threats</i> cultivates anxiety and despair. <i>Occasional indulgences</i> provide positive motivation for compliance. <i>Demonstrating omnipotence</i> suggest the pointlessness of resistance. <i>Degradation</i> makes the cost of resistance more damaging to self-esteem than is to surrender. <i>Imposing trivial demands</i> develop habits of compliance.

Researchers generally lack access to persons with the DMST experience and consequently, the research saturation reflects areas that answer: *What is victimization? Who is a victim? How is a victim made? and Where are the locations of victimization?* The dearth of research findings related to adolescent growth and development during DMST are important constructs to understand. Of note, is that they co-occur with development of the brain, and predict adolescent developmental milestones. Neuroplasticity explains a brain's ability to change, which begins at birth, continues through puberty, and throughout one's life, slowing in older ages. The interruption of blood flow to the brain is trauma, resulting in brain changes and function (Evans, 2020; Hopper, 2017; Hossain et al., 2010). Depending on the level of violence and type of violence experienced, high levels of physical head and neck trauma (strangulation or blows to the head), or coercive emotional manipulation produce hormonally driven oxidative stress, which results in neurochemical changes. The hormones create hypoxic and-or anoxic environments, where the degree of injury and eventual functional abilities are variable (Hopper, 2017), and without oxygen, the structures of the brain shrink and die. Irrespective, oxidative stress on the brain (e.g., frontal, parietal, and temporal cortices) affect cognitive growth, memory, and emotional perceptions. Combined continuous physical and emotional stress creates dysregulation (McEwen, 2004; Selye, 1998), and subsequently, increases injury and delay to normal development. Often studied is a stressful environment and the significant impact on mental health (Fuhrmann et al., 2015; Levine & Schumacher, 2017) and adverse psychological outcomes (Basson, 2012; Estes, 2001; Kotrla, 2010). However, as choices for survival increase, the behavioral choices seen in healthcare circles receive maladaptive labels. In reality, the behaviors are a *normal response to abnormal events* and related to primal survival. Advocacy literature

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promotes the notion that a person is “whole,” and therefore the traumatic experience affects all part of a person (Clawson & Grace, 2007; Williamson, 2010). Nursing literature is reporting adverse outcomes from the developmental stages, and personal view about bio-psycho-social-spiritual self, encouraging reflection about the lived experience and the influence on personal decisions and current health status. Still, the formative understanding about repetitive coercive trauma on growth and development is not well understood or researched.

Knowledge about adolescence informs the analysis of DMST experiences and decisions by exploring the developmental stages and milestone activities such as critical thinking, identity development, peer identification and emotional separation from parents during early (Allen & Waterman, 2020; Christie & Viner, 2005; Dinizulu et al., 2014; McIntosh & Phillips, 2011). As such, the traffickers use a myriad coercive and deceptive practices that produce a primal fear in the adolescent (Sanchez et al., 2019). Children and adolescents are neither psychologically nor emotionally equipped to respond to repeated and prolonged experiences of repetitive and coercive traumas, which creates a multiplicity and complexity of outcomes during captivity experiences, called complex trauma (Hardy et al., 2013; Author et al., 2019). The previous research about DMST elopement experience is linear (Baker et al., 2010; Evans, 2020; Gonzalez et al., 2019; Hammond, 2014), and researchers’ discussions acknowledge adolescent naiveté, but the stages of adolescent growth and development are excluded from consideration. The absence of exploration considering stages of adolescent growth and development was one basis for this study, which sought to analyze survivors’ reflections about the elopement process from DMST during their adolescence.

Method

The purpose of the study is to qualitatively analyze survivor statements, seeking emerging themes associated with the elopement process. Case study methodology design explores the experiences of adult survivors of sex trafficking during adolescence. Case study methodology focuses on occurrences, activities, or other precise events as a mean of comprehending a phenomenon through the individuals’ lived experiences (Yin, 2018). As a research method, an exploratory multiple case study provided a way to understand, compare, and identify concepts within and across survivors’ experiences with the elopement process from trafficking. The multiple cases studies research design promotes data collection through a voluntary semi-structured interview, elicited text and participant observation, allowing for the development of a conceptual framework guided by the case similarities and differences. The measurement for validity used four strategies for trustworthiness see Table 2.

The *research assumptions* include (1) there are identifiable themes unique to the trafficked population of *never-served* vulnerable persons (Speck et al., 2008) and discovery leads to future interventions facilitating and studying the elopement process, specifically during intersection with health care providers, law enforcement officials, and social advocates; (2) there is an individual’s identity, social status, or circumstances of DMST have no bearing on their right to liberty and safety from DMST, or avoidance of exploitation and trauma; and (3) there is an expected moral obligation in nursing to protect the human rights of vulnerable *never-served* populations, including DMST population. As such, the *ethical considerations* included a full review for human subject protection, obtained from a university’s Institutional Review Board #Pro2019000128. The 10-month study of semi-structured interviews resulted in data for analysis. Excerpts from journal writings, drawn pictures, podcast, and magazine article provided comparison with interview data. Transcription of the interviews allowed the researcher to listen and create field notes, verifying

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interview transcriptions, uploading to *NVivo12* for qualitative analysis. Data defined any replicative relationships within the case studies, and similarities and differences through a cross-case analysis. Coding identified over-arching themes and sub-themes, allowing all plausible elopement process interpretations. The inclusion criteria was (1) 18 years or older, (2) able to read and speak English, (3) willingness to talk about trafficking experience, (4) at least two years out of trafficking, (5) provide contact information of therapist or counselor and/or post-exit or post-elopement (used interchangeably), or counseling program, (6) access to a computer or a smartphone, and (7) trafficked in New Jersey, New York, or Pennsylvania during their adolescent years.

Results

The multiple case study included an adequate sample of four female participants. They ranged in age from 34 to 52 years (Mean = 42.5 years). Seventy-five percent of participants identified themselves as White and 25% identified themselves as mixed. The age of entry to trafficking ranged from 12 to 17 years (Mean = 15.4 years). Educational level *at entry into trafficking* was 75% High School, and 25% 6th grade. Recruitment method was 50% ploy¹ with runaway and waiting boyfriend (ploy-john²), 25% modeling ad (ploy-john), and 25% music-industry-entourage (ploy-john). Trafficking location included 50% (PA), 25% (NJ), and 25% (NJ and NY). The elopement location included 25% (PA), 25% (OH), 25% (HI), and 25% (FL). Elopement age ranged from 18 to 44 years (Mean = 30.8 years). Elopement educational level was 50% (some college), 50% (High School dropout). Counseling relationship in years ranged from 6 months to 8 years (Mean = 3.4 years). Education level *at the time of interview* was 50% Associate Degrees, 25% some college, and 25% High School diploma. Sex trafficking in years ranged from 1 to 32 years (Mean = 15.4 years).

Major Theme: Out of The War

Life is a myriad of conflicts, not a detached domain from the rest of society. Often, war is an inevitable human experience, full of the best and worst of human nature. During war, one cannot effectively fight unless the person identifies the enemies, occurring only through careful awareness of the signs and patterns that reveal hostility (Greene, 2007). Wars are not won by just declaring it won, but rather with strategic course decisions and refined maneuvers, revealed by all participants. The major theme was Out of the War. The term *Out of the War* explained mastery of the DMST circumstance and formation of elopement plans. The participants talked about developing and testing their elopement strategy through practice, until mastering the war milieu. Taking steps toward elopement is a process. Confidence improves and talent in mastery of the environment increases, providing internal peace and innovations in winning strategies while still in *the Life*³...but, also for life after DMST. As explained uniquely by each of the participants, to win equals elopement, and *Out of the War*. One spoke about how it took years to finally exit *the Life, Out of the War*. She said,

¹ Definition: showing skill in achieving one's ends by deceit or evasion in a plan or action designed to turn a situation to one's own advantage, and in this case the business of DMST Dictionary, C. (2020). *Cambridge Dictionary*.

<https://dictionary.cambridge.org/us/dictionary/english/ploy>

² *Ploy-john* is the trafficker.

³ *The Life* is the verbatim language used by participants in the study when summarizing their lived experience while in DMST.

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I was thinking about it for many years... every time I got arrested, I thought about it. But did I have a real way out? Not really.... just kept going back to the person I was living with [who trafficked me]...it was like ...to be “out of the war”

Related Theme: The War

The cyclic re-immersion informed the related theme, *The War*, which was a coercive and contrived category of barriers, created by the traffickers. *The War* is the participant description about the DMST lived experience. Several participants explained that eloping from *the War* was a test in survival. Their lament was some survive, and others perish. Predictably, they express developmental understanding and growth during their lived journey through DMST.

Sub-Theme 1: Barriers to Elopement. The interviewees identified three integrated and distinctive barriers to elopement, identified as sub-categories – *individual, interpersonal, and professional silos*. The sub-categories have cross-barrier impact, regardless of the individual’s strengths. The sub-categories, individual, interpersonal, and/or professional silos were enough to create barriers on their own or, when interconnected, influence the participants’ journey, and prevent elopement until mastery over all barriers, now no longer influential. The description of the individual elopement barrier is in the specific sub-categories, that identified unique themes in Table 3. The interpersonal barrier was described by the following sub-categories in Table 4.

The last sub-category, professional silos is explained by the following themes in Table 5.

Sub-Theme 2: Seeking Safety. An influential Theme for elopement was safety. The adolescent frequently sought a safe rescuer, and if that person is an abuser [trafficker], the victimization cycle from childhood into adolescence continues. To fully comprehend the sub-theme seeking safety, the participants re-counted their lived experience from their childhood, using the concepts of adolescence (e.g., the *developmental age*). OG describes the challenge of adolescence, which is a testing oneself without purpose, by saying, “I felt like an empty page, and I was just letting someone tell me who to be and what to be.” Mel expressed the vulnerability of the developmental age and lack of knowledge and experience. She said, “I didn’t know who, at that age... I didn’t know who to ask for help...I didn’t know how to ask for help...I was not able to put into words, what was happening!”

The participants identified *adolescent victim needs* to assist in the DMST elopement process using interview questions to discuss exiting needs. The researcher asked, “if you could change that? or what sort of things they [professional] could have said to you? To prompt you to get help or ask for help.” Based on their perspective, participants identified essential sub-categories necessary for the elopement process by looking back at their adolescent DMST experience. They reported (1) positive support e.g., “listen,” (Lisa), “no judgement” (OG), “ask” (A3); (2) follow-up e.g., “don’t give up” (OG), “being aware of the situation (A3); (3) understand the why e.g., “her experience is the only experience, and I am not like you” (A3); “hard to understand” (Mel).

Related Theme 2: Conquering the War

The second related theme is *Conquering the War*, explains the participants’ thought processes during their adolescent years while desiring elopement from DMST. The theme *Conquering the War* provides an opportunity to use the participants’ voices to explain DMST elopement as a complex developmental process. The analysis reveals the process is not associated with a behavioral change but is associated with developmental understandings about their situation and improving reflection about their skill development with each experience toward the

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elopement process. Two sub-themes emerged from the data – *readiness to elope and elopement victory*. The related theme *Conquering the War* is in Figure 2.

Sub-Theme 1: Readiness to Elope. The participants reveal frequent revisiting their situation and thinking about their desires to elope. The participants voiced an awareness process that included thinking about an escape plan and identifying their personal barriers to elopement. The absence of an early strategy to elope or safe resources necessary for success was a significant barrier to the process of elopement. All participants describe a gradual or sudden awareness about their DMST situation, with countless thoughtful plans to elope, reporting 15-100 plans; still, they remained, without individual action [e.g., no strategy or method] or knowledge or awareness of external safe resources. Accordingly, developmental awareness that occurs with age, knowledge, and experience informed all participants' readiness to elope. *Readiness to elope* included the sub-categories, themes, and dimensions noted in Table 6.

Sub-Theme 2: Elopement Victory. Described by participants as a final transition out of *the Life*. The overlapping sub-categories of the elopement victory included themes in the individual, interpersonal, and survivor needs for transition from the DMST environment to a life without DMST. *Individual* sub-category, themes, and dimension are described in Table 7.

The interpersonal victory sub-category included a positive support Theme (a therapist or other encouraging relationship), where the integration of interpersonal environments among the participants was a path toward their goal of permanent elopement and success.

“I since been marry [*sic] to a man [touches her head and small smile] who doesn't hold my past against me, which was always what has happened before.... [Later she describes] I feel I am in shock... sometimes it feels very unreal ...that actually... I am not a sex worker anymore that... ummm [*sic] ...it is very empowering but is really the help of all people, people like you!” (OG)

The *survivor needs* are verbatim in participant narratives about the sub-category, themes, and dimension in Table 8.

Discussion

This study reveals and reinforces the notion of the DMST elopement process as non-linear developmental progression. The study also exposed a labyrinth of environments and barriers where constructs frame understanding about the complex traumatic experiences of DMST victims during adolescence. Understanding the findings from this study facilitates strategies to promote and safeguard permanent elopement from DMST. These barriers to the adolescent's traumatic life-journey, whether intrinsic and or extrinsic, discovers a damaging vicious cycle that impedes internal and external strategies and opportunities for DMST elopement. The study uses growth and development to project a new understanding about adolescent's immature life experiences and the developmental contributions to their weakened awareness of opportunities to elope. The stages of adolescent growth and development further reveal different sub-categories of barriers. Early adolescence naiveté heightens fears of unknown negative outcomes for self, and as such, they experience primal responses while in *the Life*. This study informs researchers that as age and experience increase during their time in *the Life*, their skills improve in testing strategies, and increase awareness of personal options. Awareness about their safety in *the Life* diminished their options. Adolescent immaturity without interpersonal and interprofessional support exposes them to dangers, e.g., physical (potential death) and mental health (self-identity), and in this study, identifies numerous barriers experienced by participants undermining *each attempt* to elope. As

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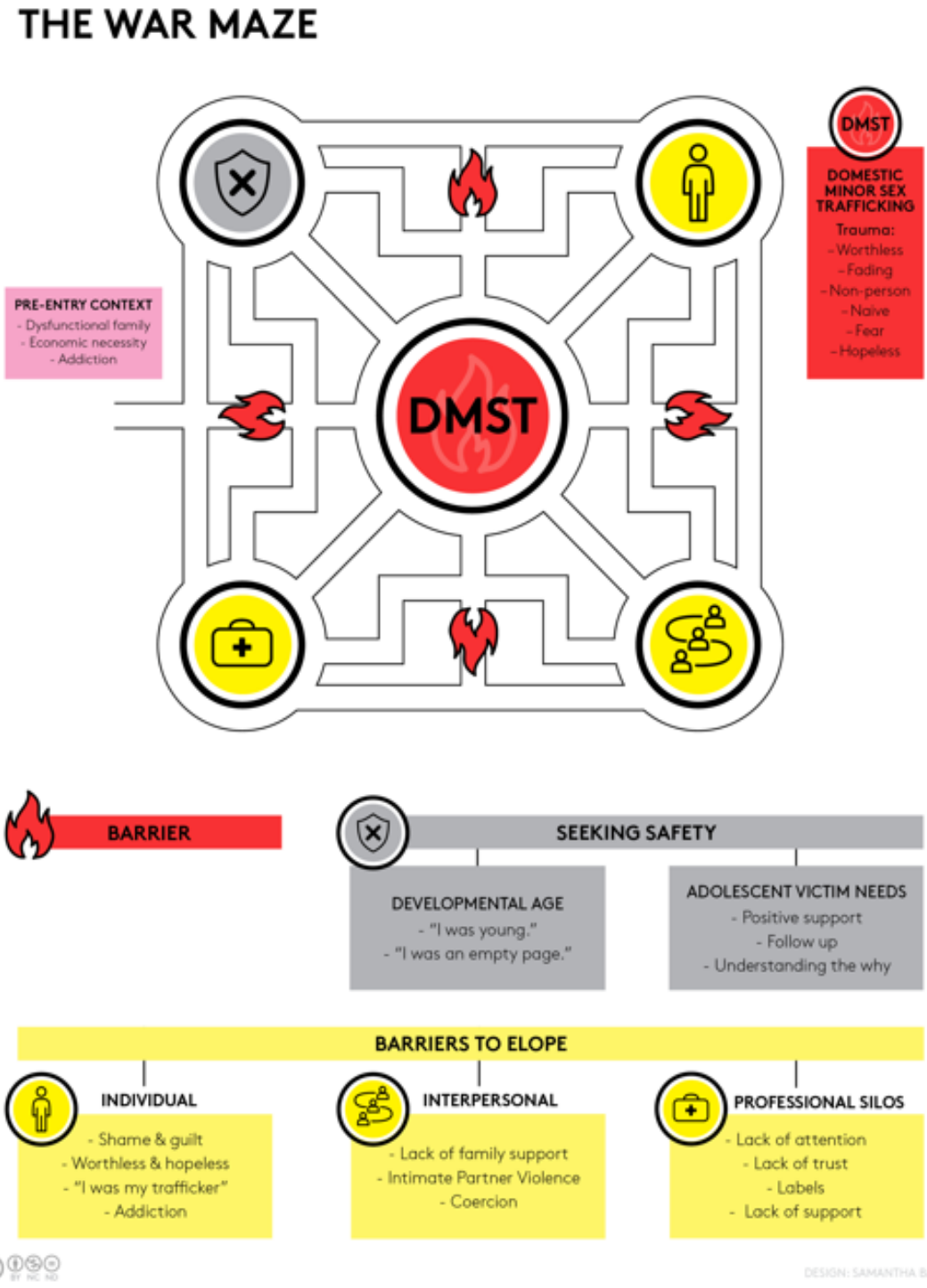
participants matured developmentally, the study demonstrated that increasing experience in *the Life* weakened the barriers, providing more options for elopement, eventually making elopement possible with *individual, interpersonal* (supportive relationships), and *survivor needs* support.

In addition, the narratives from the study inform that no two eloping journeys are the same. The difference among individuals uniquely impacts their recovery. Use of the theoretical framework of *Life Course Theory* (Elder, 1994) supports the findings by qualifying the participants life journey as complex with each contributing experience influencing their next experience. Also supporting the findings is the *Theory of Coercion* (Biderman, 1957), which addresses the abusive coercive events in *the Life*, explaining their fears with each attempt. Both theories explain the DMST victim life's journey, supporting the notion that events do not occur in isolation but are cumulative, influencing future choices and reactions to the situations in the lived experiences. This study promotes an explanation about life choices while in *the Life*, their choices' purpose and impact, and the traffickers' reactions to the inevitable growth and development of the adolescent in DMST. The study informs that traffickers' reactions increase levels of violence, using corrective violent behavior modification, specifically to maintain control, and explainable with psychological and social theories. The study revelation is that adolescents in DMST experience repeated decision-making, looking for opportunity to elope in non-linear tests to the environment but encountered frequent elopement barriers described in the study. The study informs that the shared elopement process and recovery trajectory from DMST is laden with barriers, supporting a common non-linear process of aging maturity through adolescence. The unique themes in the narrative uncover that eloping *the Life* is a developmental process, affected by experiences, maturation, awareness, and opportunity.

The literature scarcity about non-linear decision making does not inform the current study. Nonetheless, the thematic analysis, with an experienced nursing practice lens, exposes a maze structure to understand the relationships between barriers and the adolescent's decision making throughout the development growth of the adolescent. Reflecting on their adolescence, the participants identify periods of time when they attempted to leave *Out of the War*, the major theme of the study. Further analysis identifies *The War Maze* (Figure 1), which is *the Life* and the situational environment descriptions by participants. To understand *The War Maze*, researchers acknowledge the interrelated sub-categories with unique themes inhibit the participants in DMST from seeking help. The study exposes that *individual, interpersonal, and professional silos* sub-category barriers are predictable, and the narratives expose the explanation related to the difficulties in leaving *the Life*. The first two sub-categories, *individual and interpersonal*, reflects the human-to-human level, and include close relationships, often hampered by their life trajectory (family violence and sex abuse) coupled with the DMST toxic environment. The last sub-category, *professional silos*, reflects the interactions with professionals in organizations during their captivity in *the Life*. The study concludes that the barriers are complex and do not occur in isolation. As such, the survivor's description in context of their lived experience dictates interventions in the complicated and difficult situations of DMST. The analytical results reveal a *Maze* of non-linear barriers, not in the literature. The findings support a non-linear labyrinth of complex and repetitive traumatic experiences and decisions. The mental and emotional inner turmoil grows with adolescent development over time, influencing the timing and the decisions to elope as eventual maturity occurs out of *the Life*.

Figure 1

The War Maze



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Nonetheless, parallel psychological and social literature supports the findings in this research for survivors experiencing complex trauma. The literature supports that the length of time in coercive traumatic environments (e.g., family violence and child abuse followed by DMST), coupled with physiological dysregulation results in predictable physiological and psychological changes in the person exposed to *the Life*. With the complex environmental dynamics in repetitive elopement thinking and limited choices to act, the stress response becomes a barrier that creates the sensation of fear, followed by reactionary maladaptive behaviors to ensure personal safety.

The literature supports the coercive nature of *the Life*. To understand the coercive nature of *the Life*, some participants articulated dis-comfort in *becoming their own trafficker*. They describe their involvement in *the Life*, referring to *the Life* as a lifestyle addiction, a thrill of making money for their addiction, feelings of belonging to a group, and a hidden individual empowerment as the entrepreneur. The aberrant role of *my own trafficker* in the reflections encapsulates a complex picture about coercion, addiction, and in *the Life*, the only choice to separate from trafficker to survive by “tricking.”⁴ An awareness of gradations of coercion blurred their boundaries and their decisions. Having a drug addiction and becoming entrapped by an abusive boyfriend-type relationship (interpersonal barrier) increased violent exploitation and expanded the barriers to elopement. Perceptions of trafficker manipulation and coercion, increasing throughout the DMST experience, informs the analysis about the inner confusion while in DMST. In order to understand disclosure and the inner confusion, the participants revealed staggered times for advancing their thinking during each subsequent year in DMST, reflecting developmental growth. As a result, the study identified characteristics of self-blame, shame, and a naïve view of themselves (in that they did not identify as victim at the time). Another identified outcome was uncovered as disclosures of increasing struggles with addiction and recovery prevented them from developing an understanding about their situation and their personal identity, with consequence of labeling and branding (tattoo), which created another non-linear blind path increasing entrapment in *The Maze*. Non-linear entrapment delays development of identity, as well as identification, cooperation, and support in their efforts to elope DMST.

This study supports early identification and removal from *the Life* in order to prevent identity crisis, shame, guilt, hopelessness, worthlessness, not to mention adverse health and psychological outcomes, all related to vast exposure to violence, exploitation, danger, and drugs in the adolescent DMST victim. The sub-category *professional silos* offer opportunity for organizational and provider intervention, identifying several barriers specific to organizations and their employees. The study captures the DMST survivors’ perception of providers’ opinions (e.g., labeling) about them. In profound ways, *professional silos* in this study, every participant reported negative impact on their individual and interpersonal relationships, and ultimately, their elopement decision. The internalization of treatment from all participants described being invisible to the outside world with perceptions of judgement, labeling, and the lack of personal acknowledgment of and support by providers that discouraged disclosures in health care settings, law enforcement encounters, and other organizations. The overarching findings also suggest that trust is a major Theme in the disclosure of their situation – *the Life*. Trust developed over time with multiple encounters. The study supports *seeing* the person as an individual, focusing on the individual and their experiences, their relationships with the environment, and creating safe institutional environments, which begins the removal of one of the major identified barriers – lack

⁴ “Tricking” is selling self to provide money for addictions (Lisa)

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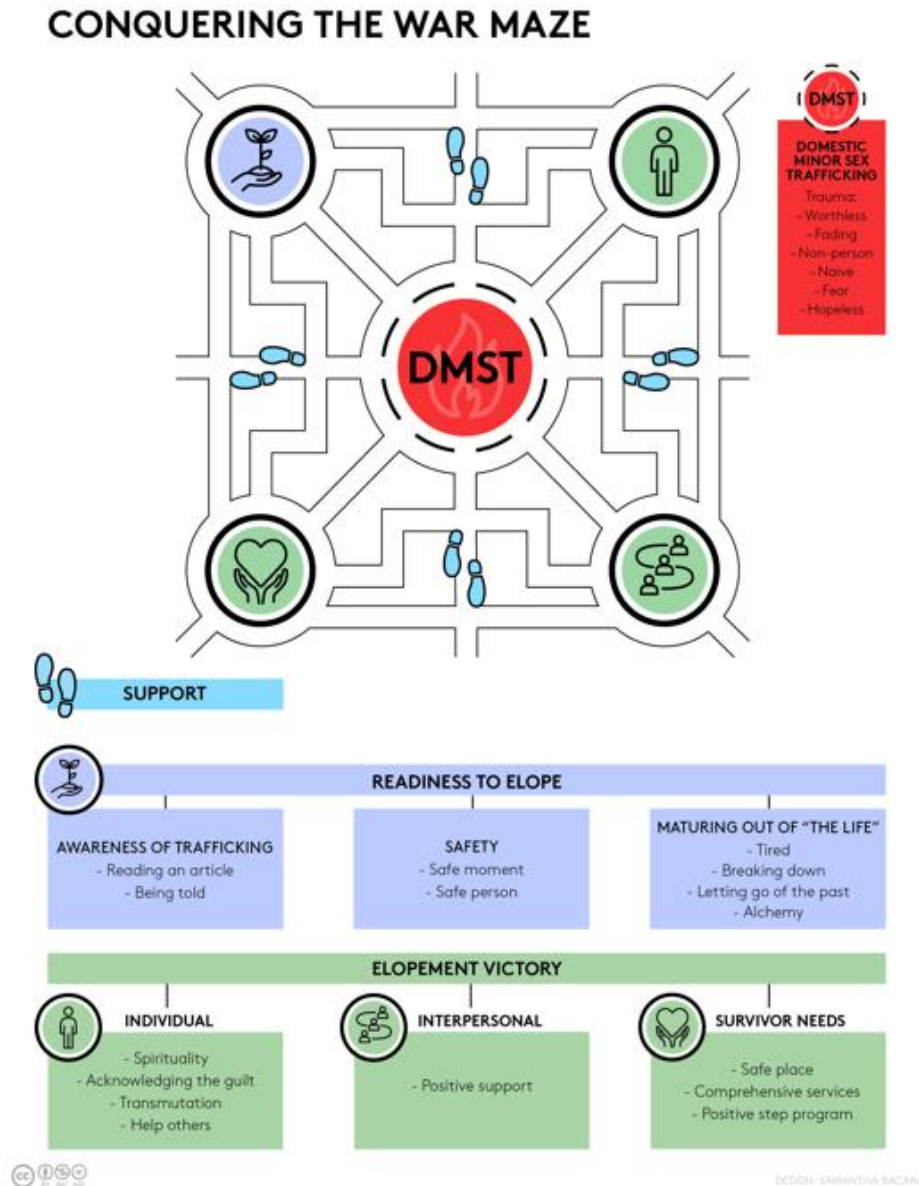
of trust (Author, 2022). This finding supports and promotes the application of trauma informed care interventions (Author, 2022), where principles of safety are a necessary step to begin the development of trust (SAMHSA, 2014).

The study also reveals the interpretation of the adolescent experience, discovering their shared experience in *seeking safety*. *Seeking safety* and the barriers identified show evidence for participants' reasoning for staying in *the Life*, which includes exchanging sex for shelter, sleep, or protection (safety). These behaviors to seek safety are understandable given their childhood home environment (such as sexual abuse). Explaining *seeking safety*, the participants lamented they were not safe in their homes. Consequently, all left their homes voluntarily (runaway), seeking safety relationships from the streets. For others, their histories made them vulnerable to entrapment by traffickers. The study findings also suggest a construct of complex early childhood traumas in the DMST participant, which includes prolonged relational and repetitive emotional attachment traumas in the core family (as opposed to one trauma in isolation). The participants described the pain of not having a supportive mother (emotional abandonment through death, negative communication, and lack of support) without stability from significant caregivers. Maternal deprivation resulted in an intense impact followed by behavioral and emotional responses. Understanding attachment and abandonment disorders are opportunities for health care providers to screen and intervene with children exposed to family violence, parental death, attachment disorders, abandonment, or child maltreatment.

Conquering the War Maze (Figure 2) is the second related theme describing the process of elopement defined by the participants. As development progressed, their growing awareness about DMST occurred over time as they aged and gained skills and exposure to experiences in *the Life*, which aided their elopement thinking. The sub-theme *readiness to elope* included a universal awareness about trafficking (putting a name to their victimization); safety (finding a safe moment); and a developmental maturation or maturing out of *the Life* (finding *alchemy*). Additionally, the *elopement victory* sub-theme included an enhanced belief in themselves (individual); a positive support (interpersonal); and eventual meeting their basic survivor needs (organizational). The decision to leave DMST was trust development during individual and interpersonal sub-categories, reflecting and overcoming the traffickers' coercive tactics. The participant's developmental insight, trusting in the *survivor needs* sub-category offered a logic to their motivation to leave when the professionals provided safety, comprehensive services, and understanding of their identity crisis (positive step programs), which guaranteed successful elopement. These sub-themes of *readiness to elope* and *elopement victory* became the prerequisite for successful distancing from *the Life*. The opportunity for elopement both before, during, and after the revelatory moment resulted in the emergence of a new life. These findings also demonstrate the need for trauma-informed and person-centered programs that promote safety, trustworthiness and transparency, peer support, collaboration and mutual support, empowerment (voice and choice), and cultural and historical sensitivity (SAMHSA, 2014). The nurture necessary for individual conquering, which is a practiced over-coming, requires rewarding self-efficacy in the process (finding the positive), using the trauma informed principles. Understanding *Conquering the War Maze* underscores need for trauma informed principles in effective networking, inter-agency collaboration, and training about the dynamics of DMST for a broad range of service providers.

Figure 2

Conquering the War Maze



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Implications for Research and Practice

The implications for practice and research are vast. The qualitative findings about the elopement process provides insight into the lived experience of DMST and eventual elopement. Revealed is an elopement process that is an extremely complex, multi-faceted developmental progression for victims of DMST, offering multiple opportunities for health care and justice practice interventions and additional research on the effectiveness of the interventions. The study supplied a structure to the elopement process with specific themes, sub-themes, sub-categories, and themes and another area for exploration about unique elements in *the Life's* coercive

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entanglement. Another area for study is reflections about thoughts leading to readiness to elope, a consciousness plan, and elopement victory. Future research considers the non-linear trajectory juxtaposed to the adolescent growth and development stages, their delays in the expected activities of the child, and pseudo-maturity that develops in stressed children. Another area of future studies is their adverse childhood experiences with maltreatment history in the DMST populations post-TVPA.

The research informs prevention and intervention using trauma informed patient centered programs in healthcare settings. Although this study initially employed two non-nursing theory models, Life Course Theory and Theory of Coercion, neither fully explained the nonlinear elopement maze uncovered in this research. For nurses and other healthcare providers, the Neuman System Model (Neuman, 1972) delivers a full explanation and opportunity for research using a system's model to explain the non-linear labyrinth in elopement and recovery. The labyrinth of barriers reflects the multiplicity of stressors familiar in complex DMST traumas (from social, economic, physical, and mental), and drives healthcare planning to meet complex needs in the elopement process. The non-linear maze explained the challenges for this newly identified never-served population. The successful support and treatment remain elusive for many. The labyrinth maze is a platform for healthcare providers to evaluate not only the DMST survivors, but all survivors trapped in coercive conditions, whether individual, interpersonal, or professional environments.

Conclusion

The Life is a unique experience with complex trauma and is a significant public health problem. The reality is that many victims go unnoticed by professionals and systems. DMST victims do not experience interventions until adulthood, which leads to negative long-lasting physical and psychological health outcomes. Therefore, understanding, recognition and intervention with adolescents in DMST by systems is essential to enabling the early elopement process. Evidence based innovative interventions explore new ways of facilitating victim removal at an earlier age. Necessary is an avenue of compassion and empathy about their lived experiences. Compassionate interventions promoting safety empower the person in *the Life* and discourage further acts of victimization. Helping victims explore a life away from their trafficking circumstances, with innovative comprehensive evidence-based trauma-informed person-centered approaches, meets survivors' needs. Safety is essential as a trauma-informed care principle, setting the stage for future healthcare research. The study's analysis of participant disclosures reveals a *non-linear Maze affecting the developmental process with repetitive barriers* forcing calculated decisions by the adolescent to remain safe first. The study found that the elopement experience is affected by adverse childhood experiences, inevitable growth and development and maturation, awareness, and knowledge building, coupled with opportunities for safety, and *The Maze* is an innovative platform for future healthcare research and practice.

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