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# The Experiences of Resilience and Hope of Adolescent Girls who have been Victims of Sex Trafficking in the United States

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The Experiences of Resilience and Hope of Adolescent Girls who have been  
Victims of Sex Trafficking in the United States

by

Jasmine R. Holt

Presented to the Faculty of the  
Graduate Department of Clinical Psychology  
George Fox University  
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in Clinical Psychology

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Approval

The Experiences of Resilience and Hope of Adolescent Girls who have been Victims of Sex  
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**Abstract**

Human trafficking has been explored in many countries, but few studies about girls' experiences in trafficking within the United States exist. This study focuses on the experiences of resilience and hope of adolescent girls who have been trafficked and the stories of their lives. Participants are adolescent girls between the ages of 15 and 18 who are in or have contact with a local juvenile detention center. Interviews were conducted and a qualitative study was utilized to determine common themes of how trafficked girls understand and experience resiliency and hope in their lives. Participants also completed the Connor-Davidson Resilience Scale, the Children's Hope Scale or Adult Hope Scale, and the Hopkins Symptom Checklist-25. Significant results were found between the sample used in this study and normative samples in resilience and hope. The adolescent girls in this study demonstrated decreased resilience scores,  $t(594) = 2.15, p = .032$ . The younger group of adolescent girls also demonstrated decreased hope scores,  $t(331) = 2.00, p = .047$ . However, the adolescent girls in the older group exhibited increased hope scores,  $t(275) = 3.18, p = .002$ . Descriptive data was collected for the Hopkins Symptom Checklist-25

Anxiety Scale ( $M = 18.79$ ,  $SD = 5.42$ ) and Depression Scale ( $M = 31.37$ ,  $SD = 7.65$ ). Ten themes were derived from the interviews, including positive attachment, sense of capability, positive self-concept, ability to see other parts of her identity, sense of purpose, religious beliefs, planning for the future, actively seeking change, others-focused thinking, and hope for change. The implications of this study may direct clinical focus when working with these adolescent girls and provide clinicians with an understanding of the importance of encouraging resilience and hope during the recovery process.

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## **Chapter 1**

### **Introduction**

Many children in the United States have experienced traumatic events in their lives, and many of them cope with trauma in different ways. However, some seem better able to return to normal functioning more quickly than others. This study considers the unique experiences of individuals who have experienced the life of being trafficked within the United States. Within this population of adolescents, many of them respond differently to the stress and trauma associated with being forced to live this lifestyle (Gray, 2012). Observing commonalities and themes in these girls' and women's responses regarding their experiences of resilience, hope, and trafficking may aid other researchers and clinicians in studying and creating more well-informed interventions for this vulnerable population.

#### **Resilience**

The ability to bounce back from difficult situations and adversity is known as *resilience* (Dyer & McGuinness, 1996). Resiliency appears differently in each individual. It explains the reason that some individuals experience relatively minor situations as distressful and others experience little distress when faced with circumstances that seem to be devastating (Dyer & McGuinness, 1996). Many girls after trafficking experience their trauma differently, such as in the form of depression or anxiety or other psychological disorders. However, the difference in resilience may account for some of the ability possessed by each girl to bounce back from the trauma.

Luthar (1991) has demonstrated that there are several factors that moderate how children express resiliency. Having an internal locus of control was found to be part of the protective process as it promoted active attempts to overcome adverse situations. Also, social expressiveness and ego development further helped mitigate the effects of stress, but intelligence proved to be a vulnerability as children with higher intelligence appeared to be more sensitive to higher levels of stress than children with lower intelligence (Luthar, 1991). The experience of positive life events also moderated the effects of resiliency and was shown to have been a vulnerability factor when both negative and positive life events were interspersed within a shorter period of time. Luther (1991) suggested that this pattern of positive and negative life events may have altered adolescent's perceptions of the environment to understanding the environment as unpredictable.

Other researchers have suggested that resilience also occurs on a neurobiological level. As intrusive thoughts related to trauma are rehearsed, they make certain neural pathways more sensitive to the stress response system of the brain (Benight, 2012). According to one theory by Epel, McEwen, and Ickovics (1998), individuals exposed to traumatic events can develop an increased ability to thrive in stressful situations. This capacity for increased coping occurs as the body adjusts to maintaining a balance between stress hormones and growth hormones (Epel et al., 1998).

Other theories have suggested that certain protective factors must be present in order for the resiliency process to occur (Dyer & McGuinness, 1996). These protective factors consist of specific competencies, which are skills that the individual has the ability to use and help maintain functioning. Effective parenting and support, intelligence, cognitive flexibility, self-regulation, faith, hope, and spiritual beliefs have been shown to be protective interpersonal factors that

mitigate the effects of trauma and promote resilience (Masten & Narayan, 2012). Girls and women who have been trafficked may have different histories of family support and acceptance, which may influence their ability to recover. When a girl or woman returns to her family and encounters disapproval surrounding her trauma, her ability to be resilient may be impeded.

Prosocial attitude was also found to be a protective factor in that it allowed individuals to draw others into their lives, and, therefore, create meaningful relationships that may provide support for them during times of adversity (Dyer & McGuinness, 1996).

The number of protective factors also plays a role in the enhancement of resilience. Each individual has a combination of these factors, and the quality of the interactions of these factors can either strengthen or weaken the effect of resiliency (McAdam-Crisp, 2006). Other research has also shown that certain types of therapy that encourage and center on improving the client's personal well-being help clients in their recovery and prevents relapse of mood and anxiety disorders (Fava & Tomba, 2009).

### **Hope**

This study also considers the importance of hope in the process of surviving the trauma related to trafficking. Hope has been defined as a multidimensional construct that helps comfort individuals during stressful or threatening situations (Morse & Doberneck, 1995). Having hope may affect how sexually exploited girls and women live through the abuse and shame associated with trafficking. Morse and Doberneck (1995) identified universal components that make up the concept of hope. Some of these components included the realistic assessment of the threat, the consideration of alternative goals, which includes both positive and negative outcomes, the preparation for possible negative outcomes, and the assessment of personal resources (Morse & Doberneck, 1995). The process of mapping out alternative paths for reaching a goal addresses a

cognitive dimension in the conceptualization of hope, according to Snyder et al. (1991), which demonstrates the active processes that are a part of hope.

Other components of hope include sustaining close interpersonal relationships, consistently evaluating the signs that reinforce selected goals, and determining to endure (Morse & Doberneck, 1995). Women and girls in trafficking who feel a sense of hope in their lives will likely demonstrate a variety of these components. Stephenson (1991) identified four remaining attributes of hope, including the idea that the object of hope is meaningful to the person, the process of hope involves thoughts, feelings, behaviors, and relationships, the process involves anticipation, and there is a positive future orientation that is associated with present and past experiences.

Sources of hope also play a significant role in how individuals experience and respond to trauma. In a study by Levi, Liechtenritt, and Savaya (2012), 10 Israeli soldiers who had been diagnosed with PTSD were interviewed about where they noticed sources of hope in their life. Some of these sources of hope included genetics, parents, and additional socialization agents such as peer-group members or teachers (Levi et al., 2012). These sources establish the importance of early experiences of hope in life and the significance of positive attachments during childhood. This stresses the importance for adolescents who have been trafficked in creating environments that foster attachment with adults they can trust. The interaction of responses to trauma and hope are also affected by certain protective factors of hope. Coping mechanisms were found to have directly influenced resiliency, which in turn indirectly affected hope (Hui-Ching, 2011).

Hope has proven to be an important component in recovering from trauma. According to Hassija, Luterek, Naragon-Gainey, Moore, and Simpson (2012), dispositional hope was

associated with decreased depression symptoms but no reduction in PTSD symptoms. Also, after a traumatic event, individuals reported that hope was something they searched for immediately after the trauma (Levi et al., 2012). In a study of African American women who had survived Hurricane Katrina, many of them cited feelings of terror interspersed with feelings of hope and faith (Hamilton-Mason et al., 2012). Feelings of hope appear to be common among trauma survivors.

### **The Effects of Sex Trafficking**

The epidemic of sex trafficking has been identified in many countries, especially in Europe and other Eastern countries (Zimmerman et al., 2008). However, there has been little research on the specific experiences of girls who have been victims of sex trafficking in the United States. In 2000, the United Nations defined the “trafficking in persons” as the following:

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation. (p. 42).

This process of exploitation does occur in the United States, but the issue has often been dwarfed by the common misconception that something like this could never happen in the United States (Logan, Walker, & Hunt, 2009). As a result, human trafficking has grown and been protected by these misconceptions within the American culture.

The effects of sexual trafficking encompass physical, psychological, and emotional aspects. According to Hossain, Zimmerman, Abas, Light, and Watts (2010), physical injuries and sexual injuries that occurred as a result of a girl's direct experience in trafficking were associated with higher levels of Posttraumatic Stress Disorder (PTSD), depression, and anxiety. Some reported feeling hopeless, paranoid, or angry, which, in some cases, led to attempts of self-injury (Shigekan, 2007). Also, the longer amount of time that a girl was involved in trafficking, the more strongly it was correlated with higher levels of depression and anxiety (Hossain et al., 2010). The amount of time after being out of trafficking was not associated with a decrease in PTSD symptoms (Hossain et al., 2010). As a result, girls who are victims of sex trafficking often live with the lasting negative effects even after exiting the system.

### **Sex Trafficking in the United States**

This current study focuses on sex trafficking within Western society, specifically within the United States and girls who live in the U.S. Sex trafficking appears differently in the U.S. compared to Eastern societies for a couple of reasons. One common misconception includes the belief that individuals cannot be trafficked within their own country and that these individuals have to be brought into the country either legally or illegally (Logan et al., 2009). These misconceptions may have played a role in the delayed acknowledgement of sex trafficking within the United States.

Trafficking in the United States involves some distinct rules for how it is perpetuated in society in comparison to other countries. For example, sex trafficking often goes unnoticed, because the girls are often afraid of or mistrust the police due to commonly being treated as criminals (Hepburn & Simon, 2010). Some of this avoidance behavior toward police can be attributed to the other illegal activities that girls who are trafficked may be forced to do, such as

prostitution, drug use, and false documentation (Logan et al., 2009). Therefore, many law enforcement agencies have struggled to identify these girls as victims in the past (Farrell, McDevitt, & Fahy, 2010; Logan et al., 2009).

Other common factors related to human trafficking in the United States include certain vulnerabilities of girls related to socioeconomic status, internet use, and histories of previous sexual abuse. Many girls who are recruited in the sex industry are affected by issues of poverty, and some face further stressful issues related to immigration (Logan et al., 2009). Girls may also increase their risk of being trafficked by sharing personal information or pictures on the Internet (Kotrla, 2010). By displaying photos of themselves online, many girls may not realize who may be looking at them and at their personal information, which makes it easier for pimps to identify certain girls as possible recruits into the trafficking system.

Furthermore, runaways become extremely vulnerable to prostitution (Logan et al., 2009) as well as girls who have a history of sexual abuse (Rand, 2009). According to Rand (2009), previous sexual abuse increased a girl's susceptibility to prostitution because it taught her that silence around the abuse was acceptable and that her worth came from her body as a sexual object. Also, another factor noted by Hepburn and Simon (2010) was that within the U.S., the existence of unregulated strip clubs and pornography placed young adolescents at risk of being misused as underage workers within the sex industry. A combination of these factors begins to set the stage for young girls to be trafficked.

Many girls do not see themselves as victims at first, and it may take considerable time before they realize the amount of abuse and trauma they have suffered while being trafficked (Rand, 2009). When encountered, many girls may be aggressive and defiant towards receiving help because of the belief that their pimp loves them and will keep his promises (Rand, 2009).

As a result of the girls' physical and psychological trauma, the road to recovery is often a difficult one with many obstacles in the United States. In order to recover, most girls need psychological care and education in independent living skills (Shigekane, 2007). According to Shigekane (2007) survivors also encounter difficulties concerning the reaction of their community and finding organizations and other services tailored to their needs, which are often limited in the number of girls they can help due to the intensive nature of the recovery.

### **Juvenile Detention and County Jails**

Many women and girls in the sex trafficking industry are mistaken as perpetrators and arrested for prostitution, which places many of them in jails and juvenile detention centers across the United States (Farrell et al., 2010). The focus of this study involves working with adolescent girls who have been or are currently in the sex trafficking industry and are being held at a local county juvenile detention center. Adolescents who are brought here have been charged with committing a crime. These charges are often for prostitution or drug possession for trafficked girls, and they are then processed into the juvenile system. At the county juvenile detention center used in this study, adolescent girls who are suspected of being trafficked are placed on the caseload of a specific probation officer who is trained to work with the specific needs of these girls.

While in detention, these adolescent girls are held with other youth who have committed various other crimes. They are treated in the same manner as the other youth. During their detention, there are few interventions for girls who have been trafficked. Probation officers may attempt to propose other options to assist these girls in leaving their current situation, but many girls are conflicted, because they may not recognize the trauma they have experienced while

being trafficked. Therefore, they often do not see themselves as victims (Rand, 2009). Other factors may also prevent them from leaving their traffickers.

### **Statement of the Problem**

While sex trafficking has been studied in many cultures in Europe and in the East, few studies have looked at the population of girls and women who are trafficked within the United States. There is little information about the experiences these girls encounter during their time in trafficking and how it may differ from the experiences of girls who have been trafficked in other countries. As a result, it is unknown how these adolescent girls in the United States experience recovery. Since resiliency and hope play a role in the way individuals cope with trauma, it is important to further explore these concepts and how these adolescent girls experience resilience and hope.

### **Research Questions**

The current study expands the research by identifying and exploring the experiences of girls in the United States who have been sexually exploited through human trafficking. This study looks at how these girls and women understand resilience and hope in their lives. Due to limited research in this area, a qualitative method was used to analyze the common themes of experiences related to resiliency and hope factors, which will allow for a more comprehensive understanding of how these adolescent girls cope with some of the trauma inherent in human trafficking. To compare these girls' expressions of resilience and hope with normative samples, quantitative measures were also used. The researcher hypothesizes that this sample will differ significantly from the normative samples in levels of resilience and hope.

## **Chapter 2**

### **Methods**

This research was structured using a mixed method design to best understand the experiences of resilience and hope of girls and women who have been drawn into the sex trafficking industry in the United States. This study was approved by the George Fox University Human Subjects Review Committee and also approved by the director of the juvenile court where the participants were found.

#### **Participants**

Twenty participants who are currently being trafficked or who have been trafficked at some time in their life participated in this study. Participants were females between the ages of 15 to 18 in the Pacific Northwest who were currently in a juvenile detention center or connected with the juvenile court. Participants were selected through a convenience sample through their identification as trafficking victims by a local juvenile court. Many of these girls are on probation or in juvenile detention, which is how their involvement in the sex trafficking industry was often discovered.

Table 1 describes the demographic information for the participants. The average age of participants was 16.65 years ( $SD = 0.88$ ). Nine participants identified as European American (45%), seven identified as multiracial (35%), two as Hispanic/Latino (10%), one as African American (5%), and one as Asian (5%). Many participants also endorsed having a religion or belief system that they valued. The majority of participants endorsed affiliating with Christianity

Table 1

*Demographic Information for all Participants*

| Gender | Age | Race              | Grade | Years of Education Completed | Religion   |
|--------|-----|-------------------|-------|------------------------------|------------|
| Female | 15  | Multiracial       | 10    | 9                            | Christian  |
| Female | 15  | European American | 9     | 8                            | None       |
| Female | 15  | European American | 9     | 8                            | None       |
| Female | 16  | African American  | 11    | 10                           | Christian  |
| Female | 16  | Multiracial       | 11    | 9                            | Christian  |
| Female | 16  | European American | 11    | 8                            | None       |
| Female | 17  | Latino/Hispanic   | 12    | 11                           | Christian  |
| Female | 17  | Latino/Hispanic   | 10    | 10                           | Christian  |
| Female | 17  | European American | 11    | 11                           | LDS Mormon |
| Female | 17  | Multiracial       | 11    | 11                           | Witchcraft |
| Female | 17  | European American | 12    | 2                            | None       |
| Female | 17  | Multiracial       | 12    | 11                           | Christian  |
| Female | 17  | Multiracial       | 11    | 8                            | “Godly”    |
| Female | 17  | Multiracial       | 12    | 11                           | Christian  |
| Female | 17  | European American | 12    | 10                           | Christian  |
| Female | 17  | Multiracial       | 11    | 9                            | Christian  |
| Female | 17  | European American | 11    | 10                           | None       |
| Female | 17  | European American | 12    | 9                            | Christian  |
| Female | 18  | Asian             | 12    | 12                           | Buddhist   |
| Female | 18  | European American | 12    | 10                           | Christian  |

(55%,  $n = 11$ ). Other religious or belief systems included no religious affiliation (25%,  $n = 5$ ), LDS Mormon (5%,  $n = 1$ ), witchcraft (5%,  $n = 1$ ), “godly” (5%,  $n = 1$ ), and Buddhism (5%,  $n = 1$ ). Participants also reported information about family members in their lives. Seventy-Five percent of participants ( $n = 15$ ) reported that they considered their mothers as being involved in

their lives currently while the remaining 25% of participants did not consider their mothers to be involved ( $n = 5$ ). However, the majority of participants reported that they did not consider their fathers to be currently involved in their lives (65%,  $n = 13$ ). Thirty-five percent of participants did consider their fathers to be presently involved in their lives ( $n = 7$ ).

Many participants had a history of sporadic attendance at school due to multiple factors, some of which included running away or because of time spent in the detention center. As a result, the researcher asked participants to report what grade they were in at school and how many years of education they had completed. For many of the participants there was a difference between their grade level and the number of years of education they had completed. Two participants identified as being in the 9th grade (10%), two identified as being in the 10th grade (10%), eight identified as being in the 11th grade (40%), and eight identified as being in the 12th grade (40%). However, overall the average number of years of education was 9.3 years ( $SD = 2.11$ ). One participant (5%) reported that she had only completed about 2 years of education in her lifetime. Four participants had completed 8 years of education (20%), four participants had completed 9 years (20%), five had completed 10 years (25%), five had completed 11 years (25%), and one participant had completed 12 years (5%).

### **Instruments**

**Semi-structured interview.** This study used a mixed-methods procedure. Due to the sensitivity of the trauma experienced by this population, the qualitative design best captures the unique stories of hope and resilience that these adolescent girls have experienced. The researcher used a qualitative approach by using semi-structured interviews to gather data on each

participant's experience of hope and resilience including during the time when they were trafficked and at other times in their lives.

The questions included in the semi-structured interview were developed to elicit how the girls experience hope and resilience within the process of being trafficked. Questions were open-ended and were focused on broad areas of the participant's life in conjunction with issues surrounding trauma and relationships. Each participant was asked specific questions. However, the researcher also asked different follow-up questions to elicit more in-depth responses from participants. Interviews were approximately 45 minutes but varied based on each participant's willingness to go in depth. See Appendix C for the interview questions.

**Connor-Davidson Resilience Scale.** The Connor-Davidson Resilience Scale (CD-RISC) was designed to measure resilience in both clinical and non-clinical samples. The CD-RISC contains 25 items and each response is rated on a 5-point scale ranging from 0-4 with the lower scores depicting lower resilience and higher scores reflecting higher resilience. The internal consistency was 0.89 and the test-retest reliability was 0.89. Scores on the CD-RISC were also positively correlated with scores on the Kobasa hardiness measure and negatively correlated with scores on the Perceived Stress Scale, which demonstrated good convergent validity (Connor & Davidson, 2003). The CD-RISC was sensitive to detecting changes as shown by the increase in CD-RISC scores when there was global clinical improvement (Connor & Davidson, 2003). The CD-RISC has also been used in adolescent populations (Yu et al., 2011).

**Children's Hope Scale.** The Children's Hope Scale (CHS) measures two components of hope, including agency and pathway thinking, which incorporates a child's ability to create plans toward achieving a goal and to sustain an action that will facilitate reaching the goal (Snyder et

al., 1997). The CHS contains six items with three assessing pathways and three assessing agency. Response options include a 6-point Likert scale that begins with 1 (*None of the time*) to 6 (*All of the time*). The CHS was normed in several samples including children hospitalized for cancer, sickle cell anemia, and arthritis and a sample of children from public schools. The internal consistency for each sample ranged from .72 to .86. The test-retest reliability ranged from .71 to .73 between two samples. The scale also demonstrated good predictive validity (Snyder et al., 1997).

**Hope Scale.** Snyder et al. (1991) created the Hope Scale to measure individual differences in hope. It assesses two constructs of hope, including agency, which refers to an individual's determination toward a goal, and pathway, which includes an individual's plans for completing goals (Snyder et al., 1991). This measure is used for ages 17 and older and was normed using undergraduate students from a university. It contains 12 items with each item rated on an 8-point scale ranging from 1 (*definitely false*) to 8 (*definitely true*). Internal consistency for the total scale consisted of Chronbach's alphas from .74 to .84. Over a three week period, the test-retest reliability correlation was .85 and over a 10 week period correlations ranged from .76 to .82 (Snyder et al., 1991).

**Hopkins Symptom Checklist-25.** The Hopkins Symptom Checklist-25 (HSCL-25) is derived from the widely used screening instrument known as the Hopkins Symptom Checklist. The HSCL-25 specifically measures symptoms of anxiety and depression. It has been used by the Harvard Program in Refugee Trauma as a screening tool for distress symptoms and has been used in a variety of populations, including use in diverse cultural populations. Other forms of the Hopkins Symptom Checklist have also shown good validity with adolescent populations (Bean,

Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007). The questions form two sections that assess for anxiety and depression. Participants select responses to each question from a series of four options ranging from 1 (*Not at all*) to 4 (*Extremely*). Averages are computed for each section to give anxiety and depression scores.

### **Procedures**

**Interviews and test administration.** The researcher selected participants through convenience sampling. A few probation officers, who had caseloads focused on providing support and advocacy for trafficking victims, worked with the researcher to recommend participants. Consent forms were given to and signed by each participant's parent or legal guardian unless the participant was 18 years old, in which case she gave consent herself. All participants gave consent or assent to participating and acknowledged that their responses were being audio recorded. See Appendix A for consent forms. All interviews were conducted at the juvenile court and completed with the researcher as the interviewer. Some interviews were conducted while the participant was in jail while other participants came from the community and were on probation or had been on probation in the past. These interviews were recorded using a computer audio recording application.

Each participant also completed a demographic questionnaire prior to the interview. See Appendix B for the demographic questionnaire. The researcher administered the same directions to each participant for the interviews. The researcher also used the same structured questions with each participant with additional prompts or different follow-up questions that were not structured. Follow-up questions were used to elicit further details about specific aspects of each participant's experiences and these questions were tailored uniquely for each participant.

After the participant completed the interview, each participant was given three paper measures to complete, including the Connor-Davidson Resilience Scale (CD-RISC), Children's Hope Scale (CHS) or Hope Scale, and the Hopkins Symptom Checklist-25 (HSCL-25). See Appendix D for a copy of each of these test instruments. Many participants were able to complete the measures without aid from the researcher. However, the researcher read the directions and questions to some participants who struggled with reading the written questions. Also some participants who were old enough to receive the Hope Scale instead received the CHS due to comprehension difficulties with item wording and more complex rating system on the Hope Scale.

After completing the interview and measures, the researcher compensated each participant with a candy bar. Regulations at the juvenile detention center required the compensation to comply with the detention center rules for participants who were being held in the detention center. As a result, each participant received the same compensation regardless of being held at the detention facility or living in the community. The researcher sent the interview audio recordings to a local transcription service to transcribe each interview, emphasizing the confidentiality of the recordings. The interview documents were then returned to the researcher for analysis.

**Data analysis.** A mixed methods design was used for this study. Both quantitative and qualitative analyses were conducted to best describe the factors of resilience and hope in this sample. Twenty participants were included in this study. However, although all 20 participants were able to complete the interview with the researcher, one participant was unable to complete the measures due to time constraints as she was being released from the detention center that

day. Also, it should be noted that different versions of the same scale were given to participants based on age. However, a few of the older participants above the cut-off age for the Children's Hope Scale were given the child version due to difficulties with understanding the language used in items in the adult format. Missing data was encountered on one participant's complete measure, which was corrected by assigning the lowest rating to the item and scored in that manner. If two answers were provided to one item, which occurred on one participant's responses, the average was taken of the two responses and scored accordingly. Scoring of each measure was completed and the means and standard deviations of this sample were compared with normative samples of each of the measures using independent t-tests.

The qualitative portion of the study was based on grounded theory methodology that allows specific categories and relationships within the participants' responses to the interview questions to arise without being impacted by theoretical positions (Bryant & Charmaz, 2012). The principles of grounded theory include the identification of categories of meaning derived from the data and continually integrating these categories to form new categories with a higher level of abstraction (Willig, 2001). This approach uses a process of constant comparative analysis in order for the researcher to identify within the data both similarities, used to form larger categories, and differences, used to break down categories into smaller subcategories or possible new categories. This process allows the researcher to continually engage with the data and produces new and "more refined concepts and theories," (Bryant & Charmaz, 2012).

For this study, the author read each interview to become familiar with the general content and themes described in the interviews. At this point the researcher and one doctoral-level psychology student went through the first two interviews and worked together to identify various

themes. The themes were discussed and further refined to create a preliminary coding manual that set the process for identifying further themes throughout the remaining interviews. The researcher and student discussed these themes to come to an agreement about an appropriate coding system to ensure reliability. The remaining interview transcripts were divided between the researcher and the student to continue coding themes in the interviews. The researcher and student met several times to discuss the coding process for the rest of the interviews. The researcher also reviewed the codes identified by the student and further discussed and refined the coding process and to ensure reliability between both raters. This process also allowed the researcher to be engaged with the data from each interview. When initial coding was completed, the researcher underwent a process of constant comparative analysis by categorizing the codes into larger categories based on similarities and repeatedly analyzing the categories to form new categories, ultimately ending with ten significant theme categories that best described the sum of the data. See Appendix E for the qualitative analysis codebook.

## **Chapter 3**

### **Results**

The purpose of this study is to provide important insight and understanding regarding the experiences of adolescent girls who have been part of the sex trafficking industry within the United States. Specifically, this research focused on understanding how these girls experience resilience and hope. The mixed method design offered an opportunity to analyze both the unique experiences that each participant reported as part of the qualitative design, as well as compare this sample of participants with normative groups as part of the quantitative design to better understand how these girls experience resilience and hope compared to those who have not been trafficked. As a result of the limited research that is currently available regarding sex-trafficking victims and survivors, these findings offer a valuable understanding of the sex-trafficking industry in the United States and its impact on adolescent girls involved in the industry. The findings also offer important implications for victim recovery, support, and advocacy.

#### **Qualitative Factors**

The analysis of participant responses yielded a multitude of common themes regarding various life experiences that these adolescent girls had encountered. Within these responses, specific attention was given to how they overcame and coped with difficult or traumatic situations and how they described their hope for the future in spite of complex trauma. The analysis resulted in 10 major themes related to resilience and hope. The 10 themes centralized around positive attachment, sense of capability, positive self-concept, ability to see other parts of

her identity outside of trafficking, identify purpose for her life, religious beliefs, plan or dream about the future, others-focused thinking, actively seek change, and hope for change.

These themes described how adolescent girls who have been trafficked in the United States understand resilience and hope in their lives. Some of these girls have successfully found their way out of trafficking while others remain paralyzed in the painful and confusing trap of sexual exploitation. The survivors who found a way out were able to give a vital recount of how they survived and coped with the complex trauma they endured. Even in spite of the current danger and pain faced by those still in trafficking, their statements reflected remarkable qualities of resilience and hope that allowed them to continue pushing forward.

**Positive attachment.** One theme derived from the interviews indicated that positive attachments played a significant role in a sex trafficking victim's understanding of resilience. Many of these adolescent girls discussed how impactful certain people were in their lives to help them feel connected and valued. These relationships often encompassed family members, such as mothers, fathers, grandparents, and siblings. Some of these adolescent girls reported that their family members influenced how they coped with the trauma. One adolescent girl recounted that after a long period of time of being in a different city, forced to work as a prostitute by her pimp, she found her way home, and what surprised her most was that her mother "welcomed me with open arms." This same girl stated, "I was surprised to see that she loved me," and further stated,

My mama's just like, "No, six weeks went by, I still love you. I still care for you.

I still stayed up every night. I still called a million people. I was doing everything in my power because I knew you were going to come home. So here you is."

Nobody touched my room. My room is still the same. Nobody took my stuff.

Nobody threw all my stuff [away]. They wanted to. Some family were angry.

Family members like, “move her stuff all out.” “No,” my mom said. “No.

Everything’s going to be the exact same.”

Many of these adolescent girls who returned home after being trafficked expressed that they were able to move forward despite their traumatic experiences because a family member, often a parent, welcomed them home and expressed unconditional love for them despite what they had encountered during their time in trafficking. Many of these adolescent girls continued to fight and move past difficulties in their lives because a family member continued to accept them.

Other adolescent girls expressed a deep appreciation for other people in their lives who helped encourage them to continue striving beyond the effects of trafficking. One adolescent girl conveyed her earnest appreciation for her probation officer and recounted, “I can say she’s helped me in a tremendous way to get my life on the right track again.” Even if some of these adolescent girls did not have the support or close relationships with immediate family members, many of them received encouragement from others in their lives, such as probation officers, other professionals, and extended family members.

Conversely, many of these adolescent girls expressed the pain and devastation of having broken or tense family relationships. One girl stated,

I was actually molested when I was younger. And so it was like both by like my mom’s side of the family, so like my mom’s like cousin, and then also my dad’s brother. So like, it happened on both sides. And so I basically lost both sides of the family. So it just legitimately, just became like my immediate family, like my mom, my grandma.

The loss of family relationships was common among this group of adolescent girls. Many of them reported having unstable family relationships, abuse from family, or continual conflict with parents. Several of these adolescent girls discussed having lost a parent as a result of death or a parent leaving the family. It was common for many of the girls to discuss feeling abandoned by their family, which often created difficulties in cultivating resilience. One adolescent girl reflected on how she used prostitution as a way to get her family's attention.

A relationship that I currently started, which is three or four years ago, currently started me on meth, methamphetamines. And that's when my life became downhill. Because that's when I was like, oh, I'm using meth. And that's when I became a prostitute. So basically, you see it m y... me using boyfriends to get back at my family for the same love ... some of it may backfire on me. And that's why I've been a ... that's why I used to be a prostitute, and that's why I used methamphetamines, I think, is because a long time ago that's when I started. And I can't ... I can let go of prostitution, I can let go of using needles, but why can't I let go of the drug? Because the drug owns me.

Many of these adolescent girls described wanting positive relationships with their families and some became involved in sex trafficking while they were looking for other relationships. Many of their experiences reflect on the impact of positive attachments in helping these girls feel resilient.

**Sense of capability.** Several girls expressed a sense of capability through feeling pride in their ability to be successful in different areas of their lives. These areas included success in education, making better choices, and participating in drug treatment programs. One adolescent

girl discussed her hopes for the future and her motivation to continue working toward a career because of how proud she was that she had almost completed her GED.

In the future, I would like to have a family. I want two kids eventually, way later on. I would like to be a dental assistant. I want to have my GED, which I know that I'm going to have in the next month or two. Like, I know that that's going to happen. I really would like ... I don't really want to move out any time soon. I mean I'm only 16. But I don't want to leave home until I'm like 25 and until I'm like a dental assistant. I want to be a dentist. Not a dentist, a dental assistant. I mean, yeah, it would be cool to be a dentist someday. But for now, my goal is dental assistant. And I hope that someday I get there.

She felt that she was capable of accomplishing her future goals because of how far she had come in completing her GED classes. Her previous accomplishments engendered a sense of capability in her that motivated her to keep striving for further goals.

Other girls expressed a sense of capability through the progress they had made in drug treatment programs. When one girl was asked what made her feel proud, she responded, "asking the judge to have me go to treatment." When further asked about her motivation behind this decision, she responded, "I just want to get clean and change my life." She had been in outpatient drug treatment before in the past and alluded to a feeling of readiness at this time to work toward sobriety. Another adolescent girl displayed resilience in her response to others who doubted her ability to stay sober.

Yeah. I'm really proud of myself. And people that want to give me crap about doing drugs in the past, well, the past is the past. And that chapter in my life is over with. And I'm really proud of myself. So they can like shove it.

This girl described feeling capable and proud of herself for staying sober for the past 50 days and seemed to have a resilient outlook when others doubted her.

Others expressed resilience and hope for the future when they felt a sense of capability because of learning from past experiences. One adolescent girl conveyed resilience when she discussed the pride she experienced when reflecting how she had grown and learned from past consequences.

I've learned a lot. I've made a lot of mistakes. I've done a lot. I've tried a lot of new things. I've seen a lot of things. Like I'm proud of this moment, the way I can think and process things and do things. Make choices the right way.

She further reflected,

What I mean by that is like, "oh, come with us, and we're going to go meet up with some other friends, and we're going to go the park and we're going to ..."  
Like someone lays out a plan, and I just say, "okay." Not even thinking about it. Like, just go. And I'll just go, and go, and go until I get tired. We go home. We go to sleep. But now I'll be like, "I'll think about it." Do I really want to do that? What's going to happen if I do that? How long do I want to do that? Maybe I want to go and then go home like after an hour like, of hanging out. I think about things now.

A sense of capability drawn from previous accomplishments prepared many of these adolescent girls to face extreme challenges. Instead of becoming overwhelmed by their traumatic experiences, some of these girls were able to draw upon this sense of capability and activate resilience.

**Positive self-concept.** Another theme derived from the interviews with these adolescent girls entailed having a positive understanding and awareness of their own personal traits and who they are. Many of these girls used this positive understanding of themselves, including seeing themselves as motivated, passionate, and confident. One adolescent girl who was discussing her future replied,

I have hope. I know that I'm going to make it in life because I have an extremely successful mom. And I have her. My dad is successful ... I mean as far as like academically, no, I'm not that all school smart. But I'm going to get my GED. And I know that I'm going to get into some sort of dentistry something. And I have a lot of motivation for it.

Other adolescent girls focused on positive traits such as being passionate. Those who focused on their passionate personality quality expressed excitement and seemed to have a direction in life that they wanted to pursue. One such girl replied,

Yes, like it's just a strong passion. I just ... I just want to be a lawyer. It's where my heart is. It's going and I feel like it takes a while ... the schooling. I've had people say, "Do you know that you have to go to just a basic four year, then you got to go to law school? Are you ready for that?" I was like, "I'm so ready." It's

hard work, but I'm so willing to do it. Because I've just always wanted is to be a lawyer.

One adolescent girl also described herself as being “straightforward” and “open” about who she was. This seemed to be an important trait to her. She replied that she was very blunt with others about how she was feeling and straightforward with someone if she had a conflict with them. She seemed to use her straightforward personality style as a way of effectively coping with conflict with others and managing her emotions related to her past traumatic experiences in trafficking. As a result, her self-concept that she has developed demonstrates her resilience in how she continues to overcome the challenges of having been a victim of human trafficking.

The adolescent girls who demonstrated positive self-concepts appeared to have a more positive outlook on their life despite their current struggles and trauma they had experienced. Many of them also expressed feeling motivated to work toward something in their life. The adolescent girls who reflected on their positive traits seemed to express more hope for the future and a belief that they had the ability to reach these goals.

**Ability to see other parts of her identity.** Another theme that emerged from the interviews entailed each individual's ability to find her identity in other ways beside that of being a “prostitute.” This, however, appeared to be a more difficult task, as many of the adolescent girls had been profoundly influenced by others' views of them. Sadly, many of the girls interviewed had taken on an identity of being the “bad one” in their family or being “the one getting into trouble” as one adolescent girl phrased it. Another girl confided that her own mother had rejected her and refused to see her as anything other than as a prostitute. A few of the adolescent girls were able to verbalize one of the strongest judgments placed on them by their

pimps and johns that they are nothing but “sex toys,” as one adolescent girl had stated. In spite of these degrading judgments forced on them, several of these adolescent girls expressed an incredible ability to understand their personal identity as something far beyond the trauma they had been subjected to by those around them.

One such girl, who has been trafficked for the last several years, reflected on the identity she clung on to before realizing the price she had paid as a trafficking victim. She recounted how her identity used to rely on the perceptions of the johns she encountered.

The guy that I loved was no longer the guy that I loved. And that’s when I got with this guy because this guy loved me and this guy wanted to be with me. And the other guy just seems to cheat on me, so ... that’s when I progressed into something I wasn’t. And me not being a prostitute was like...everything to me, you know? Like everything to me. And then people that I like thought was my friends would smoke me out, and then, like, I would do sexual favors for them, friend-wise, you know. But it was like, I just want to get away from it. Like, I just wanted to get away from being everyone’s love, you know, being everyone’s like, “oh, I’m so in love with you.” And that’s not me.

However, after several years of identifying with being a prostitute because of the continual attention from men, she became disillusioned with the identity she had formed. Although this adolescent girl continues to be trafficked, she has begun to explore her other strengths and passions. Like several other adolescent girls in the trafficking industry, she has started reflecting on other pieces of her identity based on her own passions and interests. She reflected, “I’m really, really good at swimming, I think. I’m really good at me time. I’m good at being nice. I’m

good at taking care of old people. I really like taking care of old people.” This girl’s identity development appears to be representative of many girls’ stories who have endured the abuse that occurs in the sex trafficking industry.

Another girl responded in a similar fashion when asked how other people would describe her. She responded, “Outgoing, talented and just like a good-hearted person.” She further reflected, “I care a lot about other people. And I like helping people and, like, because I’m always there for more than one person at a time. Like, I’m always just there for people.” During the interview she was able to describe other pieces of her identity and replied, “I’m a singer. And then I also do... Like, I’ve played sports. And then like, I like doing like crafting stuff and like cooking and just... I’m just good at a lot of things.” These girls’ ability to see beyond the identity continually forced on them by their pimps and johns speaks to an enduring resilience that empowers them to explore hidden parts of their identity.

**Sense of purpose.** The adolescent girls who participated in this study were at varying stages of involvement in the sex trafficking industry. Some had survived and been able to escape the industry while others were currently still actively engaged in trafficking. Of the adolescent girls who were still trapped in the industry, some recognized the abuse and coercion that occurred in their daily lives, while others were unable to see or unable to admit to others that their relationship with their “boyfriend,” which is commonly how they identify with their pimp, has led to a relationship of abuse. However, despite involvement in different phases of trafficking, several girls spoke of feeling they had a purpose in life. One adolescent girl explained, “But I know there’s like some sort of higher power, purpose of us being here, and that

there's some sort of afterlife." The belief in a purpose often provides these girls with motivation, which leads to developing resilience in their daily lives.

Other adolescent girls expressed finding purpose in their life through searching for happiness and creating happiness for others.

And then I'm, like, when I'm on the run, I'm like damn, you know, my social worker is looking for me. And my parole officer and my probation officer, you know. And I'm like they're not happy, so I'm not happy. But then I'm happy that my boyfriend is happy. And you know everybody else is happy. So I'm just like working on myself. I just need to make myself happy. And I don't know how I do that, you know... Because like, I'm put on this planet for something, you know. I'm not going to just make my life like terrible. But I might as well make people happy on the way. So it's going to be hard, because I don't know how to just be happy. I can't just be happy, you know. I don't know.

The search for happiness appeared to be a common goal for many of these adolescent girls. Their unrelenting search for happiness contributed to their hope that tomorrow will be better than today and that next year will be better than the last, giving them a purpose to keep trying each day. In addition to searching for happiness, one adolescent girl expressed her purpose in life was learning to live her life to the fullest after having been trafficked.

I got tired. I got tired. The more money I made, the more it got taken away from me. Just, I like to say I got sick. Literally, my body was sick and tired. I couldn't take it. I was tired. It was too much for my brain to handle. It was. It was like a person who wants to do something but they have no energy in their body to do it.

Or the mind set to do it. I was just to the point where if love hurts, and if money hurts this bad, I don't want it. That's how I was ... I mean, I'm...if anybody wants to know what I been through I'm willing to tell you so you don't go out there and do it. Because I been there. And I've done it. It's a tough situation. I went ... I could say that is ... I know what it feels to be hungry. To ... People like to say, "oh, well, you got what you wanted." Yeah, true, for about three weeks I got what I wanted. I lived in expensive places. I lived in a condo that looks over all of [city name]. Yeah. I have hung out with famous artists. I've done it. I've had it all. Anything I've asked for, expensive cars, when I was riding BMWs, Range Rovers, all types of cars you could think of. I've been in. But I mean, it still wasn't worth all the pain.... But I was just thinking, if I do make it out of this I'm not going to live that fear of not being able to go outside of my house. Or like finding a job, or just living life in general. I'm not going to let no setbacks happen to me... I'm going to live life to the fullest.

**Religious beliefs.** Religious beliefs included the use of religious or faith traditions. Often these adolescent girls described using religion or faith as a method of coping during stressful situations. Many of them indicated that they participated in religious rituals, such as prayer or magic, attended church, or thought about a god they believed in as ways of giving them hope. Several girls agreed that when they felt depressed or anxious about their current circumstances, they used prayer as a tool for helping them to persevere. One such girl spoke about how her relationship with God had matured and had changed her motivation for working towards goals in her life.

So I do believe in God. I pray to God every night and every morning. And...I think of him as like...A lot of people think when they pray to God that, oh, I'm going to pray this to God and like he's going to grant all my wishes like a genie. And I used to think it went like that. And when I was younger like, and I'd get mad when something wouldn't happen it'd be like... You know, like why aren't you listening to me? Like did I do something wrong? Why do you hate me, you know what I mean? But how I think of God now is like in time, you know, like it takes time and it's not just like a wish that you can ask for and it's granted. It's something that you got to work for. And, you know, I believe that a lot of the ways that God has saved me.

Another adolescent girl expressed, "It may be me praying every once in a good while. It's really helping me, you know. Because I'm not scared anymore." She explained that she often prays for her friends for protection. Similarly, other adolescent girls reported experiencing motivation after praying. One such girl stated, "Something's there pushing me, I guess... Kind of like motivation." Still another reported, "When I feel like when I need that extra boost, [I] say a little prayer. And that gets me on my way, you know. It just, it's just what gets me through the hard times." The use of prayer in these cases contributed to each adolescent girl's resilience and ability to strive further in her life.

Other girls described using other religious or spiritual rituals to help them cope in life. One adolescent girl replied, "I believe in magic. And karma and any of like that." She further discussed wanting to learn how to use spells and magic. She explained that she was interested in magic because it was entertaining to her. Other religious rituals used included involvement in the

church or other centers of worship. One girl described herself as being part of the Church of the Latter Day Saints and wanting to go on her mission with the church in a few years. Despite the trauma she experienced while being trafficked, she continues to seek support and involvement in her church. When discussing her thoughts about God, she said, “Well, when I’m feeling discomfort I always pray. And he always answers and just makes me feel like someone’s there.” Similarly, another adolescent girl who had been trafficked in the past reflected on her new involvement in the Buddhist religion.

They get you in the heart. Kicks you in the butt. They sit there to tell you like [if] anything ever happens you can talk to them, message them, or anything. And they’ll always be there for you no matter what. They could help you in life. And so it’s way better because I actually can have other people that can help me that I barely even know, but can still help me in my life, that I can get to know.

Active involvement with religious or faith-based communities provided further support to adolescent girls who may otherwise have felt alone.

Additionally, many adolescent girls agreed that thinking or focusing on God engendered hope within them. When reflecting about how she thought about God and living her life, one adolescent girl described how thinking about God empowered her to live each day.

So why not live the life that I have now as long as I can. And you know, when I die, I die. But I don’t want to be the one who caused it. So I just kind of, like it keeps me like, it helps me to keep on wanting to live.

Overall, a majority of these girls endorsed using religious or spiritual practices, being involved in religious communities, or thinking about God to help them feel supported and bring relief during stressful situations.

**Planning for the future.** Another way that these adolescent girls expressed resilience and hope was apparent through the way they discussed planning or dreaming about their future. Even though several girls were currently being trafficked at the time of the interview, the majority of them expressed having plans or dreams for their future. Many of their dreams or plans included future career plans, educational goals, helping their family, or dreams of finding emotional healing from traumatic experiences in their lives.

Several of these adolescent girls described their goals and dreams for the future. Many of them discussed wanting to continue in their education. One girl reflected on her education plans stating, “I mean, a long-term goal, I’ve never had a family member set foot in a four-year college, and I want to be the first. So that’s long term.” Another girl described her more detailed plan to complete her GED then go to college in Maui to study marine biology. Yet another adolescent girl expressed her dream to be a veterinary or veterinary technician, which is a goal she has had since she was 14 years old.

Many also expressed future dreams of helping their families in some way. One adolescent girl expressed her plans to strengthen contact with her mother and father.

Probably to get my family together, set my priorities straight for them. Like, my siblings will always be family to me. Because I know I say I have no one. But in my head, you know, I’m always thinking of them. They are my family. My mom, I would like to help her. She needs help. Because, I mean, yeah, she needs help

bad. She's on the streets right now, so doing God knows what. And I guess another goal, get in touch with my dad. He contacted me when I was fourteen. But we talk every blue moon. So probably by the time I turn eighteen I want to be, you know, communicating with him regularly, hopefully.

Another adolescent girl discussed her goals for her own family, including her daughter who was in the custody of Family Services for the state at the time.

I've been really big on the goals. Like, I've been writing down my goals every day. Like, I'm like trying to like pound them into my head. Daughter back. And then I want to get employed, like having income. I want to obtain housing, like have somewhere to have me and [boyfriend] have our daughter. Car, transportation, getting my license, yeah. And pretty much, getting my juvenile [record] cleared. That's like one of my biggest goals.

Many of these adolescent girls expressed goals surrounding having their families reunited or reconnecting with family members who they had limited contact with in the past. Another adolescent girl pictured her life with several changes in the future.

I picture it still struggling to get...start life, and but I'm going to hopefully be working and hopefully, I want to still be living with...I might still be living with my parent, my dad, actually, or my mom. Still going to school and, yeah. But I'm making my own money. Working, and going to school sober, off probation.

A few girls discussed dreams of finding emotional healing. While discussing a stressful situation about her mother, a girl stated,

But I want her to like understand I'm stressed out too and I really need like help emotionally, because I don't see myself being happy. And I'm never happy. Like unless I'm with my baby sister, I'm not happy. And all I want to do is cry. And I can't sleep. And it's really hard. Like I just want help emotionally.

Another adolescent girl expressed the possibility of rewriting her own story by planning to do things differently for her own family in the future.

I don't want to have my family turn out how my family did, like my own family. I want to have a good life and have my kids grow up right and like tell them things I did so that they don't do it. Like, that's what I wish my mom would have done. Like tell me all this stuff that you're not supposed to do and then tell me stuff I'm supposed to do. Because no one ever told me, oh, you're supposed to go to school or supposed to get a job. I just learned that all myself.

While many of these girls expressed goals and dreams for the future, some had concrete plans with knowledge of what steps they needed to complete to reach these goals while others discussed dreams for their futures. However, whether their goals were well-planned or less developed, they appeared to derive hope from their dreams, which may contribute to further resilient behavior. The few adolescent girls who could not express dreams or plans for their future often struggled to discuss what made them hopeful in life and tended to express depressive symptoms or become upset during the interview.

**Actively seeking change.** While many adolescent girls described having plans or dreams for their future, some expressed a more active plan for seeking changes in their lives. Seeking more active changes included taking steps toward change or actively working toward a goal.

Many of these girls who had created goals, organized steps to accomplishing their plans, and actively engaged in implementing change demonstrated more resilience and hope in the way they spoke about their futures. They also often had a more positive perspective of their current situation.

Many of the adolescent girls described engaging in active change through participating in drug treatment and actively working to stay sober. Many were in the process of or had completed an inpatient or outpatient drug rehabilitation program. An adolescent girl who had recently started back to school after missing the previous year in high school was discussing what made her feel proud and stated, "It's exciting because it's like a fresh start from out of jail, going to treatment and go back to school." Another adolescent girl reflected,

Yeah, I'm hoping, because I'm going to treatment, yeah. And I just, I feel like this time it's something different. Third time's a charm, third time in treatment. Third time's a charm. And I'm telling myself like all the time, I'm better than this. I am not meth, I am not an addict.

Similarly, another girl discussed the pride she felt from actively maintaining sobriety.

I feel proud finishing school and being able to stay sober. That's really the main things right now, like because I've been sober for so long. Like I never used to be sober at all, period. I'd always do drugs, like for the past couple months that I've been sober, I feel so much better. Like I'm proud of myself. My grandparents are proud of me too. And like I'm finally finishing school. And that's a big accomplishment.

Pride was a common feeling shared by several adolescent girls as they reflected on their journey with maintaining sobriety. Even though some had repeated treatment programs in the past, they maintained hope that they could actively achieve change.

Other ways these girls who had been trafficked demonstrated resilience and hope through actively seeking change in their situation included using healthy coping skills. Those who discussed using healthy coping skills often described engaging in therapy or talking to other supportive people in their lives. One adolescent girl described how she coped when she started having traumatic flashbacks of her past in trafficking.

Respondent: Just being alone and thinking by myself. I start thinking of things I really don't want to think about. And then I get upset.

Interviewer: How do you handle that when that happens?

Respondent: I talk to my counselor. I talk to my foster parents. I hold my little brother.

Another girl described how she uses coping skills to help regulate her mood when she begins to feel depressed.

I guess I'll try to like... I'll try to make myself laugh or something. And I'll become happier. I just try to talk about it with somebody. And then once it's off my chest, I feel happy. Like if I've been holding something in for so long and I just say it, and then I'm like so happy afterward. You can see how I change.

Others demonstrated active engagement in changing their situation through taking responsibility for their situation and recovery.

I'm handling them [problems] a lot more better than I used to, just more responsible ... Getting on probation this time, from like having that PCS

[possession of illegal substance] charge, yeah. Because like I'm at this point where I have a daughter that I want to get back and care for and to be a mother to. I mean I have my whole life that I want to look at. And like, I'm sitting back here in jail. Like, I need to really step up and be the person I know that I can be, and just be like more...just pretty much being responsible.

Although several adolescent girls were actively participating in creating change in their current situation, several had not reached this process yet. A few girls expressed that they often avoided their problems instead of directly engaging in active problem solving or coping. Some of these adolescent girls also could not yet accept that they were experiencing challenges or traumatic experiences. One adolescent girl replied,

I see around here that are like that, here in [city name] girls that prostitute themselves, girls that find other girls to prostitute. Like that was dangerous. I ran into a couple of those. That was scary. And girls that deal drugs. I mean, yeah, just girls that are in situations that they can't help but to do bad things to keep themselves alive.

At this point, the adolescent girl was unable to accept that she had been trafficked and did not appear able to think about or was too afraid to begin actively engaging in changing her circumstances.

**Others-focused thinking.** Several adolescent girls who had begun to process the trauma they had experienced while in trafficking reflected on how their experiences impacted how they thought of others. Many of them expressed that they wanted to use their experiences to help others. In a way, several girls demonstrated resilience through their willingness to process their

traumatic experiences and make themselves vulnerable to sharing with others with the hope of using their experiences to provide hope for others.

The most common form of others-focused thinking appeared when several adolescent girls stated that they wanted to tell their story to other girls who were being trafficked to help them in their process toward recovery. One adolescent girl reflected this when describing what she imagined her life would look like several years in the future.

Or I want to be a counselor. I feel like I would have... I don't know. I have a story. And I would be able to help girls ... Like, I just want to be able to talk to them so if they feel like they need anything like someone to talk to just in general, like a mom figure. I don't know. I would love that. I think that's what I'm on now, is like wanting to do something with girls, just anything, open a shelter or anything with that.

Another girl stated, "I want to be a PO [probation officer], you know, because I want to take criminal justice. And I want to work with sexually trafficked girls. I want to be like [her probation officer]." For many of these young girls, being able to use their traumatic experiences in a positive, prosocial way appeared to be a part of their healing process.

The discussion surrounding prosocial behavior also included other forms of volunteering or helping others, even if not directly correlated with helping others in trafficking. One adolescent girl described the meaningful experience she had participating in Relay for Life at her school. She reflected, "It's like, I just turned in \$250. It's under my name, and it's still all going to a cancer patient." She also explained that she was proud that she could help others in her drug rehabilitation group.

And I have it scheduled for I can go there and basically, because you're able to, like when you're there you're able to run groups as a like, part of your therapy and like your treatment. So I have it scheduled for I could go there and run groups for that day. And that's without telling my story. And then on Saturday or Sunday when I go there, well, the following Saturday or Sunday I'm going to get to tell my story.

Another adolescent girl described how she felt proud that she could do something that she loved that helped others. She expressed the joy and hope she felt when working with the elderly population.

And like me talking to an old person, them telling me that I can stay clean, them telling me to do this. They're telling me their stories and stories and stories over and over again, I feel like I'm being a counselor. I feel like I'm my own personal counselor. I definitely feel like, oh wow, like that person has a great, great story. And then two weeks down the line I can remember mentally and physically. Because stuff like this I can remember things. And I can take that in and be like... and I go back, you know, and I just share with them what they told me, and they feel like, wow, somebody does still care. There is hope in the world, you know. And then to see the look in their eyes, you can see the smile on their face. It gets me, like wow, I did that to them. So that really gets me.

Other ways that these girls demonstrated a larger focus in thinking of others was through forgiveness and making others feel proud. One girl described feeling angry toward her father, because as a child she witnessed him physically abuse her mother repeatedly, often to the point

where she had to go to the hospital. In her process of working toward forgiving him, she stated, “I mean, that’s my dad and I forgive him. Like it took me a long time up until last year to actually be like I forgive you. But, you know, I always have that resentment in the back of my mind.” Her willingness to work through the process of forgiving her father demonstrates her resilient outlook for her future as she searches for a way to move forward from the abuse she witnessed. Another adolescent girl described wanting to make her mother proud, even if she had to work hard to accomplish this goal. She described that she had been doing poorly in school and a school counselor was concerned that she was not going to graduate.

So my Mama’s really upset. And she was just like, I feel like this is a setback, because I know that you can do it. So, you know, and so I had to suck it up, went back the next day. I had, I think four months to get everything aligned. And towards the end of the year I had two days left, actually towards this last end of the year. I had two days left of school. I would like to say that I got everything done, got my grades back in a line. I had a straight 3.0 ... And my mom was just like, I knew that you could do it. And she was real proud of me.

The discussion surrounding what made them feel proud or hopeful often led to descriptions of wanting to help others or how they had started thinking about others in their lives. For some of them, it seemed that helping others provided a sense of hope for their future and seemed to increase their resilience.

**Hope for change.** Lastly, the theme of hope for change was explicitly mentioned in the interviews by several girls. Many of them reflected that they had hope for their future and envisioned their lives improving. One adolescent girl expressed, “I wish I could change the way I

act around people. I wish I could change that the way my life is going right now.” She later referred to hoping she could change her drug addiction and her habit of running away from home. Another girl described how having hope for her future allowed her to keep moving forward even when she felt depressed.

I guess, I look at it like just be hopeful for the future. Like, I don't know. It's like it now might not be good, but just wait a couple weeks or something and maybe stuff will change. I like to look forward to the future. That's how I stay hopeful. That's something I change. And then I'll be back to normal or something and stuff like that.

For this adolescent girl, having hope for change in her future helped her fight through times of depression and realize that her depressive symptoms would pass after some time.

Another adolescent girl described experiencing hope when she wrote poetry. She described how she felt hopeful when writing and stated,

For me hope is something that I can go off every night and hope for a better day ... You know, like peace. Not having to worry about something I already dealt with the last day, the day before that, the day after that.

For many of these adolescent girls they experienced a sense of hope through looking forward to something in the future or other activities, such as writing. In spite of their traumatic experiences in trafficking, some of these adolescent girls continued to express hope in a variety of ways.

### Quantitative Results

A total of 19 participants completed the Connor-Davidson Resilience Scale, the Children's Hope Scale or Adult Hope Scale, and the Hopkins Symptom Checklist-25. Refer to Table 2 for sample sizes, means, standard deviations, and effect sizes.

Table 2

#### *Descriptive Statistics*

| Measure  | Mean   |       | Standard Deviation |      | N      |      | Cohen's <i>d</i> |
|--|--------|-------|--------------------|------|--------|------|------------------|
|  | Sample | Norm  | Sample             | Norm | Sample | Norm |                  |
| Connor-Davidson-Resilience Scale               | 73.93  | 80.4  | 15.47              | 12.8 | 19     | 577  | 0.46             |
| Child Hope Scale                               | 22.0   | 25.71 | 4.29               | 6.11 | 11     | 322  | 0.70             |
| Adult Hope Scale                               | 54.75  | 47.32 | 7.61               | 6.49 | 8      | 269  | 1.05             |
| Hopkins Symptom Checklist-25, Anxiety Scale    | 18.79  | --    | 5.42               | --   | 19     | --   | --               |
| Hopkins Symptom Checklist-25, Depression Scale | 31.37  | --    | 7.65               | --   | 19     | --   | --               |

Multiple independent sample t-tests were conducted to compare the trafficked girls' scores on the CD-RISC and the Children's Hope Scale or Adult Hope Scale with scores from normative samples. The sizes of the normative samples were much larger than the number of participants included in this study, and, therefore, there are large differences between sample sizes. The normative sample used for the CD-RISC included a random-digit dial based general population sample (Connor & Davidson, 2003). The participants in this normative sample were non help-seeking. There was a significant difference between scores on the CD-RISC for girls

who had been trafficked ( $M = 73.93$ ,  $SD = 15.47$ ) and the normative sample ( $M = 80.40$ ,  $SD = 12.80$ ) scores,  $t(594) = 2.15$ ,  $p = .032$ . These results suggest that the girls who were trafficked experienced significantly lower levels of resilience than normative samples.

The normative sample for the Children's Hope Scale included boys and girls, ages 9-13, who were from Kansas public schools (Snyder et al., 1997). There was a significant difference between scores on the Children's Hope Scale for adolescent girls who had been trafficked ( $M = 22.0$ ,  $SD = 4.29$ ) compared with the normative sample ( $M = 25.71$ ,  $SD = 6.11$ ) scores,  $t(331) = 2.00$ ,  $p = .047$ . On the Children's Hope Scale, the adolescent girls who had been trafficked were found to experience lower levels of hope than the normative sample.

The older adolescent girls who were ages 17 and older were compared to a normative sample of 269 students with 190 students being women with a mean age of 25.8 years for women (Brouwer, Meijer, Weekers & Baneke, 2008). There was a significant difference between scores on the Adult Hope Scale for girls who had been trafficked compared with the normative sample. However, participants in the older adolescent girls group ( $M = 54.75$ ,  $SD = 7.61$ ) had higher hope scores than the normative sample ( $M = 47.32$ ,  $SD = 6.49$ ),  $t(275) = 3.18$ ,  $p = .002$ . These results suggest that the adolescent girls who received the Adult Hope Scale experienced higher levels of hope than the normative sample. Descriptive statistics were gathered regarding the participants' levels of anxiety and depression as measured by the HSCL-25. Appropriate normative samples were unable to be found for this age group, so only descriptive statistics were gathered. Refer to Table 2 for the means and standard deviations for this measure.

## **Chapter 4**

### **Discussion**

The resilience and hope of adolescent girls who have been or currently are victims of sex trafficking were investigated in this study. The results gained through this research provided much needed insight and further understanding of how victims and survivors of human trafficking experience trauma but also resilience and hope. This information is vital to understanding the experiences of these adolescent girls and should be more fully understood before effective approaches to treatment and aid can be considered. Through this study the researcher found that adolescent girls who have been trafficked experience lower resilience than those of the general population. The researcher also found that younger girls who have been trafficked experience less hope than the general population, but that older girls experience more hope than the general population. The personal stories of these adolescent girls were also investigated and revealed that even though these girls experience lower levels of resilience and sometimes hope, they do continue to experience moments of resilience and hope in their lives despite the trauma of sex trafficking. Due to limited research with victims of trafficking and the small sample size of this study, the qualitative results of this study provide the most meaningful information regarding how victims of trafficking demonstrate resilience and hope. Their interviews are emphasized because they provide the most information about the victims' perspectives of their lives and situations. It is important to understand the experiences of sex trafficking victims more fully before attempting to form larger quantitative studies.

**Resilience in Human Trafficking Victims**

Although adolescent girls who have been trafficked experience less resilience than those in the general population, the interviews with these girls revealed that in spite of the horrific abuse and trauma they endure, many of them do express resilience in their lives. The overall lower resilience in this population is likely the result of multiple factors. Due to the severe trauma, physical abuse, and emotional manipulation experienced by these adolescent girls, they may learn to accept the aggression directed toward them causing them to feel as though they do not have enough power to escape the situation. Many young victims also begin to adopt a protective attitude toward their abusers, regarding them as boyfriends or brothers. This mentality may also inhibit their ability to bounce back from the abuse because they are unable to accept that they deserve respect, which may prevent them from striving for more in their life. The emotional and psychological abuse that is such an integral part of traffickers' control over their victims likely plays a significant role in convincing these adolescent girls that their worth is dependent upon what they can do for others, thereby crushing their victims' attempts to be resilient.

Similarly, while struggling to be resilient, these girls also experience varying degrees of anxiety and depression related to the trauma experienced while in trafficking. The adolescent girls in this study endorsed a number of symptoms of anxiety and depression and spoke about feeling anxious about their futures or sad about the losses they had suffered. Results of this study demonstrated a wide variety of symptoms related to anxiety and depression, suggesting that these girls likely each cope differently with trauma.

Even though these adolescent girls experience lower levels of resilience than normative samples, they do continue to demonstrate various resilient traits. Their interviews revealed the importance of positive attachments. Many of these adolescent girls described having a strong relationship with a parent, other relative, a counselor, or probation officer who was able to show them love and accept them in spite of what they may have been forced to do while in trafficking. The consistency of the positive attachment with someone outside of the trafficking world plays a vital role in helping the victim and survivor feel supported and valued.

The impact of positive attachments within healthy relationships is key to these girls' resilience and hope for the future, because the very nature of the trafficking industry is for those who control the girls to break down their positive attachments with others so that the controller, usually the pimp or "boyfriend," can use his relationship with the victim as a form of reward for compliance or punishment, which includes shaming the victim and emotional abuse. This type of emotional control was observed in the adolescent girls' interviews and appears consistent with findings from current research (Rand, 2009). The difficulty that these adolescent girls experience, however, was observed through how they described their pimps during the interviews. None of the adolescent girls interviewed used the word pimp to describe the usually male figures who used them to make money through prostitution. Many of the girls called them their "boyfriend," especially those who were currently still being trafficked at the time of the interview. Another described how she was affiliated with a gang and earned money for her "brothers" through prostitution because they were her family. It is clear how these adolescent girls' views of healthy relationships became distorted through the emotional abuse of being used by pimps.

However, a few of the adolescent girls in their interviews discussed other relationships they were able to maintain, such as with family members, counselors, or probation officers. As discussed previously, research has shown that effective parenting has been shown to be a protective interpersonal factor that mitigates the effects of trauma and promotes resilience (Masten & Narayan, 2012). Those with healthy family relationships and whose parents demonstrated more effective parenting skills appeared more able to offer support for their daughter's recovery. Some of the girls revealed that they were able to have positive relationships with others who were outside of the trafficking world, who encouraged them and helped them see other possibilities for their lives, such as completing school or reuniting with family. Having these positive attachments allows these adolescent girls the opportunity to see other possibilities for their lives. These positive relationships often contributed to their resilience because many of these girls experienced shame about the things they had done while in trafficking, but having the consistent support from others who cared about them while understanding the trauma related to their situation, appears to help these adolescent girls continue fighting through each day. Even though these positive attachments may not have an immediate effect in helping an adolescent girl exit the trafficking system, it allows her an opportunity to see herself through a different lens, one where she is not shamed or degraded but valued and respected. Over time, these positive relationships may offer these adolescent girls enough of a sense of security to ask for help.

These girls' interviews also revealed the importance of maintaining a positive self-concept and being able to maintain an identity outside of their trafficking identity. This aspect of resilience appears to be significant for this population and is not frequently expressed in other resilience research. One example came from one adolescent girl who introduced herself during

the interview by her street name. Throughout the interview she explained how she more fully identified with her street name than her birth name, and how she was proud to have earned her street name. However, with her street name came a new sense of identity, one that included an unhealthy self-concept. During her interview she revealed several maladaptive self-beliefs, such as believing that using sex was a positive way of earning the things she needed or wanted, believing that she is only as important as others tell her she is, and believing that love has to be earned from others. Others described seeing trafficking as something that happened to them, but was not a part of their identity. Those who were able to see themselves apart from what happened during their time in trafficking seemed to express a sense of resilience that their future was not ruined but they still had the ability to move forward in their lives. Several adolescent girls discussed their dreams for the future and described how they wanted their future to look from this point on. Through their interviews, several of these girls were able to describe other parts of their identity that had not been impacted by the trauma of trafficking while others described new parts of their identity that they had taken on after being trafficked. They demonstrated resilience through their ability to not let trafficking define their identity.

Several interviews also revealed that adolescent girls who are trafficked express resilience through feeling a sense of capability and through recognizing a purpose for their life. Several girls revealed how they were able to handle the difficulties of trafficking when they felt they were successful in other areas of their lives. Many of these adolescent girls also discussed believing that they had a purpose for their lives, which helped them to continue striving for change even if they were still involved in trafficking. Their discussion revealed how resilience is present through their ability to engage in healthy goals in their lives and in how they understand

their purpose for living. Previous research of resilience has not focused on the understanding of purpose in an individual's life, which appears to be a unique expression of resilience for adolescent girls who are trafficked.

The adolescent girls who were interviewed also described their reliance on religious beliefs as a form of coping with trauma and other negative symptoms, such as anxiety or depression. Many of them described feeling a sense of relief when practicing prayer or thinking about a higher power. Their belief or faith appears to contribute to their overall resilience by helping them to cope with their emotional experiences and not become overwhelmed by their surrounding stressors. Their use of religious coping is consistent with previous literature regarding religious beliefs serving as an interpersonal protective factor from trauma (Masten & Narayan, 2012).

Furthermore, the adolescent girls who participated in this study frequently discussed how they thought about helping others who were also going through trafficking or other similar experiences, such as attempting to maintain sobriety from drug use. They described wanting to help others to find solutions to problems or teach them how they coped with specific emotions or situations. When they discussed this desire to help others, they described using methods such as volunteering or leading a support group for girls. Often there seemed to be an underlying desire to connect with others and form healthy relationships. This type of resilient, prosocial behavior is consistent with previous literature on resilience (Dyer & McGuinness, 1996). The adolescent girls who were currently engaging in prosocial behavior and focusing on others described feeling proud of themselves. This new desire to make healthy connections with others was a clear sign of resilience for this group.

### **The Experience of Hope**

Throughout the many interviews, hope was a pervasive theme. As stated previously, hope has been defined as a multidimensional construct that helps comfort individuals during stressful or threatening situations (Morse & Doberneck, 1995). In this study there were differences in how these adolescent girls experienced hope compared to normative samples. The younger age group was found to experience less hope while the older age group experienced more hope when compared to normative samples. While differences between these age groups were found in this study, it should be noted that the sample sizes were small in both the child group and the adult group, which likely has an impact on the overall score for each group. There are likely many variables that impact the hope experienced by these girls. This study highlights that even though these adolescent girls suffer abuse they continue to have hope for their future. Age during the time of trafficking may also play a role in the amount of hope these girls experience. Younger victims in trafficking may struggle more to feel hopeful, which is likely related to multiple factors. Younger adolescent girls in trafficking may feel less hopeful due to the disruption of family relationships and education early on in their development. Also, since these victims are younger, they may feel they have less power as children to change their circumstances. Many of their abusers are adults, which highlights a significant power dynamic. Victims who are older perhaps begin to experience an increase in hope due to the expectation that they will begin to have more control over their future once they become adults. A few of these girls stressed the importance of being able to make their own decisions for their future, which many of them linked to becoming a legal adult at the age of 18. Further research would help illuminate further differences in hope between older and younger adolescent victims of sex trafficking.

While there appears to be differences in levels of hope depending on age groups, these adolescent girls demonstrated specific factors related to hope. The adolescent girls often described having dreams for their future or were creating plans for goals in their lives. Others did not have exact plans but were hopeful for change in their circumstances. The interviews with these adolescent girls revealed that hope can positively impact their ability to cope with their traumatic experiences. For this group, the adolescent girls appeared to demonstrate different degrees of hope, such as hoping for change, dreaming or planning for the future, or actively seeking change.

It was common in the interviews for the girls to describe hoping for change in their lives. However, at this stage, it seemed these girls did not have specific plans or goals for how they wanted their lives to be in the future. They demonstrated hope through understanding that their lives could be different and that they wanted this future, but did not know how to accomplish it. Many girls who were still involved in the trafficking industry demonstrated this type of hope. Even though no specific goals were identified, these adolescent girls' hope for change may serve as a factor that further promotes coping with the stressful or traumatic circumstances they experience in trafficking.

Another description of hope derived from their interviews included planning or dreaming for the future. Girls who expressed this type of hope discussed their goals for the future or plans that they wanted to accomplish. Many of them were able to describe how they wanted to accomplish these goals, such as knowing what work they needed to complete in high school before pursuing further college education. Many described having plans for future careers or accomplishing sobriety. The adolescent girls who were able to describe their specific goals also

seemed able to identify and understand the steps needed to accomplish these goals. At this point, their expression of hope aligns well with the literature and research by Snyder et al. (1991) who described hope as a construct comprised of two parts, including agency and pathway. These girls were able to demonstrate pathway thinking as they were able to identify the routes needed to accomplish their plans.

Another way the interviews from these adolescent girls reflected hope was through the way a few of them were currently engaging in actively seeking change. This incorporated those who, at the time of the interview, had already started taking steps toward reaching new goals to change their lives. Many of these girls who expressed this type of hope seemed to be out of the trafficking industry, although there were a few who were still involved and were able to begin working toward their goals. Their interviews revealed that active hope for these girls may look like actively using new coping skills to help with emotional healing from their trauma. They may also reflect this type of hope through active engagement in drug treatment or other treatment. At this stage of hope, these adolescent girls demonstrate both pathway thinking and agency, which is the motivation to use such routes toward their goals (Snyder et al., 1991). For this population, it seems that reaching the motivation to achieve goals is the most challenging part of hope for them to accomplish. However, it is important to understand that this population of adolescent girls who have been trafficked express hope in many ways that help them continue fighting for a better future.

### **Limitations**

Due to the difficulty of accessing this population, there are several limitations to this study. The primary limitation to the quantitative portion of this study was the small sample size.

This population is often difficult to research due to several factors. Many times these adolescent girls are not located in one place for very long before they move. This includes both juvenile detention centers and residential or other treatment shelters. Often times, these girls have difficulty completing treatment programs and leave shelters or other care facilities to return to their pimp. Also, many girls who are trafficked feel too afraid or are too traumatized to speak about their current or past experiences. Many of them fear retaliation from their pimps or others involved in the trafficking industry. As a result, there is limited opportunity to hear their stories. The small sample size used in this study likely most accurately describes the emotional experiences and resilience of this specific group of girls and may not describe the entire picture of experiences faced by adolescent girls who have been a part of the human sex trafficking industry in the United States.

Furthermore, for this study the method of convenience sampling was used for several reasons. As expressed earlier, this population can be difficult to access, so the adolescent girls in this study were found through one juvenile detention facility where participants were offered the opportunity and volunteered their time. Some girls declined to participate, which likely indicates a certain difference between those who were willing to participate and those who declined. Therefore, the sample may be skewed due to extraneous factors related to participants' willingness to participate.

The use of convenience sampling also leads to systematic bias. Since only a small selection of participants were accessible and willing to participate, there is likely a difference between the results of this small sample and that of the larger population of adolescent girls who have been trafficked. The results of this study looked at the experiences of adolescent girls

within a specific time and place. The sample was collected through one location and only during a certain period of time. These parameters likely excluded a large number of adolescent girls who qualified for the study but were unable to be reached. Due to time and resource limitations, the researcher was not able to gather participants from other cities across the United States. This limits the generalizability of the results of this study. Since the sample is not representative of the entire population, the results of this study likely demonstrate low external validity. However, despite these criticisms and limitations, the results of this study are important for beginning to understand how human trafficking victims and survivors experience resilience and hope compared to a normative sample to better inform treatment and support for victims and survivors. This study demonstrates how resilience and hope can impact how sex trafficking survivors and victims continue to move forward in their lives despite the trauma they have experienced. Only once the differences and similarities between sex trafficking victims and those who have not been trafficked are understood can treatment be effectively evaluated and tailored for these adolescent girls.

### **Implications for Further Research**

The results of this study demonstrated the importance of resilience and hope in adolescent girls who have been victims of sex trafficking in the United States in helping them to continue moving forward in their lives despite their traumatic experiences. Unfortunately, there remains little empirical research about the sex trafficking industry in general at this time. Specifically, there continues to be a large deficit in the research regarding the experiences of trauma, coping, and negative symptomatology of adolescent girls who have endured unspeakable suffering as a result of trafficking. Further research is needed to understand these other

underlying factors and experiences encountered by these girls. Their experiences need to be better understood before interventions can be evaluated.

Researchers should also begin to focus on the factors that impact when an adolescent girl becomes ready to leave trafficking. There appears to be different factors that impact when an adolescent girl feels she is able to leave trafficking while others continue to struggle with leaving and feel safer staying in the trafficking cycle. These factors need to be identified and understood, because the results would greatly impact how organizations and agencies can begin to overcome the barriers to helping girls stuck in this pernicious cycle. Also further research should include understanding the variables that contribute to trafficking victim's successful completion of rehabilitation and recovery. Many adolescent girls enter rehabilitation programs or shelters and later leave to return to their abusers, even if this means traveling across several states to return to them. These variables are important to understand in order to prepare agencies for understanding how ready a trafficking victim is for change and understanding that the victim will likely feel hesitant that she is away from her abusers. A more comprehensive understanding of these factors will better inform treatment and both government and not-for-profit agencies about how to structure treatment programs and set appropriate expectations for success.

In terms of understanding resilience and hope in this population, future researchers should begin to examine and introduce interventions that will help to further increase resilience and hope factors in this population. Although some of these girls may have developed their resilience and hope as the result of their experiences in trafficking, others may need support through intervention to help cultivate these factors. Also, further interventions should focus on treatment in other areas beside resilience and hope. Multiple factors contribute to the overall

well-being and adjustment of adolescent girls who are recovering from this unique form of complex trauma. As further factors are identified to impact these girls, then researchers can begin implementing interventions that further support trafficking victims and survivors. Both existing and new interventions should be implemented in order to evaluate their effectiveness.

Interventions that have been used to treat other trauma populations may prove to be beneficial for trafficking victims as well, but further research is needed to decide this. There is the potential for new interventions or modified preexisting interventions to be created that could best support the unique needs for this population.

Further research is greatly needed to help create not only awareness of the issue but begin to shape answers for this problem. Further research would begin to help inform the multiple agencies and organizations who currently work with these adolescent girls everyday about the most effective treatment to offer. Researchers should work with thoughtful consideration for the victims of sex trafficking they encounter and work carefully always remembering their vulnerability. Further research should provide a more holistic understanding of the sex trafficking industry, which is vital if society hopes to find a solution to this otherwise covert and repulsive industry. The darkness of this abusive industry must be brought to light.

Overall, this study illuminates the need for further research to understand how adolescent girls who have been trafficked use resilience and hope in their lives. Even though these girls predominantly experience lower levels of resilience and hope, this study revealed that they do continue to express these traits. This study has shown how these adolescent girls demonstrate resilience and hope in forms such as through positive attachments, sense of capability, positive self-concept, and through the ability to see other parts of their identity. They also demonstrate

resilience and hope through a sense of purpose, religious beliefs, planning for the future, actively seeking change, others-focused thinking, and hope for change. These traits speak to these adolescent girls' unrelenting ability to face unspeakable trauma and continue striving for a future with purpose and peace.

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**Appendix A**  
**Consent Forms**

Parent/Guardian Consent Form for Participation

I, \_\_\_\_\_, agree to allow my child to participate in a study that looks at how people get through hard things in life and what gives them hope. I understand that she will be asked questions about her life. I also understand that she will answer some questions on paper. I know that this process may take around an hour and a half.

I understand that my child's answers to the interview questions will be audio-recorded only, and her name will not be attached to the recording.

The only people who will hear her recorded answers will be the researcher, Jasmine Holt, another researcher who will help her with analyzing data, and someone hired to type the interview. I understand that her answers will not be kept with this form so others will not see her name connected to her interview answers.

I also understand that I can withdraw my child at any time up until her answers are analyzed. The data will not be destroyed after the study is completed, but all hard data will be locked in a filing cabinet in one office. I know that it is possible that some questions will be upsetting for her or make her feel sad. If she needs to talk to someone about these feelings she can tell the interviewer and they can talk about these feelings after she has finished the interview.

After completing this study I understand that she will receive a gift for her participation. This will include a snack for her. I also understand that participation in this study does not require me to pay any amount.

I also understand that the interviewer is a mandated reporter, meaning that she is required to report child abuse, suicidality, and homicidal threats.

If I have any questions about this study, I can contact Jasmine Holt at [jholt11@georgefox.edu](mailto:jholt11@georgefox.edu). By signing or typing my name below, I give my child permission to participate in this study.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

## Adult Consent Form for Participation

I, \_\_\_\_\_, agree to participate in a study that looks at how people get through hard things in life and what gives them hope. I understand that I will be asked questions about my life. I also understand that I will answer some questions on paper. I know that this process may take around an hour and a half.

I understand that my answers to the interview questions will be audio-recorded only, and my name will not be attached to the recording.

The only people who will hear my recorded answers will be the researcher, Jasmine Holt, another researcher who will help her with analyzing data, and someone hired to type the interview. I understand that my answers will not be kept with this form so others will not see my name connected to my interview answers.

I also understand that I can withdraw at any time up until my answers are analyzed. The data will not be destroyed after the study is completed, but all hard data will be locked in a filing cabinet in one office. I know that it is possible that some questions may be upsetting for me or make me feel sad. If I need to talk to someone about these feelings I can tell the interviewer and we can talk about these feelings after we have finished the interview.

After completing this study I understand that I will receive a gift for my participation. This will include a snack. I also understand that participation in this study does not require me to pay any amount.

I also understand that the interviewer is a mandated reporter, meaning that she is required to report child abuse, suicidality, and homicidal threats.

If I have any questions about this study, I can contact Jasmine Holt at [jholt11@georgefox.edu](mailto:jholt11@georgefox.edu). By signing or typing my name below, I agree to participate in this study.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

## Assent Form

I, \_\_\_\_\_, agree to participate in a study that looks at how people get through hard things in life and what gives them hope. I understand that I will be asked questions about my life. I know that this process may take up to an hour and a half.

I understand that my answers to the interview questions will be audio-recorded only, but my name will not be attached to the recording or any of my answers.

The only people who will hear my recorded answers will be the researcher, Jasmine Holt, another researcher who will help her with this study, and someone hired to type the interview.

I also understand that I can stop at any time up until my answers are analyzed. I know that it is possible that some questions will be upsetting for me or make me feel sad. If I need to talk to someone about these feelings I can tell the interviewer and we can talk about these feelings after I have finished the interview.

After completing this study I will be given a gift for my participation. This will include a snack for me.

I also understand that the interviewer is a mandated reporter, meaning that she is required to report child abuse, suicidality, and homicidal threats.

If I have any questions about this study, I can contact Jasmine Holt at [jholt11@georgefox.edu](mailto:jholt11@georgefox.edu).

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

**Appendix B**  
**Demographic Questionnaire**

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

Years of Education completed: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Who is in your family? (example: mom, dad, sister...)

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## Appendix C

### Structured Interview Questions

For the interview, I am going to ask you some questions about your life. I want you to have the opportunity to tell your story as much as you like and not feel rushed. Please let me know if you want to take a break at any time.

Identity:

1. If I were to talk to your friends, what 3 characteristics would they highlight for you?

Family:

2. Who is included in your family? Mother, father, siblings, etc..?

3. What was that like for you to grow up in your family?

Childhood and history:

4. What two memories stand out to you from your childhood?

5. Are you dating anyone?

6. What are dating relationships like for you?

Current:

7. What makes you feel proud?

Prompt: What are some of the strengths you have?

8. What are some common problems you face right now?

Prompt: How do you handle problems in life?

9. Do you feel hopeful about life? In what ways?

Trauma:

10. Tell me about two of the hardest things you've been through in life.

11. Have you ever felt that your life was in danger? How so? What was that like for you?

Prompt: Have you ever been kicked out of the house by family or caregivers? What happened?

Prompt: Have you ever run away from home? What was happening at the time?

Future:

12. What would you like your life to be like when you leave here?

Prompt: Do you have any specific goals for the future? What are they?

Prompt: What do you picture you life like 5 years from now? 10 years from now? 20 years?

Emotions:

13. How often do you feel happy?

14. What makes you happy?

15. How often do you feel sad or depressed?

16. What makes you feel sad or depressed?

Spirituality:

17. Do you have a religion that you practice?

18. Do you have a faith or belief in a spiritual power? What is this faith?

19. How does it help you in life?

## Appendix D

### Test Instruments

#### Connor-Davidson Resilience Scale (CD-RISC)

For each statement give the response that best describes your experience: **not true at all** (0), **rarely true** (1), **sometimes true** (2), **often true** (3), **true nearly all of the time** (4)

---

|  | Not true | True  |
|--|----------|-------|
| 1 Able to adapt to change-----0                          | 1        | 2 3 4 |
| 2 Close and secure relationships-----0                   | 1        | 2 3 4 |
| 3 Sometimes fate or God can help-----0                   | 1        | 2 3 4 |
| 4 Can deal with whatever comes -----0                    | 1        | 2 3 4 |
| 5 Past success gives confidence for new challenge -----0 | 1        | 2 3 4 |
| 6 See the humorous side of things-----0                  | 1        | 2 3 4 |
| 7 Coping with stress strengthens -----0                  | 1        | 2 3 4 |
| 8 Tend to bounce back after illness or hardship -----0   | 1        | 2 3 4 |
| 9 Things happen for a reason-----0                       | 1        | 2 3 4 |
| 10 Best effort no matter what -----0                     | 1        | 2 3 4 |
| 11 You can achieve your goals -----0                     | 1        | 2 3 4 |
| 12 When things look hopeless, I don't give up -----0     | 1        | 2 3 4 |
| 13 Know where to turn for help -----0                    | 1        | 2 3 4 |
| 14 Under pressure, focus and think clearly-----0         | 1        | 2 3 4 |
| 15 Prefer to take the lead in problem solving-----0      | 1        | 2 3 4 |
| 16 Not easily discouraged by failure-----0               | 1        | 2 3 4 |
| 17 Think of self as a strong person-----0                | 1        | 2 3 4 |
| 18 Make unpopular or difficult decisions -----0          | 1        | 2 3 4 |
| 19 Can handle unpleasant feelings -----0                 | 1        | 2 3 4 |
| 20 Have to act on a hunch -----0                         | 1        | 2 3 4 |
| 21 Strong sense of purpose -----0                        | 1        | 2 3 4 |

|                                       |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|
| 22 In control of your life-----       | 0 | 1 | 2 | 3 | 4 |
| 23 I like challenges -----            | 0 | 1 | 2 | 3 | 4 |
| 24 You work to attain your goals----- | 0 | 1 | 2 | 3 | 4 |
| 25 Pride in your achievements -----   | 0 | 1 | 2 | 3 | 4 |

---

## Children's Hope Scale (CHS)

## Questions About Your Goals

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the circle that describes YOU the best. For example, place a check (✓) in the circle (O) above "None of the time," if this describes you. Or, if you are this way "All the time," check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

1. I think I am doing pretty well.

|                       |                         |                       |                       |                       |                       |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| None of<br>the time   | A little of<br>the time | Some of<br>the time   | A lot of<br>the time  | Most of<br>the time   | All of the<br>time    |

2. I can think of many ways to get the things in life that are important to me.

|                       |                         |                       |                       |                       |                       |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| None of<br>the time   | A little of<br>the time | Some of<br>the time   | A lot of<br>the time  | Most of<br>the time   | All of the<br>time    |

3. I am doing just as well as other kids my age.

|                       |                         |                       |                       |                       |                       |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| None of<br>the time   | A little of<br>the time | Some of<br>the time   | A lot of<br>the time  | Most of<br>the time   | All of the<br>time    |

4. When I have a problem, I can come up with lots of ways to solve it.

|                       |                         |                       |                       |                       |                       |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| None of<br>the time   | A little of<br>the time | Some of<br>the time   | A lot of<br>the time  | Most of<br>the time   | All of the<br>time    |

5. I think the things I have done in the past will help me in the future.

|                       |                         |                       |                       |                       |                       |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| None of<br>the time   | A little of<br>the time | Some of<br>the time   | A lot of<br>the time  | Most of<br>the time   | All of the<br>time    |

6. Even when others want to quit, I know that I can find ways to solve the problem.

|                       |                         |                       |                       |                       |                       |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| None of<br>the time   | A little of<br>the time | Some of<br>the time   | A lot of<br>the time  | Most of<br>the time   | All of the<br>time    |

## Adult Hope Scale (AHS)

## The Future Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

- 1= Definitely False
- 2= Mostly False
- 3= Somewhat False
- 4= Slightly False
- 5= Slightly True
- 6= Somewhat True
- 7= Mostly True
- 8= Definitely True

- \_\_\_ 1. I can think of many ways to get out of a jam.
- \_\_\_ 2. I energetically pursue my goals.
- \_\_\_ 3. I feel tired most of the time .
- \_\_\_ 4. There are lots of ways around any problem.
- \_\_\_ 5. I am easily downed in an argument.
- \_\_\_ 6. I can think of many ways to get the things in life that are most important to me.
- \_\_\_ 7. I worry about my health.
- \_\_\_ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- \_\_\_ 9. My past experiences have prepared me well for my future.
- \_\_\_ 10. I've been pretty successful in life.
- \_\_\_ 11. I usually find myself worrying about something.
- \_\_\_ 12. I meet the goals that I set for myself.

## Hopkins Symptom Checklist-25 (HSCL-25)

I will read some symptoms or problems to you that people sometimes have. Please listen carefully to each one and tell me how much the symptoms bothered or distress you in the last week, including today.

| Part 1: Anxiety Symptoms              | Not at all               | A little                 | Quite a bit              | Extremely                |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                       | (1)                      | (2)                      | (3)                      | (4)                      |
| 1. Suddenly scared for no reason.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Feeling fearful.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Faintness, dizzy, or weakness      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Nervousness or shakiness inside    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Heart pounding or racing           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Trembling                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Feeling tense or keyed up          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Headaches                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Spells of terror or panic          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Feeling restless, can't sit still | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I will read some symptoms or problems to you that people sometimes have. Please listen carefully to each one and tell me how much the symptoms bothered or distress you in the last week, including today.

| Part II: Depression Symptoms                | Not at all               | A little                 | Quite a bit              | Extremely                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | (1)                      | (2)                      | (3)                      | (4)                      |
| 1. Feeling low in energy, slowed down       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Blaming yourself for things              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Crying easily                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Loss of sexual interest or pleasure      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Poor appetite                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Difficult falling asleep, staying asleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Feeling hopeless about the future        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Feeling blue                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Feeling lonely                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Thoughts of ending you life             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Feelings of being trapped or caught     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Worrying to much about things           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Feeling no interest in things           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Feeling everything is an effort         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Feelings of worthlessness               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Appendix E****Qualitative Analysis Codebook***Positive Attachments*

Close relationship with grandmother  
Mother modeled determination  
Has both parents  
Mother's love after prostitution helped with recovery  
Friends are closest people to her  
Trust  
Supportive foster parents  
Has concern and aspirations for her son  
Family  
Has supportive people, specifically her probation officer  
Remembers happy moments with family  
Motivated by sibling  
Few friends; family became important  
Happy memories of childhood  
Supportive mother relationship  
Mother involved in life  
Mother important to her even if difficult relationship  
Love  
Replaced father-figure with uncle when her father left  
Loves parents  
Caring family now  
Reconciled with family (mother)  
Wants to matter to others  
Family  
Close to grandmother  
Stable romantic relationship  
Adopted  
Borrowed hope from grandfather  
Raised by grandmother

*Sense of Capability*

Proud she can talk about her story  
Feels she has the access to accomplish her goals  
Proud to be off drugs  
Proud of progress and how she has learned to make good choices  
Completing treatment  
Continuing education

Resisting urges  
Proud

*Positive Self-Concept*

Ambitious  
Blunt  
Hope  
Motivated  
Resilience  
Strong passion  
Confident  
Determined  
Passionate

*Ability to See Other Parts of her Identity Outside of Trafficking*

Variety of hobbies  
Sports/athletic  
Encouraged by potential  
Sense of self not consistent with being a prostitute  
Accomplishments  
Caring  
Able to see other parts of herself – not “just a prostitute”

*Sense of Purpose*

Believes there's a purpose for her life  
Live life to the fullest  
Dreams/aspirations  
Searching for happiness

*Religious Beliefs*

Prayer brings relief – not scared anymore  
Prayer as coping  
Christian  
Religion to help cope  
Prayer  
God  
Buddhist  
Belief in God  
Want to engage in church  
Prayer to God motivates her  
Prayer gives hope  
Believes in magic

*Planning for the Future*

Ambition for work, college, future  
Able to thrive under pressure  
Future plans for more education  
High-achieving  
Ambition for work, college, future  
Aspirations for future career  
Want to be first in family to go to a four-year college  
Wanting help emotionally  
Want to re-write her story  
Plan to go to college  
Future-oriented – future dreams  
Able to dream

*Others-Focused Thinking*

Turn trauma into a way she can help others like her  
Able to think about others/ be philanthropic  
Enjoy working with elderly because it makes them happy  
Able to talk about sex assault/trauma  
Forgiveness  
Turn trauma into ways she can help others in trafficking  
Care about others before self  
Proud of brother  
Able to tell her story to help others in rehab

*Actively Seek Change*

Seeking stability  
Staying clean/drug free/sobriety  
Taking responsibility  
Take charge of own treatment  
Trying to stay out of trouble  
Striving to complete what is reasonable for her  
Healthy coping – talking to others  
Struggle to change but wants to  
Hope to prove others wrong about her  
Developed some coping strategies

*Hope for Change*

Wish for change  
Things will change in the future  
Hope for better in hard situations  
Prostitution made her sick, tired

## Appendix F

### Curriculum Vitae

#### Jasmine Holt

1030 SW Jefferson St. Apt 627

Portland, OR 97201

(816) 304-2170

jholt11@georgefox.edu

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#### Education

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|                    |   |
|--------------------|---|
| 2016<br>(Expected) | <b>Doctor of Psychology, Clinical Psychology</b><br>George Fox University, <i>Newberg, OR</i><br>Graduate Department of Clinical Psychology: APA accredited |
| 2013               | <b>Master of Arts, Clinical Psychology</b><br>George Fox University, <i>Newberg, OR</i><br>Graduate Department of Clinical Psychology: APA Accredited       |
| 2008               | <b>Bachelor of Science, Psychology</b><br>Evangel University, <i>Springfield, MO</i>  |

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#### Supervised Clinical Experience

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|                       |  |
|-----------------------|--|
| July 2014-<br>Present | <b>Sundstrom Clinical Services</b><br><b>Treatment Setting:</b> Private Practice<br><b>Title:</b> Master's level therapist<br>Pre-intern practicum<br>Supervisor: Kristin Valerius, Ph.D. <ul style="list-style-type: none"> <li>• Conduct intake interviews and clinical interviews to obtain current information and history and assist in providing a diagnosis</li> <li>• Provide therapy services using evidence-based cognitive behavioral interventions to children, adolescents, and families</li> <li>• Provide comprehensive evaluations for children and adolescents using a variety of assessments</li> <li>• Participate in co-therapy and case conceptualization with other child psychologists at the clinic</li> </ul> |
|-----------------------|--|

- Participate in administrative activities, such as billing issues, using an electronic health care system for charting notes, and communication with outside medical and other behavioral health providers.

July 2014-  
Present

**Oregon Health & Science University - Doernbecher Children's Hospital  
Child Development & Rehabilitation Center (CDRC)  
Autism Spectrum Disorder Screening Clinic**

**Title:** Psychometrician

Pre-intern practicum

Supervisor: Lark Huang-Storms, Ph.D.

- Learn developmental and Autism specific assessments to screen for Autism Spectrum Disorder in children (Mullen Scales of Early Learning and ADOS-2)
- Participate in clinical interviews with families
- Assist in scoring and interpreting assessments
- Write comprehensive reports incorporating family history, medical history, test results, and recommendations

July 2013-  
July 2014

**Oregon Health & Science University - Doernbecher Children's Hospital  
Child Development & Rehabilitation Center (CDRC)  
Neuro Development Clinic and Pediatric Feeding and Swallowing Disorders  
Program**

**Title:** Psychometrician

Practicum II

Supervisor: Darren Janzen, Psy.D.

**Neuro Development Clinic**

- Administered cognitive, achievement, memory, learning, behavior, adaptive, attention, executive function, and personality tests to assess for Attention-Deficit/Hyperactivity Disorders, learning disorders, intellectual impairment, and mood disorders
- Conducted Supplemental Security Income (SSI) evaluations
- Conducted initial intake interviews with parents/caregivers and child prior to testing
- Experience with conducting intake interviews and providing feedback of test results with an interpreter present for families who spoke other primary languages
- Conducted feedback sessions on same day as evaluation with parents regarding testing results and recommendations

- Scored, interpreted, and wrote integrated reports for each comprehensive assessment
- Provided relevant and appropriate recommendations for each report
- Weekly live individual supervision, including test administration, scoring, and report writing feedback

#### **Pediatric Feeding and Swallowing Disorders Program**

- Co-led individual therapy and family therapy with site supervisor
- Observed and participated with supervisor in providing consultation and intervention for families of children with feeding difficulties or medical complications related to swallowing and eating
- Participated in working with an interdisciplinary team including medical doctors, occupational therapists, and speech and language pathologists

Sept. 2012-  
July 2013

#### **Clark County Juvenile Court**

**Treatment Setting:** juvenile court and detention center

**Title:** Psychology Counselor

Practicum I

Supervisors: Shirley Shen, Ph.D. and Christine Krause, Psy.D.

- Therapy with adolescents in juvenile detention and those involved in the legal system
- Population included adolescents between the ages of 12-18 with emotional and behavioral difficulties, developmental disorders, severe mental illness, attention difficulties, trauma backgrounds, and substance abuse
- Assessment experience providing full battery of assessments including academic, personality and projective assessments for psychodiagnostic purposes (WISC-IV, MMPI-A, Rotter Incomplete Sentences, TAT, Rorschach)
- Long term therapy with adolescents on probation who need support while learning to live in the community
- Consultation with probation officers, parents, and other detention staff for comprehensive treatment planning for adjudicated adolescents
- Group therapy with the female adolescents in detention. Groups were process-oriented and focused on learning DBT skills
- Learning of the judicial system and legal process for adjudicated youth and the psychologist's role in the process

Jan. 2012-

#### **George Fox University Graduate Department of Clinical Psychology**

April 2012

**Treatment Setting:** University counseling**Title:** Pre-practicum Student Therapist

Pre-Practicum Student

Supervisor: Mary Peterson, Ph.D. and Rusty Smith, M.A.

- Conducted intake interviews and completed intake reports
- Weekly therapy sessions with two undergraduate students
- Development of treatment plans, keeping weekly progress notes, and provided termination summary at the end of treatment
- Participated in weekly individual and group supervision including case conceptualization, peer consultation, and video tape review of sessions

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### Assessments Trained in and Administered Under Supervision

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*Adaptive Behavior Assessment System-II**Autism Diagnostic Observation Schedule – 2 (Currently learning)**Behavior Assessment System for Children-2**Behavior Rating Inventory of Executive Function**Booklet Category Test**Boston Naming Test**California Verbal Learning Test - II**Child Behavior Checklist**Comprehensive Test of Phonological Awareness**Conners3**Conners Behavior Rating Scales**Controlled Oral Word Association Test**Delis-Kaplin Executive Function System**Finger Tapping**Grip Strength**Grooved Pegboard**Millon Clinical Multiaxial Inventory III**Minnesota Multiphasic Personality Inventory-2**Minnesota Multiphasic Personality Inventory - Adolescent**Mullen Scales of Early Learning (Currently learning)**NICHQ Vanderbilt Assessment Scale**Peabody Picture Vocabulary Test**Personality Assessment Inventory**Reitan-Klove Sensory Perceptual Assessment**Rey-Osterrieth Complex Figure Test**Rorschach Inkblot Test**Rotter Incomplete Sentence Test*

*Stanford-Binet Intelligence Scale-5*  
*Test of Memory Malingering*  
*Test of Silent Contextual Reading Fluency – 2*  
*Test of Silent Word Reading Fluency - 2*  
*Trail Making Test A & B*  
*Wechsler Abbreviated Scale of Intelligence – II*  
*Wechsler Adult Intelligence Scale - IV*  
*Wechsler Individual Achievement Test – III*  
*Wechsler Intelligence Scale for Children – IV*  
*Wide Range Assessment of Memory and Learning – 2*  
*Wide Range Achievement Test – 4*  
*Wide Range Intelligence Test*  
*Wisconsin Card Sorting Test*  
*Woodcock Johnson Test of Achievement - III*

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## Undergraduate Supervised Clinical Experience

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- 2010      **Superior Park Mental Health** (100 hours)  
**Treatment Setting:** Adult Residential Living Facility  
**Title:** Mental Health Worker  
*Excelsior Springs, MO*  
 Provided assistance in daily living skills for adult and elderly residents with severe clinical mental disorders, schizophrenia, or intellectual disabilities  
 Assisted in charting resident information and organizing resident records
- 2010      **Kansas City Girl’s Home Teen Challenge** (200 hours)  
**Treatment Setting:** Adolescent Residential Living Facility  
**Title:** Residential Care Worker  
*Kansas City, MO*
- Assisted girls in daily living routine at a residential living facility for female adolescents with behavioral issues and addictions.
  - Provided conflict resolution when necessary with individual residents and small groups.
  - Provided assistance with behavior management skills
- 2010      **Psychology Global Service Trip to Nairobi, Kenya**  
**Treatment Setting:** Orphanage and rural school  
**Title:** Psychology counselor

*Trip hosted by Evangel University*

Supervisor: Grant Jones, PhD

- Worked with a team during the semester to develop a counseling program incorporating Brief Narrative Therapy and Cognitive Therapy
- Led a growth group with children that focused on grief work and family cohesion during the ten day trip in Kenya
- Led a second growth group with adolescent boys and girls in Kenya that centered on trust and cohesion, personal identity, and grief work. Also attention to drug awareness was provided. Additional coping skills were taught.

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## Supervision Experience

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| Sept. 2014-<br>Present | <p><b>Supervision of Second Year Graduate Student</b></p> <p><i>George Fox University Graduate Department of Clinical Psychology</i></p> <ul style="list-style-type: none"> <li>• Provided weekly supervision to a second-year student in the program to support her professional development during her practicum</li> <li>• Submit journals concerning the supervision process</li> <li>• Provide supervisory interventions, insights, and guidance as necessary</li> <li>• Review two video recordings of the supervision process to discuss with faculty clinical mentor</li> </ul> |
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## Relevant Experience and University Involvement

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|------------------|--|
| 2013-<br>Present | <p><b>Member of Multicultural Committee</b></p> <p>Lead Liaison Member for Clinical Training Subcommittee</p> <p><i>George Fox University Graduate Department of Clinical Psychology</i></p> <ul style="list-style-type: none"> <li>• Coordinate meetings and trainings for the Clinical training Subcommittee designed to train students in cultural awareness when working with diverse populations</li> </ul> |
| Sept.<br>2013    | <p><b>Guest Lecturer</b></p> <p><i>George Fox University Graduate Department of Clinical Psychology</i></p> <ul style="list-style-type: none"> <li>• <b>PSYD 552 Cognitive/Behavioral Psychotherapy</b></li> </ul>   |
| March<br>2013    | <p><b>Guest Lecturer</b></p> <p><i>Clark County Juvenile Court</i></p> <ul style="list-style-type: none"> <li>• Presentation Title: "The Prevention of Suicide"</li> <li>• Co-presented with Shirley Shen, Ph.D.</li> <li>• Presentation and training provided to probation officers, detention officers, and other mental health staff</li> </ul>   |

Sept. 2012- **Clinical Team**

Present *George Fox University Graduate Department of Clinical Psychology*

- Participated in case presentations with other students and faculty members
- Wrote case conceptualizations and treatment summaries

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## Research Experience & Presentations

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### Doctoral Dissertation

- *The experiences of resilience and hope of adolescent girls who have been sexually trafficked in the United States*
  - The purpose of this study is to identify factors of hope and resilience of adolescent girls who have experienced trauma related to sex trafficking.
- Defense expected April 2015
- Committee Chair: Winston Seegobin, Psy.D

### Research Vertical Team

- Emphasis: Child and Adolescent Psychology
- Meet twice monthly to discuss research design, methodology, and plan projects. Collaborate on research projects.
- Faculty Advisor: Winston Seegobin, Psy.D

### Symposium Presentations

Seegobin, W., Backstrand, S., Gleave, D., **Holt, J.**, & Theye, A. (2013, April). *Teaching Integration as Service: A Model for Psychologists*. Symposium Presentation at the Christian Association of Psychological Studies (CAPS), Portland, OR.

### Poster Presentations

**Holt, J.** & Seegobin, W. (2014, August). *Resilience and hope of sex-trafficked adolescent girls in the United States*. Poster presented at American Psychological Association Convention, Washington DC.

McGurl, C., Seegobin, W., Hamilton, E., McMinn, M., & **Holt, J.** (2014, August). *Benefits of a technological intervention for grieving children and adolescents*. Poster presented at American Psychological Association Convention, Washington DC.

**Holt, J.**, Green, C., Payne, T., & Theye, A. (2014, May). *Assessment checklist for family readiness for kindergarten*. Poster presented at Oregon Psychological Association Convention, Portland, OR.

Galindo, D., **Holt, J.** & Seegobin, W. (2013, August). *Trauma and hope in Haiti: Experiences of children and adults*. Poster presented at American Psychological Association Convention, Honolulu, HI.

Backstrand, S., **Holt, J.**, Theye, A., & Nelson, A., Seegobin, W. (2013, August). *Students' perceptions of ethnic and racial diversity within graduate programs of a Christian university*. Poster presented at APA Convention, Honolulu, HI.

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## Clinical Trainings

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### Assessment and Intervention Training

- 2012      **Assessment and Treatment of Bullying and Other Anger Disorders in Children and Adults**  
Raymond DiGiuseppe, Ph.D., D.Sc., ABPP
- 2012      **The Mini-Mental Status Exam – 2<sup>nd</sup> Edition**  
George Fox University, Joel Gregor, PsyD
- 2012      **Mindfulness Techniques and Integration**  
George Fox University, Erica Tan, PsyD
- 2011      **Mending the Soul: An Integrated View of Trauma, Abuse, Recovery, and Caretaking**  
Celestia Tracy, MA and Roxane Thorstad, PsyD
- 2011      **Cross-Cultural Psychological Assessment**  
Tedd Judd, PhD

### Diversity Training

- 2013      **African American History, Culture, and Addictions and Mental Health Treatment**  
Oregon Health and Science University  
Danette C. Haynes, LCSW and Marcus Sharpe, PsyD
- 2012      **Treating Gender Variant Clients**  
George Fox University, Erica Tan, PsyD
- 2012      **Sexual Identity**  
Erica Tan, PsyD

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## Honors and Awards

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- 2011      Evangel University Magna Cum Laude

- 2011 Outstanding Student in the Field of Psychology Award, Evangel University  
2008-2011 Evangel University Deans List

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## Professional Affiliations

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- 2011-Present American Psychological Association  
2011-Present APAGS: American Psychological Association of Graduate Students  
2010 Psi Chi National Honor Society for Psychology

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## References

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