George Fox University

Digital Commons @ George Fox University

Doctor of Psychology (PsyD) | Theses and Dissertations

3-1-2017

Human Sex Trafficking: How Sex Trafficking Victims and Survivors Experience Hope and Resilience

Adrian Egger
aegger13@georgefox.edu

This research is a product of the Doctor of Psychology (PsyD) program at George Fox University. Find out more about the program.

Recommended Citation
Egger, Adrian, "Human Sex Trafficking: How Sex Trafficking Victims and Survivors Experience Hope and Resilience" (2017). *Doctor of Psychology (PsyD)*. 227.
http://digitalcommons.georgefox.edu/psyd/227

This Dissertation is brought to you for free and open access by the Theses and Dissertations at Digital Commons @ George Fox University. It has been accepted for inclusion in Doctor of Psychology (PsyD) by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact arolfe@georgefox.edu.

Human Sex Trafficking: How Sex Trafficking Victims and Survivors Experience Hope and Resilience

by

Adrian Egger

Presented to the Faculty of the

Graduate Department of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

March 2017

Approval

How Sex Trafficking Victims and Survivors Experience Hope and Resilience

Submitted By

Adrian Egger, M.A.

Has been approved at the

Graduate Department of Clinical Psychology

George Fox University

as a dissertation for the Psy.D degree

Signatures:

Winston Seegobin, Psy.D., Chair

Kathleen Gathercoal, Ph.D.

Nancy Thurston, Psy.D.

Human Sex Trafficking: How Sex Trafficking Victims and Survivors Experience Hope and Resilience

Adrian Egger

Graduate Department of Clinical Psychology at

George Fox University

Newberg, Oregon

Abstract

Few studies have examined the experiences of sexually trafficked victims and survivors in the United States.

As the population increases it is important to understand how sexually trafficked victims and survivors cope with trauma, experience recovery, and respond to therapy. Research indicates that factors of hope and resilience play a vital role in the way individuals cope with trauma and experience recovery (Masten & Narayan, 2012).

This study examined factors of hope and resilience of 12 sexually trafficked victims and survivors, ages 14 to 21. Interviews were conducted and a mixed-methods design was employed to establish common themes related to how sex trafficking victims comprehend and experience hope and resilience within their lives.

Significant quantitative and qualitative results were found in this study. Six significant qualitative themes were derived from the interviews describing various ways that participants experienced hope and resilience. The themes included (a) Need for positive attachment (b)

Positive Self-Portrayal (c) Introspection (d) Adaptability (e) Need for money, and (f) Desire for change.

Additionally, participants also completed the Connor-Davidson Resilience Scale, the Children's Hope Scale or Adult Hope Scale, and the Hopkins Symptom Checklist-25. Quantitative results indicate a strong positive correlation between depression and anxiety ($r = .52, p < .01$), a strong positive correlation between hope and resilience ($r = .70, p < .04$), and a strong negative correlation between resilience and anxiety ($r = -.63, p < .03$).

The implications of this study may be used to direct clinical focus when working with victims and survivors, placing emphasis on the importance of developing hope and resilience throughout the rehabilitation process.

Acknowledgements

I am thankful for the support from my committee who helped guide me through every step of this process. A special thank you to Dr. Winston Seegobin whose dedication, time, and expertise made this study possible. I am grateful to have you as a friend and mentor. I am also thankful for Dr. Kathleen Gathercoal and Dr. Nancy Thurston for taking the time to refine this study. Your knowledge and guidance helped make the interpretation and conceptualization of data possible**.**

I also want to thank my family for their enduring and unwavering support. To my beautiful wife, Jessica, I am so appreciative for your countless hours of listening, and brainstorming of ideas, but most importantly, your resolute love and support, I love you**.**

Additionally, I am grateful for each of the caseworkers, mentors, psychologists, police officers, parents, and Door to Grace, each of whom provided invaluable insights related to their experiences working with these young women. I feel honored to have had the privilege to work alongside these professionals.

I am also grateful to have met each of the young women who participated in this study. Their courage, vulnerability, and willingness to share their stories are a tribute to their hope and resilience. I feel blessed to have had the opportunity to hear their stories.

Table of Contents

Chapter 1

Introduction

Human sex trafficking and exploitation were noted as early as the fifteenth century, when the first cases of slave trade were recorded (Whitman, 2015). Ancient Greeks and Romans chronicled various forms of sexual slaveries, many of which resulted in physical abuse, rape, and in some instances, death.

However, despite its vast history, human sex trafficking has just recently begun to acquire domestic attention and action. It is currently being viewed as a public health crisis, and a topic of research and debate across all sectors (ASU School of Social, 2013).

As concerns intensify, so do the mental health needs of the population (sexually trafficked victims/survivors). Currently, there has been little exploration of the issue. Even less research seems to exist regarding the experiences and lasting psychological effects that being sexually trafficked can have on an individual. Knowing the experiences that psychologically impact sexually trafficked victims and survivors is imperative to understanding how to effectively treat the population.

This study aims to examine the perceptions of the populace in terms of how they experience hope (i.e., Hope Theory), resilience, depression and anxiety, with hopes of developing deeper understandings of the experiences and psychological needs of this group.

Human Sex Trafficking

Human sex trafficking is considered a multifaceted trauma (Courtois, 2004). It is defined by US Federal Law as (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (Nevada Attorney General, 2012).

Sex trafficking is a brand of human trafficking "defined as the act of forcing, coercing, or transporting a person for the purpose of a commercial sex act" (Nevada Attorney General, 2012). Sex trafficking entails the purchase of another as personal property. Sexually trafficked victims and survivors are those required to engage in sexual acts under force, fraud, or coercion (Nevada Attorney General, 2012) for the profit of a trafficker or pimp. Traffickers or pimps are those forcing, coercing, or transporting a person for the purpose of a commercial sex act.

Human sex trafficking is not human smuggling. Human sex trafficking and human smuggling are distinct criminal activities, and the terms are not interchangeable. Human sex trafficking centers on exploitation, and human smuggling centers on transportation.

Contrarily, by definition, human sex trafficking indicates the presence of a perpetrator who is exploiting a victim. These are key distinguishing characteristics between human smuggling and human sex trafficking.

Importance of research

Currently there are no best practices for the psychological treatments of sex trafficking victims and survivors in the sense that research is sparse, clinical research is absent, and there is

little to no inquiry investigating the psychological experiences of the population (Kellog, 2013).

Lack of research makes it difficult for health care professionals to comprehend the psychological needs of the populace. A study by Clawson, Small, Go, & Myles (2004) found that 65% of those providing health services to sexually trafficked victims and survivors lack an adequately trained specialist (i.e., psychologist, therapist, etc.). Research conducted by Kiss (2015) suggests continued research into the experiences of the population is necessary for developing more effective treatment options and coping mechanisms.

Hope and resilience are characteristics of adaptive psychological coping (Bonanno, 2008). In fact Tiet and Huizinga (2002) found that individuals are more likely to be deemed resilient based upon their ability to adapt, change and make adjustments to adverse situations.

Research distinguishing characteristics of hope and resilience are clear (Prince-Embury & Courville, 2008). There is extensive research correlating hope and resilience with positive psychological health (Cheavens, Michael, & Snyder, 2005, p. 124). Hope and resilience are conclusive predictors of psychological wellbeing, stronger overall adjustment (Cramer & Drykacz, 1998; Kwon, 2002), self-efficacy (Bailey, Eng, Frisch, & Snyder, 2007), hopeful affect (Cramer & Drykacz, 1998; Shorey, Snyder, Yang, & Lewin, 2005), personal fulfillment (Bailey et al., 2007), and are significant factors in determining how individuals cope with trauma, adapt, make adjustments, and experience recovery (Masten & Narayan, 2012).

Researching how sexually trafficked victims and survivors face, adapt, and cope with trauma becomes salient in determining their predisposition towards factors of hope and resilience, and the potential vulnerabilities associated with their ability to cope with psychological distress (Killian, 2008).

Snyder (1994c) suggests that hope is needed to effectively manage psychological distress. Hope theory proposes that hopeful individuals do not react in the same way to psychological barriers as low hope individuals. Instead, they view psychological barriers as challenges to overcome and use their pathway thoughts to plan an alternative routes to their goals (Snyder, 1994c). The following theory is explored in detail.

Hope Theory & Psychological Concerns

Hope theory adopts the assumption that human actions are goal directed, and that goals are the focus of psychological action sequences (Snyder, 1994a, 1994b, 1994c). Many consider Snyder (2002) the foremost expert on hope. He defines hope as a goal-directed purpose, influenced by life events, from which one has the desire and opportunity to achieve an end goal. Hope is the perceived capability to derive pathways to desired goals, and motivates oneself via agency thinking to use those pathways (Synder, 2002). In other words "hope is the stuff that facilitates change" (Lopez, Ciarlelli, Coffman, Stone, & Wyatt, 2000, p. 58)

Hopeful individuals have a greater tendency to participate in productive goal-seeking behaviors (e.g., therapy; Chang & Banks, 2007). Hopeful individuals display a greater sense of rational and adaptive problem solving capabilities than less hopeful individuals (Chang, 1998). High levels of hope are linked to lower rates of suicidal ideation and attempts (Range & Penton, 1994; Roswarski & Dunn, 2009). Lower levels of hope are linked to self-deprecatory thinking, suicidal ideation and attempts, depression, anxiety (Gillman, Dooley & Florell, 2006) and diminished goal seeking behaviors, all of which restrict positive psychological change.

In order for one to reach their goals, or create desired cognitive change, one must be capable of generating workable routes to those goals. This process, which is psychological in

nature, is defined as pathways thinking. It implies that one possesses the perceived cognitive capabilities to generate workable paths to meet desired goals and change.

The motivational component in hope theory that fuels pathways thinking is called agency. Agency is the perceived capacity to use one's pathways effectively to attain or reach desired goals. Agency thinking reflects the self-referential thoughts about both starting to move along a pathway and continuing to progress along that pathway. Agentic thinking is important in all goal-directed thought (i.e., psychological change), but it takes on special significance when people encounter impediments such as undesired experiences with trauma or abuse, which depending on the severity and frequency of the abuse, can cause blockages in agency thinking (Snyder, 1994b). In other words, the more one is repeatedly exposed to severe trauma (i.e., sexual abuse), potentially, the less hopeful and resilient they become. Sexually trafficked victims and survivors are repeatedly exposed to various psychological traumas and abuses, indicating the population may lack the perceived capacity to use agency thinking to evoke desired (psychological) change.

Research substantiates this claim by highlighting the vast psychological concerns associated with the populace. Victims and survivors exhibit compromised physical, psychological and emotional aspects (Hossain, Zimmerman, Abas, Light, & Watts, 2010) of wellbeing. They face a myriad of physical (e.g., weariness, fatigue, body pains), sexual (e.g., hepatitis B, HIV, and other transmitted diseases) and psychological disorders (e.g., depression, anxiety, post-traumatic stress disorder) (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012). They frequently lack sufficient coping behaviors to safeguard themselves from undesirable beliefs, feelings, and internal conflicts, which perpetuates their psychological distress. In many

instances the psychological trauma experienced by victim and survivors is so severe they experience changes in consciousness and memory, producing a trance-like state or perceptions that one is living in a dream or a movie (American Psychiatric Association, 1994). They are prone to psychological distresses related to poor self-esteem, anxiety, depression, agoraphobia, panic attacks, dissociative reaction, suicide attempts/ideation, feelings of worthlessness shame and guilt, and addiction (e.g,, drug and alcohol) (Kellog, 2013). In many cases these psychological concerns impair their ability to work, socialize, or effectively engage in activities of daily living.

Their repeated exposure to severe trauma and noted psychological concerns indicate that sexually trafficked victims and survivors may endorse lower levels of hope. If so, it suggests the population may have deficiencies related to agency thinking (motivation), and lack the ability to generate workable pathways that lead to positive psychological change and productive goal seeking behaviors. Deficiencies in motivational thinking and productive goal seeking behaviors indicate a lack of optimism and ability to experience adversity constructively, which are key factors influencing resiliency (Werner, 1989).

Resilience

According to Collins (2005), resilience is the "widespread human capacity to cope effectively, adapt, maintain equilibrium, and thrive in times of crises" (p. 1). There are two essential characteristics supporting resilience in individuals; first, a sense of mastery; and second, a sense of relatedness. Sense of mastery refers to how an individual views him/herself. Variables positively influencing an individual's sense of mastery are self-efficacy, adaptability and high levels of optimism (Collins, 2005; Prince-Embury & Courville, 2008).

An individual's sense of relatedness refers to one's level(s) of social comfort, and the ability to tolerate differences and feelings of trust. These variables are influenced by life experiences and access to positive social supports (Collins, 2005; Prince-Embury & Courville, 2008).

Masten's (2001) suggests resilience is an operation of a basic human adaptational system. This system includes three components: (a) individual-level characteristics, such as cognitive functioning, sociability, and self-efficacy; (b) family-level characteristics which includes close relationships with caring adults and authoritative parenting; and (c) extra-familial characteristics, including social support and effective schooling (Masten & Coatsworth, 1998).

Risk indicators decreasing individual resilience include behavioral struggles, lack of positive social supports, excessive emotional reactivity and susceptibility, and repeated exposure to traumatic events, all which are common amongst sexually trafficked victims/survivors. Individuals exhibiting risk factors are at higher risk for psychopathology (Prince-Embury & Courville, 2008), in particular depression. Research indicates victims of sex abuse are three times more likely to suffer from depression (RAINN, 2008).

Depression

The World Health Organization (WHO) defines depression as a condition characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disordered sleep or appetite, decreased energy, and poor concentration. Depending on individual experiences, background and genetic predisposition, depressive feelings may vary. Symptoms can be acute or chronic; they are habitually recurrent, and often impair an individual's capacity to perform

activities of daily living. In severe cases, depression can lead to suicide, which accounts for nearly 850,000 deaths each year (WHO, 2011).

Depression also increases mortality rates, increases non-adherence to suggested remedial treatments, and decreases patient self-efficacy. Risk factors (often) linked to depression include physical, mental and emotional abuses, parental neglect, lack of social supports, and exposure to trauma (e.g., sexual trauma) (WHO, 2011). These are also risk factors for anxiety.

Anxiety

Anxiety is defined as a sensation of uncontrollability pertaining to current or future events that could have negative consequences for an individual or loved ones (Barlow, 2003). Psychological effects of anxiety include an overwhelming sense of abysmal anticipation, an inability to concentrate, heightened alertness, constant worrying, and a propensity to catastrophize (Generalized Anxiety Disorder, 2016).

These negative cognitions regarding forthcoming outcomes are frequently accompanied by physiological symptoms such as muscle tension, sleeplessness, pupil dilation, increased heart rate, and various other characteristics of hyper-vigilance (Barlow, 2003). Risk factors include individual characteristics (e.g., cognitive vulnerability, lack of hope and resilience), peer and parental influences (e.g., parental anxiety), repeated exposure to trauma (e.g., sexual trauma) and stressful life events (Hudson, Flannery-Schroeder, & Kendall, 2004). Protective factors include adequate social supports (e.g., Barlow, 2001) and coping styles (i.e., problem/goal focused coping strategies) (Hudson et al., 2004).

Present Study

The present study is descriptive, using both qualitative and quantitative measures to investigate the psychology of sexually trafficked victims and survivors in terms of how they experience hope and resilience within the culture of the United States. The purpose of the study is to explore how these psychological factors (i.e., hope, resilience, depression and anxiety) affect sexually trafficked victims and survivors' ability to cope with trauma, make positive change, experience recovery, and respond to therapy.

Ideally, the results from this study will be used to develop therapeutic strategies that safeguard and promote the psychological wellbeing of sexually trafficked victims and survivors. Preferably, these strategies will be used to enhance the psychological trainings therapists receive when working with the population, facilitating collaborative health care capable of understanding how the experiences of the populace affect their ability to evoke positive psychological change. The following hypotheses are proposed.

Hypothesis 1

There will be a positive correlation between depression and anxiety. Research indicates sexually trafficked victims/survivors exhibit heightened emotional variables that are risk factors for increasing rates of depression and anxiety (Taylor, 2011). Such factors include high levels of fear, feelings of shame, poor self-esteem, guilt and worthlessness.

Hypothesis 2

There will be a positive correlation between hope and resilience. Research suggests sexually trafficked victims and survivors exhibit psychological risk factors associated with reducing individual hope and resilience. Risk factors include a deficient sense of mastery

optimism (i.e., poor-self-esteem), underdeveloped self-efficacy adaptability, higher rates of depression, repeated exposure to trauma, and lower education levels.

Hypothesis 3

There will be a negative correlation between hope and depression. Sexually trafficked victims and survivors are frequently exposed to various risk factors (e.g., physical, mental and emotional abuses, parental neglect, lack of social supports, and exposure to trauma) associated with increased rates of depression. Conceptualizations of depression often include an emphasis on the role of negative future-oriented cognitions, and the perceived inability to change these (i.e., lack of agency thinking) cognitions (Beck, Rush, Shaw, & Emery, 1979).

Hypothesis 4

There will be a negative correlation between resilience and depression. Sexually trafficked victims and survivors often adopt a negative self-image, have lower self-esteem (i.e., lacking sense of mastery) (Williamson & Prior, 2009), and struggle to trust others (i.e., lacking sense of relatedness), suggesting lower levels of resilience. Research indicates that majority of sex trafficking victims and survivors experience a combination of psychological problems, one of which is depression. (Abas et al., 2013; Rafferty, 2013; Wilson & Butler, 2013). Williamson, Dutch, and Clawson Caliber (2010) submits that the most commonly diagnosed mood disorder in sexually trafficked victims/survivors is major depressive disorder.

Hypothesis 5

There will be a negative correlation between hope and anxiety. Sexually trafficked victims and survivors are repeatedly exposed to experiential (i.e., trauma, physical abuse, lack of

social supports) risk factors associated with increased rates of anxiety and decreased rates of hope.

Hypothesis 6

There will be a negative correlation between resilience and anxiety. Masho and Ahmed (2007) found that increased rates of anxiety and panic attacks are common lasting physical and emotional health problems produced by sexual coercion and abuse. Sex trafficking victims and survivors are subject to experiential risk factors (e.g., sexual abuse/neglect/molestation, addiction), and often exhibit psychological symptoms (e.g., depression, low-esteem, low self-worth) that are factors in decreasing individual rates of resilience.

Chapter 2

Methods

This research was structured using a mixed-method design to better understand how sexually trafficked victims and survivors experience hope and resilience. This study was approved by the George Fox University Human Subjects Review Committee, and was also approved by the director of the outreach center where the participants were recruited.

Participants

There are 12 female participants, ages 14 and older, which are, or have been sexually trafficked. The average age of participants is 16.75 years (SD = 1.76), with a mean time spent at the outreach center of 8.33 months. Participants included five Caucasians (42%), five African Americans (42%), one Latino (.08%), and one mixed race (.08%) participant. All participants were recruited through their involvement with an outreach program (in the Pacific Northwest) designed to support sexually trafficked victims and survivors.

Participants met individually with a researcher where they were interviewed about life experiences relating to hope, resilience, family, and trauma. During this time, several participants articulated why they became involved with sex trafficking. Of these participants, all pointed to a need for money, a desire for a different life, and/or a lack of parental support as reasons influencing their decision to enter into sex trafficking.

In addition, participants were asked to fill out quantitative measures pertaining to hope, resilience, depression, and anxiety. These measures include the Hope Scales (Snyder et al.,

1997), (Children's Hope Scale: ages 7-15 and Adult Dispositional Hope Scale: ages 16-18), the Hopkins Symptom Checklist-25 (HSCL-25) (for depression and anxiety), and the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003).

Additionally, there are six professional participants (i.e., two social workers, two mentors, and two employees) who were interviewed. They were recruited through their involvement with an outreach program (in the Pacific Northwest) designed to support sexually trafficked victims and survivors. Professional participants had worked at the outreach center for an average 2.3 years at the time of this study, and had a mean age of 31.6 years (SD = 6.4).

Professional participants met individually and as a group with a researcher where they were asked about their experiences working with sexually trafficked victims and survivors. Professional participants did not fill out any of the quantitative measures pertaining to hope, resilience, depression and anxiety.

Materials

Semi-structured interview. This study used a mixed-methods design. Due to the complex nature of traumas experienced by this population, the qualitative portion of this study best captures the stories of hope and resilience experienced by these young women. The researcher used a qualitative approach, and conducted semi-structured interviews to gather data examining how participants experience of hope and resilience.

The nine semi-structured interview questions were designed to elicit how these young women experience hope and resilience. Questions were open- ended and focused on particular areas of the participants' life (i.e., family, self, overcoming obstacles, desires, and role models). Each participant was asked specific questions, and then prompted with follow-up questions from

the researcher as a means of eliciting more in-depth responses. Interviews ranged from 8-16 minutes in length. Interview length was influenced by the depth participant responses. See Appendix A for the interview questions.

Adult Hope Scale (AHS). The Adult Hope Scale (HS; Snyder et al., 1997) was used to measure how sexually trafficked victims and survivors experience hope. The AHS is a 12-item measure for adults, 15 years and older, consisting of four pathway questions, four agency questions, and four filler questions (which are not scored). Pathway questions measure a participant's cognitive considerations pertaining to ones capacity to overcome obstacles and achieve goals (e.g., "When I have a problem, I can come up with lots of ways to solve it"). Agency questions assess a participant's sense of their ability to be successful. The AHS uses a four point Likert scale ranging from *definitely false* to *definitely true*. The scale has an internal consistency reliability coefficient of .90-.95 (Snyder, 2002), and test-retest reliability coefficients of .76 and .82 (Snyder et al., 1997). The Chronbach's alpha for the Hope Scale in this study is estimated to be .73.

Children's Hope Scale (CHS). The CHS consists of six self-report items for children ages 7 to 16 that measure the extent to which children are directed by goals and that these goals can be conceptualized in terms of their agency. Administration and scoring time for the CHS is approximately three minutes. Response options range from *none of the time, a little of the time, a lot of the time, most of the time*, and *all of the time*. One example of an item from this measure is, "When I have a problem, I can come up with lots of ways to solve it." The measure can either be filled out by the child or read to the child if the participant's literacy level or reading capabilities compromise their ability to complete the measure independently (Synder et al., 1997). It is

estimated test-retest reliability coefficient .80. The Chronbach's alpha for the Hope Scale in this study is estimated to be .84.

Conner-Davidson Resilience Scale (CD-RISC). The CD-RISC (Connor & Davidson, 2003) was used to evaluate sexually trafficked victims and survivors capacity to cope with stress and adversity. The CD-RISC is a 25-item scale, using a 5-point Likert scale ranging from *absolutely false* (= 0), to *true almost all of the time* (=4). Scores on the CD-RISC range from 0-100, with higher scores suggesting higher resilience. The scale has an internal consistency reliability coefficient of .89 and a test-retest reliability coefficient of .87 (Connor & Davidson, 2003). The Chronbach's alpha for the CD-RISC scale in this study is estimated to be around .91.

Hopkins Symptoms Checklist-25 (HSCHL-25). The Hopkins Symptoms Checklist-25 (HSCL-25; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) was used to measure sexually trafficked victims and survivors anxiety and depression. The HSCL-25 contains 10 items on anxiety (e.g., "Heart pounding or racing") and 15 items on depression (e.g. "Loss of sexual interest or pleasure"). It uses a four point Likert Scale ranging from *not at all* (= 1), to *extremely* (= 4). All items have a 14 response set. The scale has an internal consistency reliability coefficient of .95, and a test-retest reliability coefficient of .92. The Chronbach's alpha for the CD-RISC scale in this study is estimated to be around .85.

Procedure

Outreach center. Twelve sexually trafficked victims and survivors, and six professionals (i.e., two social workers, two mentors, and two employees), were recruited to participate in the study. Participants were recruited at an out-reach center in a major metropolitan city located in the northwest region of the United States. The outreach center provides services, supports and

resources to help sex trafficking victims and survivors (ages 14 and older) make positive life choices. The outreach center is considered a Day Home, and is a safe, welcoming, and home-like place consisting of trained staff and mentor volunteers.

Participants voluntarily attend daytime after-school services at the outreach center, Monday through Thursday. Services, supports and resources include one-on-one mentorships, life skills development programs, educational supports, and in severe cases, host families. Since every individual is unique, each referred and admitted participant receives individualized, supportive services accounting for the specific needs and unique circumstances of their situation. All participants arrived at the outreach voluntarily by means of referral (i.e., DHS workers, law enforcement, family members, or legal guardians, etc.).

The researcher of this study volunteered at the outreach center eight months prior to conducting research. The researcher worked hands-on with participants, attending self-defense classes, Wednesday night dinners, and educational and occupational workshops with participants. The researcher also spent one-on-one time dialoging with participants about life circumstances, future goals, needs, wants, and traumatic life experiences. This time allowed the researcher to establish rapport with participants prior to conducting any interviews and test administration for this research.

Interviews and test administration. In cooperation with the outreach center, consent and assent forms were distributed, signed, and collected by the researcher prior to administration of measures and interviews. Approval by the Human Subjects Research Committee (HSRC) and Internal Review Board (IRB) was received, and proper permission to carry out the study was obtained by the outreach center prior to research being conducted. Non-professional participants

(i.e., sexually trafficked victims and survivors) were asked to complete three quantitative measures (CD-RISC, HSCL-25, Adult/Children's Hope Scale), with completion times ranging from 21-24 minutes (roughly 7-8 minutes for each measure). All measures (CD-RISC, HSCL-25, Adult/Children's Hope Scale) were provided in English, and administered by a researcher who assisted participants who were unable, or have difficulty reading.

In addition to these measures, semi-structured interviews were conducted with sexually trafficked victims and survivors, and non-directive interviews were conducted with professional participants (i.e., two social workers, two mentors, and two employees). Semi-structured interviewees were asked nine interview questions (e.g., "What are three words your friends might use to describe you").

All interviews were (audio) conducted and recorded by a researcher who had developed rapport with participants as a volunteer at the outreach 8 months prior to research being conducted. All interviews took place in a private room at the outreach center. Qualitative data from the interviews was transcribed, analyzed and coded by two coders, to increase defensibility. Consistency between coders was checked to evaluate inter-rater reliability.

Data analysis. A mixed methods design was used for this study; using both quantitative and qualitative analyses to best describe factors of hope and resilience in this sample. Different versions of the same hope scale (i.e., Synder Hope Scale) were given to participants based on age. No missing data was encountered.

The quantitative portion of research data was collected through the administration of three Likert measures (CD-RISC, HSCL-25, Adult/Children's Hope Scale). Data is considered interval. Using a parametric approach, Pearson coefficient of correlation was used to estimate the

degree of associations between quantitative variables (i.e., correlations between hope, resilience, depression and anxiety).

Additionally, multiple independent sample t-tests were also conducted to compare the trafficked girls' scores on the CD-RISC and Hope Scales (i.e., AHS, CHS), with scores from normative samples. 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 (Holt, 2015).

The qualitative portion of data was analyzed using grounded theory, and collected through descriptive non-directive and semi-structured interviews. All interviews were recorded, transcribed, analyzed, and coded into themes. The researcher transcribed and read each interview to become further acquainted with the qualitative data. With the assistance of one other doctoral level psychology student, both parties worked together on the first two interviews to identify various qualitative themes. Themes were continuously discussed and refined by both parties, and a preliminary coding system was created.

Following the first two interviews, the remaining interviews were allocated between the researcher and the student to continue coding themes. Throughout this procedure the researcher and student met numerous times to discuss themes and further examine the coding process for the remaining interviews. During this time the researcher reviewed the codes identified by the student to ensure consistency, accuracy, and reliability throughout the coding process.

Once the initial coding process was completed, the researcher and student underwent a continuous progression of comparative analysis by categorizing the codes into larger categories based on similarities. Similarities were analyzed to form more specific categories and themes,

ultimately ending with six significant themes: (a) Need for positive attachment; (b) Positive Self-Portrayal (c) Introspection (d) Adaptability (e) Need for money, and (f) Desire for change. All of which are discussed in the following section.

Chapter 3

Results

The goal of this study was to increase awareness and insight related to how sexually trafficked victims and survivors experience hope and resilience. The mixed method design provided opportunities to investigate the reported experiences of sexually trafficked victims and survivors qualitatively, while quantitatively examining potential correlations between variables of hope, resilience, depression, and anxiety. Results offer valuable understandings of the experiences of this population, providing important implications for advocacy, support, and rehabilitation.

Qualitative Results

Need for positive attachments. The theme, need for positive attachments, surfaced through interviews. Information attained during this process provided rich material as to how the population has been influenced by their microsystems, and how these influences impact the population's sense of resilience (specifically, relatedness), hope, and overall psychological well-being.

Of the sexually trafficked victims and survivors interviewed, all but three explicitly articulated a lack of familial support, and a desire for meaningful positive attachments (role models). Over 75% indicated experiencing some form of maltreatment from caregivers or "close friends." Tara (whose real name is protected) stated, "I just really need someone who believes in me, someone who is always there no matter what I put them through." Another victim and

survivor stated, "my dad was not around, my mom was a drug addict; I raised my little brother at the age of twelve…. I wish my parents cared more about me than drugs…. I kinda blame them for why I started using (drugs) and selling myself." A third victim and survivor stated that her boyfriend (who I was later told by employees at the outreach center is the participant's pimp), "cares about me, he is always there when I need him … he protects me, you know." An employee at the outreach center stated,

> these girls are crying out for someone to love and support them - when they leave here, a lot of times, the people they wished care about them don't; these people are just taking advantage of them, using them - these girls have so much potential; they just need a positive role model, someone who cares enough to show them a different way.

The influences associated with a lack of positive attachments were evident when observing victims and survivors interact with others. Participants consistently competed for positive attention from co-workers and mentors at the outreach center. If this attention was interrupted by another, emotions escalated and arguments often ensued. If the attention was left uninterrupted, participants could be seen smiling, laughing, and intently engaged in what could be defined as heartfelt, meaningful conversations. One participant stated, "Yea, of course, I want to be loved like anyone else, who doesn't want that kind of attention."

Positive self-portrayal. Despite a lack of positive attachments, it appears that many of the young women involved in trafficking display a sense of hope and resilience by portraying an energetic, confident, sociable or "loud" nature. Many of the young women either described themselves, or were defined by others (i.e., staff, and co-workers) in this manner. For example one victim and survivor described herself as, "loud, a comedian, outgoing, and fun." Another

defined herself as “the life of the party, adorable, and a diva.” A third described herself as “popular, goofy, fun, smart and lovable.” A co-worker stated that this portrayal of self is perhaps correlated to extroverted personality qualities that have been developed in an attempt to better cope and bounce back from experienced traumas.

Another co-worker reported that behind the loud dramatic display of character lies a deeper, more vulnerable sense of self that is tucked away and hidden. These feelings are seldom expressed or seen by anyone other than mentors who have developed extremely close and trusting relationships with their mentees. One mentor stated, “they remain funny, loud, outgoing, and sarcastic to safeguard their true, more vulnerable self, its survival.”

By disconnecting from feelings of vulnerability and displaying a positive sense of self, these women have perhaps created a maladaptive way to cope with previous traumas. One of the volunteers at the outreach center stated, “Sometimes I think they are just dissociating to escape those true feelings; I am not sure if it’s healthy, but it’s how they know to cope and get by.”

Introspection. While most of the victims and survivors interviewed were outgoing in their personalities, all exhibited some level of introspection. A few that appeared more introverted, reserved, and contemplative also appeared introspective. They were reflective, displaying a desire for self-examination. These participants appeared to be drawn to routine, yet appeared skeptical and reserved around unfamiliar faces. However, when around others they had rapport with, they appeared engaged and willing to talk about previous traumas, life challenges, fears and future goals. One of the employees stated, “all the girls are very introspective, but understandably, are reluctant to discuss the things they have been through.” Another mentor indicated that when you develop “rapport and trust,” with these young women they become

"more comfortable with you, and willing to talk with you… they become more engaged in the program. As they become more engaged in the program, they also become more reflective and involved in treatment."

The researcher witnessed one young woman, Taylor (whose real name remains anonymous) become more thoughtful, compassionate, self-aware, and introspective when encouraged (and supported) by mentors from with she had rapport. An employee stated, "Taylor is now able to use words to describe her feelings. She is also more healthy and willing to share." According to her mentor, she is set to graduate with her GED this year, and despite the fact that she and her family have encountered numerous losses, she continues to push ahead with her treatment and is "more trusting and willing to engage in contact with those around her."

When interviewing Taylor she stated, "yeah it's kinda of scary, but not being afraid to look inside you can help you take the right steps to change … it can help you to change how you look at yourself, and how you think about yourself."

Adaptability. Given the many distresses these young women have experienced, it was not surprising that the theme "adaptability" emerged. Information gathered through interviews offered rich information into the lives of these young women, their traumas, and how they have adapted to various environmental changes.

During the interview process, all but two victims and survivors articulated experiencing some form of complex trauma. Many stated that (due to specific life circumstances) they had been homeless, had been forced to live with strangers, had been arrested, and/or had been required to live in foster care systems. Most have endured poverty, the loss of loved ones, being manipulated by family, and/or experiencing some form of recurrent sexual and/or physical

exploitations. However, despite circumstances endured, many of these young women continue to adapt and push forward. One employee indicated that as a result of traumas, and "so much life change," these young women have developed a unique ability to analyze, adapt and respond to various social situations quickly, "and despite adversities, many continue to make adjustments to better their lives."

Patty (whose name has been changed to protect her anonymity) is one such example. She is currently looking forward to graduating from high school, and is presently exploring job opportunities in fashion, which is a trade she has worked hard to learn at the outreach center. Patty stated, "I know I can adapt anything. I know how to scan a situation, survive it, and make the most of it." Patty is one of many dedicated females who have learned a new trade after being exploited. Though she is the child of drug abusing and alcoholic parents and has faced problems with addiction herself, she continues to work hard to better herself with hopes of successfully transitioning back into society. According to a social worker, Patty is one of several victims and survivors that has "learned to adjust and better cope with her adversities since being at the outreach center."

Like Patty, many of these young survivors have an ability to adapt to various social situations and life circumstances. They remain attuned and sensitive to their surroundings, and possess a unique ability to assess individuals within a variety of social settings. I observed several participants easily flow from one social situation to another, adjusting vocal tones and changing physical postures and mannerisms to mimic those they interacted with. Their unique ability to blend, adapt to, and assess social environments is a strength that staff members (at the outreach center) attempt to tap into and build upon.

Staff members who work with these young women describe the frustrations, enjoyment and fulfillment of working with these young women as they attempt to help facilitate their growth. One staff member indicated that

> adjusting to challenges is something these young women have had to do in order to survive, and so we use that to help with their learning process here (outreach center); we use it as a tool to help them adapt to a new way doing things.

Need for money. As the interview process continued, there appeared to be an explicit connection between these young women's ability to adapt to various life circumstances, financial need, and sex trafficking.

For instance, of the victims and survivors interviewed, nearly all articulated a need for money. Several referred to their current financial situation as "not good," or "bad." Of those who were willing to talk in depth about their trafficking experiences, many pointed to a lack of income as a primary factor for trafficking. One participant said, "I need money, if I had money things would be different." An employee stated, "almost all of these girls come from very poor backgrounds, and it is sad, but they can make quick money selling themselves; it becomes a habit; it's a pattern I think they want to break, but struggle with."

Several young women indicated that if they had more money "life would be different," and "I wouldn't have to do this." Following one interview, a particular young woman stated, "I have real jobs I didn't like before, but I can make more money in 30 minutes on the street than working all day at McDonalds." Another young woman stated, "It's hard, I don't want much, I just want enough money to pay my own rent, and take care of my little brother and sister, that's all."

As interviews between staff and participants evolved, it was clear that the idea of financial improvement was closely linked to the notion of a better life, more opportunities, perceived freedoms, and more life choices. As one participant articulated, "more money means more choices; it's freedom and change."

Desire for change. Although the need for money was a theme that was frequently discussed, conversations pertaining to change were just as common, and despite the fact that many of these young women articulated a desire for change, not all believed that it was achievable. Roughly one third of the participants were uncertain as to whether change was even possible. Of these young women, many appeared less hopeful, were less involved with the outreach center, and could often be observed blaming others for (their) setbacks, misfortunes, or mistakes. They seemed to lack a sense of accountability, and their self-talk could be defined as defeating and masochistic in nature. One young woman stated, "It's not my fault, I didn't ask for this life, what else am I supposed to do, it's not like I really have a lot of choices." Another young woman said, "I mean I wish things to be different, but I don't really see that happening, I mean how would it happen." A third participant stated, "it's just the way it is you know, if things change that would be cool, but I am not really counting on that." A particular social worker correlated this outlook to a poor self-image, feelings of inadequacy, and the fear of failure;

> I think deep down inside most want to change, they say they want to, but it's hard for some to really believe it's possible. I mean what does it mean if you believe you can change, but still choose not to, or don't really know how to. How would you feel about yourself then?

Despite the fact that nearly one third of the women appeared skeptical of change, nearly two thirds of the participants did not. Of these participants, most were actively engaged in the outreach program. Many had developed life skill sets pertaining to sewing, culinary arts, as well as make-up, hair, and clothing design. Several were still in school and articulated a desire to graduate with their GED. One particular young woman talked about potentially going to college after graduating from high school.

Of these young women, all appeared to possess a greater sense of self-confidence, hope, and resilience. They seemed eager to take ownership of over their lives, and their self-talk appeared more upbeat and positive in nature. One young woman stated, "It's about change, I want a different life, so I am doing this." Another participant said, "After I graduate, I will get a job and get my own place, things will be different." Employees, staff members, and mentors also talked about the importance of change: "that's the purpose, to help create positive change in their lives, and help them realize their potential."

As the interview process continued, whether talking with employees or participants, the topic of change was perhaps more talked about than any other, and it was evident that these young women desired change whether they believed it to be attainable or not.

Quantitative Results

A total of 12 participants completed the Connor-Davidson Resilience Scale, the Hopkins Symptoms Checklist, the Children's Hope Scale, or the Adult Hope Scale. Multiple independent sample t-tests were conducted to compare the trafficked girls' scores on the CD-RISC and Hope Scales (i.e., AHS, CHS), with scores from normative samples. The sample size of the normative samples was much larger than the number of participants in this study.

The normative sample used 458 participants 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. The mean Resilience scores within the current sample of both children and adults ($M = 80.50$, $SD = 11.26$, $n = 12$) did not differ significantly from the mean Resilience scores within a normative group ($M = 80.40$, $SD = 12.80$, $n = 577$; (Conner & Davidson, 2003), $t\ (11) = 0.03$, $p = .97$.

The normative sample for the Children's Hope Scale included boys and girls, ages 9-13, consisting of 322 participants from the Kansas public school system (Snyder et al., 1997). The mean Hope scores within the current child sample ($M = 27.00$, $SD = 4.39$, $n = 3$) did not differ significantly from the mean Hope scores within a normative group of children ($M = 25.71$, $SD = 6.11$, $n = 322$; (Snyder, 1997), $t\ (2) = .51$, $p = .66$.

In contrast, the mean Hope scores within the current adult sample ($M = 71.00$, $SD = 10.23$, $n = 9$) did differ significantly from the mean Hope scores within a normative sample of adults ($M = 47.32$, $SD = 6.49$, $n = 269$; (Brouwer, Meijer, Weekers, & Baneke, 2008), $t(8) = 6.94$, $p < .01$. These results suggest that the young women who received the Adult Hope Scale experienced higher levels of hope compared to the normative sample.

In addition to the multiple independent sample t-tests conducted, it was hypothesized that participants would experience significant correlations between hope, resilience, depression, and anxiety. Pearson Coefficient of Correlation was conducted to identify these potential correlations. Results are as follows.

Hypothesis 1. There will be a positive correlation between depression and anxiety. The results suggests that depression and anxiety have a strong positive correlation, $r = .52$, $p < .01$.

This is consistent with the literature. Research indicates sexually trafficked victims/survivors exhibit heightened emotional variables that are risk factors for comorbid rates of depression and anxiety (Taylor, 2011). Such factors include high levels of fear, feelings of shame, poor self-esteem, guilt, and worthlessness.

Hypothesis 2. There will be a positive correlation between hope and resilience. Results suggests a strong positive correlation between adult hope and resilience, $r = .70, p < .04$.

These findings are consistent with the literature. Research suggests sexually trafficked victims/survivors exhibit psychological risk factors associated with reducing individual hope and resilience. Risk factors include a deficient sense of mastery optimism (i.e., poor self-esteem), underdeveloped self-efficacy adaptability, higher rates of depression, and repeated exposure to trauma.

Within the adolescent population, results suggest no statistical significance: $r = .65, p < .54$. This is potentially due to a small sample size ($n = 3$).

Hypothesis 3. There will be a negative correlation between hope and depression. Results suggest no statistical significance between adult hope and depression $r = -.65, p < .06$. Lack of significance is potentially a result of a small sample size ($n = 9$).

Within the adolescent's population, results suggest no statistical significance, $r = -.80, p < .41$. Lack of significance is potentially a result of a small sample size ($n = 3$).

Hypothesis 4. There will be a negative correlation between resilience and depression. Results suggest no statistical significance between resilience and depression $r = -.52, p < .08$. Lack of significance is potentially a result of a small sample size ($n = 12$).

Hypothesis 5. There will be a negative correlation between hope and anxiety. Results suggest no statistical significance between hope and anxiety $r = -.25, p < .50$. Lack of significance is potentially a result of a small sample size ($n = 12$).

Hypothesis 6. There will be a negative correlation between resilience and anxiety. Results suggests a strong negative correlation between resilience and anxiety, $r = -.63, p < .03$.

Findings are consistent with the literature. Masho and Ahmed (2007) found that increased rates of anxiety and panic attacks are common physical and emotional health problems produced by sexual coercion and abuse. Sex trafficking victims and survivors are subject to experiential risk factors (e.g., sexual abuse/neglect/molestation, addiction), and often exhibit psychological symptoms (e.g., depression, low-esteem, low self-worth) that are factors in decreasing individual rates of resilience.

Chapter 4

Discussion

The current study sought to build upon existing research (which is limited) by extending the examination of how sexually trafficked victims and survivors experience hope and resilience. In order to evaluate these relatively under-researched explorations within this population, the current study examined hope, resilience, depression and anxiety as evidenced by scores on the AHS (Adult Hope Scale), CHS Children's Hope Scale), CDR (Conner Davidson Resilience Scale), psychological functioning (including Anxiety and Depression scores from the HSCL-25) and qualitative interviews. The knowledge gained from this research study provides insight as to how hope and resilience are experienced by young women rebounding from the effects of sex trafficking. These results can be used to better understand the psychological needs of the demographic, and to develop treatment methods to help the population.

What Was Found

It appears that hope may play an important role in how these young women experience resiliency (as higher rates of hope were correlated with higher rates of resilience, and vice versa), and that resiliency may serve as a protective factor for the development of anxious or depressive symptoms within the population.

With this in mind, one of the most important factors influencing the hope and resilience of these young women appears to be their capacity to navigate emotional aspects of previous

traumas. In attempt to manage these emotions, most of these young women appear to have developed self-protective behaviors as a means of coping with their distress.

In many ways these coping methods (i.e., positive self-descriptions and portrayal of self, adaptability, reluctance to discuss previous trauma and emotional reactivity, etc.) resemble avoidant behaviors, which are exacerbated by stigmatizing social environments that lack positive role models.

As such, when working clinically with victims and survivors, it may be fruitful to incorporate long-term comprehensive therapy that emphasizes rapport within the therapeutic relationship (i.e., relatedness) as a means of increasing goal directed behaviors (i.e., agency), self-belief and understanding (i.e., mastery). The following experiences and clinical implications are described below.

The Experience of Resilience

Sexually trafficked victims and survivors appear to experience resilience as a means of adapting to, and coping with traumatic life events. Nearly all participants admitted to experiencing abuse, loss of control or power in their lives, and/or having faced repeated physical and emotional traumas.

As a method of self-preservation, many of these young women appear to have rationalized their experienced hostilities, normalizing their trauma as a way of life, and surrendering to the idea that change is unlikely. This learned helplessness negatively influences variables (i.e., mastery and relatedness) of resiliency (Masten & Narayan, 2012), making it difficult for victims/survivors to evoke positive change in their lives.

Moreover, the need for money, positive attachment figures, and constructive social supports, potentially, makes victims and survivors more susceptible to manipulation. Traffickers understand this, and attempt to manipulate these young women by promising them money and acting as if they deeply care about them. For example, many of the participants actually referred to their pimps as caring boyfriends, brothers, or significant others. By defining traffickers as positive objects, they (i.e., traffickers, pimps, etc.) become empowered, increasing their influence and making it easier for them to manipulate their victims.

As a result, the trafficker has now increased the victim's dependence on him/her, and leveraged their control over these young women by establishing themselves as the primary positive attachment in the victims' life. The trafficker then uses this control to distance these young women from others, such as positive social attachments, which eradicates the victims' sense of relatedness (i.e., resiliency), and strengthens the bond between the victim and trafficker. This manipulation is a devious form of emotional and psychological abuse, which undoubtedly plays an essential role in convincing these young women that their worth, and the unconditional love they long for, is contingent upon their ability to adhere and please the trafficker. This type of psychological control was communicated throughout the interview process, and is consistent with previous research (Rand, 2009).

Similarly, while struggling to be resilient, these young women appear to experience a variety of symptoms (anxiety and depression) linked to the many traumas they have experienced. For example, several participants in this study endorsed an assortment of anxious and depressive symptoms. Quantitative results indicated a strong positive correlation between anxiety and depression. As such, it is not surprising that many participants spoke about how anxious and/or

depressed they become when thinking about previous traumatic experiences, their lack of positive social supports, and/or their desire to increase financial stability.

As a result, throughout the interview process, participants would often smile while expressing how meaningful it is to experience a positive relationship with a parent, relative, or mentor who is capable of showing them unconditional support (and love) despite their history of trafficking. The consistency of access to positive attachments (i.e., parents, mentors, social supports) appears to play a vital role in developing the victim's sense of worth and value, which are key components that positively influence interpersonal resilience (Masten & Narayan, 2012).

The need for positive attachments, and desire for change may explain why these young women voluntarily chose to participate at the outreach center. The choice to participate at the outreach, in itself, is an act of resilience. The fact that these young women voluntarily sought out help, not only speaks to their desire for change, but also speaks to their sense of mastery, relatedness, ability to adapt, and interpersonal awareness.

It also highlights their desire for support and need for positive relationships. Victims and survivors that were able to develop positive relationships (i.e., mentors, social workers, etc.) appeared more goals oriented and hopeful about their future. On numerous occasions I witnessed mentors positively influence victims/survivors desire for positive life change, encouraging these young women to visualize alternative possibilities, and then set goals (i.e., completing school, getting a job, etc.) related to achieving these possibilities.

Having access to positive attachments that scaffold these young women in their development of mastery and relatedness seems to contribute to the maturity of their resilience. It

also provides support for these young women while they attempt to cope with pervious traumas and create an alternate more adaptive sense of self that is respected and valued (i.e., mastery).

Attaining this interpersonal sense of value and respect is perhaps, one of the key motivational factors behind their desire for change and positive self-portrayal. For example, interviews revealed the importance that these young women have for maintaining a positive sense of self. Conceivably, this is a means of coping that allows victims and survivors to maintain an identity outside of their trafficking identity. In many ways, this coping mechanism appears to be an adaptation in resilience that is significant to this population, and has allowed these young women to distance themselves from the many adversities, traumas, tragedies, threats, and other sources of interpersonal stress.

For example, during the interview process one particular young woman was able to differentiate herself from her trafficking identity. She openly admitted to being trafficked, but also stated that it was just a bad decision and not who she is. She then articulated that her future would not be ruined or determined upon her previous experiences in trafficking.

Victims/survivors that were able to create a more irrepressible, adaptive identity were also able to depict a more productive future, and demonstrate a more resilient (i.e., mastery) sense of self by not letting their trafficking experiences define them. This adaptive sense of identity appears to manifest when desire for change is connected with a positive attachment figure and clear life purpose.

For example, many of these young women indicated that through scaffolding, feeling supported, and experiencing life successes, they became more confident, empowered, and began to recognize purpose in their lives. One particular participant talked about applying herself and

receiving good grades, and as a result, she began to realize her capabilities and worth. She currently has goals related to graduating from high school, attending college, and becoming a successful professional.

Interviews like these revealed the presence of resilience through attainable goal setting, progressive scaffolding, positive self-identification, and the realization of clear life purpose and meaning. These variables are clear signs of resilience for this group.

The Experience of Hope

Similar to the concept of resilience, the concept of hope, throughout the interview process was an inescapable theme, and as such, there are many variables that appear to impact how these young women experience hope, and despite traumas experienced, continue to display hope for their future.

Many participants expressed hope in terms of life change, describing specific desires, dreams, and thoughts related to a different more fulfilling life. However, of these young women, several were unable to articulate the way in which they would go about creating this change. In this instance, participants' demonstrated hope through contemplating that their lives could be different. The hope for a more fulfilling life, likely serves as a method of hopeful coping, which comforts victims/survivors as they reflect upon their current situation, and traumatic life experiences (Morse & Doberneck, 1995).

Conversely, other participants displayed hope by articulating life change in terms of goal setting and action planning. Many of these young women described, in detail, their goals, and the actions needed to accomplish these goals. For example, several participants discussed the desire to receive a college degree, gain employment, and become financially secure in a profession they

desired. Of these participants, with the help of a mentor, many had taken action on goals related to attending school, participating in extracurricular activities (i.e., sports teams, marital arts, support groups, etc.), taking the steps needed to graduate from high school, creating a resume, and/or developing a professional skill set (i.e., culinary arts, beauticians, cosmetics, etc.).

Others articulated hope related to goals associated with sobriety, and becoming a positive role model for siblings. Participants that were able to articulate and take action on accomplishing these goals appeared hopeful about their future, and seemed more positively affirming towards self and others. For example, one young woman stated; "now that I have done it (i.e., graduating from high school), I know I can do it, there is nothing that can stop me now." Of these participants, many appeared to no longer be engaged in the trafficking industry, and of those who (potentially) were, several were actively working toward their goals, with hopes of changing their lives.

Moreover, interviews revealed that with positive scaffolding (to increase motivation and support), active hope for these young women could be manifested through the development of goal setting and increased coping skills (to aid with emotional healing and understanding of previous experienced trauma). This is reflected in the interviews, observations, and in the participants' active engagement in their treatment at the outreach center. In this instance, these young women demonstrate pathway and agency thinking, which is a positive expression of hope that is congruent with the literature. Research indicates that hope is developed and cultivated through a capability to derive pathways to desired goals, and motivates oneself via agency thinking to use those pathways (Synder, 2002).

As such, positive scaffolding appears to be a key variable in the development of hope (i.e., pathway and agency thinking) of this population. This is not surprising given the fact that these young women articulated a resounding theme related to the need for positive attachments. Of those participants able to set, and effectively pursue their goals, all articulated a mentor that has helped scaffold them throughout their goal setting process.

Of the participants that were unable to identify a positive role model, many were able to articulate goals, but all reported difficulty with taking action to accomplish their goals. This indicates that for these young women, the motivational (i.e., agency) and pathway components of hope may be strongly influenced by positive social supports, or the lack thereof.

Clinical Implications

Building rapport. The need for positive attachments and the many traumas' these young women have experienced, suggest that rapport will be an important variable to account for when working clinically with this population (US Department of Health and Human Services [US DHHS], 2015). Many participants in this study have been raised in unhealthy environments that lack positive role models (i.e., influencing a sense of relatedness), and as such, it should be expected that the rapport building process would take time to develop (Smith, 2014). With this in mind, it is important that therapists remain patient, and do not pressure victims/survivors to talk about previous traumas before they are ready to do so. Pushing victims and survivors to talk about their experiences before they are ready can have severe clinical implications (US DHHS, 2015). Such implications include, distrust for the therapist, an increased likelihood to withdraw from therapy (and others), and a decreased desire to seek social supports (US DHHS, 2015), all

of which negatively impact (i.e., mastery and relatedness) the development of individual resilience (Collins, 2005; Prince-Embury & Courville, 2008).

As such, it is imperative that therapists remain patient while promoting remedial environments that are consistent, nonthreatening and sensitive to emotional triggers (Smith, 2014). The therapeutic environment should be a safe place where victims and survivors feels free to express their vulnerabilities at a pace that is comfortable for them without pressure from the therapist to do so, thus, resulting in a (corrective) positive relational experience for these young women. Having positive relational experiences not only aids in the development of one's resiliency (i.e., relatedness) (Collins, 2005; Prince-Embury & Courville, 2008), but it also provides these young women the opportunity to experience a healthy positive attachment.

Emotional & cognitive regulation. As rapport develops and a positive therapeutic relationship is established, victims and survivors may become more willing to trust, discuss, and process emotional vulnerabilities they have previously attempted to disconnect from (Catherall, 1991). Several staff members and employees referenced that many of these young women disconnect from their feelings (at times) as a way of avoiding emotional discomforts (i.e., by laughing, using humor - portraying overly positive sense of self, etc.).

Clinically, the implications associated with emotional denial are vast **(**Ungar, 2008**),** and it is therefore important that when victims and survivors begin to express these emotions (in a clinical setting), that therapists (etc.) remain supportive, and focus not only on engendering compassion and empathy in the moment, but also provide these young women with cognitive and emotional regulatory skills that will allow them to process emotions in a safe productive manner (Ungar, 2008).

The ultimate goals of therapist are not to only sit with the victims and survivors in their emotions, but to (patiently and sensitively) help them navigate these experiences towards a more cognitive, less emotional state (Masten, 2014)**.** It is during this process that the therapist may want to access the victims and survivors (potential) desire for change, introspection, and/or their abilities to adapt to new situations as a means of helping these young women more effectively integrate new (and potentially uncomfortable) coping skills into their life.

As victims and survivors learn to work with the therapist to more effectively manage their emotional experiences, they will become more capable of rewriting cognitive distortions that may be influencing their pathology (Goyal et al., 2014). This skill in cognitive mindfulness has been shown to reduce negative biases, effectively modify appraisals of threat, and increase one's capacity to regulate emotions, all of which have been shown to increase (one's) levels of hope, (i.e., pathway and agency thinking), resiliency and self-efficacy (Masten, 2014; Southwick & Charney, 2012).

Skill building & goal setting. By incorporating therapeutic techniques (i.e., cognitive / emotional regulation) that help victims and survivors positively manage their emotions they will be more capable of taking on new challenges, building life skills, and setting goals (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Many participants (victims/survivors, employees, social workers, etc.) pointed to skill building and goal setting as an essential progression for the achievement of desired change.

Clinically, when working with this population, life skill development and goal setting have profound implications related to the progress of hope and resilience. Synder (2002) indicates that setting and achieving goals is vital for the development of one's pathway and

agency thinking, which are foundational components for hope, which as previously noted, appears to play an essential role in how these young women experience resiliency. As such, when working clinically with victims and survivors it may be advantageous to create goals around life skills that are financially sustainable, leveraging the populations need for money as a motivational factor for completing goals and realizing sustainable change.

Initial goals should be centered on life skill sets from which victims and survivors have interest (i.e., fashion, sewing, etc.). Pennsylvania State University World Campus (2015) suggests that preliminary goals should be simplistic and easily attained, as not meeting challenges early in the goal building process may result in negative clinical implications (i.e., fear of failure, loss of self-confidence, unwillingness to try new things, etc.) that result in a decrease in one's hope and resilience.

As victims and survivors achieve more simplistic goals (i.e., showing up to skill training once a week) the next step is to progressively expose the individual(s) to more complicated challenges (i.e., show up to skill training three times this week, make a resume and apply to culinary school) and diverse situations (i.e., attend a job interview) (Southwick & Charney, 2012).

The clinical implications of mastering these trials are vast. Experiencing goal-oriented successes has been shown to increase an individual's hope (agency and pathway thinking), resilience (i.e., mastery, relatedness), coping (i.e., adaptability), and self-efficacy (i.e., develop a more authentic positive portrayal of self) (Southwick & Charney, 2012).

Just as victims and survivors have learned to adapt to trauma, they now learn to adapt to a new positive life cycle of change that is rooted in the belief that they have control and influence

over their situation, and possess the capacity to effectively navigate desired life changes through their aptitude to attain desired outcomes (Maddi, 2008).

Limitations and Implications for Future Research

The results of this study demonstrate the significance of hope and resilience in sexually trafficked victims and survivors within the United States, while providing clinical implications that may help professionals better understand and more effectively work with the populace.

Unfortunately, there are a few limitations that reduce the comprehensiveness and generalizability of the research. The primary limitation of this study is that the sample size is small and convenient, consisting of 12 participants. As such, the study may not adequately represent the full range of experiences that sexually trafficked victims and survivors might report.

In addition, there are cultural limitations. All participants were recruited from a specific outreach program (designed to support sexually trafficked victims and survivors) located in a distinct region (Northwest) of the United States. As a result, future research would do well to expand the parameters of this study by increasing the number of participants and extending participation beyond the cultural regions of the North Western United States.

Additionally, despite the careful and meticulous selection of assessment tools for latent variables (i.e., depression, anxiety, hope, resilience) and observed indicators (i.e. need for positive attachment, positive self-portrayal, introspection, adaptability, need for money, desire for change), it is probable that these measures may not have completely captured the variables of interest (Shadish, Cook, & Campbell, 2002). Sexually trafficked victims and survivors are among the most concealed and inaccessible of populations. As such, future studies should focus

on developing a greater understanding into the origins and processes that contribute to the psychological vulnerabilities of this demographic. This will allow for richer understandings associated with what assessment indicators would be most accurate for the psychological assessment of this populace.

Moreover, in terms of understanding the hope and resilience of these young women, future researchers should examine specific interventions that may aid in the development of hope and resilience for this population. As such, it may be fruitful for future examiners to conduct longitudinal research specific to the exploration of the how the utility of particular clinical interventions (i.e., DBT, ACT, etc.) influence factors of hope, resilience, depression and anxiety over longer periods of time (Ungar, 2008).

Furthermore, focusing research on effective treatment methods beyond the scope of hope and resilience will be important. The complex traumas associated with this population indicate a multitude of psychological factors at play, which are likely influencing the populations' ability to adjust and recover from complex traumas. As these psychological factors are identified, mental health professionals may begin employing interventions that more effectively support the recovery of the populace. Such work would contribute to more comprehensive clinical understandings that are explicit to the psychological needs of these young women. By preempting the effects of trafficking through a more enduring and distinct research approach, we aid in developing a collaborative health care that is universally capable of better understanding and treating the needs of this population.

Summary

This study examined factors of hope and resilience of 12 sexually trafficked victims and survivors, ages 14 to 21. Quantitatively, participants in this study endorse a strong positive correlation between depression and anxiety, and a strong negative correlation between resilience and anxiety. Within the adult population, a strong positive correlation between hope and resilience was also found.

Qualitatively, this research study suggests that despite the many obstacles and trauma these young women have faced, they continue to express traits of hope and resilience through a sense of capability, adaptability, positive self-concept, a desire for change, and a willingness to introspectively delve into past experiences to better understand themselves. These traits speak to the populations' unrelenting ability to face unspeakable traumas while remaining steadfast in their pursuit of life purpose and peace.

References

Abas, M., Ostrovschl, N. V., Prince, M., Gorceag, V. I. Trigub, *C.,* & Oram, S. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study. *BMC Psychiatry, 12,* 204.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*, 4th edition. Washington DC: Author.

ASU School of Social Work Office of Sex Trafficking Intervention Research. (2013). *What you need to know, sex trafficking and sexual exploitation: A training tool for health care providers*. Tempe, AZ: Author.

Bailey, T. C., Eng, W., Frisch, M. B., & Snyder, C. R. (2007). Hope and optimism as related to life satisfaction. *Journal of Positive Psychology, 2,* 168-175.

Barlow, D. H. (2001). *Anxiety and its disorders: The nature and treatment of anxiety and panic* (2nd ed.). New York, NY: Guilford Press.

Barlow, D. H. (2003). The nature and development of anxiety and its disorders: Triple vulnerability theory. *Eye on Psi Chi, 7,* 14-20

Beck A. T., Rush A. J., Shaw B. F., & Emery G. (1979). Cognitive therapy of depression. New York, NY: Guilford

Bonanno, G. A. (2008). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *Psychological Trauma: Theory, Research, Practice, and Policy*, *S*, 101-113. doi:10.1037/1942-9681.S.1.101

Brouwer, D., Meijer, R., Weekers, A. M., & Baneke, J. J. (2008). On the dimensionality of the Dispositional Hope Scale. *Psychological Assessment, 20*(3), 310-315. doi:10.1037/1040-3590.20.3.310

Catherall, D. (1991). Aggression and projective identification in the treatment of victims. *Psychotherapy, 28*, 145-150.

Chang, E. C. (1998). Hope, problem-solving ability, and coping in a college student population: Some implications for theory and practice. *Journal of Clinical Psychology, 54,* 953-962.

Chang, E. C., & Banks, K. H. (2007). The color and texture of hope: Some preliminary findings and implications for hope theory and counseling among diverse racial/ethnic groups. *Cultural Diversity and Ethnic Minority Psychology, 13,* 94-103. doi: 10.1037/1099-9809.13.2.94

Cheavens, J. S., Michael, S. T., & Snyder, C. R. (2005). The correlates of hope: Psychological and physiological benefits. In J. Elliot (Ed.) *Interdisciplinary Perspectives on Hope* (pp. 101-118). New York, NY: Nova Science.

Clawson, H., Small, K., Go, E., & Myles, B. (2004). *Needs assessment for service providers and trafficking victims*. Washington, DC: National Institute of Justice, Retrieved from http://www.ncjrs.gov/pdffiles1/nij/grants/202469.pdf

Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). Happiness unpacked: Positive emotions increase life satisfaction by building resilience and *Emotion, 9*, 361-368.

Collins, G. R. (2005, October 6). Update on resilience. Retrieved from http://www.garyrcollins.com

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression & Anxiety, 18*(2), 76. doi:10.1002/da.10113

Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training, 41,* 412-425.

Cramer, K. M., & Dyrkacz, L. (1998). Differential prediction of maladjustment scores with the Snyder hope subscales. *Psychological Reports, 83,* 1035-1041.

Derogatis, L. R., Lipman, R. S., Rickels, K., Uhlenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science, 19,* 1-15.

Generalized anxiety disorder: When worry gets out of control. (2016, Spring). *National Institute of Mental Health, 3*, 1-3. Retrieved from https://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad/index.shtml

Gillman, R., Dooley, J., & Florell, D. (2006). Relative levels of hope and their relationship with academic and psychological indicators among adolescents. *Journal of Social and Clinical Psychology, 25,* 166-178.

Goyal, M., Singh, S., Sibinga, E. M. S., Gould, N. F., Rowland-Seymour, A., Sharma, R., … Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being. *Journal of the American Medical Association, 174*, 357-368.doi:10.1001/jamainternmed.2013.13018

Holt, J. R. (2015). *The experiences of resilience and hope of adolescent girls who have been victims of sex trafficking in the United States*. (Unpublished doctoral dissertation). George Fox University, Newberg, OR. Paper 187. Retrieved from http://digitalcommons.georgefox.edu/psyd/187

Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health, 100*, 2442-2449.

Hudson, J. L., Flannery-Schroeder, E., & Kendall, P. C. (2004). Primary prevention of anxiety disorders. In D. J. Dozois & K. S. Dobson (Eds.), *The prevention of anxiety and depression: Theory, research, and practice* (pp. 101-130). Washington DC: American Psychological Association

Kellog, F. R. (2013). Sex trafficking: A clinical guide for nurses. *Care Management Journals, 14*, 267-268. Retrieved from http://search.proquest.com/docview/1470800716?accountid=458

Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout and self-care in clinicians working with trauma services. *Traumatology,* 14(2), 32-44.

Kiss, L. (2015, March). Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: An observational cross-sectional study. *The Lancet*, *3*, 1-43.

Kwon, P. (2002). Hope, defense mechanisms, and adjustment: Implications for false hope and defensive hopelessness. *Journal of Personality, 70,* 207-231.

Lopez, S. J., Ciarlelli, R., Coffman, L., Stone, M., & Wyatt, L. (2000). Diagnosing for strengths: On Measuring hope building blocks. In C. R. Snyder (Ed.). *Handbook of hope theory, measures and applications* (pp.57-85) San Diego, CA: Academic Press

Masho, S. W., & Ahmed, G. (2007). Age at sexual assault and posttraumatic stress disorder among women: prevalence, correlates, and implications for prevention. *Journal of Women's Health (Larchmt), 16*, 262-71.

Masten, A. S., (2001). Ordinary magic: Resilience process in development. *American Psychologist, 56*, 227-238, doi: 10.1037//0003-066X.56.3.227

Masten, A. S. (2014). *Ordinary magic: Resilience in development*. New York, NY: Guilford Press.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*, 205-220.

Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war and terrorism: Pathways of risk and resilience. *Annual Review of Psychology, 63,* 227-257. doi:10.1146/annurev-psych-120710-100356

Morse, J. M., & Doberneck, B. (1995). Delineating the concept of hope. *IMAGE: Journal of Nursing Scholarship, 27*, 277-285. doi:10.1111/j.1547-5069.1995.tb00888.x

Nevada Attorney General. (2012). *What is human trafficking?* Retrieved from http://ag.nv.gov/Human_Trafficking/HT_Home/

Oram, S., Stöckl, H., Busza, J., Howard, L., & Zimmerman, C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: Systematic review. *Public Library of Science Medicine, 9*, e1001224.

Prince-Embury, S., & Courville, T. (2008). Comparison of one, two, and three-factor models of personal resiliency using the resiliency scales for children and adolescents. *Canadian Journal of School Psychology, 23,* 11-25. doi:10.1177/0829573508316589

Pennsylvania State University World Campus. (2015). PSYCH 484, Lesson 6: Goal-setting Theory: What am I trying to achieve in my work? *Work Attitudes and Motivation*.

Rafferty, Y. (2013). Child trafficking and commercial sexual exploitation: A review of promising prevention policies and programs. *American Journal of Orthopsychiatry, 83,* 559-575.

RAINN: Rape, Abuse, and Incest National Network website. (2008). Retrieved from www.RAINN.org

Rand, A. (2009). It can't happen in my backyard: The commercial sexual exploitation of girls in the United States. *Child & Youth Services, 31*, 138-156. doi:10.1080/0145935X.2009.524480

Range, L. M., & Penton, S. R. (1994). Hope, hopelessness, and suicidality in college students. *Psychological Reports, 75,* 456-458.

Roswarski, T. E., & Dunn, J. P. (2009). The role of help and hope in prevention and early intervention with suicidal adolescents: Implications for mental health counselors. *Journal of Mental Health Counseling, 31*(1), 34-46. HSC.

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). Experimental and quasi- experimental designs for generalized causal inference. Boston, MA: Houghton Mifflin.

Shorey, H. S., Snyder, C. R., Yang, X., & Lewin, M. R. (2005). The role of hope as mediator in recollected parenting, adult attachment, and mental health. *Journal of Social and Clinical Psychology, 22,* 685-715.

Smith, H. (2014, March). Interviewing victims of human trafficking: Survivors offer Advice. *Speaking out*, *1*, 1-5. Retrieved from http://www.commdiginews.com/life/interviewing-victims-of-human-trafficking-survivors-offer-advice.

Snyder, C. R. (1994a). Hope and optimism. In V. S. Ramachandren (Ed.), *Encyclopedia of human behavior* (Vol. 2, pp. 535-542). San Diego, CA: Academic Press.

Snyder, C. R. (1994b, August). Hope for the many vs. hope for the few. Paper presented at the annual meeting of the American Psychological Association, Los Angeles, CA.

Snyder, C. R. (1994c). The psychology of hope: You can get there from here. New York, NY: Free Press.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. Psychological Inquiry, 13, 249-275.

Synder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., . . . Stahl, K. (1997). The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology, 22, 399-421. doi: 10.1093/jpepsy/22.3.399*

Southwick, S. M., & Charney, D. S. (2012). The science of resilience: Implications for the prevention and treatment of depression. *Science, 338*, 79-82. doi:10.1126/science.1222942

Taylor, O. (2011). The sexual victimization of women: Substance abuse, HIV, prostitution and intimate partner violence as underlying correlates. *Journal of Human Behavior in the Social Environment*, 21, 834-848.

Tiet, Q. Q., & Huizinga, D. (2002). Dimensions of the construct of resilience and adaptation among inner-city youth. *Journal of Adolescent Research, 17*, 260-276. doi:10.1177/0743558402173003

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*(2), 218-235.

U.S. Department of Health and Human Services, Administration for Children and Families, National Human Trafficking Resource Center. (2011). *Human trafficking fact sheet*. Retrieved from http://www.acf.hhs.gov/trafficking/about/fact_sex.pdf

U.S. Department of Health and Human Services (2015). *Case management and the victim of human trafficking: A critical service for client success*. Retrieved from https://aspe.hhs.gov/pdf-report/case-management-and-victim-human-trafficking-critical-service-client-success**).**

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. *Human trafficking into and within the United States: A review of the literature*. Retrieved from http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/index.pdf

Werner, E. (1989). High-risk children in adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry*, *59*, 72-81.

Whitman, A. (2015, Summer). Transnational human trafficking. *Global Security Studies, 6*(3), 11-17.

Williamson, C., & Prior, M. (2009). Domestic minor sex trafficking: A network of underground players in the Midwest. *Journal of Child & Adolescent Trauma,* 2, 46-61.

Williamson, E., Dutch, N. M., & Clawson Caliber, H., J. (2010). Evidence-based mental health treatment for victims of human trafficking. *Us. Department of Health and Human Services*. Retrieved from ASPE.hhs.gov

Wilson, B., & Butler, L. D. (2013). Running a gauntlet: A review of victimization and violence in pre-entry, post-entry, and peri-/post-exit periods of commercial sexual exploitation. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. doi: 10.1 *037/a0032977*.

WHO | depression. World Health Organization. 2011 [cited 2011 Apr 29]. Available from: http://www.who.int/topics/depression/en/

Appendix A

Interview Questions

Participant #_____ Date:_____ Education Completed:_____

1. What are three words your friends might use to describe you?

2. What are three words you would use to describe you?

3. If you were granted three wishes what would they be?
   Prompt: How would these wishes be meaningful to you?
   Prompt: Do any of these wishes feel realistic to you?

4. Name one person, it can be anyone (i.e., an actor in a movie, character in a book, or someone you know, etc.) who is empowered, that really has it together and gets things done?

5. If that person could help a young woman at Door to Grace, what would that person say or due to help her accomplish her life dreams?

6. Is there someone in your life you can depend on?
   Prompt: What makes this person dependable?

7. How would you describe your family?

8. What makes you feel happy?

9. How often do you feel happy?

Appendix B

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.*

None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

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

None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

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

None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

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

None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

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

None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

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

None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

Adult Hope Scale (AHS)

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 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.

Note. When administering the scale, it is called The Future Scale. The agency subscale score is derived by summing items 2, 9, 10, and 12; the pathway subscale score is derived by adding items 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four agency and the four pathway items.

Hopkins Symptom Checklist (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 – This will be removed***	Not at all	A little	Quite a bit	Extremely
	(1)	(2)	(3)	(4)
1. Suddenly scared for no reason.				
2. Feeling fearful.				
3. Faintness, dizzy, or weakness				
4. Nervousness or shakiness inside				
5. Heart pounding or racing				
6. Trembling				
7. Feeling tense or keyed up				
8. Headaches				
9. Spells of terror or panic				
10. Feeling restless, can't sit still				

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 – This will be removed*	Not at all	A little	Quite a bit	Extremely
	(1)	(2)	(3)	(4)
1. Feeling low in energy, slowed down				
2. Blaming yourself for things				
3. Crying easily				
4. Loss of sexual interest or pleasure				
5. Poor appetite				
6. Difficult falling asleep, staying asleep				
7. Feeling hopeless about the future				
8. Feeling blue				
9. Feeling lonely				
10. Thoughts of ending you life				
11. Feelings of being trapped or caught				
12. Worrying to much about things				
13. Feeling no interest in things				
14. Feeling everything is an effort				
15. Feelings of worthlessness				

Appendix C

Consent Forms

GEORGE FOX UNIVERSITY

Assent to Act as a Participant in a Research Study

TITLE: Experiencing hope, resilience, depression and anxiety

INVESTIGATORS: Adrian Egger
aegger13@georgefox.edu

SUPERVISOR: Dr. Winston Seegobin
Graduate Department of Clinical Psychology
414 N Meridian St,
Newberg, OR 97132
Wseegobin@georgefox.edu

DESCRIPTION: We are doing a research study about the experiences of the young women at Door to Grace. A research study is a way to learn more about people. If you decide that you want to be part of this study, on a piece of paper you will also be asked to answer some questions. Some of the questions will be written. This will take 15 minutes to complete. Next, you will be asked some questions by an interviewer. During the interview you will be asked 9 questions. This will take 35 minutes to complete.

RISKS AND BENEFITS: Participation in this study involves little risk. Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think some of these benefits might be: 1) Helping others that come to Door to Grace receive the best help possible. 2) Helping those who want to help better understand how to help the best they can. You don't have to answer any of the questions, and you can take a break or stop doing this study at any time. You can withdraw your child at any time up until her answers are analyzed.

INCENTIVE: Participants who complete the three questionnaires and interview will receive a $5 gift card to a local coffee shop.

****

CONFIDENTIALITY: When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

RIGHT TO REFUSE OR END PARTICIPATION: You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your legal guardians know about the study.

VOLUNTARY ASSENT: If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

_____ _____
(Name of Participant) (Date)

_____ _____
(Signature of Legal Guardian) (Date)

Consent to Act as a Participant in a Research Study

TITLE: Experiencing hope, resilience, depression and anxiety

INVESTIGATORS: Adrian Egger
aegger13@georgefox.edu

SUPERVISOR: Dr. Winston Seegobin
Graduate Department of Clinical Psychology
414 N Meridian St,
Newberg, OR 97132
Wseegobin@georgefox.edu

DESCRIPTION: Thank you for your participation in this study. This study is an overall assessment of personal perceptions pertaining to how one experiences hope, resilience, depression and anxiety. Participants are asked to answer questions, and will be interviewed about your beliefs and life experiences. The questionnaire will take approximately 30 minutes to complete. The interview will take approximately 35 minutes to complete. You are asked to participate due to your current involvement with Door to Grace.

RISKS AND BENEFITS: There are no physical risks associated with this study. Some of the questions we will ask you as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions, and you may take a break at any time during the study. You can withdraw your 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

INCENTIVE: Participants who complete the three questionnaires and interview will receive a $5 gift card to a local coffee shop.

****

CONFIDENTIALITY: The collection of results from this research may be used for scientific or educational purposes. It may be presented at scientific meetings and/or published in professional

journals or books. The results of the study, if presented at professional forum or if published, will have no identifying information that would connect you to specific results. All information will be erased once the data has been collected. Participants who complete this study have an opportunity to receive a summary of the results after the study is completed. If interested, email Adrian Eger at Aegger13@georgefox.edu.

RIGHT TO REFUSE OR END PARTICIPATION: At any time, you have the freedom to withdrawal or not respond, but for the purposes of the adequate data collection, the researchers ask for your full participation.

VOLUNTARY CONSENT: I certify that I have read the preceding information or it has been read to me and that I understand its contents. Any questions I have pertaining to the research will be answered by Adrian Egger. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this study.

_____ _____

Please Print Name Participant's signature

_____

Date

Appendix D

Qualitative Analysis Codebook

Need for Positive Attachments

- Lack of close relationships with family
- Poor support from caregivers
- Is without parents / single parent household
- Caregiver was involved in crime
- Friends are closest people to her
- Caregiver was abusive
- Family is important
- Has supportive people, specifically probation officer, mentor, or foster parents
- Values positive time spent with family members
- Parents not positively involved in life
- Friends are defined as family (non-blood interactions)
- Loves parents / family
- Wants to reconcile with family
- Wants to matter to others
- Put others before self

Adaptability

- Able to interact with a wide variety of personalities
- Able to asses the intent of others
- Ability to respond to various social situations quickly
- Able to adapt to adverse living situations
- Survived adverse/traumatic circumstances
- Able to trust others / Show emotions
- Turn traumatic experiences into a way to give back and help others like her

Positive Self-Portrayal

- Ambitious
- Likable
- Smart
- Motivated
- Resilient
- Attractive
- Confident
- Energetic
- Humorous

Introspection

- Self assessing
- Desire to understand behaviors and actions
- Sense of self
- Honest interpersonal reflection
- Able to identify with parts of self outside of trafficking (i.e., student, loving friend, athlete)
- Can talk about her story, and what she has learned from her experiences

Need for Money

- Low SES
- Desire to have a full time job
- Desire to financially care for loved ones
- Desire to own a car
- Desire to own a house
- Desire to live in a different neighborhood
- Desire to leave trafficking
- Trafficking for money

Desire for Change

- Desire to remaining sober
- Setting goals, wanting a different life
- Being intentional about staying out of trouble
- Healthy coping skills – checking in with mentors, exercise
- Change is difficult but attainable
- Proving others wrong - I can change
- Wishing / Hoping for change
- The future will be different
- Tired of living wrong
- Desire to find purpose and stability
- Wants to be first in family to go to college
- Aspirations for future career

Appendix E

Curriculum Vitae

Adrian Egger
George Fox University
422 N. Meridian St. #V294, Newberg, OR 97132
Phone: (602) 403-1402
Email: aegger13@georgefox.edu

Educational Experience

Psy.D. Clinical Psychology, George Fox University	(Expected May 2018)
M.A. Clinical Psychology, George Fox University	(June 2015)
M.S. Psychology, University of Phoenix	(August 2011)
B.S. Exercise Science, Seattle Pacific University	(May 2001)

Supervised Clinical Experience

2015 - 2016 *Practicum Clinician (Community Mental Health)*
Behavioral Health Clinic - George Fox University

- Conduct weekly individual, couples, and group therapy sessions with children, adolescents, and adults with a variety of mental health concerns
- Co-facilitated anger management groups
- Development of written treatment plans, process notes, and diagnostic summaries
- Organize and participate in fundraisers for the agency including establishing relationships with local vendors and community leaders
- Conduct a variety of psychological assessments
    - Numerous written comprehensive assessment reports
    - Conducted feedback session related to assessment outcomes

Supervisors:

- Joel Gregor, Psy.D.

2015 - 2016 *Practicum Clinician (Primary Care)*
Good Samaritan Hospital

- Conducted integrated visits for immediate PCP consultation in a community hospital
- Worked collaboratively with physicians, PA-Cs, and nurse practitioners to provide comprehensive care.
- Increased treatment compliance and adherence through Motivational Interviewing, problem-solving therapy, and psychoeducation with patients on diagnoses

and medications
- Consulted with PCPs on how to negotiate issues such as discontinuing opioids or benzodiazepines while maintaining the provider-patient relationship
- Conducted evaluations to determine eligibility for narcotics in chronic pain patients
- Taught biofeedback techniques to aid pain management
- Provided short-term psychotherapy for patients of varying ages, ethnicity, social backgrounds, and religious affiliations

Supervisors:
- Laura Sisson, Psy.D. and Robert Fallows, Psy.D.

2014 – 2015 *Practicum Clinician (University Counseling)*
Oregon State University

- Provide short-term individual therapy in the university's counseling center for students of varying ages, ethnicity, social backgrounds, and religious affiliations
- Work with students on common presenting problems such as identity formation, mood concerns, relationship concerns, adjustment concerns, sexual assault, sleep concerns, and meaning-making
- Actively participate in campus outreach to grow awareness of the department's services
- Serve as process observer to staff psychologist facilitating interpersonal process groups

Supervisors:
- I Ching Grace Hung, Ph.D., Stephanie Shippen, Ph.D, and Staci Wade-Hernandez, Psy.D.,

2013 - 2014 *Pre-Practicum (Student Therapist)*
Clinical Psychology Graduate, George Fox University

- Provided weekly therapy sessions for undergraduate students in a university counseling setting
- Conducted intake interviews and developed best-practices treatment plans for student-patients
- Charged with writing formal intake reports, as well as completing termination summaries

Supervisors:
- Carlos Taloyo, Psy.D., and Heather Abromson, Psy.D.

2011–2013 *Qualified Mental Health Professional (Clinical Inpatient)*
Children's Farm Home, Trillium Family Services

- Administered intake processes for new clients for the mental health organization focused on supporting children and families

- Conducted suicide risk assessments for at-risk clients and provided all evaluations in a timely manner
- Responsible for client data tracking and record keeping as well as maintaining organized files
- Created precise and clear documentation for clinical diagnostic assessments
- Utilized motivational interviewing and provided stage-appropriate interventions
- Employee of the Quarter (2x)

Supervisors:
- Tim Catlow, PsyD., and Elizabeth McMahan, LCSW

2011–2013 *Skills Trainer (Clinical Inpatient)*
Children's Farm Home, Trillium Family Services

- Assisted in the implementation and development of psychological treatment methods for patients, including modeling, coaching, DBT, CBT, and CPS
- Appropriately managed crises situations, utilizing NCI/APT training techniques
- Initiated and assisted with study programs associated with client skills development
- Completed and delivered all required chart entries and client documentation in a timely manner
- Daily administration of client medications as ordered by the supervising physician

Supervisors:
- Elizabeth McMahan, LCSW

2010-2011 *Supervised Psychology Internship (Industrial Organizational)*
MRD & Associates

- Assisted supervising physician with evaluations of clients (employees of businesses and organizations who seek psychological evaluations in order to maximize employee and organizational productivity)
- Aided with psychological research, data tracking, stat tracking, and recording of participant outcome testing
- Provided support in setting organizational goals and conducted peer building groups

Supervisors:
- Dan Singer, Ph.D.

Supplemental Practicum Experience

2015 *Samaritan Health Neuropsychology Services*
Administered neuropsychology batteries to university athletes.

- Test administered: Word reading and Math composite subtest from the Wide Range Achievement Test fourth edition (WRAT4), Test Of Memory Malingering (TOMM), Hopkins Verbal Learning Test-Revised (HVLT-R), Brief Visuospatial Memory Test-Revised (BVMT-R), PSU Symbol Cancellation Task, Delis-Kaplan Executive Function System (D-KEFS), Trail making subtest, FAS verbal Fluency, Stroop Color And Word Test, Adult Version, Symbol Digit Modalities Test, Ruff 2 & 7 Selective Attention Test

Supervisor
- Robert Fallows, PsyD

2013 – 2015 *George Fox Behavioral Health Clinic*
Administer assessments in a community mental health setting
- Test administered: Wechsler Adult Intelligence Scale – Fourth Edition (WAIS – IV), Woodcock Johnson, Tests of Achievement – Fourth Edition (WJ-IV), Personality Assessment Inventory (PAI), Connors Continuous Performance Test, 3rd Edition (CPT 3), Wechsler Memory Scale-Fourth Edition-Designs I and II, Delis-Kaplan Executive Function System (D-KEFS), Trail Making, Color-Word Interference, California Verbal Learning Test-Second Edition (CVLT)

Supervisor
- Joel Gregor, Psy.D.

Teaching Experience

2016-2017 *Clinical Oversight (Supervision)*
Graduate School of Clinical Psychology (George Fox University)
- Provide clinical oversight/supervision of second year PsyD students
- Foster development of student clinical and assessment skills
- Observe clinical skills
- Help develop theoretical orientation and personal style of therapy
- Supervise and evaluate students development of clinical and professional skills
- Provide feedback on clinical skills

Supervisor
- Mary Peterson, Ph.D.

2016-*2017* *Teaching Aide*
Advanced Counseling (George Fox University)
- Provided assistance grading clinical intakes, assessment and clinical write-ups

- Supported and supervised students to grasp key theories of counseling and personality development, with an emphasis on the etiology, assessment, and treatment of psychopathological states as interpreted within a variety of theoretical frameworks

Supervisor

- Kris Kays, PsyD

2015-2016 *Lead Teaching Aide*
History & Systems (George Fox University)

- Provided assistance grading assignments and structuring/teaching curriculum
- Supported graduate students to grasp key theories pertaining to psychological history and psychological systems

Supervisor

- Kathleen Gathercoal, PhD

2014-*2015* *Lead Teaching Aide*
Advanced Counseling (George Fox University)

- Provided assistance grading clinical intakes, assessment and clinical write-ups
- Supported and supervised students to grasp key theories of counseling and personality development, with an emphasis on the etiology, assessment, and treatment of psychopathological states as interpreted within a variety of theoretical frameworks

Supervisor

- Kris Kays, PsyD

2010–2013 *Lead Facilitator - DBT Group Therapy*
Children's Farm Home, Trillium Family Services

- Taught dialectical behavioral therapy class twice per week to psychologically challenged adolescents ages 13-17.
- Assisted inpatient residential staff in the development of DBT curriculum
- Provided psychoeducation to clients regarding depression and anxiety and their known causes, in addition to strategies to alleviate the effects of both.
- Facilitated therapeutic support groups for clients suffering from severe depression and/or anxiety

Supervisor

- Elizabeth McMahan, LCSW

Research Experience

2013 – Present *(Dissertation) - "How Sexually Trafficked Victims Experience Hope and Resilience?"*

- Mix methods study exploring how hope and resilience influence interpersonal aspects of trauma and effect change within sexually trafficked victims / survivors

2016 *Bridging the Gap: Pop Media as a Tool for Working with* Millennials

- Grounded theory study using popular media and narrative therapy as a means to explore emotions issues resulting from trauma and abuse

2016 *Effects of Religiosity on Racial Preference in Religious Universities*

- Comparative Study of Religion and Racial Prejudice Using the Implicit Association Test (IAT).

2015 – 2016 *Indicators of Burnout and Fatigue when Working with Veterans*

- Mix methods study identifying influential factors of burnout in employees working with veterans

2015 – 2016 *How Hope is Communicated, Fostered and Engaged in Therapy*

- Mix methods study identifying how factors of hope and resilience are communicated and fostered in therapy

2013 – Present *Research Vertical Team*

- Meet once a week to discuss, collaborate on, and evaluate the design, methodology, and progress of research projects.
    - Senior member

Professional Presentations / Publications

- Egger, A., Seegobin, W., Thurston, N., Gathercaol, K., Rabie, A., Kays, D., (2016) *"How Sexually Trafficked Victims and Survivors Experience Hope and Resilience." A Mix-Method Analysis*. Poster presentation at the annual convention of the American Psychological Association, Denver, Colorado. Division 56 Trauma Psychology.

- Brewer, A., Seegobin, W., McMinn, M., Egger, A. (2016) *"How Hope and Resilience is Fostered and Communicated in Therapy." A Grounded Theory Analysis*. Poster presentation at the annual convention of the American Psychological Association, Denver, Colorado. Division 49 The Society of Group Psychology and Group Psychotherapy.

- Seegobin, W., Han, S., Smith, S. M., Hoose, E., Brewer, A., Rodriguez, D., Rabie, A., Egger, A., & Chang, K. (August 2016). *A comparative study of religion and racial prejudice using the Implicit Association Test (IAT)*. Poster presented at the Annual

Convention of the American Psychological Association, Denver, CO.

- *Guest Speaker (2015) – Presentation to Ford Foundation (Board of Directors)*
  - How concepts of hope and resilience can be used to better understand and treat sexually trafficked victims and survivors.

PROFESSIONAL AFFILIATIONS

- American Psychological Association
- American Psychological Association Division 36 (Psychology of Religion)
- American Psychological Association Division 56 (Psychology of Trauma)

CLINICAL TRAININGS

2013 – Present *Clinical Team*

- *Meet weekly to present and discuss cases from various clinical perspectives*
  - Marie Christine, Ph.D., Dan Burrough, PsyD, and Paul Stolzfus, PsyD.

October 2016 *Family Dynamics*

- *Divorce and Children*
  - Wendy Bourg, PhD

February 2016 *Neuropsychology*

- *What Do We Know 15 Years After the Decade of the Brain*
  - Trevor Hall, PsyD

October 2015 *Sexuality*

- *Let's Talk About Sex: Sex and Sexuality Applications for Clinical Work*
  - Joy Maudlin, PsyD

September 2015 *Relations / Spirituality*

- *Relational Psychoanalysis and Christian Faith: A Heuristic Dialogue*
  - Dr. Marie Hoffman, PhD

March 2015 *Spirituality*

- *Spiritual Formation & Psychotherapy*
  - Barrett McRay, PsyD

February 2015 *Cravings / Addictions*

- *Cravings and Longings in Modern Psychiatry*
  - Portland, Oregon

February 2015 *Credentialing*

- Credentialing, Banking, and the Internship Crisis, & Other Challenges
    - Morgan Sammons, PhD

November 2014 *Technology / Attachment*

- "Face Tim" in an Age of Technological Attachment
    - Doreen Dodgen-Magee, PsyD

October 2014 *ADHD*

- Understanding and Treating ADHD in Children
    - Erika Doty, PsyD

October 2014 *Learning Disabilities*

- Learning Disabilities: A Neuropsychological Perspective
    - Tabitha Becker, PsyD

June 2014 *NW Psychological Assessment Conference*

- WISC-V: Overview and Demonstration of Upcoming Revisions
    - Patrick Moran, Ph.D.

- Woodcock Johnson-IV: A New Era of Assessment and Interpretation
    - Stephanie Rodriquez, EdS.

- Assessing Therapeutic Outcomes: Improving Your Effectiveness in Clinical Practice
    - Carlos Taloyo, PhD

January 2014 *DSM 5*

- DSM 5: Essential Changes in Form & Function
    - Jeri Turgesen, PsyD. & Mary Peterson, PhD

January 2014 *ACT*

- Action and Commitment Psychotherapy
    - Steven Hayes, PhD

September 2014 *Primary Care*

- Primary Care Behavioral Health
    - Brian Sandoval, PsyD & Juliette Cutts, PsyD

April 2013 *Gender Issue's*

- Conducting Therapy with Gender Variant Clients
    - Erica Tan, PsyD & Trista Carr, PsyD

REFERENCES

Winston Seegobin, Ph.D.
Professor, George Fox University
Phone: 502.554.2383
Email: wseegobin@georgefox.edu

Joel Gregor, PsyD.
Psychologist, Behavioral Health Clinic
Phone: (503) 554-2368
Email: jogregor@georgefox.edu

I-Ching Grace Hung, Ph.D.
Psychologist, Michigan State University
Phone: (517) 355-8270
Email: hungichi@cc.msu.edu