10-2019

Resiliency, Adversity, and Autonomy Experiences of Sex Work Employees

Kaytlin R. Smith

Resiliency, Adversity, and Autonomy Experiences of Sex Work Employees

by

Kaytlin R. Smith

Presented to the faculty of the

Graduate School of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

October 2019

Resiliency, Adversity, and Autonomy Experiences of Sex Work Employees

by

Kaytlin R. Smith

has been approved

at the

Graduate School of Clinical Psychology

George Fox University

as a Dissertation for the Psy.D. degree.

Signatures:

Nancy Thurston, PsyD, ABPP

Nancy Thurston, Psy.D, ABPP, Chair

Members:

Celeste Jones, PsyD, ABPP

Celeste Jones, Psy D, ABPP

Mark McMinn, Ph.D, ABPP

Date: 10/1/19

Resiliency, Adversity, and Autonomy Experiences of Sex Work Employees

Kaytlin R. Smith

Graduate School of Clinical Psychology

George Fox University

Newberg, Oregon

Abstract

When thinking of an individual employed as a sex worker, one may imagine two common media portrayals; a young, good-hearted, traumatized prostitute in need of saving, and the other a more experienced and perhaps culpable person "of the night" (Dalla, 2000). However, this dichotomous view fails to account for the autonomy of the worker, or adequately capture the complex range of motivations that bring individuals into the field (Chudakov, Ilan, Belmaker, & Cwikel, 2002). This research has been complicated by the criminalized nature of sex work, as well as common cultural moral objections to the services of this industry. This present study seeks to examine childhood experiences of adversity, resilience, and occupational motivation amongst sex work employees. Participants (n = 38) of many diverse gender identities, ages, geographic locations, sexual orientations, and employment statuses were asked to complete a mixed-method online survey. These individuals who identified as sex workers completed the Adverse Childhood Experiences Scale (ACEs), the Connors-Davidson Resilience (CD-Risk) scale, and a Likert-scale that assessed participants' perspectives of their occupational motivation.

The first hypothesis was that there would be a negative correlation between overall ACES and resilience scores. The second hypothesis was that overall ACES scores would have a positive relationship with occupational motivation, in which circumstance workers endorse higher numbers while choice workers endorse lower numbers on the Likert scale. Results of the first two hypotheses yielded insignificant or weak correlations (insufficient power). The third hypothesis was that there would be a negative graded relationship between resilience scores and occupational motivation. Results of the first two hypotheses yielded insignificant or weak correlations (insufficient power), though their correlations were in the expected direction. Results of the third hypothesis indicated a significant and strong relationship between resilience and occupational motivation of sex workers (choice to circumstance), so that those who evidenced more resilience were also more likely to be employed by choice. A fourth hypothesis was unable to be examined at this time. Two additional qualitative questions were asked to build rapport and allow for feedback from participants, which then inform the implications and future research portions of this study.

Keywords: Sex Work, Resilience, Adverse Childhood Experiences, Motivation

Table of Contents

List of Tables

Chapter 1

Introduction

When thinking of an individual employed as a sex worker one may imagine two common media portrayals; a young, good-hearted traumatized prostitute in need of saving, and the other a more experienced and perhaps culpable "woman of the night" (Dalla, 2000). However, this dichotomous view fails to account for the autonomy of its employees, or adequately capture the complex range of motivations that bring individuals into the field (Chudakov, Ilan, Belmaker, & Cwikel , 2002). In fact, there has been noted frustration within sex working communities due to this depiction of their employees or independent contractors as drug dependent workers versus individuals with worth and value (Orchard et al., 2019). Further, sex work employ is not always indicative of adverse childhood experiences such as trauma or abuse, as is often depicted or assumed (LeMoon, 2017).

Employment as a Sex Worker

These assumptions about sex workers' experiences and the morality of their services have begotten a lack of ethical and holistic research with this community. Sex work has been defined as the exchange of money or goods for sexual service (Bathory, 2019). Sex Workers Outreach Project director Bella Bathory (2019) further recognizes that emotional labor is also an aspect of sex work, as well as the fact that sex work types are a continuum from consensual work to coercion. This line of work encompasses a range of employment opportunities and services of sexual labor (Conner et al., 2018). Many researchers have attempted to work with this

community, but are undermined by the underlying assumption that employment within this field is unfavorable or unethical (Jackson & Heineman, 2018). However, some studies about the lives and experiences of these employees present findings of their motivation, criminalization, online relations, stigmatization, social relationships, and mental health. These findings create a basic though limited understanding of the experiences of sex work employees and contractors.

Motivation. One factor which impacts the experiences of any employee is their motivation to work within their selected field. While motivations are likely multidimensional and multifaceted (as opposed to singular), the Sex Workers Outreach Project (2016) has offered three broad categories of sex worker motivation. Individuals referred to as "choice workers" are those who consent to their labor, selecting it preferentially over other employment opportunities. Individuals referred to as "circumstance workers" consent to the work in the context of a lack of other feasible employment opportunities or financial difficulty. This category is often referred to as survival sex work within the community. Third, individuals described as "coercion or trafficking workers," do not consent to participate, but work under intimidation or force. It is important to note that the type of work engaged in by employees of this field may move upon this continuum throughout their careers (Bathory, 2019).

An employee's reasons for entering this field may range from simple enjoyment of the work or financial need to more nuanced and complex reasoning. Flexible schedules, pay benefits in comparison to other employment opportunities, substance use, relational difficulties, housing difficulties, and/or enjoyment of the work are all noted reasons for why some choose this opportunity (Conner et al., 2018, Orchard et al., 2019). Further, for populations such as

transgender people of color, who face notable discrimination in mainstream workplaces, sex work offers access to survival needs (Conner et al., 2018).

Criminalization and online relations. Beyond the discrimination faced by transgender people of color, they also experience higher rates of incarceration for prostitution in certain areas of the US (Conner et al., 2018). A meta-analysis and systemic review by Platt et al. (2018) found that for sex work employees, across many nations, those who face repressive policing are at a higher likelihood to experience increased risks of sexually transmitted diseases, engagement in condomless sex, physical and sexual violence. Further, throughout the world employees experience subjective arrests, forced bribery, extortion, physical and sexual violence, mandated HIV testing, and inaccessible justice systems perpetuated by policing entities.

These experiences have then been linked with increasingly isolated work locations (which can be detrimental to the safety of sex workers), decrease in peer support opportunities, and inhibition of opportunities for risk reduction. In some countries that facilitate partial decriminalization, sex work employees have been forced to register as a sex worker, while others live in fear of being caught carrying condoms (Platt et al., 2018). It was also noted by Platt et al. (2018) that there are many employees who report engaging in sexual activity with police staff in order to avoid incarceration and other legal ramifications, while others reported being forced to engage in sexual activity with no hope for legal justice against their police perpetrators. Some also face the threat that their families will be told about their employment by policing entities (Platt et al., 2018).

In nations where sex work is illegal, a criminal conviction could make it impossible for sex workers to find alternative employment (Kale, 2017). Youth engaging in survival sex work

reported being constantly on alert and fearful of police intervention, which then impacted their decisions about where to work (Wagner, Whitmer, & Spivak, 2016). Specifically, within the US, there have been laws passed, such as the Fight Online Sex Trafficking Act (FOSTA), which has impacted sex workers greatly. Lists with violent or non-paying clients, in addition to other online harm reduction strategies, are no longer accessible as online sites are now criminalized for hosting sex worker business affairs (Jackson & Heineman, 2018). This has caused some employees to turn to possibly dangerous facilitators and begin street-based work (Jackson & Heineman, 2018). Employees who reside in high conflict neighborhoods have been noted to utilize sites to connect with clients outside of their immediate locations and are no longer able to do so (Heineman & Wagner, 2018). For employees located in Vancouver, Canada a similar loss of online sites led to decreased safety, control, and community; as online access to clients allowed employees to negotiate terms safely and implement screening tools (Argento et al., 2018). Further, workers have begun to note that certain sites will implement shadowbans upon their social and marketing media. These shadowbans are what Fitzgerald and Sage (2019) refer to as silent censorship by social media outlets; making it impossible for sex workers to find each other in search engines, hiding their content from customers or followers, and directly impacting the ability to create content and gain currency online.

Stigma and social relationships. Historically and currently, individuals employed as sex workers or independent contractors experience varying degrees of negative stigma (Maurice, 2010). These workers have been found to experience labeling, discrimination, and violence due to their employment (Sallman, 2010). These negative perceptions of their work have led employees to be selective in disclosing their line of work to friends, family, and health care

professionals (Koken, 2012; Lazarus et al., 2012; Levey & Pinsky, 2015). Employees have reported an unwillingness to share their occupation with their general practitioner (Romans, Potter, Martin, & Heribson, 2001), likely contributing to elevated barriers to health care access for this population (Lazarus et al., 2012).

Views of sexuality, types of relationships, and emotional closeness all mediated the level of disclosure individuals had with those around them (Levey & Pinsky, 2015). Concealment of their work led some to feel lonely and socially isolated (Koken, 2012; Shareh, 2016). Female sex workers have been found to experience greater difficulties in their personal romantic relationships (Bellhouse, Crebbin, Fairley, & Bilardi, 2015), and some decline involvement in these romantic relationships altogether (Levey & Pinsky, 2015).

Due to the many types of employment found within the sex industry, employees reported experiencing differing layers of stigma, even from their fellow workers (Levey & Pinsky, 2015). Youth workers experienced a range of emotions in regards to individuals who facilitate their work, from affection to hostility (Wagner, Whitmer, & Spivak, 2016). Some workers intentionally made others their lookouts, asked peers to be their "spot pimps," or utilized friends to act as their facilitator (Heineman & Wagner, 2018; Wagner, Whitmer, & Spivak, 2016). This indicates the necessity for some to have facilitators as a means of safety but also as a social connection. This lack of social support from individuals outside their community leads many to only feel supported by colleagues and co-workers (Smith, Grov, Seal, Bernhardt, & McCall, 2015). Some argue that a relationship exists between the stigma experienced by employees and the agency or autonomy they experience, both on a continuum (Bettio, Giusta, & Di Tommaso, 2017). The argument is that the more stigma experienced, the lower the agency or autonomy in

their work available to the employee (i.e., a street-based worker being unable to refuse certain clients).

Finally, even relationships with clients can be negatively impacted, when clients view employees negatively, devaluing their humanity and treating employees violently (Gorry, Roen, & Reilly, 2010). The impact of sex work stigma reaches beyond relationships and social support, impacting self-perception as well (Sallman, 2010). Massey (2017), a former sex worker, noted that online interactions had become fraught with inappropriate inquiries into the personal selves of sex workers and boundary-breaking inquiries to defend their employment. As a whole, negative experiences with stigma and stigma-related conditions have been found to increase the likelihood of burnout for employees (Vanwesenbeeck, 2005).

However, transitioning out of the field can also be a difficult process, filled with shame and ridicule due to their former line of work (Michaels, 2017). Skills gained through sex work such as business management, communication, and adaptability are overlooked by potential employers (Kale, 2017, McLean, 2018). Kale (2017), in interviews with sex work employees about retirement, discussed the strain of financial planning, staying off the radar (in terms of taxes), and planning for retirement can cause. They further elaborated that for some workers this field is a means to pay for certain financial goals (i.e., children's college, small business start-up, or college degrees). Some workers are forced to leave due to mental strain, physical wear, and the fear that their aging children's peers will discover their line of work to the detriment of their children's social relationships (Kale, 2017). These many facets of stigma and social difficulties lend themselves to the internalization of stigmatized beliefs and barriers to appropriate health care.

Mental health. These barriers to health care can be detrimental to the wellbeing of these employees, including their mental health. There are many ways in which individuals understand and emotionally process their employment within sex work (Dewey, Zheng, & Heineman, 2013). In many cases this includes emotional labor, which is historically overlooked as a facet of sex work by mental health communities (Carbonero & Garrido, 2018; McLean, 2018; Massey, 2017). Some argue that stigma is so strongly experienced by sex working communities due to the emphasis of their physical labor versus more cognitive-based work (Bettio et al., 2017).

To cope with the challenges of work and social stigma, sex workers have been found to use various methods of compartmentalization and dissociation which divide their personal and professional selves (Bellhouse et al., 2015; Gorry et al., 2010). To this end, many create different personas, a strategy which additionally helps with protecting their legal identity (Levey & Pinsky, 2015). Some find a midway point in their online personas, still stepping away from their legal identity but increasing their ability to be more authentically themselves (Massey, 2017). Even though this divide is created between the personal and professional self, these employees must cope with a number of factors that impact their whole being.

Fear and exposure to violence. The emotional impact of employment in sex work has been studied using qualitative research conducted by Gorry et al. (2010), with females employed as full-service sex workers (FSSW), who are street-based in the United Kingdom. One qualitative theme discussed in this research was fear, accompanied by a lack of control or choice, such as being disallowed to select their own clients, lest they face threats of violence from their employers. Sex workers in certain areas experience very real fears of being murdered (Orchard et al., 2019). Referral of clients by peers, screenings of clients, lookouts, and the adoption of

aggressive behaviors are noted ways in which street-based workers have attempted to cope with this violence they experience and protect themselves (Orchard et al., 2019). Exposure to violence in sex work has been correlated with policing, criminalization of services, inappropriate client behavior, and economic inequalities (Deering et al., 2014). Further, those who experience repressive policing are also at a higher likelihood of experiencing physical and sexual violence from not only clients but partners as well (Platt et al., 2018).

Confidence and self-esteem. Another theme researchers found was a depleted sense of worth and identity, related to the internalization of negative stigma, lower confidence, and feeling degraded or shamed. Employees of the field have reported decreased self-confidence (Parsons, Bimbi, & Halkitis, 2001). Shareh (2016) also found that workers were prone to face reduced sexual self-esteem, which for those who reported childhood maladaptive schemas was found to be even further reduced. Shareh's research explored a wide array of schemas, including narratives of shame, hyper criticalness, and feeling like a failure. However, professional attitude, employment in the industry at an older age, and support from colleagues or management all related to experiences of personal competence (Vanwesenbeek, 2005). These mixed results show the diversity of experiences one can have throughout employment as a sex worker.

Mental health disorders. Research is also mixed in regards to the prevalence of mental health disorders among employees, including explorations of substance use, anxiety, depression, and PTSD. As part of dissociative coping, some sex workers use illicit substances and self-medicate in order to cope with the anxiety associated with their work (Gorry et al., 2010, Orchard et al., 2019). Relatedly, sex work and illicit substance use have been linked with moderate to severe symptoms of anxiety and depression (Surrat, Kurtzm Weaver, & Incardi,

2008). Furthermore, an Israeli study conducted with indoor sex workers found that some met criteria for PTSD and others met criteria for clinical depression (Chudakov et al., 2002).

Overall, poor psychological health and suicidality were also significantly linked with the working environments of female street-based sex workers employed in Hong Kong (Ling, Wong, Kolroyd, & Gray, 2007). However, a study conducted in New Zealand, whose population was composed of a convenience sample of individuals employed as sex workers (compared to an age-matched sample), found no differences in mental health, self-esteem, or physical health (Romans et al., 2001). It is important to note that New Zealand is the first country to decriminalize sex work in 2003. This has facilitated better relations with police and sex work staff, as well as the ability to refuse clients and insist upon condom use (Platt et al., 2018). Further, LeMoon (2017), a sex worker and author herself, argues that due to the schedules set and affirmations received from sex work, it is a beneficial occupation for those who experience mental health difficulties.

These mixed findings highlight the complexity of psychological adjustment in the diverse experiences of sex workers. While the occupation comes with risks and downsides, many also experience benefits. For instance, a study conducted by Calhoun and Weaver (1996) found that males employed as street-based FSSW experienced financial gain, sexual pleasure, and more control over their own schedules. Nonetheless, they also coped with violence, encounters with clients to whom they were not attracted, and clients who refused to pay after services were rendered. Maurice (2010) found that individuals employed as phone sex workers experienced (on a micro-level) an increased sense of power, but on a macro level sexual identity and gender ideology difficulties were experienced. These benefits and costs of this field portray the complexity of and diverse experiences found for this community. These findings also suggest

that the dichotomy of media portrayals of sex work and assumptions made about these employees are inaccurate and simplistic. Additionally, the assumption that these employees have all experienced traumatic or adverse childhood experiences is an inaccurate depiction.

Adverse Childhood Experiences

However, many individuals, regardless of their occupation, do experience various forms of maltreatment throughout childhood (Edwards, Dube, Felitti, & Anda, 2007). While not ubiquitous for sex workers, the impact of adverse childhood experiences spreads across physical, emotional, and social wellbeing. Being an underserved population in general, more information is needed about adverse childhood experiences that individuals in this community have survived, not only to challenge the historical narratives perpetuated by media portrays of the community but also to facilitate better mental health treatment for this community. Few studies have explored the childhood experiences of these employees, but findings were limited due to restricted demographic variables and primarily international samples. In order to appropriately serve this population, not only psychologically but holistically, data about the childhood experiences of sex workers is a necessary next step. Research in this area is required to not only inform but to address prevalent stereotypes and assumptions made about sex workers.

Childhood experiences, especially those of adversity or abuse, have been linked to a broad array of later difficulties in life (American Academy of Pediatrics, 2014). A study conducted by Kaiser Permanente from 1995 to 1997 looked at how Adverse Childhood Experiences (ACES) impacted adult patients' physical, mental, and social wellbeing (Felitti et al., 1998). These ACES included areas of abuse, neglect, and household dysfunction (Casanova, 2012). Based on this initial study, articles have been published with significant findings

regarding implications for long-term health outcomes and have thus impacted treatment (Casanova, 2012). These experiences lead to differing levels of stress, which range from tolerable to toxic (Franke, 2014). Further, the longer a child endures adversity, the more detrimental it is to their long-term health (Franke, 2014). These levels of toxic stress influence the functioning of the sympathetic nervous system even into adulthood, impacting the long-term physical development of these survivors (Shonkoff & Garner, 2012).

Physical health. It has been found that ACES can be connected with liver disease, ischemic heart disease, difficulties with reproductive health, and obesity (Felitti et al., 1998; Edwards et al., 2005). Cancer, chronic lung disease, and skeletal fractures were also linked with reported ACES (Larkin, Shields, & Anda, 2012). A study by Monnat and Chandler (2015) further found a connection with diabetes and heart attacks.

In the area of brain development, it has been found using magnetic resonance imaging and the ACES scale, that males who experienced childhood emotional abuse specifically, developed less hippocampal volume (Samplin, Ilkuta, Malhotra, Szeszko, & DeRosse, 2013). Research has also shown that adults who experienced maltreatment during development presented with inconsistent HPA functioning and shorter telomere length, which relate to early stress and the aging of cells (Masten, 2001; Lindgren, 2015). Sleep disturbances and somatic symptoms were also found to have a positive correlation with ACES endorsements (Chapman et al., 2011; Larkin et al., 2012).

One study found that ACES endorsements were linked with smoking, alcohol abuse, illicit drug use, and injection drug use (Larkin et al., 2012). The probability of illicit drug use by the age of 14 was connected with reported ACES (Dube, Dong, et al., 2003). Regardless of the

number of ACES endorsed overall, individuals who reported parental alcohol abuse had a higher prevalence of alcoholism within their own lives (Anda et al., 2002). Further, substance abuse in adulthood was linked with witnessing intimate partner violence during childhood and an increased likelihood of marriage to an individual identified as an alcoholic (Dube, Anda, Felitti, Edwards, & Croft, 2002; Dube, Anda, Felitti, Edwards, & Williamson, 2002). These many findings are indicative of greater lifetime physical health and have a strong correlation with mental health difficulties in adulthood (Hughes, Lowley, Quigg, & Bellis, 2016).

Mental health. Dependent upon the types and number of adverse circumstances faced within childhood, the implications for mental health difficulties may differ. Individuals who had experienced instances of loss or abuse in childhood remained distressed in adulthood (Murphy et al., 2014). Other outcomes associated with ACES included depression, anxiety, panic features, memory issues, difficulty regulating feelings of anger, and hallucinations (Larkin et al., 2012). However, emotional regulation was shown to mediate the relationship between these experiences and PTSD symptoms or depression (Cloitre et al., 2019). The likelihood of developing a depressive disorder increased as ACES endorsements increased, even years after the experiences had occurred (Anda et al., 2002; Chapman et al., 2004; Dube, Anda, Felitti, Edwards, & Williamson, 2002; Remigio-Baker, Hayes, & Reyes-Salvail 2014). Individuals with these experiences reported feelings of hopelessness, impermanence, and a sense of chaos (Dube, Felitti, Dong, Giles, & Anda, 2003). Those who experienced emotional abuse developed higher levels of subclinical psychopathology (Samplin et al., 2013). A Hong Kong study additionally found that those who experienced abuse reported significantly higher levels of psychoform and somatoform dissociation (Fung, Ross, Yu, & Lau, 2019).

ACES was also associated with an increased risk for suicide attempts (Dube, Felitti, et al., 2003; Dube et al., 2001). The relationship between ACES and suicide attempts was compounded by an individual's use of alcohol, illicit drug use, and depressed affect (Dube et al., 2001). Individuals who reported childhood physical abuse, sexual abuse, or parental domestic violence were found to have increased odds of making these attempts (Dube et al., 2005; Fuller-Thompson, Baird, Dhrodia, & Brennenstuhl, 2016). Experiences of childhood adversity have overall been linked with many concerning mental health difficulties, each of which may compound and exacerbate the physical difficulties already experienced. Furthermore, these mental health experiences may also impact the relationships and social experiences of those who have endured childhood adversity.

Social wellbeing. A concerning link has been found between ACES and relationship problems, with increased risks of being a perpetrator or victim of intimate partner violence (Larkin et al., 2012; Whitfield, Anda, Dube, & Felitti, 2003). Those who endorsed childhood sexual abuse were found to be at an increased risk of experiencing marital difficulties (Dube et al., 2005). One study discovered that as ACES scores increased so too did the likelihood of experiencing sexual victimization in adulthood, with childhood sexual abuse serving as the strongest predictor (Ports, Ford, & Merrick, 2016). A 2012 study (Larkin et al.) found that ACE endorsements were associated with intercourse at an earlier age, sexual dissatisfaction, teen pregnancy/paternity, and unintentional pregnancy. Further, a history of self-reported sexually transmitted diseases or seeing oneself as being at risk of an acquired immune deficiency was found to have a graded relationship with these experiences (Hillis, Anda, Felittti, Nordenberg, & Marchbanks, 2000; Hillis, Anda, Felitti, & Marchbanks, 2001).

Overall, these studies show the detrimental impact of ACES. Whether they be physical, emotional, social, or a product of all three, the impact of these experiences is long-lasting and continues to impact the child into adulthood. However, it has been found that despite the extremely negative impacts of these experiences, some studies find that resilience is a mediating factor that might buffer their effect on adulthood (Logan-Greene, Green, Nurius, & Longhi, 2014).

Resilience

Exploration of ACES isn't complete without an exploration of these individual resilience factors. Resilience is defined as "a construct connoting the maintenance of positive adaptation by individuals despite experiences of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 1). It is fostered by the balance between adversity and protective factors (American Academy of Pediatrics, 2014). These factors might include healthy attachments, cognitive flexibility, and a learned capacity for emotional and behavioral management. Further, certain supportive educational, cultural, and faith communities may serve as protective factors (American Academy of Pediatrics, 2014). The attributes of an individual, their family, and components of their social environments have all been noted as important to the development of resilience (Luthar et al., 2000; Masten & Garmezy, 1985). Masten (2001) argues that resilience is ordinary, normal, and part of a human's innate adaptive system. She proposed that resilience is fostered by normative human experiences within children, families, and communities. Resilience was found to be promoted in individuals in three ways, including decreasing exposure to adversities, increasing support and assets, and the creation of protective systems for individuals (Lindgren, 2015).

Resilience has also been found to decrease emotional exhaustion, allow better engagement at work, and increase employees' ability to face challenges in the workplace (Yu, Raphael, Mackay, Smith, & King, 2019). It also can mediate the relationship between psychological distress on depressive symptoms and the negative impact of stress on depression (Kaloeti et al., 2018; Nakamura & Tsong, 2019). However, resiliency was limited in individuals who presented with a negative self-image and social insecurity (Kane et al., 2019).

Personal qualities. A review of resiliency literature by Prince-Embury and Courville (2008) found that certain personal qualities of individuals may serve as protective factors. These included intellectual abilities, easy dispositions, self-governing skills, autonomy, affability, effective coping, and communication skills. These researchers also proposed a three-factor model of resilience, composed of self-efficacy, relatedness, and emotional reactivity. The underlying aspects of self-efficacy included a sense of optimism, self-mastery, and adaptability. Trust, availability of support, comfort with others, and the ability to cope with differences between oneself and others fell within the domain of relatedness.

Emotional reactivity as a domain was composed of ease of emotional activation, time spent recovering after activation, and the level of impairment due to the emotionally activating event. Each of these elements was linked with the development of resiliency. Bonanno (2004) looked at different pathways which fostered resilience, including self-enhancement, repressive coping, positive emotion, and laughter (Bonanno, 2004). The final pathway was via hardiness, which included the belief that one has a purpose, a sense of control over environment or events, and the ability to grow despite circumstances (Bonanno, 2004).

Relationship between resilience and adversity. Different psychological measures of resilience have been utilized in research to assess the relationship between life outcomes and childhood adversities. One study reported that strong resilience scores were associated with less lifetime substance use (Wingo, Ressler, & Bradley, 2014). In France, a negative association was found between high resilience and psychiatric disorders (Scali et al., 2012). Resilience was found to balance emotional neglect and psychiatric symptoms (Scali et al., 2012). While Kaloeti et al. (2019) found that individuals who had experienced childhood adversity developed resilience when they were able to share their stories with others, which was also associated with positive mental health. A negative relationship was found between resilience and neuroticism, while a positive one occurred with extraversion and conscientiousness (Campbell-Sills, Cohan, & Stein, 2006).

Thus far research findings have proven that despite adversity within childhood, resilience may act as a mediating factor allowing for positive life outcomes. However, there is a lack of research which addresses this mediation within sex working populations. Historically, sex work has been framed as a negative life outcome; which is not accurate for all employees of the field, though it may be true for some. The assumptions made about the childhood experiences of this community inhibit appropriate treatment, both in the medical and mental health fields.

Present Study

Overall, current psychological literature within the United States reveals a large gap in our understanding of the childhood experiences and levels of resilience of employees of the sex working field. The present study is a mixed-methods design using both qualitative and quantitative measures to explore ACES, resilience, and occupational motivation of employees of

the sex work field. The objective of this study was to explore the correlation between ACES, resilience, and occupational motivation. The first hypothesis was that there would be a negative correlation between overall ACES and resilience scores. The second hypothesis was that overall ACES scores would have a positive relationship with occupational motivation, in which circumstance workers endorse higher numbers while choice workers endorse lower numbers on a Likert scale. The third hypothesis was that there would be a negative graded relationship between resilience scores and occupational motivation. The fourth hypothesis was that resilience, acting as a mediating factor, would predict occupational motivation and that ACES would retain some predictive relationship for occupational motivation.

Chapter 2

Methods

Participants

Data for this study was collected from 35 completed online surveys, and 3 additional partially completed surveys. Limited demographic information (Appendix D) was required for participation in this study due to the continued criminalization of sex wor
k and the need to protect the identities of participants. Age ranges were utilized versus specific ages to further protect participants' identities. As part of the study, participants were required to be over the age of 18, which was noted and agreed to as part of the studies informed consent. Participants were also asked to select their state of current residency due to the focus of this study on the experiences of individuals within the United States. Participants were required to identify as being a current or past employee of the sex work field, self-identify their employment setting, and job title. Participants were also asked to self-identify their gender identity, due to the under-representation of non-binary and Transgender people groups in current research (Conner et al., 2018, Platt et al., 2018).

Participants were also invited to share identity markers which they felt were relevant to this research and which will better allow them to represent their own communities. Additional optional identity markers suggested by the researcher included being diversely abled, sexual orientation, cultural group or identity, and education level. These identity markers were not required of participants to further protect their identity, as they were not directly relevant to the research questions being asked. However, these identity markers may be valuable to community

members, better inform future research, and impact their current experiences as a sex work employee.

Materials

Two quantitative measures were utilized to collect information. These included the Adverse Childhood Experiences Scale (ACES) and the Connor-Davidson Resilience Scale (CD-RISK). Four qualitative questions and a Likert scale were used to allow community members to share their experiences in their own words and select a level of motivation to work within the sex trade.

Adverse Childhood Experiences Scale. The ACES scale was initially sent out as a questionnaire, created by Feletti et al. (1998), to individuals who had recently completed a standardized medical evaluation. However, the present study and others utilize it as a self-report measure (Knows His Gunn, 2012). The 10-question measure assesses areas of perceived childhood abuse, neglect, and maltreatment (Feletti et al., 1998). Participants who complete the scale are asked if before the age of 18 they experienced or were exposed to a specific adverse experience, and select yes or no as their answer. In 2007 the co-principal investigator Dr. Anda created the ACE calculator score form "which allows individuals to calculate their own ACE scores, based on the original scoring criteria of the ACE study" (Redding, n.d.). The total number of yes endorsements indicate the participants overall ACE score. Test-retest reliability has been found to have excellent reliability even when reports are made during adulthood about childhood experiences (Dube, Williamson, Thompson, Felitti, & Anda, 2004). Further, the endorsements on each question and the overall ACE score appear to be stable over time (Dube et al., 2004). A copy of this measure can be found in Appendix A.

Connor-Davidson Resilience Scale. The CD-RISK was used to look at the perceived ability of individuals employed as sex workers to cope with stress and adversity (Connor & Davidson, 2003). The original CD-Risk was a 25-item scale with a five-point Likert scale. Items on the scale ranged from 0 (*absolutely false*) to 4 (*true almost all of the time*). However, after conducting exploratory and confirmatory factor analysis showed unstable factor structures, a new 10-item unidimensional CD-RISK was created (Campbell-Sills & Stein, 2007). Internal consistency using Cronbach's Alpha indicated good reliability at .85 (Campbell-Sills & Stein, 2007). Scores on the new version of the measure were highly correlated with scores on the original measure (r = .92; Campbell-Sills & Stein, 2007). Higher scores on this measure indicate that the participant is better able to cope with stress and adversity. A copy of this measure can be found in Appendix B.

Mixed measures. The Sex Workers Outreach Project (2016) definitions of coercion, circumstance, and choice motivation to work within the sex work industry were included in the survey. A Likert scale asked participants to choose a scale point between *circumstantial* (100) and *choice* (0) which best represents their motivation to work within the sex industry. Following this scale, a qualitative question was presented to allow these individuals to share what sex work has given to their lives and what it has taken. A second qualitative question asked participants to share how they have been treated by members of the mental health field and areas where they believe future research should be directed. These questions were provided with the intent to receive feedback from participants, allow for the future research section of this study to be employee-led, and to continue developing a rapport with this community. A copy of these questions can be found in Appendix E.

Procedure

This study was approved by the George Fox University Human Subjects Review Committee. The data was gathered via a mixed-methods online survey to better understand the occupational motivation, childhood, and resiliency experiences of individuals employed as sex workers. Requests for survey sharing were sent to online groups known for supporting individuals of diverse sexual identities, employment within sex working communities, sex positivity, body positivity, sexual orientations, and interests. Participants who clicked the link were taken to a survey on Survey Monkey, which was only accessible to the lead researcher and research committee members. International standard book numbers (ISBN) were not collected. Participants were provided an informed consent form prior to beginning the survey. This informed consent can be found in Appendix C.

Participants who were over 18 were directed to fill out the demographic information detailed previously. Participants then completed the CD-Risk and the ACES. Following this the Likert scale and the two qualitative questions were presented. Participants were then transitioned to a debriefing page as found in Appendix F. On the debriefing page there were links to resources for the support of sex working communities, including; The Cupcake girls, links to guides for deleting browsing history, and other appropriate resources. Participants were also invited to enter a charity name of their choosing, or two suggested organizations, to win a $500 drawing to thank participants for their willingness to share their own experiences.

Chapter 3

Results

Demographic Survey

Of the 38 participants; 11 identified their age as being between the ages of 18 and 24, 15 participants within 25 to 34, and 12 within 35 to 44. Additional age ranges were available but were not utilized by participants. Of these participants, 66.7% (n = 26) identified as being a current employee, and 31.6% (n = 12) as a previous employee of the sex work industry. Of those no longer employed as a sex worker, the meantime since employment was 5.35 years (SD = 3.53 years). Participants who indicated that employment within the sex work industry is not their current primary source of income was 55.3% (n = 21), though 44.7% (n = 17) indicated that it was. Those that indicated employment within this field in the past has been a primary source of income was 71.1% (n = 27) of the participants. The duration of employment within the industry reported by participants had a mean of 6.53 years (SD = 6.4 years, n = 37).

Participants were asked to self-identify their gender identity to respect and support the diverse views on gender within this population and across the world. These identities and the frequencies with which they were reported can be found in Table 1.

Further, to appropriately represent and welcome all types of sex work employees to participate this study, participants were asked to self-identify their job title and employment setting. A majority of participants identified more than one employment setting and job title. Tables 2 and 3 provide the titles and the frequency of their identification within this research.

Table 1

Gender Identity

Self-Identified Gender Identity	Frequency	Valid Percentage
Cis Female	22	57.9%
Non Binary	6	15.8%
Cis Male	4	10.5%
Trans Female	3	7.9%
Genderfluid	2	5.3%
Trans Femme	1	2.6%

Table 2

Job Title

Self-Identified Job Title	Frequency	Percentage
Cam Model, Performer, Girl	6	15.8%
Escort, Full Service Escort	6	15.8%
Dancer, Exotic Dancer	4	10.5%
Stripper	4	10.5%
Prostitute, FSSW, Whore	3	7.9%
Sugar Baby	3	7.9%
Freelance Artist, Independent Contractor	3	7.9%
Dominant, Sex Humiliatrix	2	5.3%
Kink, Fetish	2	5.3%
Adult Content Creator	1	2.6%
Support Staff	1	2.6%
Massage Girl	1	2.6%

Note: FSSW: Full Service Sex Worker

Table 3

Employment Setting

Self-Identified Employment Setting	Frequency	Percentage
Web Based	17	44.8%
Club Work	14	36.9%
Home	11	28.9%
Full Service Sex Work	7	18.5%
Hotel	4	10.6%
Photography/ Video Set	3	7.9%
Escort Service	3	7.9%
Call Center	1	2.6%
Restaurant	1	2.6%
Independent Indoor	1	2.6%

Participants were also invited to provide additional optional identity markers that they would like to include. Six participants opted to not provide any further information, while 10 participants identified as living with a disability and four identified a cultural group to which they belong. Twenty-one participants identified some form of education (55.3%), ranging from *some college* to *incomplete PhD*. Three participants identified as polyamorous, while three participants also identified as being a "partner" or "parent." Some participants identified as "poverty born" ($n = 1$, 2.6%), "privileged" ($n = 1$, 2.6%), "able-bodied" ($n = 1$, 2.6%), or coming from a "working-class upbringing" ($n = 1$, 2.6%). The most-reported additional optional identity marker that was reported was sexual orientation, which can be found in Table 4.

Table 4

Additional Optional Identity Marker: Self-Identified Sexual Orientation

Personal Sexual Orientation	Frequency	Percentage
Did not mention orientation	9	23.7%
Pansexual	8	21.1%
Bisexual	8	21.1%
Queer	8	21.1%
Demisexual	2	5.3%
Lesbian	1	2.6%
Straight	1	2.6%
Gay	1	2.6%

Correlations

Correlational analyses were run for the completed measures and a mediated regression analysis was attempted. The results from the ACEs ($n = 35$, $M = 3.11$, $SD = 1.891$) and CD-Risk ($n = 38$, $M = 41.76$, $SD = 9.669$) totals were utilized to compute correlations. Additionally, participants' endorsements on the Occupational Motivation Likert scale ($n = 38$, $M = 31.74$, $SD = 27.861$), which ranged from 0 to 100, were utilized to compute these correlations using a Pearson Product- Moment correlation.

Hypothesis 1. It was expected that the overall ACES scores would be negatively correlated with overall resilience scores. The weak correlation was also not significant ($r(33) = -.21$, $p = .229$, power = .34), so the hypothesis was not confirmed. Though this weak relationship did not reach significance, it was in the expected direction. It is possible that the hypothesized relationship exists, but at this time there is not enough power to detect the relationship due to the

modest sample size (n = 35). Power analysis indicated that 138 participants would have been required to achieve sufficient power to confirm a correlation of this strength. A lack of relationship would describe that one's resilience is not determined or influenced by the amount of childhood adversity one has faced.

Hypothesis 2. It was expected the overall ACES scores would be positively correlated with scores from the occupational motivation scale. There was a moderate correlation found between these variables, though it was not significant ($r(33) = .29$, $p = .086$, power = .53); thus the hypothesis was not confirmed. Although this relationship did not reach significance, it was in the expected direction. Again it is important to note that this relationship may exist but is unable to be detected at this time due to small sample size (n = 35). Power analysis indicated that 72 participants would have been required to achieve sufficient power to confirm a correlation of this strength. A lack of relationship would describe that the sex workers studied demonstrated a level of childhood adversity that is consistent across the range of occupational motivation (choice to circumstance).

Hypothesis 3. It was expected that there would be a negative graded relationship between resilience scores and occupational motivation. There was a strong correlation found between these variables ($r(36) = -.537$, $p = .001$, n=38, power = .97). This indicates that workers who demonstrated higher resilience scores were also more likely to describe their work as motivated by choice as opposed to circumstance.

Hypothesis 4. It was expected that resilience would act as a partial mediating factor between ACES and occupational motivation scale. However, in order to analyze this relationship, the correlation between ACEs and occupational motivation must first be found to be

significant. However, as noted within the second hypothesis of this study this relationship was not found to be significant. Thus, this relationship is unable to be analyzed at this time.

Chapter 4

Discussion

Present Study

Employment within the sex working community presents with many complex and diverse benefits and costs (LeMoon, 2017). Historical portrayals of this community, with its dichotomies and assumptions, continue to impact the experiences of these workers and frame them as less than autonomous (Dalla, 2000; Orchard et al., 2019). The current research presents us with a broad view of motivation, criminalization, online relations, stigmatization, social relations, and the mental health of this community. However, it should be noted that many of these studies are undermined by the idea that sex work is unethical or unfavorable (Jackson & Heineman, 2018). There was a notable lack of information about the resiliency, childhood experiences, and range of occupational motivation for this community.

This study sought to address these gaps in research and understanding by looking at the relationships between these areas. Adverse childhood experiences have many negative implications for the long-term mental and physical health of individuals (Edwards et al., 2007; American Academy of Pediatrics, 2014). Conversely, resiliency has been shown to buffer the effects of these experiences (Logan-Greene et al., 2014).

For this study, 35 online surveys were completed and three additional surveys were partially completed. The completed surveys were filled out by individuals of many diverse gender identities, ages, geographic locations, sexual orientations, and employment statuses, thereby beginning to address the lack of representation in current research about the experiences

of non-binary and transgender peoples of this community. It is important, though, to use caution when interpreting these findings as each employee of this field will undoubtedly experience different forms of stigma, criminalization, and degrees of privilege in comparison with other community members; which then impacts their views of themselves and the world around them (Kale, 2017; Maurice, 2010; Platt et al., 2018).

It was expected that individuals who experienced more adversity in their childhood would be less likely to view themselves as resilient. It was also expected that individuals who experienced less adversity within their childhood would be more likely to view themselves as choice workers. At this time there were no significant relationships able to be noted between these variables. However, due to the direction of the correlations, it is possible that these relationships exist but are currently undetectable at their weak levels. However, it is also possible that there is truly not a relationship between ACES and resilience. It could be argued that resilience may be related to protective factors and privilege, versus being a correlation of or product of adversity. This then posits the idea that childhood adversity alone is not a predictor of one's ability to be resilient. Future research, with a larger population, is necessary before these relationships can be verified or disproven.

It was proven significant that individuals who viewed themselves as more resilient were also likely to view themselves as choice workers. It is probable that those who view themselves as able to adapt to change, handle the unexpected, find humor, and move forward despite adversity (Connor & Davidson, 2003) are also more likely to be individuals who feel empowered to select their own employment. These findings then support the possibility that some members of the sex-working field are employed by choice (Sex Workers Outreach Project, 2016), and

view themselves as resilient. In the qualitative portion of the survey, one participant summarized, "People who do any form of sex work may have gone into it willingly and have no drug dependency or alcohol and have a well thought out life plan. Past trauma is common it is true, but sadly it is true for many people in all professions..."

Implications

Findings of this study appear to support the idea that at least some of those employed as sex workers do so with autonomy and resilience informing their occupational choice. This recognition of autonomy and resiliency encourages mental health professionals to acknowledge that a patient who engages in sex work can be involved in this work as a choice employee. Further, these individuals who view themselves as choice employees are more likely to view themselves as also resilient, which acts as a benefit for other domains of mental health.

As part of the survey, a qualitative question was posed to participants in order to gain more information about the experiences of sex workers with employees of the mental health field. Responses ranged from employees having no experience due to *fear of stigma* to *overwhelmingly positive* experiences.

Those who endorsed positive experiences noted that their therapists understood their work, were "respectful of [their] choice," and viewed them as a "whole person, not just as a sex worker." One participant stated they usually received "encouragement to exit sex work from mental health professionals." Another wrote they enjoyed working with a mental health professional who "understood that my experiences in sex work were not a symptom or cause of mental illness." Antebi-Gruszka, Spence, and Jendrezejewksi (2019), who authored the article *Guidelines for mental health practice with clients who engage in sex work,* provide 10 guidelines

for working with employees of the sex work field. These authors warn of the dangers of mental health practitioners who do not challenge biases, assumptions, and expectations of sex work; going so far as to state that these providers risk unfair and unethical treatment for their patients. One participant stated, "Medical professionals need to check their predetermined opinions on sex workers. . . sex work isn't dangerous but stigmatization is!"

Many respondents noted the desire to "find sex worker-friendly services who will treat you as a whole person," and "a truly judgment-free, safe place for sex workers." These types of inclusive environments and support systems, which are often called on to be sex worker-run or led, have been echoed as a benefit and need in previous research (Massey, 2017; Orchard et al., 2019; Platt et al., 2018).

Limitations

It is important to take into consideration the limitations of the present study. One limitation is that this study was not conducted by an individual who is employed or has been employed as a sex worker. This limits the ability of the author to fully understand the experiences, stigma, and criminalization experienced by members of this community. The term employee was used throughout the survey as an effort to destigmatize sex work. However, there was feedback from a community member that many sex workers may prefer the term "independent contractor." Additionally, the demographic portion of the survey failed to include immigration as an example of a possible identity marker which, in relation to power and privilege, greatly impacts the experiences of community members. The demographic survey questions about timelines further failed to account for the fact that some workers may transition in and out of work multiple times throughout their lives (Kale, 2017; Wagner et al., 2016). The

online nature of the survey, lack of exact cultural group information, and lack of confirmation of employment may also be considered to be limitations of this research. However, these methods and data points were intentionally not required as part of this research due to the continued criminalization of this community and the greater need for participant anonymity.

Further, this study was limited due to completion rates and the intentional use of face valid measures. Face valid measures were utilized in an attempt to rebuild trust with community members. It was deemed inappropriate, due to the methods utilized within historical research, to include any measures within this survey that might be considered deceptive. Three surveys utilized were not fully completed, in which participants stopped at the initiation of the ACES measure. This is understandable as these questions may be activating for participants and it may have been beneficial for their own mental wellbeing to exit the survey. Finally, the small sample size for this study was an additional limitation.

Future Research

In order to ensure that future research is an area of need or desire for the sex working community, an additional qualitative question was posed to participants. This question asked them to provide insight into areas that they believed should be researched in the future. Respondents indicated the need for "an understanding that [sex work] is beneficial too" and as well as a need to assess mental health (i.e., depression and self-esteem) "issues associated with engaging in sex work." In the area of stigma, two participants noted the desire for "de-stigmatization," "effects of discrimination" and the "secondary effects of criminalization" to be researched. This seems rather appropriate, as it has been found that employees, in countries with decriminalized sex work, experience greater negotiating power and engagement with justice

(Platt et al., 2018). Respondents also requested research about the stress caused by stigma, barriers to "regular employment," and "mental health harms of professionals not validating sex work as legitimate work…" Other areas of desired research and exploration included "positive explorations or humanizing pieces related to 'Johns' and their mental health and actions" as well as research looking into "sex worker hierarchies." Participants also listed areas of research that are indirectly related to sex work employment, such as "intersections of race and mental illness," "class awareness," "politicians, CEO's, and organized crime bosses' mental health," and "trans-inclusive services."

Though not noted by participants, the community may benefit from research about the role of emotional labor as part of sex work. This would further enable sex work to be comparable to mental health work, as both streams of service cost professionals to control their own emotional expressions and lend support to others. Mental health professionals would also likely benefit from guidelines created for work with sex work employees, by employees of the field.

Conclusion

This study attempts to add to the current research by positing that there is a diverse range of occupational motivation, resilience, and childhood adversity experienced by individuals employed as sex workers. These results add to the recognition of the experiences of non-binary, genderfluid, and transgender people in this community and invited all employees beneath the diverse umbrella that is sex work to participate. Additionally, the findings of this study support the views of sex workers that they are resilient and fully able to choose their line of work. It is important for mental health professionals to remember the autonomy and resiliency, and the

relationship therein, of sex work employees in order to appropriately support and advocate for this community.

References

American Academy of Pediatrics. (2014). *Adverse childhood experiences and the lifelong consequences of trauma* [Brochure]. Author. Retrieved from https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

Anda, R. F., Whitfield, C. L., Felitti, V. J., Chapman, D., Edwards, V. J., Dube, S. R., & Williamson, D. F. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services (Washington, D.C.)*, *53*(8), 1001-1009.

Antebi-Gruszka, N., Spence, D., & Jendrzejewski, S. (2019). Guidelines for mental health practice with clients who engage in sex work. *Sexual and Relationship Therapy*. https://doi-org.georgefox.idm.oclc.org/10.1080/14681994.2019.1573978

Argento, E., Taylor, M., Jollimore, J., Taylor, C., Jennex, J., Krusi, A., & Shannon, K. (2018). The loss of Boystown and transition to online sex work: Strategies and barriers to increase safety among men sex workers and clients of men. *American Journal of Men's Health*, *12*(6), 1994-2005. https://doi-org.georgefox.idm.oclc.org/10.1177/1557988316655785

Bathory, B. (2019, February 21). Sex Workers Outreach Project Los Angeles on Instagram: "Wonder infographic from @swopla." Retrieved from https://www.instagram.com/p/BuJ4hJwl0tn/

Bellhouse, C., Crebbin, S., Fairley, C. K., & Bilardi, J. E. (2015). The impact of sex work on women's personal romantic relationships and the mental separation of their work and

personal lives: A mixed-methods study. *Plos One*, *10*(10), e0141575. doi:10.1371/journal.pone.0141575

Bettio, F., Della Giusta, M., & Di Tommaso, M. L. (2017). Sex Work and Trafficking: Moving beyond Dichotomies. *Feminist Economics*, *23*(3), 1-22. https://doi-org.georgefox.idm.oclc.org/10.1080/13545701.2017.13305

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, *59*(1), 20-28. doi:10.1037/0003-066X.59.1.20===a

Calhoun, T. C., & Weaver, G. (1996). Rational decision-making among male street prostitutes. *Deviant Behavior*, *17*(2), 209-227.

Campbell-Sills, L., Cohan, S., & Stein, M. (2006). Relationship of resilience to personality, coping and psychiatric symptoms, in young adults. *Behaviour Research and Therapy*, *44*(4), 585-599.

Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the Connor-Davidson Resilience Scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal Of Traumatic Stress*, *20*(6), 1019-1028.

Carbonero, M. A., & Garrido, M. G. (2018). Being like your girlfriend: Authenticity and the shifting borders of intimacy in sex work. *Sociology*, *52*(2), 384-399. https://doi-org.georgefox.idm.oclc.org/10.1177/0038038516688609

Casanova, R. X. (2012). *Summary of the Adverse Childhood Experiences (ACE) study: Relationships between childhood trauma and adult health and well being prepared* [PDF]. Oregon: MPH for Trauma Informed Oregon.

Chapman, D. P., Wheaton, A. G., Anda, R. F., Croft, J. B., Edwards, V. J., Liu, Y., & Perry, G. S. (2011). Adverse childhood experiences and sleep disturbances in adults. *Sleep Medicine*, *12*(8), 773-779. doi:10.1016/j.sleep.2011.03.013

Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, *82*(2), 217-225.

Chudakov, B., Ilan, K., Belmaker, R. H., & Cwikel, J. (2002). The motivation and mental health of sex workers. *Journal of Sex & Marital Therapy*, *28*(4), 305-315.

Cloitre, M., Khan, C., Mackintosh, M.-A., Garvert, D. W., Henn-Haase, C. M., Falvey, E. C., & Saito, J. (2019). Emotion regulation mediates the relationship between ACES and physical and mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(1), 82-89. https://doi-org.georgefox.idm.oclc.org/10.1037/tra0000374

Connor, K. M., & Davidson, J. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, *18*(2), 76-82.

Conner, N., Ivàn, P., Spellman, T., Clay, C., Allen, K., & Butler, J. (2018). DECRIMNOW DC. Retrieved from https://www.decrimnow.org/

Dalla, R. L. (2000). Exposing the "pretty woman" myth: A qualitative examination of the lives of female streetwalking prostitutes. *Journal of Sex Research*, *37*(4), 344-353.

Deering, K. N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., ... Shannon, K. (2014). A systematic review of the correlates of violence against sex workers. *American Journal of Public Health*, *104*(5), e42-e54. doi:10.2105/AJPH.2014.301909

Dewey, S., Zheng, T. S. J., & Heineman, J. (2013). *Ethical research with sex workers: Anthropological approaches*. New York, NY: Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-6492-1

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences Study. *Jama*, *286*(24), 3089-3096.

Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Croft, J. B. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. *Addictive Behaviors*, *27*(5), 713-725.

Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Williamson, D. F. (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: Implications for health and social services. *Violence and Victims*, *17*(1), 3-17.

Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, *28*(5), 430-438.

Dube, S. R., Dong, M., Chapman, D. P., Giles, W. H., Anda, R. F., & Felitti, V. J. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics*, *111*(3), 564-572.

Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. *Preventive Medicine*, *37*(3), 268-277.

Dube, S. R., Williamson, D. F., Thompson, T., Felitti, V. J., & Anda, R. F. (2004). Assessing the reliability of retrospective reports of adverse childhood experiences among adult HMO members attending a primary care clinic. *Child Abuse & Neglect*, *28*(7), 729-737.

Edwards, V. J., Anda, R. F., Dube, S. R., Dong, M., Chapman, D. F., & Felitti, V. J. (2005). The wide-ranging health consequences of adverse childhood experiences. In K. Kendall-Tackett & S. Giacomoni (Eds.), *Child victimization: Maltreatment, bullying, and dating violence prevention and intervention* (pp. 8-1– 8-12). Kingston, NJ: Civic Research Institute.

Edwards, V. J., Dube, S. R., Felitti, V. J., & Anda, R. F. (2007). It's ok to ask about past abuse. *The American Psychologist*, *62*(4), 327-328.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245-258.

Fitzgerald, J., & Sage, J. (2019, June 14). *Shadowbans: Secret policies depriving sex workers of income and community*. Retrieved from http://titsandsass.com/shadowbans-secret-policies-depriving-sex-workers-of-income-and-community/

Franke, H. A. (2014). Toxic stress: Effects, prevention and treatment. *Children*, *1*(3), 390-402. http://doi.org/10.3390/children1030390

Fuller-Thomson, E., Baird, S. L., Dhrodia, R., & Brennenstuhl, S. (2016). The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study. *Child: Care, Health & Development*, *42*(5), 725-734. doi:10.1111/cch.12351

Fung, H. W., Ross, C. A., Yu, C. K-C., & Lau, E. K-L. (2019). Adverse childhood experiences and dissociation among Hong Kong mental health service users. *Journal of Trauma & Dissociation*. https://doi-org.georgefox.idm.oclc.org/10.1080/15299732.2019.1597808

Gorry, J., Roen, K., & Reilly, J. (2010). Selling yourself? The psychological impact of street sex work and factors affecting support seeking. *Health & Social Care in the Community*, *18*(5), 492-499. doi:10.1111/j.1365-2524.2010.00925.x

Heineman, J., & Wagner, B. (2018, April 18). *Opinion: The sex trafficking panic is based on myths, not facts*. Retrieved from https://www.buzzfeednews.com/article/jennyheineman/sex-trafficking-myths-sesta-fosta

Hillis, S. D., Anda, R. F., Felitti, V. J., Nordenberg, D., & Marchbanks, P. A. (2000). Adverse childhood experiences and sexually transmitted diseases in men and women: A retrospective study. *Pediatrics, 106*(1). doi:10.1542/peds.106.1.e11

Hillis, S. D., Anda, R. F., Felitti, V. J., & Marchbanks, P. A. (2001). Adverse childhood experiences and sexual risk behaviors in women: A retrospective cohort study. *Family Planning Perspectives*, *33*(5), 206.

Hughes, K., Lowey, H., Quigg, Z., & Bellis, M. A. (2016). Relationships between adverse childhood experiences and adult mental well-being: Results from an English national household survey. *BMC Public Health*, *16*(1), 1-11. doi:10.1186/s12889-016-2906-3

Jackson, C., & Heineman, J. (2018, August 25). *Repeal FOSTA and decriminalize sex work*. Retrieved from https://contexts.org/articles/repeal-fosta-and-decriminalize-sex-work/

Kale, S. (2017, March 16). *'It was a wonderful adventure': What it's like when you retire from sex work*. Retrieved from https://www.vice.com/en_us/article/kze8kx/it-was-a-wonderful-adventure-what-its-like-when-you-retire-from-sex-work

Kaloeti, D. V. S., Rahmandani, A., Sakti, H., Salma, S., Suparno, S., & Hanafi, S. (2018). Effect of childhood adversity experiences, psychological distress, and resilience on depressive symptoms among Indonesian university students. *International Journal of Adolescence and Youth*. https://doi-org.georgefox.idm.oclc.org/10.1080/02673843.2018.1485584

Kane, C., Tomotake, M., Hamatani, S., Chiba, S., Kameoka, N., Watanabe, S., … Ohmori, T. (2019). Clinical factors influencing resilience in patients with anorexia nervosa. *Neuropsychiatric Disease and Treatment*, *15*. Retrieved from http://search.ebscohost.com.georgefox.idm.oclc.org/login.aspx?direct=true&db=psyh&AN=2019-17369-001&scope=site

Knows His Gun, K. (2012). *Resilience through the eyes of the St. Labre Indian School employees: An exploration of the variables that encourage stable employment within this rural population*. (Doctoral dissertation). Retrieved from http://digitalcommons.georgefox.edu/psyd/. (Paper 83)

Koken, J. (2012). Independent female escort's strategies for coping with sex work related stigma. *Sexuality & Culture*, *16*(3), 209-229. doi:10.1007/s12119-011-9120-3

Larkin, H., Shields, J. J., & Anda, R. F. (2012). The health and social consequences of adverse childhood experiences (ACE) across the lifespan: An introduction to prevention and intervention in the community. *Journal of Prevention & Intervention in the Community*, *40*(4), 263-270. doi:10.1080/10852352.2012.707439

Lazarus, L., Deering, K. N., Nabess, R., Gibson, K., Tyndall, M. W., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, Health & Sexuality*, *14*(2), 139-150. doi:10.1080/13691058.2011.628411

LeMoon, L. (2017). We're not crazy for doing this: Sex workers with mental illness. 1-10. Retrieved from http://titsandsass.com/were-not-crazy-for-doing-this-sex-workers-with-mental-illness

Levey, T. G., & Pinsky, D. (2015). A constellation of stigmas: Intersectional stigma management and the professional dominatrix. *Deviant Behavior*, *36*(5), 347-367. doi:10.1080/01639625.2014.935658

Lindgren, C. (2015). Ordinary magic - Resilience in development. *Acta Paediatrica*, *104*(4), 430. doi:10.1111/apa.12928

Ling, D. C., Wong, W. W., Holroyd, E. A., & Gray, S. A. (2007). Silent killers of the night: An exploration of psychological health and suicidality among female street sex workers. *Journal of Sex & Marital Therapy*, *33*(4), 281-299.

Logan-Greene, P., Green, S., Nurius, P. S., & Longhi, D. (2014). Distinct contributions of adverse childhood experiences and resilience resources: a cohort analysis of adult physical and mental health. *Social Work in Health Care*, *53*(8), 776-797. doi:10.1080/00981389.2014.944251

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*(3), 543-562.

Massey, A. (2017, June 14). Sex Workers Don't Owe You Any Answers. Retrieved from

https://psmag.com/economics/sex-workers-dont-owe-you-any-answers

Masten, A. S. (2001). Ordinary magic: resilience process in development. *American Psychologist*, *56*(3), 227-238. doi:10.1037/0003-066X.56.3.227

Masten, A. S., & Garmezy, N. (1985). Risk, vulnerability, and protective factors in developmental psychopathology. In B. B. Lahey, & A. E. Kazdin (Eds.), *Advances in clinical child psychology* (Vol. 8, pp. 1-52). New York, NY: Plenum Press.

Maurice, J. K. (2010). *"Naked" voices: An examination of power identity and phone sex work* (Unpublished master's thesis). The University of Guelph, Ontario, Canada.

McLean, V. (2018, July 06). *Retiring from sex work was transcendent - Then reality set in*. Retrieved from https://medium.com/the-establishment/my-transcendent-painful-retirement-from-sex-work-e3963876607c

Michaels, K. (2017, August 25). *Surviving as working class after backpage*. Retrieved from http://titsandsass.com/surviving-as-working-class-after-backpage/

Monnat, S. M., & Chandler, R. F. (2015). Long term physical health consequences of adverse childhood experiences. *The Sociological Quarterly*, *56*(4), 723-752. http://doi.org/10.1111/tsq.12107

Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., ... Steele, H. (2014). Adverse Childhood Experiences (ACEs) Questionnaire and Adult Attachment Interview (AAI): Implications for parent child relationships. *Child Abuse & Neglect*, *38*(2), 224-233. doi:10.1016/j.chiabu.2013.09.004

Nakamura, N., & Tsong, Y. (2019). Perceived stress, psychological functioning, and resilience among individuals in same-sex binational relationships. *Psychology of Sexual Orientation*

and Gender Diversity, *6*(2), 175-181. https://doiorg.georgefox.idm.oclc.org/10.1037/sgd0000318

Orchard, T., Murie, A., Elash, H-L., Bunch, M., Middleton, C., Sadakhom, D., … Benoit, C. (2019). "People like us": Spatialised notions of health, stigma, power and subjectivity among women in street sex work. *Culture, Health & Sexuality*, *21*(4), 478-494. https://doi.org/10.1080/13691058.2018.1490455

Parsons, J. T., Bimbi, D., & Halkitis, P. N. (2001). Sexual compulsivity among gay/bisexual male escorts who advertise on the internet. *Sexual Addiction & Compulsivity*, *8*(2), 101-112. doi:10.1080/107201601753180684

Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S. G., Sanders, T., … Crago, A-L. (2018). Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLoS Medicine*, *15*(12), 1-54. https://doi.org/10.1371/journal.pmed.1002680

Ports, K. A., Ford, D. C., & Merrick, M. T. (2016). Adverse childhood experiences and sexual victimization in adulthood. *Child Abuse & Neglect*, *513*, 13-322. doi:10.1016/j.chiabu.2015.08.017

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*(1), 11-25.

Redding, C. (n.d.). *The ACE score*. Retrieved from http://www.acestudy.org/the-ace-score.html

Remigio-Baker, R. A., Hayes, D. K., & Reyes-Salvail, F. (2014). Adverse childhood events and current depressive symptoms among women in Hawaii: 2010 BRFSS, Hawaii. *Maternal and Child Health Journal*, *18*(10), 2300-2308. doi:10.1007/s10995-013-1374-y

Romans, S. E., Potter, K., Martin, J., & Herbison, P. (2001). The mental and physical health of female sex workers: A comparative study. *The Australian and New Zealand Journal of Psychiatry*, *35*(1), 75-80.

Sallmann, J. (2010). Living with stigma: Women's experiences of prostitution and substance use. *Affilia: Journal of Women & Social Work*, *25*(2), 146-159. doi:10.1177/0886109910364362

Samplin, E., Ikuta, T., Malhotra, A. K., Szeszko, P. R., & Derosse, P. (2013). Sex differences in resilience to childhood maltreatment: effects of trauma history on hippocampal volume, general cognition and subclinical psychosis in healthy adults. *Journal of Psychiatric Research*, *47*(9), 1174-1179. doi:10.1016/j.jpsychires.2013.05.008

Scali, J., Gandubert, C., Ritchie, K., Soulier, M., Ancelin, M., & Chaudieu, I. (2012). Measuring resilience in adult women using the 10-items Connor-Davidson Resilience Scale (CD-RISC). Role of trauma exposure and anxiety disorders. *Plos One*, *7*(6), e39879. doi:10.1371/journal.pone.0039879

Sex Workers Outreach Project. (2016). *Sex work and harm reduction: Tips for working with individuals in the sex trade* [power point presentation]. Retrieved from https://www.heartlandalliance.org/mhri/wp-content/uploads/sites/20/2016/10/9.13.16-Harm-Reduction-presentation-Best-Practices-for-Sex-Workers.pdf

Shareh, H. (2016). The relationship between early maladaptive schemas and sexual self-esteem in female sex workers. *Journal of Fundamentals of Mental Health*, *18*(5), 249-258.

Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232-e246. doi:10.1542/peds.2011-2663

Smith, M. D., Grov, C., Seal, D. W., Bernhardt, N., & McCall, P. (2015). Social-emotional aspects of male escorting: Experiences of men working for an agency. *Archives of Sexual Behavior*, *44*(4), 1047-1058. doi:10.1007/s10508-014-0344-9

Surratt, H. L., Kurtz, S. P., Weaver, J. C., & Inciardi, J. A. (2005). The connections of mental health problems, violent life experiences, and the social milieu of the "Stroll" with the HIV risk behaviors of female street sex workers. *Journal of Psychology & Human Sexuality*, *17*(1/2), 23-44. https://doi-org.georgefox.idm.oclc.org/10.1300/J056v17n010

Vanwesenbeeck, I. (2005). Burnout among female indoor sex workers. *Archives of Sexual Behavior*, *34*(6), 627-639. doi:10.1007/s10508-005-7912-y

Wagner, B. M., Whitmer, J. M., & Spivak, A. L. (2016, June). *Experiences of youth in the sex trade in Las Vegas* (United States, U.S. Department of Justice). Retrieved from https://www.ncjrs.gov/pdffiles1/ojjdp/grants/249956.pdf

Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults. *Journal of Interpersonal Violence*, *18*(2), 166.

Wingo, A. P., Ressler, K. J., & Bradley, B. (2014). Resilience characteristics mitigate tendency for harmful alcohol and illicit drug use in adults with a history of childhood abuse: A

cross-sectional study of 2024 inner-city men and women. *Journal of Psychiatric Research*, *519*, 3-99. doi:10.1016/j.jpsychires.2014.01.007

Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. *International Journal of Nursing Studies*, *93*, 129-140. https://doi-org.georgefox.idm.oclc.org/10.1016/j.ijnurstu.2019.02.014

Appendix A

Adverse Childhood Experiences

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**... Swear at you, insult you, put you down, or humiliate you? **or** Act in a way that made you afraid that you might be physically hurt?
Yes or No

2. Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at you? **or**
Ever hit you so hard that you had marks or were injured?
Yes or no

3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No

4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or Your family didn't look out for each other, feel close to each other, or support each other?
Yes or No

5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes or No

6. Were your parents **ever** separated or divorced?
Yes or No

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes or No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes or No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No

10. Did a household member go to prison? Yes or No

Now add up your "Yes" answers:

_____ This is your ACE Score.

Appendix B

Connor-Davidson Resilience Scale (CD-RISC-10)

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), True (5)

1 Able to adapt to change ---------- 0 1 2 3 4 5
2 Can deal with whatever comes ---------- 0 1 2 3 4 5
3 See the humorous side of things ---------- 0 1 2 3 4 5
4 Coping with stress strengthens ---------- 0 1 2 3 4 5
5 Tend to bounce back after illness or hardship --------- 0 1 2 3 4 5
6 You can achieve your goals ---------- 0 1 2 3 4 5
7 Under pressure, focus and think clearly ---------- 0 1 2 3 4 5
8 Not easily discouraged by failure ---------- 0 1 2 3 4 5
9 Think of self as a strong person ---------- 0 1 2 3 4 5
10 Can handle unpleasant feelings ---------- 0 1 2 3 4 5

Appendix C

Informed Consent

This research study is asking you to share about your life as a sex worker. This will include details about your opinions, childhood, bounce back ability, and connection with your job. You will be asked to answer only a few questions about personal information to protect your identity. These questions should only take 15 minutes to answer.

Risks and Benefits of being in the study:
No risks are expected due to taking this survey. However, it is possible some questions may create feelings of discomfort. After the final questions are asked you will be reminded to delete your browsing history, for those who do not wish others to know their job. You will be asked some personal questions, but these questions are few to protect your identity.

This research hopes to look at the stereotypes made about the childhoods of people workings as sex workers in the United States. We hope that this research will share the stories of all people who work as sex workers. People of all gender identities, sexual preferences, and job types are welcome to complete these questions.

People who finish the survey can then share a charity name to enter into a drawing. When all surveys are finished one charity will be picked to get a five-hundred-dollar prize.

For those who finish the survey and do have feelings of discomfort there is a list of resources here which they can reach out to for support:

-**Crisis Text Line:** Text HOME to 741741 for free 24/7 support in the US (https://www.crisistextline.org)
- **Sex Workers Outreach Project Community Support Line:** 877-776-2004 (x-01) (http://www.new.swopusa.org/resources-usa/)
-**Virtual Communities** for Sex Workers- (http://www.prosnetworkchicago.org/online_forums_stripper_escort_dancer_webcam/)
-**The Cupcake Girls** Support Request Form: (http://thecupcakegirls.org/get-support/)
-**The Trevor Project:** Text TREVOR to 1-202-304-1200 or call 1-866-488-7386 (https://www.thetrevorproject.org/get-help-now/#sm.00001mezkncij4dlvtlzicljgktvy)
-**To clear browsing history:** (http://cornerstonenorthumberland.ca/clear-browser-history/) includes a hide button to quickly exit the screen if necessary.

Confidentiality:
Limited low-level personal information will be collected in this study. However, this information is collected in such a manner that it cannot be used to identity you. This information includes questions about gender identity, age, job type, the state you live in, and number of years you

have worked or did work as a sex worker. Only the main researcher, the research committee, and support teams will be able to see your answers. Your answers will be kept on password protected sites and protected computers.

Voluntary:

If at any time you are not comfortable answering a question or do not want to finish the survey you may leave the web page. You can take back any of your information or answers any time before you submit the survey.

Contact and Questions:

If you have any questions or concerns about this survey, please reach out to Kaytlin R. Smith at Ksmithresearch@yahoo.com. If at any time during or after answering questions you have concerns, and would like to talk to someone else please contact Dr. Nancy Thurston, nthurston@georgefox.edu.

Consent:

By clicking the yes button, you affirm that you are over the age of 18 years old, that you have read and understood this consent form, and that you provide your consent to participate. Please feel free to contact the lead researcher at Ksmithresearch@yahoo.com to receive a copy of this page or take a screen shot for your own records.

Appendix D

Demographic Survey

1. I am over the age of 18 __ Yes or __ No.
2. I am (select from age ranges) years of age.
3. I live in (list of states).
4. Please fill out your gender identity: _____

   Some options here include: non-binary, cis-female, transgender female, cis-male, or transgender male.
5. Are there any other identity markers you would like to include: (i.e. differently abled, sexual orientation, cultural group or identity, education level).

Note: These markers are not required for participation in this study to limit the risk of revealing your personal identity. However, the researchers of this study know that absent identity markers will play a role in the experiences and identities of people working within the sex working community.

6. Job type (i.e. home, agency, club, studio, internet) _____
7. Job title: _____
8. How many years/months have you been worked as a sex worker? ____ months and ___ years.
9. Are you currently working as a sex worker? ___yes or ___no

   -If no how long has it been since you were last working within the industry? _____

10. Is work as a sex worker your main way to financially support yourself?

    at this time: _____yes or ___no

    in the past: _____yes or ___no

The Sex Workers Outreach Project states that involvement within sex work is defined by three categories:

"-choice: fully consenting to the work, can leave for other employment options but chooses to stay for various reasons."

"-circumstance: consenting to work in the sex trade but wants to leave, or would prefer other work. Needs to stay usually for financial reasons." Also known within some sex working communities as a survival sex worker.

Based on these definitions where would you place your motivation for employment in the sex work industry:

choice 5 4 3 2 1 circumstance

Note: The final category is defined as coercion and for the legal purposes of this study will not be included at this time. If you are working within the industry due to coercion or trafficking, please reach out to The Cupcake Girls (http://thecupcakegirls.org), the National Human Trafficking Hotline (1-888-373-7888), or trusted authorities in your area.

Appendix E

Qualitative Questions

1. A. What has employment in the sex industry added/given to your life?

   B. What has it taken?

2. A. What has your experience as an employee of this industry been like with mental health workers?

   B. What are areas you believe sex workers need/want research to be completed in?

Appendix F

Survey Debrief

Thank you for taking the time out of your schedule to complete this survey. It is the researchers' hope that your participation will lead to better treatment of individuals employed as Sex Workers by the mental health field. It is also hoped that your participation will address stereotypes and stigmas surrounding the experiences and autonomy of employees of this field. As a thank you please provide the name of a favored charity or select one from the list below to be entered into a raffle for a 500-dollar prize.

1) The Cupcake Girls (a nonprofit based in Portland, Oregon and Las Vegas, Nevada providing non-judgmental confidential support and after care to those involved in the sex industry)
2) The Sex Workers Outreach Project (a national social justice network dedicated to the fundamental human rights of people involved in the sex trade and their communities, focusing on ending violence and stigma through education and advocacy)
3) Other (fill in the blank)

If any of the survey questions have created feelings of discomfort, please reach out to one of the following resources or other people/resources within your community whom you trust.

-**Crisis Text Line:** Text HOME to 741741 for free 24/7 support in the US (https://www.crisistextline.org)

- **Sex Workers Outreach Project Community Support Line:** 877-776-2004 (x-01) (http://www.new.swopusa.org/resources-usa/)

-**Virtual Communities** for Sex Workers-

(http://www.prosnetworkchicago.org/online_forums_stripper_escort_dancer_webcam/)

-**The Cupcake Girls** Support Request Form: (http://thecupcakegirls.org/get-support/)

-**The Trevor Project:** Text TREVOR to 1-202-304-1200 or call 1-866-488-7386

(https://www.thetrevorproject.org/get-help-now/#sm.00001mezkncij4dlvtlzicljgktvy)

-**To clear browsing history:** (http://cornerstonenorthumberland.ca/clear-browser-history/) includes a hide button to quickly exit the screen if necessary.

Appendix G

Curriculum Vitae

Kaytlin R. Smith

422 N. Meridian St. #v336, Newberg, Or 97132 | 559-280-8894 |Kaytlinrsmith@gmail.com

EDUCATION

DOCTORAL CANDIDATE OF CLINICAL PSYCHOLOGY• Present
George Fox University Graduate Department of Clinical Psychology (APA Accredited) Newberg, Oregon
MASTER OF ARTS, CLINICAL PSYCHOLOGY • 2018
George Fox University, Newberg, Oregon
BACHELOR OF SCIENCE, PSYCHOLOGY WITH A MINOR • 2015
Southwestern Assemblies of God University, Waxahachie, Texas Minor: Intercultural Studies
Honors: Graduated Magna Cum Laude

SUPERVISED CLINICAL EXPERIENCE

THE CHILDREN'S CLINIC • August 2018 – Present
Title: Practicum 2 Clinician, Behavioral Health Professional
Treatment Setting: General pediatric practice with pediatric nurse practitioners and medical doctors
Populations: Birth to 18 years of age
Supervisor: Kristie Knows His Gun, Psy D
Clinical Duties
-Integrated primary care for pediatric populations and parents or guardians
-Screenings for ACE, MHCAT, and ADHD

BEHAVIORAL HEALTH CRISIS CONSULTATION TEAM (BHCCT) • December 2017 – Present
Title: Consultant
Treatment Setting: Emergency Department at Providence Newberg Medical Center And Willamette Valley Medical Center
Populations: Yamhill County
Supervisors: Luann Foster, Psy D, Mary Peterson, PhD,, ABPP, and Bill Buhrow, PsyD
Clinical Duties
- Experience in crisis response and suicide risk assessment

- Safety planning and case management for patients
- Interdisciplinary collaboration and efficient communication with providers on the medical team
- Documentation within electronic medical records systems

ARCHER GLEN ELEMENTARY SCHOOL • September 2017 – June 2018
Title: Practicum I Clinician
Treatment setting: Elementary School Counseling Department in Sherwood, Oregon.
Populations: Students aged five through thirteen
Supervisor: Hannah Stere, PsyD
Clinical Duties

-Provided weekly individual therapy for elementary students of moderate psychopathology at Archer Glen Elementary School.
-Conducted intake interviews, risk assessments, developed treatment plans, and one-on-one behavioral interventions.
-Discussed student symptoms, trajectory, psychoeducation, and student updates with parents, guardians, and school staff.
-Aided in classroom interventions when student emotional regulations and impulse control skills were growth areas.
-Received weekly supervision: individual

GEORGE FOX UNIVERSITY • January 2017 – April 2017
Title: Pre-Practicum student
Treatment setting: Graduate Department of Clinical Psychology in Newberg, Oregon.
Populations: Two undergraduate simulated client students
Supervisors: Glena Andrews, Ph.D.,ABPP, MSCP and Samuel Smith, M.A.
Clinical Duties

-Provided outpatient individual client-centered psychotherapy to university students.
-Conducted intake interviews and wrote formal intake reports, developed treatment plans, and completed session notes.
-Reviewed recorded therapy session in individual and group supervision settings.
-Received weekly supervision: individual and group.

DONALDSON WELLNESS CENTER • December 2014-April 2015
Title: Undergraduate Practicum Student
Treatment Setting: Private Practice located in Waxahachie, Texas.
Populations: Community mental health
Supervisor: Nicole Keehn, RN, MS(N), Psy.D.
Clinical Duties

-Assisted in ADHD, anxiety, and intelligence assessments for children.

-Created first draft assessment reports and treatment plans to be reviewed by clinicians.
-Participated in cognitive-behavioral and play therapy.
-Scored assessments and reported to clinicians for supervision and corrections.

Teaching and Leadership experience

CRISIS TEAM TRAINING CORDINATOR • June 2018 – present
Yamhill County- Newberg and McMinnville, Oregon
Treatment Setting: Emergency Department
Supervisors: Luann Foster, PsyD, Mary Peterson, PhD, ABPP, and Bill Buhrow, PsyD

-Coordinated continued training for a team of 25 and training incoming crisis consultants.
-Performed weekly chart audits.
-Scheduled and prepared orientations and training materials.
-Problem solving and supporting team rapport and systems pieces.

SUBSTITUTE TEACHER • August 2015 – June 2016
Tulare City School District- Tulare, California
Grade levels: Preschool- Jr. high _

-Long term substitute for eighth grade Social studies, Language arts, and Journalism courses.
-Responsible for grading quizzes, exams, homework, essays, and projects.
-Led class discussions on literature and humanitarian topics.
-Worked with students of varying ages, race, religion, and socioeconomic positions.

RESEARCH EXPERIENCE

RESEARCH ASSISTANT • December 2016 – Present
George Fox University- Newberg, Oregon
Supervisors: Glena Andrews Ph.D., ABPP, MSCP and Laura Hoffman M.A.
Study: Trauma and Prayer

-Assisted in research conducted utilizing electroencephalogram, heart monitoring, and galvanic skin response.
-Outfitted clients in EEG, GSR, and heart monitor.
-Covered Informed consent, study details, and debriefing with participants.
-Schedule participants and study team while in charge of running the research collection phase.

RELEVANT EXPERIENCE

LEAD AFTER SCHOOL COUNSELOR • August 2012 – April 2015
Salvation Army Boys and Girls Club - Waxahachie, Texas

-Worked as lead counselor for low income students with ages ranging from 5 to 15
-Assisted students with ADHD and Global Learning Disorders complete homework
-Mentored class of Jr. high students and led weekly discussions
-Experience recognizing and reporting cases of child abuse, eating disorders, suicidal ideation, and self-harm
-Used behavioral techniques to manage escalating students and taught coping skills
-One on One mentoring of students with borderline personality, social communication disorders, and students with histories of sexual abuse

UNDERGRADUATE INTERN • May 2011- August 2012
Court Appointed Special Advocates – Visalia, California
-Maintained court and medical records for at-risk foster children
-Assisted in program development
-Utilized community resources for volunteer outreach
-Handled scheduling and assisted in training for CASA volunteers

AWARDS

DEANS LIST • August 2011-May 2015
-Recognized by the Registrar's office every semester for maintaining above a 3.5 GPA.

LEADERSHIP SCHOLARSHIP • August 2011-May 2015
-Received scholarship annually based upon leadership roles maintained throughout high school and undergraduate work.

PROFESSORS ACADEMIC SCHOLARSHIP • August 2011-May 2015
-Received annual scholarship based upon high school academic performance and maintenance of undergraduate GPA.

MEMBERSHIPS

AMERICAN PSYCHOLOGICAL ASSOSCIATION • September 2016-Present

PSI CHI HONOR SOCIETY • December 2013 – Present
-Chapter President (May 2014- April 2015): implemented scheduled meetings and initiated school wide annual psychological information session
-Organized presentation: "Pornography in the Pew: Sexual addiction in the Church" by Dr. Jeff Logue, Ph.D.
-Chapter Treasurer (December 2013-May 2014)

PROFESSIONAL TRAINING

CLINICAL TEAM • September 2016-Present
Graduate School of Clinical Psychology – George Fox University, Newberg, Oregon
Consultant: Marie-Christine Rutter Goodworth, Ph.D.

-Consultation group that meets weekly to present and discuss various clinical perspectives.

COLLOQUIM • Integration and Ekklessia
Presenter: Michael Vogel, Psy.D. Date: March 14, 2018

GRAND ROUNDS • THE HISTORY AND APPLICATION OF INTERPERSONAL PSYCHOTHERAPY
Presenter: Carlos Taloyo, PhD. Date: February 14, 2018

COLLOQUIM • TELEHEALTH
Presenter: Jeff Sodahl, Psy.D. Date: November 8, 2017

GRAND ROUNDS • USING CBPR TO PROMOTE MENTAL HEALTH IN AI/AN CHILDREN, YOUTH, AND FAMILIES
Presenter: Eleanor Gil-Kashiwabara, Psy.D. Date: October 11, 2017

SEMINAR • Leadership training: Communication
Presenter: Deborah Dunn, PH.D. Date: November 8, 2017

COLLOQUIM • DOMESTIC VIOLENCE: A COORDINATED COMMUNITY RESPONSE
Presenters: Patty Warford, Psy. D. and Sgt Todd Baltzell Date: March 1, 2017

GRAND ROUNDS • NATIVE SELF ACTUALIZATION: ITS ASSESMENT AND APPLICATION IN THERAPY
Presenter: Sydney Brown, Psy.D. Date: February 8, 2017

GRAND ROUNDS • HIGH CONFLICT DIVORCE: AN ATTACHMENT TRAUMA
Presenter: Wendy Bourg, Ph.D. Date: November 9, 2016

INTEGRATION SYMPOSIUM • SACREDNESS, NAMING AND HEALING: LANTERNS ALONG THE WAY
Presenter: Brooke Kuhnhausen, Ph.D. Date: October 12, 2016

RELEVANT COURSES

Clinical Foundations of Treatment I & II
Ethics for Psychologists
Psychopathology
Theories of Personality and Psychotherapy
Lifespan Development
Integrative Approaches to Psychology
Family therapy in Diverse Cultures
Personality Assessment Psychometrics
Child and Adolescent Assessment and Treatment

Learning, Cognition and Emotion
Social Psychology
Cognitive Behavioral Psychotherapy
Cognitive Assessment
History and Systems of Psychology
Research and Design
Multicultural Therapy
Psychodynamic Psychotherapy
Integrated Primary Care