

2014

A Preliminary Perspective for Identifying Resilience and Promoting Growth Among Survivors of Sex Trafficking

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**A Preliminary Perspective for Identifying Resilience and Promoting Growth
Among Survivors of Sex Trafficking**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

Michelle Sobon, Psy.M.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

July, 2015

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WRIGHT STATE UNIVERSITY
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May 25, 2014

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY MICHELLE SOBON ENTITLED **A PRELIMINARY PERSPECTIVE FOR IDENTIFYING RESILIENCE AND PROMOTING GROWTH AMONG SURVIVORS OF SEX TRAFFICKING** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Abstract

This work offers an analysis of the existing literature on trauma, resilience, posttraumatic growth, and sex trafficking. It argues that the field tends to gravitate toward trauma and overlook resilience and the potential for posttraumatic growth amongst survivors of sex trafficking. This work recommends that the field should attend to both abuses endured as well as the courage and strength gained by survivors. Specifically, it argues that it is the task of the mental health professional to step into trauma trajectories with a strengths-based perspective to promote positive, resilient, and growth-oriented outcomes.

Resilience and posttraumatic growth theories have been substantiated by empirical support across all gradients of risk and trauma exposure. Survivors of sexual assault, child abuse, trafficking in childhood for genocide soldiers, holocaust survivors, and family crises are among this evidence base; all of which parallel aspects of sex trafficking. However, the field has yet to explore this particular subset of trauma survivors. Research has also demonstrated that when clinicians look for strengths, beginning with the initial interview, they find internal assets and external resources that mark resilience processes in their clients. This type of initial interview then incites a trajectory toward growth-oriented treatment. To apply these concepts, this dissertation proposes resilience and posttraumatic growth guidelines for working with survivors in treatment and research capacities. This work also provides a brief review of how aftercare programs within the United States utilize these guidelines and where they can improve. Finally, phases of treatment and a preliminary model for program components is suggested, which is based on the proposed resilience and growth recommendations.

Table of Contents

List of Figures	vi
Acknowledgement and Dedication	vii
A Preliminary Perspective for Identifying Resilience and Promoting Growth Among Survivors of Sex Trafficking	1
<i>Terminology</i>	1
Aim and Purpose	3
Literature Review	5
<i>Forms of Trafficking</i>	5
<i>Geographical Considerations</i>	7
<i>Vulnerability Factors</i>	10
<i>Trafficking Experience of Exploitation and Disempowerment</i>	14
<i>Familial Responses to Survivors</i>	22
<i>Common Diagnoses</i>	24
<i>Trauma Narratives</i>	25
Method	28
The Full Landscape: Trauma, Resilience, and Growth	30
Introduction to Resilience	33
<i>Four Waves of Research</i>	34
<i>A Case for Resilience</i>	37
<i>Pathways and Trajectories as Opposed to Static Traits</i>	40
<i>Some Caveats</i>	45
<i>Resilience in Review</i>	47

An Introduction to Posttraumatic Growth	48
<i>A Distinction Between Concepts</i>	55
<i>Taboo</i>	58
<i>Some Caveats</i>	58
<i>Limits and Opposing Evidence</i>	61
<i>Posttraumatic Growth in Review</i>	62
Key Elements of Resilience, Strength, and Growth Promoting Perspectives	63
Analysis of Existing Treatment Manuals	67
<i>Manual One</i>	68
<i>Manual Two</i>	70
<i>Manual Three</i>	73
<i>Manual Four</i>	75
Proposed Procedures and Interventions	79
<i>Adopting a Mindset</i>	80
<i>Phases of Treatment</i>	81
<i>Initial Interview</i>	83
<i>A Preliminary Model for Providers</i>	85
Conclusions, Limits, and Future Directions	95
References	98

List of Figures

Figure 1: Resilience Oriented Interviewing and Treatment Recommendations	64
Figure 2: Posttraumatic Growth Oriented Treatment Recommendations	65
Figure 3: Phases of Treatment	82
Figure 4: Psychoeducation Program Components	86
Figure 5: Workshop Program Components	87
Figure 6: Treatment Modalities Program Considerations	89
Figure 7: Trauma-Survivor Narratives Program Components	92
Figure 8: Going Public Program Components	94

Acknowledgement

Numerous people over the past ten years have contributed to my professional development, research, and execution of this work. I would first like to thank my undergraduate university's social justice organization, Doulos, and my dear friend Carrie Schwartz who fanned the spark for human rights advocacy into a flame. They developed my abolitionist passion from a bleeding heart into a force of critical inquiry and search for sustainable solutions. Together we transformed our ambitions into vocations.

I would like to acknowledge Dr. Fraser, my chair and advisor, who encouraged me to take on this topic for my dissertation, then guided my research questions and analysis. His strengths-based perspective and years of experience were formative. Further, throughout the process he provided ongoing accountability, support, and editing that made this work possible. My full committee deserves acknowledgement as well. Dr. Sidun volunteered her expertise in human trafficking to forge this manuscript into a mature document that I hope can be a useful tool for organizations and providers. Dr. Yung provided valuable feedback during the proposal stage. I am saddened that she passed before the completion of this work. Dr. Williams stepped in to see this work to its completion and provide her competence in vulnerable populations. I am grateful to each of you.

Finally, I am grateful for the love and encouragement of my family, friends, and cohort. They believed in me during seasons of doubt and celebrated in my successes.

Thank you, forever.

A Preliminary Perspective for Identifying Resilience and Promoting Growth Among Survivors of Sex Trafficking

Between firearm trafficking and illicit drug trafficking, human trafficking ranks second in illegal profits (Minnesota Office of Justice Programs, & Minnesota Statistical Analysis Center, 2010; Nam, 2007; Orland, 2002). The global estimates of people victimized by the industry vary from thousands to millions. Reasons for this varied data will later be discussed, but these estimates demonstrate the depth and breadth of the problem. Victims experience an array of violence, disempowerment, deceit, and acts that discredit their innate human dignity (U.S. Department of State, 2013).

One might think that living through an endemically abusive and controlling situation would leave a person hopelessly traumatized and broken. Much of the current literature focuses on this aspect of the survivor. This dissertation will assert that this is only one half of the picture. The amount of evidence supporting traumatized presentations may speak more to the type of interventions and questions practitioners and researchers are asking than it speaks to the actual characterization of the survivor. Researchers and helping professionals may not be asking this population enough questions about their survivorship. This symptom-based focus limits the scope of what is known about survivors of sex trafficking. The agency and resiliency of these individuals has become an oversight and underestimated in research and practice (Gozdziak & Bump, 2005).

Terminology

There is the legal necessity within the United States and many other nations to identify the individual as a “victim” in order to be certified for benefits and services (Gozdziak & Bump, 2008). In Gozdzia and Bump’s (2008) research with an aftercare facility, they found that the use of this term outside of a legal context could be therapeutically detrimental. Further, word choice is important because the language used by policy makers and organizations creates a frame, which then shapes the language and actions of others involved in those systems. This paper will use the word “victim” when discussing a person who is still involved in sex trafficking but will use the term “survivor” when discussing a person in a post-trafficking situation. In reality, the distinctions are not clear-cut. Many people will enter and leave services and the trade several times and there may not be a definitive distinction from when a person leaves or is “rescued” from sex trafficking. When discussing victims and survivors, often the pronouns “she” and “her” will be used due to the prevalence of women and young girls in the trade. Men and young boys are also victimized, but typically at a much lower rate (Gozdziak & Bump, 2008). One study on labor and sex trafficking survivors conducted by Gozdzia and Bump (2008) highlights the higher vulnerability for adolescent girls by observing that 83% of their population was female and 17% was male. This paper also uses the term “aftercare” to discuss the services received by survivors. Aftercare is a point of intervention that may include a halfway house, medical and mental health services, job skills training, or other similar case management services. This paper will begin to deconstruct some of the underlying premises for these services and analyze how

they fit into a resilience and strength perspective.

Aim and Purpose

The aim and purpose of this work is to systematically analyze what is known about sex trafficking, analyze the premises upon which this knowledge is built, explore how that knowledge and those premises translate into treatment, and finally make suggestions to researchers and practitioners about broadening their paradigm to include the survivorship of people exploited by the trade. This work will review programs in the United States that serve survivors of sex trafficking. The goal here will be to highlight where treatment procedures align with the proposed paradigm as well as provide suggestions on where these programs could improve to better serve survivors. Finally, strengths-based trauma-informed treatment components will be proposed.

What is currently known about human trafficking and survivors will first be explored. Human trafficking definitions and its various forms will be discussed before focusing attention on sex trafficking and associated specifics. Characteristics and vulnerabilities of people who are recruited into the trade will then be examined. A delineation of the disempowerments and traumas experienced in sex trafficking will follow. When the exposure to such violence and control is so glaring, researchers and intervening professionals devote much of their energy to focusing on these factors. The nature of this focus will then be explored and deconstructed.

To be clear, the negative impact of sex trafficking deserves a great deal of attention. The case that will be made is that the field may gravitate toward the trauma and overlook resiliency and posttraumatic growth factors, which are equally important. Thus, trauma-focused literature and the coordinating diagnoses typically assigned to

survivors will be reviewed. Then, a case will be built for using assumptions and interventions that promote resilience and growth when conducting research and treating survivors. A profile of resilient individuals and their contexts will be described.

To apply these concepts, this paper will propose resilience and posttraumatic growth guidelines for working with survivors in treatment and research capacities. This dissertation will provide a brief review of how aftercare programs within the United States utilize these guidelines and where they can improve. Finally, phases of treatment and a preliminary model for program components will be suggested, which will be based on the proposed resilience and growth recommendations.

Literature Review

Forms of Trafficking

In 2000, the United States enacted the Trafficking Victims Protection Act (TVPA), and the United Nations accepted the Palermo Protocol (a.k.a. the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, United Nations, 2000). Before these legislative pieces, often victims were criminalized rather than protected; further, non-governmental organizations that served people who have been trafficked struggled to piece together social services for this population since one comprehensive legislation that created and funded such services did not exist (Caliber, 2007).

The adoption of TVPA marked a shift in the United State's approach to human trafficking. The TVPA defined and classified human trafficking into two categories: sex trafficking and labor trafficking. The act of making a distinction between the two recognized the presence of both forms. The 2011 Trafficking in Persons (TIP) Report, which is published annually by the United States Department of State, further delineates trafficking into the following forms: forced labor, sex trafficking, bonded labor, debt bondage among migrant laborers, involuntary domestic servitude, forced child labor, child soldiers, and child sex trafficking.

The Palermo Protocol (United Nations, 2000) defines human trafficking as:

The recruitment, transportation, transfer, harbouring, or receipt of persons,

by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

This definition is universally accepted and within the United States, it complements the TVPA. A defining feature of the TVPA is that movement of victims is not necessary for the act to be considered trafficking. That is, it is not necessary for a person to be taken from their home city or even their home to be considered “trafficked.” It should also be noted that even if a person initially or at some point consents to participation in prostitution, their status as a trafficking victim is not nullified. The TVPA definition focuses on the work environment. If psychological manipulation or physical force is used to hold a person in employment, these are considered “slave-like conditions” since choice is eliminated from the employment arrangement. Further, persons in the sex industry under the age of 18 are automatically considered victims of sex trafficking. There is controversy in the field as to whether all forms of prostitution should be considered cases of sex trafficking. Williamson (2007) asserts that prostitution is exploitation and within a sexist patriarchal society, women are victimized. However, the Palermo Protocol decided not to draw the line this conservatively in hopes of a broader global acceptance of the Protocol’s policies.

The Palermo Protocol and the Trafficking Victims Protection Act (TVPA) of 2000 call countries to establish minimum standards under the “3P” paradigm, that is, prosecute the traffickers, protect the victims, and holistically confront the problem through prevention of trafficking by reducing the forces of demand. Under the

“protection” entity, countries are urged to set forth specific guidelines to facilitate survivor rehabilitation that are in the best interest of the survivor. The 2011 TIP Report encourages countries to go beyond the minimum standards in protection by including survivors in the development of anti-trafficking responses and making education, health care, and employment available to survivors.

While certain populations may be more vulnerable than others in one form of trafficking than another, men, women, and children are all trafficked. Within sex trafficking, men are vulnerable but not near the degree and rate of adult women and male and female minors (Gozdziak & Bump, 2008). The 2011 TIP Report cites over 33,000 victims of sex and labor trafficking identified globally in 2010. However, estimates have placed prevalence rates in the “millions.” Advocates and non-profit organizations frequently cite that two million children globally are trafficked in the sex industry (Gozdziak, 2008). The hidden and lucrative nature of the industry makes it difficult to measure and those who have cited estimates have received methodological criticism. Kara (2009) states that 4.2 percent of humans trafficked are victims of sex trafficking, yet these victims generate 39.1 percent of traffickers’ profits, worldwide. In economic terms, sex trafficking is the “profit maximizing version of prostitution” (Kara, 2009). A brothel owner in Asia can purchase a victim for between \$200 and \$1,000 or in Western Europe, between \$2,000 and \$8,000 and generate over 1,000% return on his or her investment annually (Kara, 2009). The industry therefore attracts criminals at every level—from individuals to local gangs to multinational organized crime groups—and every geographical location. The manner in which various countries configure into the sex trafficking process will be discussed next.

Geographical Considerations

Source, transit, and destination. Within the discourse of human trafficking there exists commonly used language with a specific vocabulary. The terms “source”, “transit”, and “destination” are included in this vocabulary. Countries have been classified as source, transit, and/or destination countries to describe the components of trafficking with which the country most commonly interfaces. Drug and arms trafficking routes are often used for the transportation of humans since organized crime groups have already established these routes.

The Child Exploitation and Online Protection (CEOP) Centre (2007) surveyed agencies across the United Kingdom who service child trafficking survivors to assess the source countries. The report identifies 44 source countries with the primary regions being Far East, South East Asia, Central Asia, South Asia, West Africa, Eastern Europe and the Baltic states. One could surmise that these are source countries to the United Kingdom’s supply of sex trafficking victims due to geographical proximity. However, with the cost of transportation being at historic lows (Kara, 2009) and the rise of globalization, there have also been reports of victims from these and many other regions found within the United States.

Transit countries are locations where victims are transferred to another trafficker, documents are exchanged, or victims transition their mode of transportation, but the trafficker does not intend to keep victims in this area for an extended time. A trafficker may route a victim through a transit country because it is easier to obtain visas to destination countries from that particular transit country (UNDOC, 2006, p. 60-63). Another example of a reason a trafficker may choose to use a transit country rather than

transport victims directly to destination countries includes the ease of crossing a porous border by foot or vehicle compared to navigating tightly controlled airports (UNDOC, 2006, p. 60-63; Perrin, 2010).

Destination countries tend to be regions with higher Gross Domestic Products such as North America and Western Europe. The victim may be transported to another country where he or she is unfamiliar with the culture, language, or geography. These factors decrease the likelihood of escape. Some people enter a destination country willingly—either legally through visas or illegally through smuggling—but are then exploited once they arrive and become trafficking victims. It is important to remember that transportation is not an essential component for an act to be considered trafficking. At times a victim will be trained and trafficked internally before a trafficker makes the investment to transport her across borders. A victim may never be transported beyond his or her city limits. Some children are commercially exploited within their own home (Mukasey, Daley, & Hagy, 2007).

Some forms of sex trafficking—such as child sex tourism, illicit adoption, and mail-order brides—garner location as more or less irrelevant. In child sex tourism, a travel agent arranges a vacation to a desirable city, which includes several appointments with victims of the ages and gender specified by the client. The “destination” country is typically an urban area that might be considered a desirable vacation spot for wealthy customers. Cambodia, Thailand, Philippines, and Costa Rica have been cited as popular destinations (Song, 2003). While some mail-order brides are not victims of sex trafficking, many are coerced or conned into the marriage. In this case, the “destination” country is wherever the customer lives. The same holds for children who are sold

through the pretext of adoption, but once they arrive, their new “home” is a brothel.

A process rather than a single act. The International Organization for Migration offers a more detailed stage-wise cycle of human trafficking (2009). The analysis accentuates the point many organizations make: trafficking is best understood as a process rather than a single act. A victim first experiences a recruitment or pre-departure stage, then a travel stage, a destination and/or exploitation stage, then a reception and detention stage. Finally, the victim is either integrated into the new destination or reintegrated if returning home to be trafficked. Reasons traffickers may choose to transport a victim when they intend to have her work in her home city will be discussed later. Before looking at these reasons or discussing the impact this recruitment process and subsequent victimization has on the functioning and well-being of a person, the social and systems level factors that may increase a person’s vulnerability to recruitment will be explored.

Vulnerability Factors

While the principles of this paper could be applied to any survivor of any form of human trafficking, the scope is limited to sex trafficking. In Smith, Healy-Vardamen, and Snow’s National Report on Domestic Minor Sex Trafficking (2009), a person’s age is cited as the primary vulnerability factor; pre-teen and adolescent girls are more susceptible to victimization. The report states that within the United States, the demographics of domestically trafficked minors are diverse in ethnicity, age, socio-economic status, sexual orientation, and gender. While any child can become a trafficking victim, traffickers exploit “specific life-characteristics that leave holes in a child’s social and emotional safety net” (Smith, Healy-Vardamen, & Snow, 2009).

Mukasey, Daley, and Hagy (2007) state that a primary recruitment tool is the false promise of a “better life.” Some people are running away from an abusive and neglectful home situation. Alternatively, some people are empowered, motivated, and overeducated or over trained for their geographical area and they are enticed by the fraudulent opportunity to use their skills in another city or country. The United States 2011 Trafficking In Persons Report cites the latter type of situation as the highest occurrence of trafficking.

Multiple system level paths to exploitation. While there are several factors that may predispose a person to force, fraud, or coercion into the sex trafficking industry, there are systemic level factors that create multidimensional entry points to the industry. A discussion of the general systems theory principles of multifinality and equifinality are appropriate at this point in the analysis. These principles will provide a theoretical foundation to the etiology and prognosis of sex trafficking.

In an open system consisting of many pathways, equifinality suggests that the same outcome is possible from different starting points (Cicchetti & Rogosch, 1996). Equifinality differs from the conditions of a closed system where a shift in one factor directly and necessarily impinges on the outcomes. To put the trafficking recruitment process in a closed system would be to suggest that one vulnerability factor, such as gender, absolutely determines whether or not an individual is trafficked. This is not the case. There are many entry points and compilations of vulnerabilities that increase the chances of victimization, but do not predispose individuals. No one person is absolutely absolved of or destined to the risk of being trafficked. Researchers and practitioners should therefore hold a broad and multifaceted view of survivors.

Multifinality puts weight on the context and states that the same factor may function differently in different contexts and systems and thus multiple outcomes are possible, given the same beginning point or starting conditions (Cicchetti & Rogosch, 1996). For example, a stress response in a chronically violent context may develop into complex post-traumatic stress disorder. Meanwhile, the same stress response in a supportive, safe, and validating environment may resolve in time. Another example, in more practical terms, is the risk of driving a car. Risk analysis professionals have identified driving as one of the most dangerous tasks of daily life, yet not every person who drives ends up in a car wreck. Many find their way to their destination safely, some result in “fender benders,” and other in massive car crashes. Car insurance companies have determined that adolescent males are at a higher risk for car accidents and thus charge higher premiums. There is strong data to support their claim. However, not every adolescent male crashes every car he drives. In fact, congruent with the concept of equifinality, many different types of people incite car accidents. Then, consider the wide-ranging outcomes of car accidents: The same car accident in different environments under differing conditions produces multiple outcomes. In accordance with multifinality, a car accident 100 miles from the closest hospital versus the same type of accident on a major highway could result in the multiple outcomes. The context of the crash and post-crash conditions produce a range between life and death of outcomes.

Multifinality and equifinality are premises for the following discussion of the multiple system-level factors that increase risk but do not guarantee recruitment. These principles will later be applied to the discussion of treatment and treatment outcomes.

Contributing factors. Kara (2009) cites the following factors that contribute to

an environment ripe for sex trafficking: poverty, bias against gender or ethnicity, lawlessness, military conflict, social instability, and economic breakdown. In the past few decades, Kara states, each of these factors have been exacerbated by economic globalization. Chung (2009) describes “push-pull factors” that are associated with trafficking and states that poverty is a factor that can “pull” a person into a fraudulent offer that turns out to be sex trafficking. Chronic and systemic poverty can leave people with few options and open to any opportunity that comes their way—even if that opportunity means handing over a child to a stranger with the hope that the promised sales or waitressing job in the city will provide enough money to send home to the family for groceries.

A bias against gender makes women more vulnerable to being trafficked than men. Often female victims will state that they escaped intimate partner violence or chronic childhood sexual abuse and they accepted employment or relationship opportunities that ended up being sex trafficking. In a prospective study, Kuhns and Widom (1996) found that those who had experienced childhood abuse and/or neglect were 2.96 times more likely to be involved in prostitution. When delineated, they found that a sexual abuse survivor is 2.54 times more likely to be in prostitution. Intervention and aftercare programs in Canada estimate that 80% of victims who are minors experienced abuse in their initial family and neighborhood system (Smith, Healy-Vardamen, & Snow, 2009).

Biases against ethnic minorities also create a pathway to sex trafficking. When a country experiences economic shifts or instability, ethnic minorities often feel a greater impact than the dominant culture. In many parts of the world, there is a socioeconomic

disparity between ethnic minority and majority members. Further, structural racial discrimination may prevent survivors who are ethnic minorities from obtaining adequate justice when law enforcement and judicial systems are biased against such people groups.

Lawlessness refers to inadequate legislation or penalties against trafficking. For example, in the United States, the penalties against rape, torture, and homicide individually outweigh the consequences to trafficking, yet trafficking could be characterized by a combination of all three (Kara, 2009). Furthermore, countries such as Albania and Venezuela lack legislation to prevent trafficking, prosecute traffickers, and protect survivors. Further, they do not demonstrate any efforts towards enacting such legislation (United States Department of State, 2011).

Even when legislation exists, factors like military conflict and the associated refugee status, social instability, and economic breakdown leave people vulnerable to being “pulled” into the industry. An example of this is the high rate of trafficking in Eastern Europe since the fall of the Iron Curtain until present day (Kligman & Limoncelli, 2005).

Trafficking Experience of Exploitation and Disempowerment

There are many circumstances traffickers use to their advantage to recruit and exploit victims. Trafficking is a series of disempowerments and violent experiences. To understand the impact sex trafficking has on a victim, the trafficking process will be examined. This discussion provides a context to the pathological responses survivors often present when they enter aftercare.

There are multiple levels of disempowerment and exploitation in the trafficking experience. The initial level is the manner in which sex trafficking victims are recruited.

Kara (2009) found five general themes: deceit, sale by family, abduction, recruitment by former victims, and seduction or romance. Again, force, fraud, and coercion are involved in this part of the process. Upon recruitment, victims typically incur a debt from expenses such as transportation costs that they must repay to their trafficker. This debt increases daily through living expenses and other charges a trafficker may arbitrarily decide to assign.

Deceit. Outright deceit could manifest as anything from the offer of a modeling job to a position at a restaurant. Some forms of deceit may be more nuanced which makes victim identification more difficult. A woman may agree to work in a karaoke bar or strip club, but then later learn that she is also required to have sex with customers. Raphael, Riechert, and Powers (2010) interviewed 100 women in Chicago who had a pimp and found that 71 endorsed that they were recruited into prostitution in a manner that met the criteria of force, fraud, or coercion, thereby qualifying them as victims of trafficking. The women, on average, reported that violence had increased since recruitment. Further, pimps who utilized more forms of coercive control were also more likely to exert higher levels of violence toward their prostitutes.

Familial involvement. For various reasons and circumstances, family members recruit, sell, and prostitute out other family members, typically women and children. Some family members know to whom and where they have sold their family. Raphael and Myers-Powell (2010) interviewed 25 ex-pimps and madams in Chicago. They state that the “overwhelming majority” were victims of physical and sexual abuse. One woman stated that she was sexually abused by “whoever my mom [...] wanted to sell me to” and a male described himself as a “trick baby.” Raphael and Myers-Powell fail to

make the point that much of the abuse interviewees experienced likely fit the criteria for sex trafficking.

Other families are misled to believe their child will be working in a legitimate job or apprenticeship that will help the family financially as well as advance the child's future career. Traffickers use means such as contracts, advanced payments, and travel costs as leverage over a victim to increase control and indebtedness. Traffickers will use "success" stories to convince families of the opportunities and quality of life that awaits their children and may even offer a contract that includes an advanced payment to the family (Mukasey, Daley, Hagy, 2007). Traffickers may return to their hometowns and display themselves as a "success story" —a person who has become prosperous and wealthy from their job in the city—and use this story to encourage others to return with them. This person may recruit victims on his or her own accord or may be coerced by a trafficker to recruit victims. This is one of many ways former and current victims are used to acquire more victims.

Seduction and romance are also used as ways to manipulate trafficking victims domestically and internationally. Victims are befriended, dated, and even married to nurture trust and an emotional attachment to the trafficker before she is trafficked. This is the most frequently cited method of recruitment within the United States (Smith, Healy-Vardamen, & Snow, 2009; Murphey & Porter, 2011).

Romeo. When sex trafficking victims are recruited through seduction and romance, traffickers often use what is commonly called the "Romeo" or "Romeo and Juliet" method. This dissertation will describe the common features of this method as a means to describing the types and levels of power and control traffickers use on victims.

Many victims experience many of the forms of violence and disempowerments that follow. Each survivor's story is unique and therefore not every element will be covered, but this work will attempt to review the prevalent themes. The following description is offered to provide context to the upcoming discussion regarding the many diagnoses and pathologies professionals have assigned to survivors.

Seasoning. Traffickers will invest a period of time—from weeks to years—befriending or courting their victims. The longer this process, called “seasoning” lasts, the better the trafficker knows his victims insecurities and stronger the emotional tie the victim has to the trafficker (Smith, Healy-Vardamen, Snow, 2009). The victim may be led to believe that the trafficker is her boyfriend or husband and he may give her expensive gifts or drugs. During this phase, he may play a particular role with the intentions of exploiting the information and relationship bond later.

As this phase progresses, a trafficker may begin to withhold intimacy to assert obedience (Smith, Healy-Vardamen, & Snow, 2009). Smith, Healy-Vardamen, and Snow, (2009) provide a case in point of how traffickers use sex and the romantic relationship to emotionally manipulate victims. The following quote is an excerpt from an instructional guide to pimping by a self-proclaimed pimp:

You'll start to dress her, think for her, own her. If you and your victim are sexually active, slow it down. After sex, take her shopping for one item. Hair and/or nails [are] fine. She'll develop a feeling of accomplishment. The shopping after a month will be replaced with cash. The love making turns into raw sex. She'll start to crave the intimacy and be willing to get back into your good graces. After you have broken her spirit, she has no sense of self value. Now pimp, put a

price tag on the item you have manufactured.” (Royal, 1998, p. 64-65)

Similar to domestic violence relationships, he begins to isolate her and cut off her connection to outside social support. In cases of international trafficking, he may convince her to obtain a passport and move away with him.

Breaking in. Traffickers may transport their victims to urban centers just outside of the source or intended destination location for the purpose of breaking a girl’s spirit before transportation and sale (Kara, 2009). The degree to which a victim’s spirit is broken correlates with her level of obedience and a decreased likelihood of escape, which translates into a higher profit if the trafficker decides to sell to another pimp or brothel. Seligman’s principle of “learned helplessness” may apply here. Seligman and Maier (1967) found that after teaching dogs to press a panel to escape a shock, then placing them in a condition where the shock was inescapable, these dogs initially responded with a concerted effort to press the panel to escape the shock, but after several unsuccessful attempts, they gave up and “passively accepted” the shock. They state that this acceptance was beyond a behavioral adaptation because it was present when the shock intensity was varied.

Victims often experience violent gang rapes, sodomy, brutal beatings, neglecting food or sleep, and other forms of intimidation (Smith, Healy-Vardamen, & Snow, 2009; Moossy, 2009). If one victim disobeys, she may have to watch another victim be tortured to pay for her disobedience (Smith, Healy-Vardamen, & Snow, 2009). She may be given an experienced victim as a “mentoring” figure to monitor her and to teach her how to work the business (Moossy, 2009). Money, passports, identification cards, and other documents a victim would need to escape are withheld from her. Traffickers may

threaten the victim's life or threaten to harm family members and friends. If a victim was recruited after she willingly but illegally immigrated into a country, traffickers can use the threat of deportation. Again, these violences are neither comprehensive nor exactly representative of every victim's experience, but they are the modal methods traffickers use to assert control over their victims.

Manipulation and control. Much of the same violence a victim experiences while being "broken in" continues after that phase. Like domestic violence, cycles of affection may follow violence to increase psychological control. When unfamiliar with the geography, culture, or language, victims feel more isolated and powerless to reach out to local authorities for assistance. Traffickers may teach victims that police cannot be trusted and both police and trafficker will treat any cries for help and escape punitively. In Kara's (2009) research of brothels throughout the world, he found that brothel owners would test the loyalty of their victims by disguising other traffickers as aid and outreach workers. Zimmerman, Hossain, Yun, Roche, Morison, and Watts (2006) interviewed 207 survivors of international sex trafficking and 77% stated that they did not have any freedom in movement. The majority who stated they were allowed to leave the brothel were attended to by a supervisor to ensure they did not escape. Overall, extensive measures are taken to ensure that victims feel physically and psychologically entrapped and bound to the traffickers.

Along with the layers of violence, manipulation, and disempowerment within the victim-trafficker relationship, sex trafficking victims also endure the exploitation of customers. Victims are expected to service 10-20 customers per day (Popinelli, 2011). Violence and assault are common. Contraction of Human Immunodeficiency Virus

(HIV) and sexually transmitted infections are likely as condom use is variable (Zimmerman et. al, 2006). Another illustration of the violence these “property items” endure is in the use of hymenoplasty procedures to meet the demand for a preference of virgin girls. Samarasinghe (2008) states that virgins are more marketable for various reasons. One reason being in some cultures, there is a belief that having sex with a virgin leads to a profitable business in the following fiscal year. Other reasons include the belief that doing so will protect against contracting HIV or will “rejuvenate” the youthfulness of an older male customer (Samarasinghe, 2008). Samarasinghe states that as a result, traffickers may have young girls’ hymen surgically resealed so that they can be sold several more times at a higher price.

Barriers to freedom. Apart from the threats and physical control traffickers expend to prevent victims from escaping, there are many less overt barriers that prevent sex trafficking victims from leaving the coercive environment. As stated earlier, victims are typically isolated from family and friends either through emotional coercion or forced relocation and therefore it is difficult to reach out to people they trusted prior to being trafficked. Victims may be from areas where government authorities are systemically corrupt and possibly even employed by traffickers or took advantage of the services offered (Moosy, 2009; Skilbrei & Tveit, 2007). Pimps and brothel owners often test the loyalty of their victims by planting fraudulent anti-trafficking aid workers, and attempts to utilize their help are severely punished (Kara, 2009). If a victim has the courage to run or reach out to a stranger, she runs a high risk of being caught and brutalized. Victims learn to live in a chronic level of fear and mistrust.

Murphey (2011) states that fear can activate the attachment system that the

trafficker established during the “seasoning” or “Romeo” phase. This phase is similar to Stockholm syndrome, which the term was originally coined after a six day bank robbery and hostage situation in 1973 in which those being held captive attempted to defend their captor against police forces. Soon after, researchers such as Dutton & Painter (1981) began to explore “traumatic bonding” and the emotional attachments found in victims of intimate partner violence. Similarly, sex trafficking victims often identify with and protect their traffickers. Further, among minor sex trafficking victims in the United States, whom traffickers have exploited victims’ unstable home environment, the pimp and the victims under that pimp represent the family they never had; the trafficker may even have his victims refer to him as “daddy” (Smith, Healy-Vardamen, & Snow, 2009). These responses run counter to the image of the “perfect victim” who cooperates with professionals and authorities, wants help, and is eager to testify against a trafficker for the wrongs committed against her (Smith Healy-Vardamen, & Snow, 2009).

Victims can be difficult to identify. Many are given a script to use with authorities and professionals. As it currently stands, the weight of victim identification and trafficker prosecution hangs on the victim’s testimony (Gozdziak & Bump, 2008). Prostitution is a stigmatized and criminalized activity so victims may be misidentified and charged as prostitutes. This has been true of domestic minor victims. Smith, Healy-Vardamen, and Snow (2009) interviewed and preformed qualitative analyses on records of minors in detention or juvenile justice facilities and within the six locations studied, anywhere from two to 200 minor sex trafficking victims annually were serving prostitution-related charges.

It should also be clear that not every person who is trafficked feels like and

believes that he or she is a “victim.” Gozdziak (2008), in her study of children in an aftercare facility, found that many children felt that they were providing for their family. Victims may not identify themselves as victims; instead, they may provide a script of answers—many of which are false (Smith, Healy-Vardamen, & Snow, 2009). Murphey (2011) states that when interviewing domestic minor survivors in the United States, the language one uses determines how the interviewees answer. Often, if an interviewer asks if she has ever been a prostitute, the answer will be “no.” However, if an interviewer asks if she has ever “been in the Game” or “the Life” or ever had to sell herself for cell phone minutes, jewelry, or other items, the answer will be “yes.” She states that when domestic minor survivors engage in aftercare services, they experience a drop in their sense of self worth because while in “the Life,” their pimp normalized and positively reinforced their behavior, which gave them a higher sense of self-regard. Some victims may even run away and return to the trafficker for the sense of belonging, self-confidence, and strength they felt while in that system (Murphey, 2011).

There are numerous ways in which sex trafficking inflicts harm and there is evidence to support that claim. As activists work to make the crime of human trafficking public, part of the battle is shifting public attitudes to ensure that the *victims* are treated as *victims* of a disempowering and degrading crime. However, this dissertation asserts that stopping there, however well intentioned, would be a disservice. Activists, researchers, and interventionists must also ensure that these *survivors* are treated as *survivors* of a disempowering and degrading crime.

Familial Responses to Survivors

The TVPA allows international survivors who participate in the investigation and

prosecution of their traffickers to apply for nonimmigrant status (known as a T-Visa) and permanent residency, as well as receive other benefits and services such as housing, job training, and mental health services. However, some survivors opt to return home. These survivors face a variety of generic responses from their family and community to their trafficking experience.

Crawford and Kaufman (2008) systematically analyzed survivor case files of an aftercare facility and selected 20 cases based on the qualification that the girls and women were trafficked for the sole purpose of prostitution. The researchers selected this qualifier because they believed brothel trafficking cases are the most extreme, most stigmatized, and correlated with the greatest psychological and physical trauma. Further, they state that compared to survivors of other forms of trafficking, these individuals are the most stigmatized by society and more so by their home communities. As such, the international development community finds these cases to be controversial regarding whether or not it is possible to reintegrate these survivors back into their home communities.

The cases that visited their families during their stay in the transitional home returned to their village of origin after leaving the shelter. However, one could not be reintegrated since her family refused to accept her upon her return. The case files reported follow-up contact with the reintegrated survivors. Sixteen reported satisfactory adjustment while one reported that her she was able to marry, but her family did not accept her.

Brunovskis and Surtees (2007) interviewed 39 survivors of trafficking and 90 key informants, such as assistance program workers and government officials, in Albania,

Moldova, and Serbia to explore why survivors decline assistance. Results from their interviews indicated that some survivors have a difficult time communicating what they experienced and families can be skeptical of assistance offered. Whereas other families are mistrustful of the survivor and try to prevent her from leaving home again; further, some husbands were not only mistrustful but jealous of their returned wives and attempted to deter them from obtaining assistance or shelter accommodations. These types of conditions would naturally pull others into focusing on a victim framework. Survivors trafficked through the United States likely face similar difficulties, which deter them from accepting assistance.

Common Diagnoses

Some international survivors opt to stay in the United States and engage in aftercare services. Psychotherapy is one of the services offered. As for survivors who are minors and United States citizens, it currently varies from state to state as to whether therapy or other services are available (Polaris Project, 2013).

There is a framework through which the field of psychology has typically and historically interviewed survivors of traumatic experiences. This framework tends to be symptom-based. Often, the answers produced in response to questions from a particular framework will confirm the premises on which that framework is built. All the while, evidence for other factors has gone unexamined. Evidence for trauma symptoms among this population deserve no less merit. Given the extensive manipulation, exploitation, violence, trauma, and retraumatization sex trafficking victims experience, one would expect that they are profoundly impacted and therefore present with symptomology characterized by many DSM-IV and DSM-V diagnoses. These trauma responses should

be examined. However, it can be easy for well-meaning professionals to be drawn into that piece and miss the broader picture. To only give weight to the harm experienced could be pathologizing. To ensure that these survivors are treated as survivors who have the agency and capacity to build on and move forward, their survivorship is also deserving of examination.

Several studies have evaluated diagnoses among survivors and a review of those follows. These studies are worthy of attention because they speak to a significant piece of a survivor's story. Still, one should bear in mind that it is only one of many pieces in her narrative.

Trauma Narratives

Antonopoulou and Skoufalos (2006) examined trauma response presentations among 52 women, half of which were from the general population, and the other half were residents of a women's shelter. Of the women's shelter residents, 11 were survivors of trafficking. Antonopoulou and Skoufalos (2006) suggest that these respondents have a higher risk of developing PTSD in addition to other pathologies compared to the general population as well as the abused but non-trafficked women in the shelter. Highlighted here is a piece that illustrates the qualitative similarities yet differences in severity of harm among survivors of domestic violence and survivors of sex trafficking.

Hossain, Zimmerman, Abas, Light, and Watts (2010) investigated the association between traumatic events and the mental health among girls and women trafficked for sexual exploitation. They found that among those who reported injuries and sexual violence during trafficking also presented with higher levels of PTSD, depression, and anxiety. They also found that overtime, the acute nature of depression and anxiety

lessened, but the PTSD symptomology did not change.

In an earlier study by Zimmerman, Hossain, Yun, Roche, Morison, and Watts (2006) 207 international survivors were interviewed and administered the Brief Symptom Inventory at the end of three intervals. The Brief Symptom Inventory is a deficit-based instrument that assesses for harm. Zimmerman et. al focused on the symptoms associated with depression, anxiety, and hostility, which, they state, are prevalent symptoms among torture and trauma survivors. The composite scores of all three symptoms within the first fourteen days of exiting trafficking were above the 90th percentile, as compared to the general female population. At the second interval, 28-56 days, hostility levels decreased to just above the 80th percentile, but anxiety and depression scores remained near the 90th percentile. Then at the third interval, 90+ days, depression composite scores were just below the 90th percentile, and hostility and anxiety levels were around the 70th percentile. While the decline can be at least in part attributed to the services survivors were receiving, it is still notable that the scores remained well above those of the general female population. As this study utilized a deficit-based lens, their outcomes highlight deficits. Zimmerman et al. observed real harm that should be acknowledged. However, the types and degrees of strength and resilience in these women are unknown. It is suggested that these results are incomplete and not a fully accurate representation of the population studied.

Smith, Healy-Vardamen, and Snow, (2009) offer the extensive following list of disorders, often co-occurring, gathered from their national study of sex trafficking minors within the United States: Anxiety and stress disorder, attachment disorder, attention deficit/hyperactivity disorder, conduct disorder, dysthymia, major depressive disorder,

bipolar, hypothymia, developmental disorders, eating disorders, learning disorders, acute stress disorder, post-traumatic stress disorder, anxiety disorders, dissociative disorders, impulse control disorders, personality disorders, self-mutilation, sleep disorders, somatic disorders, and substance use disorders. This piece illuminates the wide-ranging detrimental impact the trafficking experience has on a person. They provide the context of these disorders as a victim doing the best she can, given her circumstances. There is an attempt here to contextualize and normalize the symptoms associated with the listed disorders by explaining that the symptoms are normal reactions to abnormal situations. One might say this is a strengths-based approach to studying deficits. To be metaphorical, a survivor's life could be described as a mural of a landscape and her symptomology and trafficking experience are several brightly colored components to the painting. However, there are many other components to the mural, just as trauma is not the whole of a survivor's lived experience. Smith, Healy-Vardamen, and Snow have taken a few steps back from the wall to wall mural of a survivor's life to observe even more of the painting.

Method

Procedure

The goal of this dissertation is to deconstruct what is known about sex trafficking, analyze the premises upon which this knowledge is built, explore how that knowledge and those premises translate into treatment, and finally make suggestions to researchers and practitioners about broadening their paradigm to include the survivorship of people exploited by the trade. The literature indicated that recognizing survivorship includes identifying the resilience, strengths, and capacity for growth within individuals who have been victimized and exploited. This goal was accomplished in several ways. First, literature on resilience and posttraumatic growth of leading researchers was reviewed (e.g., Frazier & Berman, 2008; Joseph, 2011; Crenshaw, 2013; Peterson et. al, 2008). From this literature, common themes were drawn by identifying key words, phrases, discussions, and recommendations matching resilience, strength, and growth profiles. These themes were factors most often reiterated in the literature as key elements of resilience and growth among survivors of experiences that are considered parallel to sex trafficking, such as chronic childhood sexual abuse. These themes were formatted into a series of recommendations for identifying resilience and for promoting posttraumatic growth among survivors of sex trafficking.

To extend the applicability of these recommendations and demonstrate the need for a strengths-based lens in trafficking survivor treatment and interviewing, manuals

from major international and domestic organizations were reviewed. Four manuals were selected from the literature based upon the criteria that they were developed by major international and domestic organizations and that they were informed by current perspectives and prominent figures in human trafficking prevention, prosecution, and protection. The selected manuals emphasized the care of trafficking survivors before and during treatment. The recommendations these manuals prescribe were compared against the recommendations proposed by this dissertation to determine the extent to which they included harm-reduction and strengths-based lenses. Where the strengths-based components were found, they were identified; and where they were lacking, suggestions were offered on how to integrate a strengths-based lens into the manual. Finally, to fill the gap in the literature for strengths-based interviewing and interventions with sex trafficking survivors, this dissertation developed a preliminary interviewing and intervention model. This preliminary model suggests interventions with rationales, which are based on the resilience and growth recommendations developed from the review of the literature and manuals.

The work of this dissertation should be considered a pilot. It is a first step in introducing to the field a strengths-based perspective to the conceptualization and treatment of individuals who survived being victimized by sex trafficking. Ways in which this pilot could be built upon, tested, and validated include qualitative computer coding software. This and other methods will be further discussed in the Limits and Future Directions section.

The Full Landscape: Trauma, Resilience, and Growth

Humanistic and solution-focused theories in the 1980s provided fertile soil for the emergence of research in positive psychology, resilience, and later, posttraumatic growth. Seligman, often cited as the “Father of Positive Psychology” defines positive psychology as not only the study of how to mend the ruptures and traumas of life, but also the study of how to identify the greatest strengths within the individual and in humanity and build upon those (Seligman, 2001).

Seligman (2001) argues that good therapists often already use the deep strategies associated with positive psychology. These strategies, such as noting clients’ strengths, examining positive emotions, and broadening conceptualization of the human experience beyond the medical model, all serve as prevention against mental illness and promote movements towards recovery (Seligman, 2001); however, since these interventions are not trained or studied, the field misses the opportunity to maximize the potential these strategies hold. The argument to raise consciousness and to broaden the field’s lenses to see the wall to wall mural, the full landscape, of a trauma survivor’s life. This shift is vital to the research and treatment of sex trafficking survivors as the whole person must be addressed. This work argues that the violent experience of sex trafficking has had a profound impact on a survivor, yet does not constitute her identity. If being exploited does not define who the survivors is, then more elements merit attention to adequately identify what should be addressed and built upon in her recovery.

Crenshaw (2013) uses the structural family therapist, Minuchin, as a case example of the great power a shift in mind-sets has on a field. Minuchin previously viewed families through a problem-centric lens. Then later in his career, following the popularization of solution-focused therapies, he describes how he learned the value of resilience. Crenshaw cites how Minuchin came to realize that his beliefs about the resilience and resources of a family influenced how he conducted the initial interview with the family. Minuchin states, “the questions that are asked, reflect the mind-set of the therapist and communicate to the child and family what is of greater interest: pathology or resilience” (Crenshaw, 2013, p. 313). This shift in mind-set provides a strengths-based lens that compliments his view of the problem. When he interviews and intervenes with families with this new mind-set, he sees families possessing rich resources for solving their problems of which they are often unaware.

What follows is a review of the literature of resilience and posttraumatic growth and an argument for these mind-sets to be integrated into treatment with trauma survivors who have had the courage to undergo multiple disempowerments and violations of self: sex trafficking survivors. Some critics of positive psychology contend that the field is unrealistic or should only be applied to nonclinical populations. This work counters that, while well-intended, natural lenses have been built out of the best efforts to provide compassionate care for trauma survivors. These lenses center on studying harm and working to better understand how to reduce pathology. At times these lenses carry the assumption that victims have few inner resources to cope with hardship, which may be perceived as a patronizing approach. In the extremes, these perspectives breed a stance of paternalistic power that assumes victims are helpless without professional intervention.

This type of stance approaches treatment from a power-up position, which may be inherently disempowering. Even the most well-intentioned professional could potentially recreate the power structure experienced in trafficking and support the repetition of the same cycle. It is the task of the mental health professional to step into trauma trajectories with a strengths-based perspective to promote positive, resilient, and growth-oriented outcomes in sex trafficking survivors.

Introduction to Resilience

The term resilience has been used broadly and has been researched with multiple descriptors. Kumpfer (1999) argues that the resilience construct has become a catch-all for positive outcomes in high-risk children. She makes the point that if the resilience research is going to survive and sustainably edify the field, the construct needs specificity and distinction between protective factors and underlying mechanisms. Greater specificity would provide theoretical clarity and more consistent research findings. Broadly speaking, resilience research is concerned with strengths and understanding healthy development in the face of exposure to risk (Fergus & Zimmerman, 2005). This section will review what is known about resilience and the waves of research that have influenced these understandings.

Kumpfer (1999) asserts that more attention should focus on the definition of “high-risk” since internal characteristics (e.g. in utero drug exposure, hyperactivity, anti-social personality) as well as external characteristics (e.g. poverty, minority status, high-crime neighborhoods) can be indicators of risk, yet not necessarily and equivocally causations of risk. There is also the point to be made that the individual’s locus of control as it relates to stressors and risk factors should be disaggregated between those factors within the individual’s control (e.g. failing at school) and those that are generally beyond his or her control (e.g. growing up in a high-crime neighborhood) (Kumpfer, 1999).

The aim of resilience research and implementation of resilience principles into practice is not to ignore risk, traumatic experiences, or pathology. Rather, resilience work seeks to find the “seeds of strength” within the individual or family, which are often embedded in their pathology (Crenshaw, 2013). In practice, it means the focus includes identifying a survivor’s health, competence, strength, and hope.

Four Waves of Research

To provide a context to this work, the four waves of resilience research will be reviewed. Each wave builds upon the prior trends and integrates earlier understanding with new knowledge and frameworks.

The first wave of resilience literature to enter the field focused on the person and the variables. Person-focused approaches attempted to identify individuals who had faced adversity but were managing well. These approaches attempted to compare and identify differences from individuals who experienced similar adversities but decompensated rather than adapted. These approaches spurred another foundation to the resilience research which sought to identify variables, or linkages, between individuals’ characteristics and their environments that promoted positive outcomes when there was high risk or high adversity present in individuals’ lives.

From this first wave, a “short list” of promotive and protective resilience factors was developed (O’Dougherty, Wright, Masten, & Narayan, 2013). From many different research methodologies, consistent findings implicated a “common set of broad correlates of better adaptation among children at risk for diverse reasons” (O’Dougherty et al., 2013, p. 21). These correlates will be discussed in greater detail later. The following waves of research were able to build on the idea that there are “fundamental, universal

human adaptation systems; these systems keep development on course and also facilitate recovery from adversity” (Masten, 2001, 2007).

The second wave moved away from the study of set characteristics found within the individual and environment and toward a focus on the processes that link protective and promotive factors. Said otherwise, rather than a study of static traits, this wave embedded resilience in developmental and ecological systems. This wave shifted the definition of resilience. “Resilience reflects a diverse set of processes that alter children’s transactions with adverse life conditions to reduce negative effects and promote mastery of normative developmental tasks” (Wyman, 2003, p. 308). This wave was influenced by developmental systems theory. The concepts of multifinality, equifinality, and multicausality are embedded in the second wave. Recall that these constructs refer to trajectories that can be intercepted at any point in time; individuals on these trajectories may have very similar starting points but very diverse outcomes, or may originate from a broad range of unique circumstances, but experience similar outcomes. O’Dougherty et al. (2013) state that increasing difficulty in response to treatment may be explained by understanding adversity as multiple cascading problems that push individuals further along the maladaptive pathways. Rather than focusing on one critical incident, this wave brings into focus multiple stressors and traumas that compound to move individuals along developmental pathways toward various outcomes.

Researchers within the third wave of resilience research asked the question, “Now what?” The first two waves informed this wave on how to create resilience when it was not likely to occur naturally. At this point the field had a stronger understanding of risk and vulnerability factors as well as resilience factors and the associated processes. This

understanding spurred this third wave into research and implementation of prevention programs. This wave developed explicit models for change and prevention programs like Head Start, Big Brothers Big Sisters, and teen parent-infant attachment training. Programs like these target resilience processes (e.g. secure attachments) and expand them where they are lacking or absent.

Finally, the fourth and current wave of resilience research incorporates the biological aspects of the individual. Multiple-systems levels, epigenetic processes, and neurobiological processes are now being evaluated no longer for only the effects of trauma and adversity, but also for resilience. For example, what are the neurobiological processes involved in the forming of secure attachments, a component that links individuals to resilience, in spite of a chronic stressor? This wave seeks to understand the dynamic interplay between genes, one's environment, brain development, neurobiological adaptation, and behavior. This fourth wave of research seems to parallel the zeitgeist of the "brain age" beginning in the 1990s. Given that prior waves focused much on the individual and the environment, this wave provides the "bio" portion to the biopsychosocial approach. As research in this area emerges, mental health professionals can hope to see this information incorporated into a balanced biopsychosocial approach.

Several individuals and organizations are doing noble work worldwide in prevention, education, empowerment, and consciousness-raising. These organizations intervene in families and communities to foster resilience and prevent trafficking. Professionals in this arena tend to draw from the third wave of prevention-focused literature. Ideally, aftercare intervention would be unnecessary because the market for humans would be nonexistent and there would no survivors to treat. The preventative

arena would be the only area requiring intervention. However, that is currently not the case, as the growing incidence rates of trafficking demonstrate. In light of this trend is a growing need for resilience informed treatment. The scope of this work is limited to the aftercare of survivors. As such, this work draws primarily from the first and second waves of resilience research.

A Case for Resilience

Perhaps the best way to define resilience would be to examine the evidence to establish that resilience is a construct that holds validity and then review what, in particular, are the discrete characteristics of resilience. As stated earlier, definitions of resilience must be flexible enough to contain the variability of the human experience, but must not be so broad that resilience becomes a catch-all.

Resilience should be regarded as a discrete construct. Fergus and Zimmerman (2005) contrast typical public health planning models against a resilience approach where the predisposing, enabling, and reinforcing factors associated with the problem behavior are targeted for change as opposed to assets and resources being the focal point for change. In their analysis they identified a gap in the resilience research. This gap has been created by selecting children and adolescents research participants who have not been exposed to risk factors. Fergus and Zimmerman state that positive outcomes do not sufficiently provide explanatory pathways to resilience when significant risk exposure is not present. They suggest that this research should be more accurately labeled developmental adjustment research so that it does not skew the data on the resilience construct.

On the other hand, exposure to significant risk can still lead to resilient outcomes. Even in conditions of multiple and cascading traumatic events, survivors have displayed markers for resilience. The following study conducted by Klasen et al. (2010) may most resemble conditions experienced by victims during sex trafficking. The participants of the study were Ugandan children who had been trafficked as war soldiers (n=330). To demonstrate, 48.5% were girls, 90.6% of the children were beaten by armed forces, 87.9% witnessed murder, 86.4% were threatened with death, 25.8% were raped by members of the armed groups, 88.8% reported frequent experiences of domestic and community violence after leaving forced military service. These experiences parallel many of the experiences of those who are trafficked for sexual exploitation, namely the multiple levels of disempowerment and recurrent trauma. When interviewed, more than a fourth (27.6%) demonstrated a resilient mental health outcome, as defined as a resistance to psychopathology and positive adaptation. Klasen et al. (2010) found that perceived spiritual support proved to be a protective factor and also functioned to double the odds of resilience in their sample. Upon reviewing this and similar studies, Crenshaw (2013) states, “The damage done to children by such horror is well documented, the resilience, courage, and determination to prevail over such conditions has unfortunately received much less attention” (p. 313).

When the determination to prevail over violent and disempowering conditions is afforded time and attention from the start of the initial interviews with survivors, the results are promising. Diagneault, Hebert, and Tourigny (2007) conducted one such study. They hypothesized that by emphasizing strengths and resilience during the initial assessment of sexual abuse survivors, they could leverage existing resources toward

recovery in the domains of functioning most affected by trauma. That is, resilient resources could be used to guide interventions. Participants (n=86) were diagnosed with complicated posttraumatic stress disorder and assessed twice throughout treatment for the purpose of identifying pathways (resilient, nonresilient, deteriorated, and posttraumatic growth). Thirty four percent were considered to follow the primary resilient pathway with resilience markers at Time 1 and Time 2. Diagneault et al. (2007) suggest that these survivors may be prepared to immediately begin trauma work.

Diagneault, et al. (2007) state that mental health professionals hold a unique position when they intervene on the causeways and trajectories of abuse. Their results demonstrated that 23% of their participants were nonresilient at the initial assessment, but moved toward a resilient pathway at the second assessment. From these results they were able to state that therapists hold a critical role in redefining power for sexually abused children and adolescents. Diagneault et al. (2007) state that treatment of sexual abuse survivors should center on “improving their capacity to trust and feel empowered.” Treatment modalities that foster a greater sense of empowerment and resilience are those that equip survivors to assess their own needs and determine a treatment plan accordingly. Interventions for these survivors focus on decreasing self-harming behaviors, increasing self-esteem, and promoting secure attachments. Results indicated that the participants who were empowered with a degree of control over their treatment and therapeutic relationships were the participants who were most likely to shift towards resilient trajectories.

Other resilient-minded practitioners and researchers also argue that resilience deserves more attention in the therapy room as well as in academia. Kumpfur (1999)

reviews the literature on resilient mind-sets and notes a trend in the field toward increasing recognition that resilient youth are active participants in creating their own environment. She points out that this increasing belief in the human agency that youth possess is a force that counters the stimulus-response conditions of behaviorism. Kumpfer describes an early resilience researcher, White, who saw human agency and resiliency as innate to the human make up. White found children's attempts to master their environment fascinating. He labeled this innate pursuit of mastery over one's environment and surroundings as an underlying competence motivation. These, among others, are examples of resilience found and documented when professionals take in the whole landscape of a survivor and look for resilience with as much fervor as pathology is sought out and identified. Next this work will continue that effort—outline to markers that point toward resilience and courage to prevail over conditions similar to trafficking for sexual exploitation.

Pathways and Trajectories as Opposed to Static Traits

The shift from the first wave of static trait identification to pathways and trajectories of the second wave was partially motivated by a concern that victim-blaming would occur. Luthar and Zelazo (2003) point out that the term resilient should not be used as an adjective describing a person but as a descriptor of profiles or trajectories. To frame resilience as a set of static traits may cause survivors possessing such traits to shoulder blame if they fail to overcome adversity. Rather, resilience is contextual and involves multiple moderating factors pushing and pulling victims towards and away from resilient pathways leading to positive outcomes. Consider that an individual may be able to overcome one type of risk but not another due to the context-specific nature of

resilience (Fergus & Zimmerman, 2005). For example, a child may be able to thrive in school in spite of chronic bullying, but struggles to form positive peer attachments which later links her to substance abuse. Where specific traits or factors are identified, these should be thought of as probabilities rather than expectations. These traits are considered probabilities that push victims along a resilient pathway during traumatic experiences to promote increased likelihood of positive outcomes. Further, resilience is not a binary all-or-nothing status.

Sheridan, Sjuts, and Coutts (2013) examine resilience in a developmental framework among systems and families and state that families demonstrate varying degrees of resiliency in response to different types of adversity. Families may be more able to adapt to one unique situation and its consequences than to another unique situation. To demonstrate the two previous points, consider a high school girl who has the risk factor of negligent parenting and is trafficked at night by her boyfriend. However, she has a teacher that tutors, mentors, and serves as a stable attachment figure in her life. The interactions of these risk and resilience factors influence her coping and mental health outcomes.

Fergus and Zimmerman (2005) differentiate internal assets from external resources in their meta-analytic examination of resilience and the multiple models of resilience. Assets are the positive factors that reside within the individual, such as competence, coping skills, and self-efficacy. They state that regardless of the model, resilience theory should be conceptualized in an ecological context that includes environmental resources. Environmental resources are the positive external factors that help individuals overcome risk, such as parental support, adult mentoring, or community

organizations that promote positive youth development. To describe victims as using assets or resources to overcome risks is to describe resilience as a process. It is also a way to recognize the agency victims possess. The varying forms and degrees of internal assets and external resources place victims at multiple points along the equifinality spectrum; the “equal” and common outcome being the trafficking experience. Consider the example of the high school girl with multiple risk and protective factors.

The following promotive and protective internal assets and external resources interact with risk and traumatic situations and increase the likelihood of positive outcomes along the spectrum of multifinality.

Internal assets. A profile of internal assets that would be found along a resilient pathway would likely include social and adaptable temperament in infancy; strong cognitive abilities, including problem solving skills and executive functions; the ability to form and maintain positive peer relationships; effective emotional and behavioral regulation strategies; positive view of self in terms of self-confidence and self-efficacy; hopeful and positive outlook on life; faith and a sense of meaning in life; and finally characteristics valued by the individual as well as society, such as particular talents, humor, etc. (Masten, 2001, 2007). In terms of identifying resilience within sex trafficking survivors, clinical interviews should assess for these internal assets and build upon them in treatment. Specific guidelines on this process will be offered later.

External resources. External resources that promote resilient trajectories include family characteristics, community characteristics, and cultural or societal characteristics (Masten, 2001, 2007). Attachment figures, whether primary or alternate, are a component of family characteristics. The type of attachment figures present in an abuse

survivor's life during and following the maltreatment has repeatedly been found to be a moderating variable in resilient outcomes. Some would consider this a cornerstone variable in resilient and nonresilient profiles. This variable has the power to shift trajectories. The availability of a stable alternate guardian has been identified as the differentiating factor between abuse survivors with good developmental outcomes and those with deteriorating development (Houshyar, Gold, & DeVries, 2013). Houshyar, et al. (2013) review the literature on childhood maltreatment and report that adults who had a supportive parent or foster parent present have been found to "have more years of education, greater housing stability, higher rates of self-support, decreased risk of persistent violent antisocial behavior, decreased likelihood of early parenthood, better parenting skills, and lower rates of problems in caring for the next generation" (p. 162). Houshyar, et al. (2013) report that a shift in caregivers has a profound impact, even at the biological level. In an effort to study the environmental influence on the biological component in the biopsychosocial model, they review studies of mice where neglectful conditions initially led to an enactment of the hyperarousal stress response in the HPA (hypothalamic pituitary adrenal) axis; however, after "adoption" away from the negligent caregiver into "optimal parenting" conditions, their results indicated a neurological "rewiring" of the HPA axis toward a better regulated stress response. Similar to Diagneault, Hebert, and Tourigny's (2007) results, attachment figures meet the safety needs of victims; secure and stable attachment figures implemented in a victim's life anywhere throughout their journey, from the trafficking experience through to aftercare treatment, will likely shift and improve outcomes.

Additional family characteristics found in profiles that support resilient pathways include parent involvement, socioeconomic status, parent secondary education, faith and religious affiliations, and parents possessing similar internal asset characteristics as listed above. Community characteristics that contribute to external resources include effective schools, employment opportunities for the family, access to emergency services, good public healthcare, and access to housing, clean air, and clean water. Cultural characteristics include low acceptance of physical violence, protective child policies, value and resources directed at education, and prevention of and protection from oppression or political violence. Victims recruited into sexual exploitation have varying levels of exposure to the above listed characteristics, depending on age of recruitment, the geographic location of the survivor's home, and level of isolation imposed on victim by trafficker.

To take the trajectory and moderating variables analysis a step further, some have explored other internal dimensions that could be points of intervention. Bolger and Patterson (2001) researched discrete linkages and pathways between maltreatment, resilience, and psychopathology. They evaluated women who experienced various forms of maltreatment by their primary caregivers and identified the locus of control/perceived control pathway as a pathway that moderates resilient outcomes. They highlighted other studies that found that victims who were abused earlier in life were less likely to have an internal locus of control, as compared to adolescent girls whose maltreatment began later. Similarly, Bolger and Patterson's (2001) results indicated that earlier maltreatment was less likely to be associated with the protective characteristic of perceived internal control. Accordingly, the time in a child's development when the abuse and/or trafficking began

moderates the likelihood of an internal or an external locus of control. It seems that a factor critical to positive outcomes on this locus of control pathway is a sense of autonomy and competence.

Coping strategies and styles factor into resilience and psychopathology, though some tend to include coping in the resilience construct. Rutter (2007) argues that the antecedents of resilience are coping strategies. Ng, Ang, and Ho (2012) substantiate Rutter's argument in their research on pathways. They identify a coping pathway that is specific to coping and precedes resilient pathways. Ng et al. (2012) propose that coping and resilience are conceptually distinct; coping is an individual's initial response to adversity while resilience is a set of processes that regulate how the individual copes with prolonged adversity. Further, they propose that coping style is linked to type and severity of psychopathology (e.g., depression, anxiety, aggression). Ng et al. (2012) state that those who utilize approach coping styles were more likely to have the moderating variable of resilience, while resilient processes are absent from those who utilize avoidant coping styles. Accordingly, for mental health practitioners to promote resilience in treatment, empowering control and assessing coping styles would be trajectory shifting elements to include in interventions.

Some Caveats

Conceptualizations of resilience should be adaptable and consciously attend to the contextual nature of resilience leading to individual differences. While discussing resilient markers within systems and families, Sheridan, Sjuets, and Coutts (2013) state that characteristics or activities that are considered resilient at one point in time may be problematic, ineffective, or inappropriate in another situation. They state that the

developmental progression of an individual or members of a system is the impinging factor on contextuality. Consider the resilient characteristic of *engagement*. While a high level of emotional and physical engagement and involvement in a school-age child's life is appropriate, a college-age child may perceive the same level as overbearing parenting that may hinder self-efficacy. Additionally, an absence of assets or resources that promote resilience should not equate to increased risk. Further, exposure to risk factors should not equate to negative outcomes after being trafficked. A child in foster care may have experienced minimal consistent positive parenting, but that does not imply that she was neglected. If she were exposed to neglect and violence during her biological and foster parents, then subsequently recruited into trafficking, her risk exposure does not deterministically imply that she cannot survive or will not grow through the experience.

In fact, Seery (2011) asserts that some moderate adversity can build resilience. He hypothesized and found that a history of some adversity predicts resilience-related outcomes because some adversity provides the opportunity for gaining mastery over stressors, thus increasing perceived control. His results integrate and support the results from Bolger and Patterson (2001) and Ng, Ang, and Ho's (2012) studies: perceived control and mastery facilitate effective coping. In sum, risk factors, protective factors, coping, and psychopathology are all along separate continuums. The interactional process of these factors, along with mental health intervention at any or several points along a survivor's journey, can push and pull a survivor along a number of pathways and trajectories. To demonstrate this point, consider how the same foster child's neglectful parenting may propel her toward a nonresilient pathway; however when that variable interacts with the internal resource of a positive self-concept and an active coping style,

she is buffered against those traumas and even during trafficking, they act as a gravitational force toward a resilient pathway. Then, paired with mental health intervention that builds on her internal resource, she may demonstrate a resilient outcome and lower levels of psychopathology.

Resilience in Review

In sum, resilience is a well-documented construct that continues to evolve as researchers have applied critical thought to the theory. Current understandings place resilience in an ecological and developmental context with increasing attention on the dynamic interplay between biology and environment while maintaining the stance that individuals have agency and competence motivations. Resilience theory has been substantiated by empirical support across all gradients of risk and trauma exposure. Survivors of sexual assault, child abuse, trafficking in childhood for genocide soldiers, family crises are among this evidence base; all of which parallel aspects of sex trafficking. However, the field has yet to explore this particular subset of trauma survivors. Research has also demonstrated that when clinicians look for resilience, beginning with the initial interview, they find internal assets and external resources that mark resilience processes in their clients. Further, the more clinicians adopt a strengths-based mind-set, the more readily they find resilience. Then, the more resilience is noted and built upon in treatment, the better the post-treatment outcomes. Resilience should be increasingly incorporated into all forms of trauma assessment and interventions, and especially so in the most severe forms of trauma such as sex trafficking.

An Introduction to Posttraumatic Growth

The emergence of resilience research led others in the field of psychology to inquire about psychological wellness, growth through adversity, and other positive markers within individuals who had experienced threatening and traumatic events. Posttraumatic Growth (PTG) is a similar yet distinct concept from resilience. A succinct definition of posttraumatic growth is the emergence of traits such as strength, wisdom, and meaning when traumatic events act as catalysts in survivors' lives. Those along this thread of research assert that posttraumatic stress is the "engine" for posttraumatic growth (Joseph, 2011). This next section will offer an in-depth exploration of the posttraumatic growth concept and theory, as it is relevant to survivors of sex trafficking. Models and definitions of the theory will first be reviewed. Then, evidence supporting the theory will be discussed. Following, PTG will be differentiated from similar and often confused concepts, such as resilience or benefit finding. The reluctance to discuss positive outcomes from adversity will then be addressed before exploring some caveats and contending with opposing evidence.

In his book, Flourish, Seligman (2011) makes the case for increasing public knowledge of posttraumatic growth (PTG) in the same way that the public recognizes posttraumatic stress disorder (PTSD). When surveying West Point cadets alone, 90% were aware of posttraumatic stress disorder, which has a lower prevalence rate, while only 10% had heard of posttraumatic growth. Seligman asserts that PTG is much more

common than PTSD, but this lack of medical literacy leads to self-fulfilling vicious cycles. Consistent with the theme of this work, when people, lay and professional, are aware of PTG, they are able to look for it, and are likely to find markers of growth.

Posttraumatic growth is a process as well as an outcome where symptomology coexists with positive changes. Tedeschi and Calhoun (1998) developed what is now the most prominent model of posttraumatic growth. Calhoun and Tedeschi (2006) assert that posttraumatic growth is a transformative process where traumatic experiences incite a heightened cognitive engagement and processing, which forces one to examine his or her assumptive world. When adversity is great enough, it reaches a certain threshold in an individual that disrupts his or her personal narrative and shatters one's beliefs and view of the world. Often when this threshold is reached, people describe a divide in life between the "before and after" of the event. Calhoun and Tedeschi argue from their research trends that the stress levels of an event are positively correlated and predict the level of growth reported. When prior assumptions no longer align with the lived experience, survivors must rebuild their assumptive world and incorporate new information on the fragility of life, coping strategies, and ideally an increased self-efficacy related to what they believe they can and cannot survive. When moving in the direction of growth, survivors first recognize and take stock of the ways in which they have changed for the better in some way, and then attribute those changes to the adversity or their ability to work through the traumatic event.

When asked, people do report growth through this rebuilding process. For example, Joseph (2011) cites a study where 4,000 New York City citizens completed online questionnaires about character strengths prior to the 9/11 attacks and were

reassessed two months following the attacks. Results indicated that study participants scored significantly higher on gratitude, hope, kindness, leadership, love, faith, and teamwork. Further, the changes were sustained as demonstrated by increases in scores on the same measure one year after the attacks. A growing list of studies finds survivors of numerous tragedies endorsing markers for posttraumatic growth. These tragedies include other terrorist attacks; a history of medical problems such as cancers, cardiac issues, and permanent physical disabilities; loss and bereavement; threatening interpersonal experiences such as rape and community or domestic violence; and exposure to natural disasters and major accidents (Joseph, 2011). For the purposes of this work the focus will be limited to survivors of sex trafficking and parallel traumas. However, the field of psychology has been much slower to approach the issue of sex trafficking prevention and treatment than the legal and social work fields. As such, the literature on posttraumatic growth among sex trafficking and similar traumas is sparse (Frazier & Berman, 2008). Lev-Weisel (2008) reviewed the literature on female childhood sexual abuse survivors who were given the opportunity to describe their coping, strength, and growth. She concluded that these survivors are stronger and understand themselves better, display altruism and helping behavior toward other survivors, increase their belief and involvement in their faith and religion, are committed to protecting their own children, and have a healthier view on interpersonal relationships. Similarly, survivors of sex trafficking need to be given the opportunity to speak and describe their process of courage and growing through incredibly disempowering, objectifying, and terrifying experiences. They first must be asked.

As Calhoun and Tedeschi (2006) have asked about growth and explored posttraumatic growth, they are able to assert from their qualitative research that people tend to experience growth in three general domains: the perception of self, the experience of relationships with others, and one's general philosophy of life. The first domain, changes in how survivors view themselves, involves a deeper understanding of the vulnerability and fragility of life hand in hand with the new understanding of the inner strength one possesses. From changes in this domain some survivors will report developing new interests or altering the course and goals of their lives. An example here would be Theresa Flores, an author, speaker, non-profit founder, and activist who devoted her life to the abolition movement after being trafficked in high school for two years in an upper-middle class suburb of Detroit (for more information, see her organization's website <http://www.traffickfree.com>).

The second domain, changes in the ways survivors experience relationships with others, has been reported as an increased sense of compassion for others in suffering and a greater feeling of connectedness to others. Calhoun and Tedeschi (2006) state that their qualitative data suggests that this increased emotional proximity leads to an increase in altruistic acts. This domain does not ignore the inherent disintegration of some relationships during traumatic experiences, or the adaptive fear and skepticism of relationships that sex trafficking survivors take on in order to survive; this domain acknowledges those aspects as well as the capacity for survivors to "know what the game is like."

Frazier and Berman (2008) noticed a trend among survivors of sexual assault and childhood sexual abuse survivors; they state that the PTG literature and growth measures

do not fully capture the positive changes in social and political action that are unique to these types of survivors. It is also suggested that these positive changes come at the intersection of the first two domains—increased self-efficacy and increased empathy for those experiencing similar traumas. Frazier and Berman (2008) state that survivors of sexual traumas increase their engagement in helping other victims or providing education to the public and potential victims. It is suggested that this social-political domain should be added and further explored.

The third domain, changes in one's philosophy on life, is marked by reorganization of priorities, a richer appreciation for life, and for many, increased spiritual engagement. Survivors report newfound significance in the small joys in life. Survivors of sex trafficking may find deeper meaning in the spiritual traditions of their family or educational goals may take on a new salience. This domain is existential in nature and may be where the most growth is experienced. Here survivors contemplate their purposes on earth, in light of their adversity. The just-world hypothesis no longer holds up. Therefore, survivors must ask themselves what their tragedy means about themselves and how now shall they live. Calhoun and Tedeschi (2006) state that survivors who are able to incorporate both sides to this same coin—life is more fragile than I thought and I am stronger than I thought—are better able to engage in this domain of posttraumatic growth. These core beliefs are a point of critical intervention for mental health professionals. Intervention will be discussed at length later on, but this point should be kept in mind.

The existential and meaning making portion is considered the most significant, prevalent, and time-consuming tasks in posttraumatic growth (Calhoun & Tedeschi,

2006). In line with the previously discussed principles of multifinality, the timeframes for positive transformation in the third, existential, domain takes place can be varied, even when the traumatic experience is the same (Calhoun & Tedeschi, 2006). The severity of symptoms may be a guiding factor in the course and trajectory of posttraumatic growth. Existential exploration takes time and can be difficult to engage in when a person is still in survival mode. Joseph (2011) states that the emotional and medical repercussions of trauma may be so great that treatment providers should first tend to basic active coping, stabilization, and emotional engagement before moving into meaning making and growth exploration. For this reason, Joseph (2011) is among the group who suggest that this is a long process and growth is gradual. He cites a study completed with breast cancer survivors who were administered the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1998) at 4.5 months, nine months, and 18 months following initial diagnosis and were found to have reliably increasing scores at each interval.

On the other hand, Frazier and Berman (2008) describe a series of studies they conducted with survivors of sexual assault to explore the course of symptoms and all domains of growth following the event. Their results challenge the long-term course of growth. They state that positive changes are possible shortly after traumatic experiences as well as in the long run. At two weeks post-assault, 91% of survivors reported one or more positive life changes ($M=4.59$, $SD=3.99$) with the most common change in the relationship domain. Consistent with PTG theory, 95% of survivors also reported negative changes such as mental health problems and negative beliefs about the safety and fairness of the world. Frazier and Berman explained that survivors were also

assessed four times throughout the following year and positive changes in the survivors' relationships and empathy remained stable over this time period. Positive changes in the self-domain and in the existential spiritual domain were relatively absent at the two-week post-assault assessment, but steadily increased throughout the three following intervals. These results support the notion that change can happen rapidly and can shift directions in a moment. Just as negative changes like a rape or car crash can happen suddenly, positive changes hold the same potential.

Frazier and Berman (2008) concluded that positive changes increased and negative changes decreased over time. One might be tempted to imply that these results demonstrate an orthogonal or independent relationship between growth and suffering. Their results did indicate that those who did not report any positive changes were the participants who reported the highest levels of depression and PTSD. However, Frazier and Berman describe how participants who did not report any positive life changes throughout the study did not differ in distressing symptomology at the 12-month assessment from those whose results indicated increasing levels of positive changes throughout the study. If one subscribes to a pain-pleasure Hedonic position of well-being, then perhaps PTSD and PTG are on opposite ends of the same continuum. For example, this assumption would state that a survivor could not experience positive changes until she is completely alleviated from distress. However, the data does not support that position. That position describes a subjective wellbeing continuum which consists of distress and happiness, not trauma and growth.

Another position is the eudaimonic position that states that often, great personal, spiritual, and relational growth is embedded in experiences of great pain and suffering.

This second position addresses psychological well-being. Joseph and Wood (2010) state that an increased sense of meaning arises from psychological well-being rather than subjective well-being. An example would be the person who experiences a renewed emotional closeness to God as a confidant and support while being abused. Further, Joseph and Wood state meaning and psychological well-being are more sustainable and internally motivated than subjective well-being. Following their review of theirs and colleagues' research conducted on the two concepts he suggests that psychological well-being can lead to subjective well-being. Said otherwise, when people gain existential meaning in their lives, they may feel subjectively happier.

A Distinction Between Concepts

Trauma is the precursor to growth and trauma symptoms do not necessarily subside with the increase in growth markers. Further, posttraumatic growth (PTG) is a discrete concept that is distinct from resilience. Changes in each PTG domain happen *because* of the traumatic experience, *not in spite* of the traumatic experience. This feature is the key differentiation between posttraumatic growth and resilience. Among PTG literature there is a common metaphor to demonstrate this difference. A tree on a hilltop during a storm is whipped around by the winds, bends to accommodate the storm, but does not break. Following the storm, the tree returns to its original shape and stature. Some might argue that the tree's existing roots grow a bit deeper and the trunk is slightly stronger than before the storm. Nevertheless, this tree would be said to be resilient.

Like the tree, a person adapts to the stressor to accommodate and avoid breaking, but once the stressor passes, he or she resumes pre-stressor levels of functioning. Another tree on a nearby hilltop in the same storm is whipped by the wind and suffered

greater damage, such as limbs blown off by the force of the storm. Once the storm settles, the tree's shape is changed and it begins to grow new and stronger branches where the severed limbs remain. The scars from the storm are still visible; its reconfigured shape makes it no less of a tree. The tree is irrevocably changed and has transformed into something greater. This tree would be said to experience posttraumatic growth. Like this tree, people survive the trauma and sustain great losses and difficult consequences. Recall the lists of physical and psychological symptoms and diagnoses reported by survivors of sex trafficking that were reviewed earlier. Like the tree, evidence and memories of storms and traumas may forever remain with the survivor. They likely will be greatly emotionally affected. Even so, due to the traumatic experience, these survivors are transformed in ways that open up opportunities for new growth and self-discovery beyond pre-stressor levels of functioning. Growth is a reconstructive process.

Calhoun and Tedeschi (2006) state that posttraumatic growth may be less prevalent among those who are resilient because their assumptive worlds have not been shattered and thus there is less force propelling the meaning reconstruction process. Sex trafficking survivors that are able to quickly "bounce back" to their life prior to being trafficked may only be interested in treatment that addresses coping skills rather than an additional existential core belief reconstruction. Calhoun and Tedeschi admit that there is a fine line between resilient people and people who are utilizing enough coping skills to cognitively engage in PTG work. Frazier and Berman (2008) state that PTG, positive life change, stress-related growth, perceived benefits, benefit-finding, and other similar terms have been used interchangeably even though measures of these constructs have

demonstrated low correlation between the terms. This interchangeable use is problematic for the field because unclear constructs lead to confusing and confounding research results. In order to make a compelling case for the existence of PTG and to argue how and when it should be applied in practice, there should be clear articulation of the constructs. In the same way that there are evolving yet rather clear definitions and limits to the terms “depression,” or “posttraumatic stress disorder,” it is recommended that the field move toward greater uniformity in defining and researching resilience, benefit finding, PTG, and associated constructs.

Lechner, Tennen, and Affleck (2013) make the differentiation between benefit finding, growth, and dispositional optimism. They state that optimists view the entirety of their lives and experiences through a positive lens of possibilities, but those who find benefit in adversity tend to center on the positive outcomes related directly to the traumatic event. To take their point a step further, PTG is distinct from benefit finding and dispositional optimism in that it is a holistic transformation that is more long-term and sustainable. Davis and Nolen-Hoeksema (2009) describe PTG’s distinction from benefits as “significant long-term (sustained) positive changes in major commitments and life goals” (p. 647). When discussing trajectories, there is often an initial “spike” in the graph soon after a trauma, where survivors will describe several silver lining benefits to their adversity. Recall Frazier and Berman’s (2008) study of sexual assault survivors who reported increased closeness in their relationships soon after the attack. Then, as growth is charted over months and years, there tends to be a gradual increase in growth that is typically associated with the third domain of PTG, existential meaning making. Frazier and Berman even suggest that when the initial benefits found are related to

relationships, that social and emotional support buffers, supports, and propels the survivor along the growth trajectory as they are making sense of their trauma. As such, it is likely that survivors of sex trafficking will do best in aftercare when rapport is quickly established and opportunities for secure attachments are in place.

Taboo

There is a natural tendency not to speak about growth when faced with a survivor of incredible trauma. It may feel taboo, disrespectful, shallow, or seem impossible. Perhaps there are core beliefs about the nature of trauma that prevent professionals from asking about growth. Mental health professionals and researchers should listen to this hesitancy. The hesitancy should be interpreted as a desire to honor the person's struggle and courage. It will save professionals from rushing to become positive-thinking-cheerleaders. Lev-Wiesel & Amir (2006) review and speak to this hesitancy among those who study Holocaust survivors, but urge professionals to look at the evidence in the research. Growth exists, even among children who survived concentration camps. As previously reviewed, the evidence demonstrates that in the face of extraordinary adversity, markers for growth exist. Survivors need the opportunity to tell their full story and professionals need to allow themselves to hear these stories and be transformed.

Some Caveats

There are some caveats that deserve attention. Misapplications of PTG can be detrimental. If professionals do not listen to their natural hesitancy, PTG could become the next wave of what Lechner, Tennen, and Affleck (2013) call the "tyranny of positive thinking." Further, survivors who do not demonstrate growth should not be considered treatment failures. From the beginning of Tedeschi and Calhoun's conceptualization of

the PTG model (1998), they have emphasized that survivorship alone is a success. Additionally, growth for some survivors may not manifest in the same way as other survivors. This point applies to the concept of multifinality that was previously reviewed.

McNulty and Fincham (2012) caution that PTG and the character strengths described in positive psychology literature are contextual. Broad stroke application can open risks for some clients. McNulty and Fincham argue that many traits are not inherently positive or negative; instead the circumstances and interpersonal situations in which they function are better determinants of these traits' contribution to well-being. They provide the example of a woman in an abusive relationship, which parallels the type of relationship a victim has with her trafficker. The existing research on marital relationships suggests that relationships “benefit to the extent that they (a) attribute their partners’ negative behavior to external sources rather than dispositional characteristics of those partners (b) are optimistic about future interactions with their partners, (c) forgive their partners, (d) remember their positive experiences with their relationship and forget their more negative ones, and (e) remain committed to their partners” (p. 102). However, these results have primarily been established with people who are in non-abusive relationships. These traits would not positively contribute to victims’ well-being if they were in violent and exploitive relationships. In fact, McNulty and Fincham assert that doing just the opposite would better contribute to victims’ well-being.

In addition to immediate interpersonal contexts, broader systems and cultures also alter the way in which positive characteristics and PTG manifest. Sex trafficking is an international industry. Survivors in the United States may be from the same

neighborhood as the aftercare center, or they may be from hundreds of miles, languages, and cultures away. It is therefore essential that researchers and mental health professionals view posttraumatic growth through culturally competent lenses. Weiss and Berger (2010) reviewed posttraumatic growth studies conducted across the globe, from Palestine to China to Germany to Spain as well as many others. Some skeptics may argue that trauma and growth are Western-specific constructs. However, Weiss and Berger reported that across cultures, the broad theory of PTG was evident and applicable. There was evidence for great traumas serving as the engine for cognitive engagement (e.g. intentional rumination, journaling, etc.) and a search for meaning; across cultures PTG was related to perceived social support, coping strategies, cognitive processing, and spirituality. Further, clinical interventions were found to foster growth.

Weiss and Berger (2010) reported that the culture-specific nuances of PTG were in the nature, manifestations, and correlates. For example, in the United States, PTG is evident in the three domains previously discussed. In other cultures as few as two and as many as five domains were identified. Further, the way in which each culture conceptualized PTG was different. Weiss and Berger state that within a Japanese culture that values modesty, a component of PTG includes an increase in *self-awareness of one's weaknesses and limitations* as well as *loss of desire for possessions*; alternatively, Netherlands samples conceptualized an increase in *pride* as a component of PTG. In community-oriented societies, such as Spain and Israel, Weiss and Berger report an increase in *social cohesion* was a valued part of PTG.

Finally, future research into PTG should exercise caution when selecting measures and methodology. Davis and Nolen-Hoeksema (2009) suggest that research

methods and growth measures may “pull” for growth, whether or not it is actually there. They describe how some cultural scripts and coping styles utilize any opportunity to elicit purposefulness in life when people are reminded of the fragility of life and the threat their adversity imposed on their worldview. Assessment measures that ask directly about benefits and growth following adversity provide this outlet. Peterson, Park, Pole, D’Andrea, and Seligman (2008) had similar concerns and decided to alter their methodology to avoid this confound. Peterson et al. (2008) attempted to avoid the priming effect that tends to yield culturally laden responses in their study of character strengths and posttraumatic growth. Their method administered a broad character strengths measure first then asked about potentially traumatic events second. Third, if applicable, participants were asked to complete Tedeschi and Calhoun’s (1996) Post-Traumatic Growth Inventory. Peterson et al. (2008) acknowledge that their survey sample was limited to individuals who were coping well enough to have access to a computer and who have the time and coping resources to sit at a computer for 45-50 minutes to complete the online survey. Their results demonstrated that while adverse events are unfortunately commonplace in people’s lives, the effects are not always negative and at times, produced increased strengths of character.

Limits and Opposing Evidence

With every thread of research there are limitations, opposing evidence, and those who are skeptical. Not all PTG and positive psychology researchers believe that endemic trauma can lead to growth. Lechner, Tennen, and Affleck (2013) for example, suggest that there is a curvilinear relationship with distress levels and benefit finding as well as PTG. They explain that those who are extremely distressed may be too overwhelmed by

their suffering to cognitively process the shattering and reconstruction of their worldview and life assumptions. In this case, consider the survivor who is either emotionally numb or experiencing pervasive flashbacks. They state that this person may be in survival mode and has not had a moment to reflect on her experiences. In response to this contention, while this may be the case, it does not negate the possibility for future growth nor rule out the providers' task of identifying any strengths and coping skills the survivor used during and following the trafficking experience. A sex trafficking survivor may have coped by cognitively disengaging or becoming emotionally numb and the first course of treatment may need to be psychoeducation and practice of new coping skills that self-soothe. As reviewed earlier, increase in social supports will likely bolster progress.

Posttraumatic Growth in Review

In sum, posttraumatic growth is a distinct concept from coping, recovery, and resilience. Four major domains have been identified among survivors of sexual traumas. There is support for each of the domains among survivors of traumas similar to sex trafficking. It is essential for practitioners to balance trauma and growth. Otherwise, practitioners risk over-pathologizing survivors and limiting their access to their strengths. The other risk is to default to the other extreme of overlooking the harm done and invalidate survivors' experiences for the sake of identifying their positive characteristics. Finally, there should be room for the manifestations of posttraumatic growth to be as wide and varied as the diverse cultural identities survivors possess.

Key Elements of Resilience, Strength, and Growth Promoting Perspectives

The literature on resilience and posttraumatic growth has been reviewed. What follows is a synthesis of that data for the purpose of crafting a distinct lens. An important point to note here is that this analysis is a preliminary one. As such, it is based upon the singular analysis and extrapolation of the literature on posttraumatic growth and resilience conducted by the current author. Such analyses are always subject to the potential biases of a single reviewer. However, as a first step toward analyzing this literature for themes of resilience and growth, such an analysis as this offers an important ground upon which to build further more systematic work.

As the posttraumatic growth and resilience data from the literature was synthesized, a series of recommendations was formulated based on the major themes in the literature. The literature demonstrates that there is data to support the efficacy of these recommendations with populations similar to sex trafficking survivors. Since these recommendations have yet to be empirically evaluated with sex trafficking survivors, they are considered pilot recommendations. These recommendations will then be used to systematically review several treatment manuals. Finally, recommendations on ways these manuals and programs could be improved based on the strengths-oriented literature will be provided.

Based upon the above analyses of the literature, the following markers (Figures 1 and 2) are being suggested as core elements to a strengths-based perspective in trauma

work, and by extension, in work with survivors of sex trafficking.

Resilience oriented interviewing and treatment includes:

	Recommendation	Example
R1	Asking the overarching question <i>“What has supported and promoted this person’s survival, in spite of this experience?”</i>	Those who utilize this approach must wholly believe that there are numerous answers to this question.
R2	Creating an understanding across providers that resilience is constructed by many pathways and linkages between static traits	Linkages include positive mentor, scholastic interest, active coping style
R3	Creating an intentional space for the survivor to assess her own treatment needs and have a voice in treatment planning; doing so communicates agency and begins to establish a sense of self-efficacy	Ongoing bi-weekly check-ins on survivors' assessment of her progress towards her goals
R4	Assessing current and prior secure attachments and harnessing social supports in treatment	Teacher, positive peers, mentor, case manager, house-mom
R5	Identifying coping style (active or avoidant); promoting active coping skills to build self-efficacy and decreasing self-harm behaviors	Create a "What would you do?" game that involves scenarios from in and out of "the life" and various options for responses
R6	Asking questions that elicit strengths	"What, from your experience, did you use to persevere and make it through that situation?"
R7	Identifying internal assets and external resources (attachments, socioeconomic status, faith system, and access to healthcare, food, and water) for the purpose of noting linkages along resilient pathways	Internal assets: hope, positive outlook, hardiness/toughness, cognitive abilities, adaptability External resources: attachments, socioeconomic status, faith system, and access to healthcare, food, and water

R8	Noting age of initial trauma (victimized by family member, directly recruited into trafficking, etc.) for the purpose of hypothesizing survivor's locus of control. Since locus of control relates to the survivor's perceived level of helplessness or agency, it can serve as a clinical indicator for the direction of treatment.	During the clinical interview, and after trafficking status has been confirmed, ask about age of initial exploitation. It is recommended to use the survivor's vernacular.
R9	Using reflections and paraphrases that shift the location of survival away from chance and toward the survivor's skills	"Many girls would not have survived that! How did you know to respond in that way?"
R10	Creating space for individual differences, diverse manifestations of resilience, and an understanding that lack of resilience does not predict treatment success or failure	Cultural variables may have norms and rules about disclosure and reliance on social or professional support outside the family

Figure 1. Resilience Oriented Interviewing and Treatment Recommendations

Posttraumatic growth oriented treatment includes:

	Recommendation	Example
G1	Asking the overarching question <i>"What strengths and gains does this survivor have, as a result of this experience?"</i>	Those who utilize this approach must wholly believe that there are numerous answers to this question.
G2	Adopting an understanding that the shift toward growth can happen in a moment, while allowing for the process to be long-term	This is a way of thinking that should be adopted
G3	Maintaining a respect for the coping strategies gained while being trafficked. These strategies were adaptive in the trafficking context and may take time to transform into adaptive strategies for the post-trafficking context. Survivors may or may not experience a reduction in trauma symptoms while they experience gains in PTG areas.	Survival strategies gained while trafficked may include emotional numbing and resistance to hopefulness. These strategies were adaptive and do not necessarily prevent growth (e.g. new view of self as survivor)

G4	Using interventions that promote one's view of self as victim-survivor	Using activities that explore strict gender roles and unique personal assets; Using quotes such as Nietzsche's "What doesn't kill you makes you stronger" and having survivors journal on how the quote applies to their experience
G5	Using interventions that promote empathy and include positive scans for increased compassion and sense of connectedness in one's relationships and ways of relating to others	Activity involving <i>what others have to offer me</i> and <i>what I have to offer others</i> ; conducting functional analyses of times others have reached out to survivor over 1-2 weeks
G6	Using interventions that equip survivors to channel their new view of self into increased compassion for other survivors as well as social and political action.	Identifying policy makers that survivors can write to in order to tell their story and advocate for legislative change
G7	Using interventions that facilitate a meaning making process marked by a reorganization of priorities, increased spiritual engagement, and richer appreciation for life.	Create "What matters most in life" lists for pre- and post-trafficking experience

Figure 2. Posttraumatic Growth Oriented Treatment Recommendations

Analysis of Existing Treatment Manuals

. This dissertation selected four well regarded manuals for analysis: (a) *World Health Organization: Ethical and Safety Recommendations for Interviewing Trafficked Women*; (b) *Caring for Trafficked Persons: Guidance for Health Providers*; (c) *Breaking the Wall of Silence: Practitioners' Responses to Trafficked Children and Young People*; (d) *Shared Hope International: Intervene—Identifying and Responding to America's Prostituted Youth*. The three main criteria for selecting these four manuals is that these documents are available in the broad literature base, and that they are typically developed by major international organizations and finally that they are informed by current perspectives and prominent figures in the human trafficking prevention, prosecution, and protection areas. The existence of these manuals is a mark of progress in the abolition movement. Some, such as the Trafficking in Persons annual report developed by the United States Department of Justice (2001-2013), provide thorough information from around the world on forms of trafficking, the severity of damage done, and what measures are being taken to manage the situation; while others provide a brief overview of definitions and the complex circumstances victims face while being trafficked. Overall, the intention of most of these documents is to articulate the nature and extent of the harm done and thereby create a need for intervention. If a manual is related to aftercare and if it is treatment oriented, then what follows after the overview section tends to be case management considerations that are important services for survivors. If

clinical treatment is mentioned, it is often discussed in terms of a referral rather than offering detailed guidelines on interviewing and conducting therapy.

Many of these treatment manuals were crafted with a symptom and harm reduction lens. Within that lens, most of the manuals available to providers are likely quite helpful in assisting providers in delivering quality care within a harm reduction model. These manuals offer quality information grounded in research and experience. However, when one steps back to review the full landscape of quality care, there is widely variable evidence of strengths-based approaches. Support for strengths, resilience, and growth is largely omitted and therefore out of sight and mind from the perspective of the reader. As Seligman (2011) asserted, what is not known cannot be identified and built upon.

As a way to offer a sample of what is provided in some current manuals, several manuals will be analyzed for presence of strength-based emphases noted in the Recommendation tables above. As noted, four manuals have been selected for review on the basis that they represent the common types of manuals that exist as well as on the basis that they are published by major organizations taking lead on research and intervention with survivors. The structure and scope of each manual will be discussed and followed by an analysis of the manual's strengths, and the degree to which the manual aligns with the recommendations of the above resilience and growth tables. Suggestions will then be made on how each manual might be improved by adding a strengths-based perspective.

Manual One

World Health Organization: Ethical and safety recommendations for interviewing trafficked women. Zimmerman and Watts (2003) developed for the

World Health Organization a series of recommendations for interviewing survivors in a manner that puts survivors' well-being and safety at the forefront. These recommendations review issues such as informed consent, ensuring anonymity, and do no harm. A major goal of the document is to remind researchers and media persons that survivors face many risks and their needs should take precedence over the interview. This perspective is a strength of the recommendations. Zimmerman and Watts discuss interviewers' frequent inclination to rescue women currently in trafficking situations; the authors discourage the well-intentioned action on the grounds that it eliminates the woman's right to choose. Implied here is an awareness of a power dynamic and an understanding that victims have agency that should be respected. Just as survivors should have a voice in their treatment plan (Recommendation R4), survivors should have the right to decide when they enter treatment. In acknowledging such, the recommendations speak to a core strengths-based component of this work.

The authors suggest that interviewers ask survivors about coping strategies and strengths they possess to survive the trafficking experience. These recommendations provide a strong starting point for interviewers; at several points they use the strengths-based perspective and attempt to impart the mentality that interviewees are survivors taking part in the courageous act of being interviewed. This is commendable. However, despite this strengths-based position, much of the information is from a risk-management perspective.

For example, the last recommendation instructs interviewers to put their data to good use with the purpose of benefitting survivors individually and in public policy. The rationale for the recommendation is that the interviewee risked much to be interviewed

and the information disseminated could harm her or create stereotypes about trafficked women. This rationale is sufficient, but for the practitioner hoping to work from a strengths-based perspective with Zimmerman and Watts' recommendations, there is little to glean. This recommendation, being the closing statement to readers, could be expanded and improved by communicating that when interviewers work with survivors for the purpose of disseminating the information to the public and policy-makers, they have the power and opportunity to shape outside opinion of survivors. As Crenshaw (2013) stated, the harm done is well documented, and should continue to be documented. The strength and survivorship is underreported. Interviewers have the opportunity to represent people who have been trafficked as victim-survivors (Recommendation G4). They can also serve as a bridge to involving survivors in social and political action (Recommendation G6). The recommendations as a whole could be expanded by imparting the mindset that an interview is a chance to communicate to the survivor and the public the severity of the trafficking experience and the great resilience in spite of such adversity. The society-wide impact could be the shaping of a culture that respects and supports rather than shames and pities survivors. Overall, these recommendations focus on increasing victims' safety and decreasing risk, but could be expanded by providing recommendations on ways to highlight victims' agency and perseverance.

Manual Two

Caring for Trafficked Persons: Guidance for Health Providers. Over thirty authors contributed the development this peer-reviewed manual published by the International Organization for Migration, the London School for Hygiene and Tropical Medicine, and the United Nations Global Initiative to Fight Trafficking in Persons

(2009). It consists of a series of action sheets that address aspects of health care needs commonly seen among survivors of all forms of trafficking (e.g. infectious diseases, working with interpreters, etc.). The aim of the manual is to provide standards of care for survivors. The manual provides actionable items on “action sheets” for those providing first-line support. Mental health care is one of these action sheets.

Within this scope, there are several strong points relating to a strengths-based perspective. First, the action sheets advocate for supporting the choices of the survivor; included are directives to utilize problem solving approaches that transfer the power of decision making to the survivor. Consistent with the recommendations of this work, the action sheets recommend that survivors have a significant say in their treatment goals (Recommendation R3). The action sheets mention that providers should discuss survivors’ strengths as well as needs (Recommendations R3, R6, and R7). Along this same vein, the action sheets state that there are three general phases of service delivery that trafficking survivors need; they make clear that these phases are not necessarily consecutive and some phases may need to be revisited. The three phases are: (a) restoring a sense of safety and personal control over events and self; (b) addressing the traumatic experience and its bearing on the survivor’s mental health; (c) connecting and integrating with the survivor’s adopted community or community of origin. This flexible view puts the survivor at the center of treatment and allows for individual differences in treatment. To an extent, it aligns with Recommendation R3 that states that survivors should actively participate in treatment.

A second strength is the value the action sheets place on cultural complexity. They make the point that there are multiple manifestations of mental health symptoms

and acknowledge that commonly used diagnostic criteria were developed within western models (Recommendation R10). While this is a symptom-focused issue, this point aligns with the thrust of this work that asserts that the mindset and bias of the interviewer will influence how and what he or she sees as clinically salient. The action sheets offer the precaution about over-pathologization and suggest that providers normalize symptoms for survivors to the extent that many symptoms are normal reactions to extreme and adverse situations. These recommendations are the symptom side of Recommendation R10 and could be expanded by integrating the same cultural mindset into a resilience mindset.

The action sheets remind providers that that there can be stigma attached to mental health care within certain cultures and communities; thus survivors should always be commended for reaching out and for using whatever coping skills they have, regardless of how adaptive they are. They make a strong point here and it could be extended. This work argues that all coping is adaptive to the survivors' context, but the differentiation between resilient and non-resilient outcomes is active versus avoidant coping. The action sheets could include exploring with the survivor whether their strategies are active or avoidant coping strategies. For example, does she avoid flashbacks by abusing substances or does she call a friend when the flashbacks happen? A change in language is more than semantics and would be necessary to fully adopt a strengths-based mindset. Overall there is an excellent breadth to the logistical provisions recommended on these action sheets.

As reviewed in this work, survivors in treatment benefit and often experience better outcomes when interventions balance harm done and resilience survived

(Recommendations R1 and G1). This manual is intended to be disseminated to first-line responders throughout the world. A strengths-based mindset at the front line would prepare survivors for growth-oriented work in treatment. That is, first responders have the opportunity to set the stage for survivors to begin positive scans for strengths. The action sheets pertaining to mental health outline several suggested areas that providers who regularly work with trafficked persons should be trained (e.g. assessing risk, non-pharmacological management of somatic symptoms, building rapport, etc.). The training areas are beneficial and necessary to survivors, but from the perspective of the strengths-based guidelines offered earlier, providers involved in both continued care and first-line response should be trained, at minimum, in assessing for strengths and reflecting those back to the client. Doing so will create a mindset from the start of treatment for staff and clients that includes positive scans in addition to the symptom-based scans. In sum, these action sheets offer several strong resilience-minded considerations, specifically survivors' agency, coping, and cultural nuances. However, the action sheets could be expanded by providing recommendations that train first-line responders to prepare survivors for growth.

Manual Three

Breaking the wall of silence: Practitioners' responses to trafficked children and young people. Pearce, Hynes, and Bovarnick (2009), associated with The National Society for Preventing Cruelty to Children, conducted focus groups and individual interviews with service providers who work with domestic and international trafficked minors. From these interviews, the authors formulated four major areas of concern: (a) service providers' definition and understanding of "human trafficking"; (b) problems

with survivors going missing due to abduction by trafficker or running away; (c) experiences in working with multiple agencies on cases; and (d) methods for assessing for survivors' needs. The product was a review of practitioners' responses to trafficked minors where the nuances of quality care, as indicated by the results, were discussed. Finally, the authors formulated a series of recommendations for multidisciplinary teams to integrate into their service provision with survivors.

The strengths of this manual lie in the information and recommendations relevant for legislators, funding sources, juvenile justice systems, and case management systems. These types of systems are involved in identification of victims, removing barriers to care, and providing a survivor with the necessary environments to transition out of the life and to make the necessary disclosures to prosecute traffickers. Pearce et al. (2009) emphasize a child-centered approach that puts the needs of the child before bureaucratic processes that slow the provision of care. Within this scope, this manual is very detailed and comprehensive. However, as much as this is a strength, it is also a limit in the manual's ability to holistically treat survivors.

The manual is limited in its clinical utility in terms of offering guidance on interviewing and treatment and therefore, by extension, in offering direction on intervening on an individual level in a strengths-based manner. The manual clearly acknowledges the survivors' capacity for resilience. However, the recommendations are limited to stating that providers should implement a sense of "normalcy" and routines for survivors to settle into. The working assumption here is that these survivors are resilient, and therefore need a normal routine into which they can "bounce-back." Within the scope of this manual, this is a strong strengths-based recommendation in line with the

assumptive framework this work is proposing.

One point of specific alignment with Recommendation R4 is the detailed description of how and why survivors benefit from the implementation of a secure attachment figure that remains with them throughout treatment. Pearce et al. (2009) speak to the difficulty that survivors face in developing a new secure attachment, given a history of abusive encounters with people who initially seemed trustworthy. They state that in spite of this great difficulty, survivors have the capacity to, and do, benefit from secure attachment figures. The perspective articulated here is one of resilience and the opportunity for change through amplifying factors that support resilience.

Overall, Pierce et al.'s (2009) manual identifies several interventions that elicit survivors' resilience, but it remains limited in clinical utility. The resilience portions are a significant step in the right direction, in that they assume that survivors are able to return to pre-trauma levels of functioning. However, the manual fails to discuss the possibility of growing through a crisis. Posttraumatic growth develops a survivor's capabilities beyond pre-trauma levels of functioning.

Manual Four

Shared Hope International: Intervene—Identifying and responding to America's prostituted youth. Leitch and Snow (2010), associated with Shared Hope International, developed one of the few manuals where the target audience is specifically mental health and social service providers. An important strength of this work is that this manual was developed with significant input from multidisciplinary professionals who work directly with survivors. The authors limit the scope of this practitioner guide to domestic minors who have been trafficked for sexual exploitation in order to address the

specific needs of this population. The practitioner guide is structured in two sections; the first provides information necessary to conduct a thorough intake procedure with survivors and the second is a two-tiered intake tool with specific questions to be used in an intake with a survivor. This manual may be viewed as the most intervention focused manual of the group reviewed thus far.

The practitioner guide addresses the common psychological profile that results from the power, control, and violence of a trafficking relationship, the at-risk populations that mental health providers often interface with (e.g. juvenile justice system, child protective services, etc.) and generic patterns of challenges to rehabilitation (e.g. lack of trust, interpersonal boundaries and sexual confusion, glamorizing the exploitation, etc.). Leitch and Snow also provide suggestions on ways in which standard procedures for common practices such as forensic interviews should be modified for sex trafficking survivors.

The structure of the second part, the intake tool, offers specific questions to assess the level of harm done and the strengths harnessed during the trafficking experience. The intake tool questions are written with language and terminology commonly used by domestically trafficked girls and women. The questions are also intentionally noninvasive because at this point in the process, either the survivor has not self-identified as being victimized or does not view herself as a victim. For example, rather than asking: “Does your trafficker rape you?”, the manual suggests that providers ask about the survivor’s boyfriend and general relationship problems first, then slowly move into questions about abuse or exploitation. This practitioner guide overall goes beyond assuming that standard intake procedures and trauma-informed care will meet the specific

needs of sex trafficking survivors.

In terms of analysis, the manual is grounded in a solid evidence-based strengths perspective that emphasizes the survivorship of trafficked individuals (Recommendations R1 and G1). Of the selected manuals for analysis, this one best reflects the lens and recommendations of this work. Leitch and Snow (2010) repeatedly advise service providers to evaluate their assumptions about trafficking victims; for example, “Instead of viewing them as juvenile delinquents or troubled adolescents, they should be seen as strong individuals who are in the process of surviving a life of abuse and manipulation” (p. 25). One of the major overarching assertions of this dissertation and its review of strengths-based recommendations is reflected in that statement. There are other areas that also closely parallel or directly reflect the recommendations and viewpoint of the current analysis of the strengths-based literature. When Leitch and Snow set “ground rules” for practitioners during the interview, they integrate Recommendations R3 and R4 by stating that a trusting relationship with a trafficked person is not a given. Rather, it must be earned and one avenue is to incorporate the survivor into every aspect of treatment possible. The intake tool includes “resourcing questions,” which align with Recommendations R9 and R6. These questions elicit character strengths of the survivor and as well as survival skills. One example might be, “Tell me what is helping you to get through this now” or “When things get tough, what part of your personality do you draw on to survive? Can you give me an example when you did this?” The manual states the rationale for these questions as twofold; first, it instigates a positive internal scan to remind the survivor of her own strengths. Second, it moves the survivor away from the questions that are physiologically arousing when they become flooded during the

interview. This type of questioning directly parallels the goals of the current profile of strengths-based positions on intervening. Other intake tools exist in the literature, but few integrate strengths-based questioning to the extent that Shared Hope International does in this manual.

This manual could be viewed within the Stages of Change (Prochaska, Norcross, & DiClemente, 1994) perspective. Stages of Change is a trans-theoretical, client-centered, collaborative approach to identifying which types of interventions to use, based on the client's engagement and readiness for treatment. Within this perspective, the intake tool is written for survivors who are in the pre-contemplation and contemplation stage. Many may still be involved in trafficking or may see their involvement with their trafficker as preferable to their other options (e.g. neglectful parenting or foster care, living homeless and hungry, etc.). As such, they may not identify their experience as “traumatic.” Therefore, to talk about “growing through a trauma or crisis” would potentially be moving too quickly for the survivor in treatment. However, not every survivor is at this stage at intake. Some acknowledge their experience as traumatic, view their world as crumbling, and believe they have few resources to rebuild. For survivors at this point in the change process, they are ready for more growth-oriented questions. The interview is an opportunity to introduce survivors to growth-oriented language and thought processes. Therapists can then build on this foundation throughout treatment. The Shared Hope manual points survivors in this direction, but is limited in the use of questions as interventions (see Fraser, Grove, Lee, Greene, and Solovey, in press, January 2014 for further discussion on this type of interviewing). The intake tool could be expanded by asking these survivors about positive shifts in their relationships

(Recommendation G5), ways they dream of changing the futures of others who are vulnerable to their experience (Recommendation G6), and questions that elicit a richer appreciation or new view of self or aspects of life (Recommendation G7). Just as the original intake tool interweaves questions about strengths, symptoms, and painful experience, these growth-oriented questions should also be integrated so as to balance and integrate both the trauma and the growth, the full landscape.

In sum, the Shared Hope practitioner guide and intake tool provide a starting point for practitioners to assess and conceptualize survivors through a lens that balances trauma, resilience, and strengths. This tool could build on the firm foundation already set by providing practitioners guidance on growth-oriented interventions.

Proposed Procedures and Interventions

A gap remains in the literature where treatment with these survivors is addressed. As reviewed, there are treatment recommendations for survivors of child abuse, intimate partner violence, and sexual assault; all of whom have significant similarities to sex trafficking, and yet there are significant and nuanced differences that create unique dynamics in clinical presentation and the survivor's system's response to the harm done. Further, the literature that does address this population is often lacking in representing this population as courageous survivors of horrific crimes. Thus, there is a need for treatment and service provision literature that integrates these perspectives.

What follows in this final section are suggestions of ways to integrate the recommendations into practice. First, the resilience and growth-oriented mindset that practitioners and interviewers should be trained in will be addressed. Second, suggested phases for treatment will be outlined. Last, a preliminary model for components that

could be incorporated into a strengths-based program will be provided. The program components in this final section should be considered a starting point for providers and researchers and by no means represent an exhaustive list. The subsequent conclusions and future directions sections will discuss ways in which the preliminary model could be built upon, researched, evaluated, and disseminated.

Adopting a Mindset

Similar to what was represented in the manuals previously reviewed, academic settings typically provide thorough training in assessing for trauma and problematic symptomology. As such, providers have spent a significant time building their “symptom-focused” lens. Providers should be trained to tailor these vital symptom assessment skills to the context of sex trafficking survivors. Treatment providers must fully understand where these survivors are coming from prior to treatment. Just as it was previously reviewed in this document, provider training should cover the multitude of experiences unique to the trafficking experience that would influence the survivors’ current presentation and treatment process. These experiences include the trauma bonds built with the trafficker and substance addiction. Their environment had clear rules, expectations, and very clear, violent consequences for breaking those rules. While victimized, those who are trafficked receive conflicting messages regarding intimacy and relationships. They receive focused attention and affirmation from the pimp for sexual behavior (even if the pimp has financial motive). These forces will likely be part of the recovery process. For the provider who is unaware, she or he may interpret a survivors’ behavior as resistance to treatment. Treatment is change. Change to a new environment means a new set of rules and often, uncharted waters for these survivors. Thus, change is

threatening.

In addition to this contextual view of the survivor, providers likely require training in strengths-based mindsets (Recommendations R1, R2, G1, G2, G3). In order for providers to be authentic in this approach, they must fully believe, “buy-into,” and breathe strengths-based conceptualizations. Providers spend a significant amount of time training in symptom focused assessment. It may take just as much time and practice for providers to broaden that lens to the assumption base this analysis suggests. Similar to the interventions that will incite positive scans for strengths within the survivor, interviewers and providers should be mindful to note every potential strength the survivors in treatment possess. The strengths-based view should infiltrate all areas of providers’ practice, from intake to discharge. From point of initial contact with a survivor, providers must believe and convey that this survivor has agency. They must view these women and girls as courageous survivors with skills and assets that they can use to choose how they want to live and view their life from this point forward. While survivors likely did not have a choice when they were recruited, they now can choose their level of involvement with treatment and whether they stay or leave treatment.

Phases of Treatment

What follows is a potential structure for treatment providers to follow when working with survivors of sex trafficking. The suggested Phases of Treatment are intended to be fluid and adapted to treatment setting and survivor needs. Within each phase below are the basic tasks and components to the phase. A more detailed discussion of many of the tasks will be reviewed in the next section (see Figures 4-8).

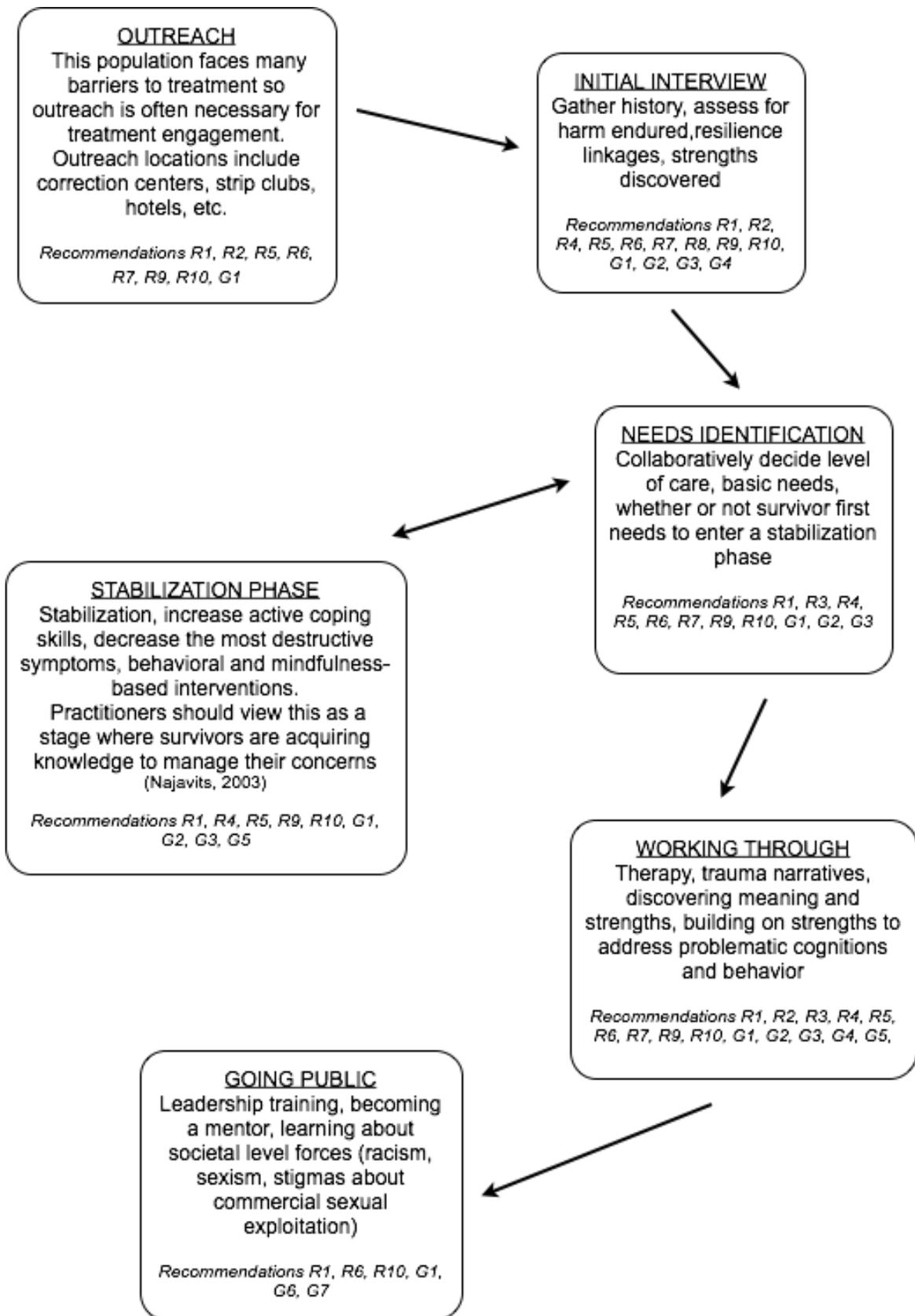


Figure 3. Phases of Treatment

Initial Interview

For a more detailed guide on interview questions to be asked during intake, it is recommended that providers refer to the Shared Hope intake tool previously discussed. Additionally other points for consideration during initial contact and interviews with survivors are provided.

First, the major goal is to establish a working alliance with the survivor. Wampold (2010) states that such alliances are the primary source of success in all therapies. Interviewers should be upfront whether they or another person will be the key person the survivor will be working with throughout treatment. This will provide the survivor the choice in how much she wants to trust and disclose within this first interview. The sub-goal of the working alliance is implementing social supports and positive attachment figures for the survivor (Recommendation R4).

Second, providers working with domestic survivors should be aware of the language used in “the life” and should use such words as would be appropriate and authentic. Mirroring language is important in building rapport as well as in gathering accurate clinical information. Words such as *stable*, *wives-in-law*, *squaring up*, *daddy*, *family* or *folks*, and *trick* are used by domestic traffickers and forced upon victims for the purpose of dehumanizing victims and creating space and barriers between her and those not in the life. Victims are taught to use this language and provide false scripted responses to health and legal professionals. As such, victims may not believe they were sold, but they may report they were trading sex for cell phone minutes (Murphey, 2011). A victim may report that her “folks” give her a safe place to stay when referring to the series of hotel rooms that her trafficker rents out for her. Therefore, awareness of the

language helps providers understand the power structures under which survivors persevere as well as gather accurate information.

Third, given the many barriers to treatment and the likelihood that survivors will leave treatment several times before completely leaving their trafficker, interviewers should view every interaction with survivors as an opportunity for intervention. Some providers may want to administer a formal measure such as the Multidimensional Trauma, Recovery, and Resiliency scale (MTRR) (Harvey, 1996) as a means to gather information on resilience and strengths. Diagneault et al.'s (2007) study, which was previously discussed in the resilience section, utilized the MTRR throughout treatment. If providers choose to assess survivors, it is strongly recommended that assessment is used as an intervention. To utilize the results as an intervention, survivors should receive feedback on the results of that measure during the same session. The results would identify and raise survivors' awareness to their own strengths. In the same way, the interview process is an assessment on which survivors should receive immediate feedback. Providers should use paraphrases to restructure language toward her internal assets and survivorship (Recommendations R6, R7, and R9). Examples of such questions are: "If you had a friend here right now, what advice would you give her on staying safe in your situation?" "Can you think of anything from your past or upbringing that you drew upon to help you in that situation?" "Most people don't survive a night like that without learning a lesson or gaining some wisdom. Did you learn anything about yourself after that?" These types of questions simultaneously acknowledge the severity of the symptoms and situations, gain the survivors' perspective on her experience, and initiate positive internal scans for resilience and survivorship.

A Preliminary Model for Providers

The following tables are starting points for the resilience and growth minded components that can be incorporated into treatment programs. Within each type of component is a listing of interventions and the associated rationale for each intervention. These components and interventions are not rigid mandates; rather, they function as venues to embody the mindset for strength-based, trauma informed treatment. These interventions are supported in the literature, as outlined in the rationales, and are tailored to the unique needs and experiences of sex trafficking survivors.

The manner in which practitioners apply the table components will vary by the practitioner's setting. For example, residential settings that solely function as aftercare facilities for survivors of sex trafficking may use all the components while a school therapist may only use the psychoeducation and workshops components as a way to reach out to potential victims in their environment. It is recommended that practitioners expand on the provided preliminary model for the purpose of tailoring treatment to the specific presenting problems and cultural needs of their clientele. For example, if the mode of survivors serviced at a facility were initially trafficked by family members, providers may need to develop a psychoeducation component specific to those survivors' needs and skills. The conclusions and future directions section of this dissertation will discuss ways that these table components and the recommendations can be further developed and evaluated.

Whenever possible and regardless of setting, it is preferable to involve survivors in the program construction process. To do so aligns with Recommendations G5 and G6 that involve survivors contributing to the prevention and treatment of other trafficking

victims. This point is similar to mental health advocacy boards that include family members and people with mental illnesses. Survivors have expertise to share; if professionals truly believe in a strengths-based mindset, they need to communicate to survivors their leadership potential.

Psychoeducation. Psychoeducational interventions may be delivered in group or individual formats. Providers may choose to have a formal psychoeducation phase to their treatment program, as suggested above, or psychoeducation may be woven into the course of treatment. Below are the components and associated rationales, as well as an example of a psychoeducational intervention:

Psychoeducation	
Component	Rationale
Responses to trauma and PTSD	<p>Normalizes symptoms and provides rationale for treatment.</p> <p>Creates a starting point for PTG interventions.</p> <p>Note necessary adaptations for cultural contexts. DSM definitions likely more applicable for domestically trafficked persons.</p>
Coping mechanisms used while trafficked	<p>Understand the contextual nature of the skills</p> <p>Validate and support those survival skills</p> <p>Differentiate which skills are still applicable to “out-of-the-life” context and which should be left behind</p> <p>Recommendation R5</p>
Posttraumatic growth and its four domains	<p>Unknown strengths cannot be built upon (Seligman, 2011).</p> <p>Psychoeducation on PTG</p>

	facilitates a consciousness raising. Recommendations G4, G5, G6, and G7
Example	
Include survivor stories as concrete examples of PTSD and PTG. Utilize creative formats such as video, art, or written prose	Creativity increases engagement Simultaneously normalizes trauma experiences and instills hope

Figure 4. Psychoeducation Program Components

Workshops. While workshops could be delivered individually, they are most likely fitting within a group setting. The workshops are an extension of psychoeducation, but include group discussions and skill building. Providers may choose to take content from a workshop and integrate it into a group therapy session or episode. Several potential workshop topics are reviewed below and an example is provided (Figure 5).

Workshops	
Component	Rationale
Boundaries and Social Skills	Boundaries and ways of relating have been destructively defined for them while in abusive home life situations and while trafficked The sexualized ways of relating while trafficked were very adaptive for that context. It got them paid, kept them safe, earned them more positive time with pimp/boyfriend Recommendation R5
Active Coping versus Avoidant Coping	Recommendation R5 and G3
Internal Assets and External Resources	Identifies concrete resilience buffers that linked them to

	<p>survivorship</p> <p>Creates a starting place for building on strengths</p> <p>Counters any messages about being "destined to be exploited" that traffickers use to keep victims in the trade (see also Mechanisms for Change)</p> <p>Recommendation R7</p>
Talents, Skills, Creative Abilities	<p>Identification of new skills and development of problem solving skills enhances self-efficacy. Self-efficacy is linked to locus-of-control and resilience</p> <p>See Greene (2012) for discussion of play based interventions' influence on resilience and self-efficacy</p>
Society, Prejudice, and Power	<p>Explore the influence of stereotypes of "prostitutes" on survivors' self-concept</p> <p>Explore how stereotypes do not capture the full landscape of a survivor's identity</p> <p>Recommendation G4</p> <p>Recommendation G6</p>
Example	
Write a song or rap about survivors' assets, resources, and coping skills	Identify skills and strengths and use them in a creative way

Figure 5. Workshops Program Components

Treatment Modalities. Several interventions have been reviewed and suggestions on whether the intervention would best fit a group or individual modality were provided. When weighing whether individual or group level intervention would best meet the survivor’s treatment needs, providers should be mindful of the principles of Recommendation G3. Victims adopt survival strategies to manage the complicated group

dynamics imposed by traffickers. It is possible that group therapy may not be the ideal intervention until after an episode of individual therapy. Below are further considerations specific to individual therapy and group therapy modalities (Figure 6).

Treatment Modalities	
Component	Goals, Markers, and Tasks
Individual Therapy	<p>Behavior and cognition change are bidirectional</p> <p>Cognitive change centers around messages sent while being victimized</p> <p>Messages survivor's daddy/pimp/trafficker told her</p> <p>Examine the ways society affirms these messages</p> <p>Prove or disprove these messages: Who had the power? Who defined her? Now she gets to define herself</p> <p>Survivor considers how she responded: What skills did she use? Would she use the same skills now?</p> <p>Exploration should be done in the context of "You did what you could to survive and cope"</p> <p>Identify anxiety provoking places and experiences; slowly begin to engage with those experiences to build agency and self-efficacy</p>
Group Therapy	<p>Build attachments</p> <p>Shift attachments away from trauma bonds</p> <p>Recommendation R4</p>

<p>Normalize experiences, increase universality (Yalom, 2005)</p> <p>Explore safe vulnerability; explore shame</p> <p>Increase empathy (Recommendation G5)</p> <p>Identify strengths in peers and eventually strengths in self (Recommendations R4, G4, G5, and G6)</p> <p>Shift norms of relating</p> <p>Behavioral changes can be implemented in group therapy and in the structure of the post-trafficking living placement (foster care, group home, etc.). Examples: experiencing adult staff provide choices and meet survivor with empathy; group member resonates with a difficult memory which leaves survivor feeling validated rather than ignored and rejected</p> <p>Triplett et al. (2012)</p>
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Figure 6. Treatment Modalities Program Components

Trauma narratives. This specific intervention is most aptly applied in an individual therapy format due to the high level of attention and involvement required of the provider. There is support for narrative interventions with trauma survivors due to the theory’s active cognitive processing and constructivist elements. Currently, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is considered a standard of care by many who are researching and practicing trauma-informed care (e.g. see Cohen, J. A., Mannarino, A. P. & Knudsen, K., 2005 and Deblinger, E., Mannarino, A. P., Cohen, J.

A., Runyon, M., & Steer, R., 2011). A crucial component of TF-CBT is constructing a trauma narrative where the client writes out the traumatic event as they perceived it happened. Joseph (2011) argues that TF-CBT has merit, but is not substantive enough for the meaning making process that is critical to posttraumatic growth. Narrative therapy takes TF-CBT one step further into the realm of meaning making; the relationship between client and therapist shifts from therapist as collaborative expert to therapist as experienced guide as the client constructs the journey because only the client can create meaning (Joseph, 2011). The narrative process puts the story in the hands of the survivor. Meichenbaum (2006) argues that the manner in which survivors re-tell their stories becomes the “official version” of what happened in those moments; those narratives then shape future beliefs and decisions. He argues from this premise that narratives are ideal interventions for promoting resilience and posttraumatic growth. It is suggested that through the written narrative, therapists can assess the degree to which survivors have command over their story and the level of awareness they have of their own strengths. Meichenbaum’s (2006) review of the literature on utilizing narrative interventions with rape survivors supports this notion; he states that as survivors are able to sequence the events into a narrative—beginning, middle, end, and future—they are able to assimilate and integrate their experience into the whole of their life. These survivors realize that they have survived; they have not fallen apart. Their story has not shattered them. The improved survivors’ narratives evidenced an increased sense of agency.

When utilizing a narrative with survivors of sex trafficking, principles from the initial interview section (e.g. reflecting the client’s language) should be applied

throughout this intervention. Rationales and focal points as well as specific shifts therapists should track are provided below. An example is not provided because this intervention tends to only be a written format, though it could be adapted to other formats (e.g. video recording) to meet the needs of the survivor in treatment (Figure 7).

Trauma-Survivor Narratives	
Component	Rationale
<p>Construct a narrative of losses, trauma, personal strengths called upon, how some relationships and spiritual life may have deepened, and new insights on life</p>	<p>This is the space where they give voice to their experience. Survivors' voices have been silenced while trafficked and society too often silences survivors' voices</p> <p>Narratives are a meaning making process</p> <p>Narratives help survivors organize their experience and creates a sense of agency and control over what at one time felt uncontrollable</p> <p>Highlights the paradox between the fragility of life and a new understanding of the inner strengths and resources one possesses</p> <p>Recommendations G4, G5, G6, and G7</p>
Therapist Task	Specifics
<p>Observe language shifts</p>	<p>Verbs and prepositions: who was acting on whom as an indication of where she is placing the responsibility in the harm done to her as well as times she accessed strengths to survive; notice shifts in attributions of blame</p> <p>See Meichenbaum (2006) for a listing of characteristics of narratives that are associated with</p>

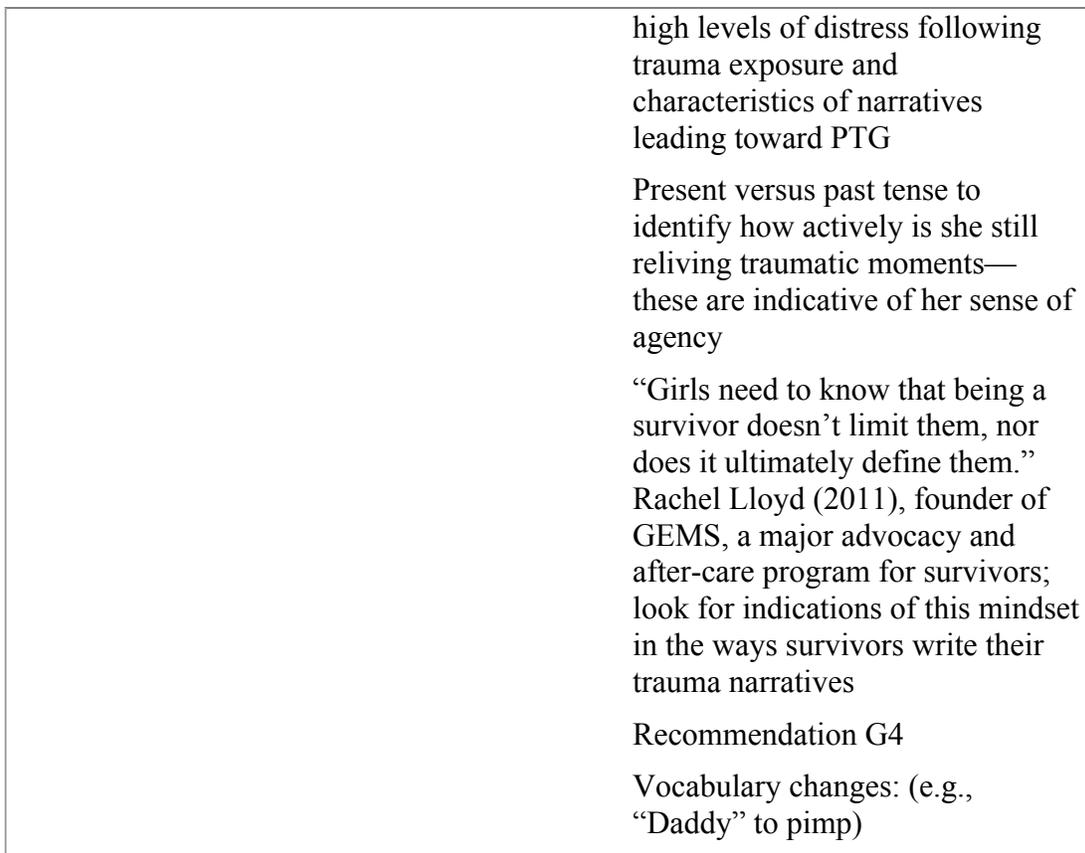


Figure 7. Trauma-Survivor Narrative Program Components

Going public. This final component is intended to be an empowering series of interventions that cumulatively builds upon the work the survivor did throughout treatment. Providers commend survivors for their dedication and survivorship. This component intentionally bridges the survivor to her systems outside the treatment program. Here she becomes an advocate for herself and other survivors. Providers should take extensive consideration to how this component manifests in each survivor’s treatment plan. Some survivors may be comfortable with sharing their trauma narrative with a safe family member while others will want to march at the state capital or start a peer support group. As always, such a decision should be made in collaboration with the survivor (Recommendation R3). The content of these interventions may be delivered in group, individual, psychoeducation, or workshop formats (Figure 8). Finally, this

component is intended to be empowering. Some survivors may find staying silent rather than “going public” to be the most empowering choice. Providers should be open to this choice. This component is by no means a mandate for growth and resilience, but it is an option that should be made available to survivors in treatment and collaboratively discussed with survivors.

Going Public	
Component	Rationale
Mentoring and leadership training and opportunities	<p>Validate survivors' treatment efforts by involving them in treatment of new survivors</p> <p>Survivors have unique knowledge of the sex trade, trauma, and the strengths discovered; mentoring reinforces the view that they have transformed their experience into an asset</p> <p>Imparts empowering trust from professional to client</p> <p>Instills hope in those that they mentor</p>
Survivors tell their story to their systems	<p>Family, advocacy groups, public policy, creating art to be published or displayed</p> <p>When survivors give voice to their struggle and strength, they give other survivors a voice, they pave a path to speaking out</p> <p>Recommendation G6</p>

Figure 8. Going Public Program Components

Conclusions, Limits, and Future Directions

This work is a starting point for a shift in the field. This perspective should be evaluated and tested. This work cautions against launching into data collection without first surveying the assumptions of the evaluator. There is data to support this perspective in work with similar populations, but not with this unique population. This work serves as a means for researchers and mental health professionals to evaluate the premises under which they work.

There are limits to this work. The literature and manuals were not analyzed with the structure of qualitative analysis and coding by multiple raters nor Computer Assisted/Aided Qualitative Data Analysis(CAQDAS) software. Without this level of structure, there is greater possibility that bias and error confounded the formulation of the recommendations and the critique of existing manuals. Due to these limits, this work is considered a pilot and preliminary approach to addressing strengths-based interviewing and treatment with survivors of sex trafficking.

It is hoped that the field can draw upon the recommendations and preliminary program components of this current work to craft manuals that reflect trauma-survivor and strengths-based perspectives. Given the limits of this work, the proposed recommendations and components should be empirically evaluated. Manualized treatment provides a structure to theoretical concepts that can be trained and tested. Providers who believe in the inherent agency of survivors should be trained in methods to intervene with the strengths mindset. Then, this perspective could be tested and evaluated

for efficacy in a number of ways.

For example, to study whether this perspective as a whole leads to better outcomes, dismantling studies could compare trauma and harm reduction treatment to strengths-based only treatment, to treatment that balances trauma and growth. To identify specific change factors, weighted nonlinear regression analysis could evaluate which of the above recommendations best predict positive change within this population and if one recommendation is more potent over another. Between-group comparisons could evaluate whether the assertion that those with significant markers for resilience have not likely had their assumptions shattered, and thus are less likely candidates to benefit from growth-oriented interventions.

Finally, the results should be disseminated in a way that will fluidly translate science into practice. Strengths-based treatment and sex trafficking are concepts gaining public and practitioner interest, and they align with practitioners' values, but the two concepts have yet to be integrated. Therefore, dissemination should not be overlooked in the future directions of this movement.

To conclude, consider the bidirectional impact that a strengths perspective can have between individuals, the mental health field, systems, and society as a whole. The information that is disseminated about survivors will shape the field's view of this population. If all that the field knows is the victim portion of her story, then in individual-level work with this population, practitioners may only invite that portion of her identity into the therapy room. Trauma-informed care and models have a substantial evidence base. However, if practitioners take on a resilience and growth oriented mindset, then from the initial interview and on throughout treatment, the care can be

expanded to trauma-survivor informed treatment. The survivor is invited to give voice to her whole experience, which in turn begins to shift her view of self. Under this consideration, a single therapy hour becomes an act of social justice. The repercussions of providers taking on this mindset at an individual level can reverberate out to a societal level. Societal knowledge and attitudes influence the types of barriers and entryways the individual survivor has in recovery, in the prosecution of her trafficker, and in her ability to grow through the experience toward reintegration in her community and establishment of a new life.

When the mental health field attends to the full landscape of a survivor, the field builds pathways towards lives that triumph over the scars and damage inflicted upon sex trafficking survivors.

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