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Running head: SELF-CONCEPT AND RECOVERY

Pepperdine University

Graduate School of Education and Psychology

SELF-CONCEPT AND RECOVERY: THE EFFECTS OF STIGMA ON SURVIVORS OF SEX
TRAFFICKING

A clinical dissertation submitted in partial satisfaction of the requirements for the degree of

Doctor of Psychology

by

Pamela Alquitran Counts, M.A.

December, 2014

Thema Bryant-Davis, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Pamela Alquitran Counts

under the guidance of a Faculty Committee and approved by its members, has been submitted to
and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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SELF-CONCEPT AND RECOVERY

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EDUCATION

Doctor of Psychology, Clinical Psychology

Pepperdine University, Graduate School of Education and Psychology, Los Angeles, CA
June 2014

Master of Arts, Psychology

Pepperdine University, Graduate School of Education and Psychology, Irvine, CA
June 2009

Bachelor of Arts, Psychology

Minor Business Administration
University of California, Riverside, CA
June 2006

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December 2005

LANGUAGES

Trilingual in English, Spanish, and Tagalog

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Children's Hospital Los Angeles, Los Angeles, CA

Full-time APA Accredited Internship

Pre-doctoral Psychology Intern

July 2013-Present

- Provide assessment and consultation for an interdisciplinary and multidisciplinary clinic treating children with Attention Deficit Hyperactive Disorder and co-morbid developmental or mood disorders at the School Age Clinic.
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- Design focused and/or comprehensive assessment batteries to answer diverse referral questions.
- Assess presenting problems, formulate case conceptualization, and implement individualized treatment plans for children and adolescents presenting with developmental disabilities, disruptive behaviors, and emotional dysregulation.
- Co-facilitate an evidenced-based parent group, Incredible Years, to promote social, emotional, and academic competence in children through building effective parenting techniques.
- Conduct case management in order to advocate for child's needs and link child and family with necessary supports at the school and in the community to reduce barriers to treatment.

DOCTORAL CLINICAL TRAINING EXPERIENCE

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Student Psychology Trainee

September 2012-Present

- Conduct neuropsychological evaluation for pediatric and adult patients with spinal cord injury, brain injury, stroke, diabetes, amputation, dementia, and other neurological disorders.
- Assess cognitive status, capacity to make medical decisions, pre-morbid psychiatric disorders, and impact of current status on treatment and future planning.
- Design and implement personalized individual, and family psychological treatment with consideration for patients' physical and cognitive abilities.
- Co-facilitate a weekly support group for individuals with spinal cord injury.

Long Beach Miller Children's Hospital,

Jonathan Jacques Children's Cancer Center, Long Beach, CA

Student Psychology Trainee

September 2011-Present

- Complete neuropsychological assessment batteries for children and adolescents experiencing and/or undergoing treatment for cancer or blood-borne illnesses.
- Administer, score, and report findings on wide array of neuropsychological and cognitive instruments to evaluate current and late effects of chronic medical illness.
- Provide feedback to patient and family members regarding evaluation results with emphasis on areas of strengths.
- Collaborate with schools to facilitate and participate in school reintegration interventions.
- Develop and implement individual, sibling, and family psychotherapy for children and their families (in English and Spanish) to increase medication adherence, positive family relationships, and adjustment to medical diagnosis.
- Co-facilitate a bi-monthly support group for parents with children who have Sickle Cell Disease.

University of California, Irvine Medical Center

Division of Pediatric Neurology, Irvine, CA

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June 2011-July 2012

- Performed neuropsychological evaluations of mental status, cognitive functioning, expressive and receptive language of children and adults with mild to severe intellectual disabilities.
- Administered, scored, and reported findings on the Rapid Assessment of Developmental Disorders (RADD) to estimate cognitive functioning of children, adolescents and adults.

Union Rescue Mission, Los Angeles, CA

Fellow, Conrad N. Hilton Fellowship

September 2010-July 2012

- Created and implemented distinct individual, group, and family psychological interventions (in English and Spanish) for diverse clients with low socioeconomic status and severe mental illness.
- Provided crisis intervention for individuals who have history of self-injurious behaviors, domestic violence, community violence, physical and sexual abuse.
- Administered, scored, and reported findings on psychodiagnostic instruments to determine level of care and treatment needs.
- Initiated and coordinated the extension of clinic services to women, children, and families.
- Developed and co-facilitated a women's support group to increase positive support network for impoverished women and their children living in the mission.

OTHER CLINICAL AND RELEVANT EXPERIENCE***Chapman Medical Center***, Positive Achievement Center, Orange, CA

Intake Counselor

May 2008-July 2010

- Performed intake assessments to determine level of care (e.g., detox, inpatient, day treatment and intensive outpatient) of adolescents and adults presenting with chemical dependence.
- Provided crisis intervention.
- Researched and educated patients about insurance benefits to assist families in financial planning.
- Contributed to weekly case management meetings to update treatment team and administrative team of patient's progress in treatment.
- Engaged in outreach activities by speaking in schools to build and maintain community resources and network.

Outreach Concern, Inc., Santa Ana, CA

Intern Counselor

October 2007-May 2008

- Designed and implemented counseling intervention to middle school adolescents under supervised clinician.
- Devised treatment plans and adapted counseling services to meet students' varying needs.
- Developed and implemented group interventions, which focused on anger and behavior management and motivational skills.
- Collaborated with teachers, school administrators, and family members to establish comprehensive treatment plans across various systems.
- Coordinated referrals to local resources for families needing further intervention.

Center for Autism and Related Disorders, Temecula, CA

Behavior Therapist

February 2006-June 2006

- Implemented 1:1 Applied Behavior Analysis for children with Autism in home and school settings.
- Provided family support and education.

UCI Medical Center, Orange, CA

Child Life Volunteer

July 2007-January 2008

- Provided interactive bedside and playroom activities for infants, young adolescents, and their siblings to reduce anxiety of being in a hospital.
- Assisted Child Life Specialists in providing families with diagnosis education and support.

RESEARCH EXPERIENCE

University of California, Irvine, Irvine, CA

Department of Psychiatry and Human Behavior

Student Psychology Trainee

June 2011-January 2012

- Performed diagnostic intakes as part of National Institute of Mental Health (NIMH) sponsored research examining genetic, architectural, and biochemical brain abnormalities in Major Depression, Bipolar Affective Disorder, and Schizophrenia.
- Completed psychological autopsies by conducting family interviews and coordinating medical and psychiatric records.
- Provided crisis intervention and bereavement for next-of-kin of participants who have committed suicide.
- Observed court cases to increase familiarity with legal aspect of psychological consultations for individuals hospitalized with severe mental illness.

Pepperdine University, Los Angeles, CA

Research Assistant for Dr. Thema Bryant-Davis, Culture and Trauma Lab

September 2010-Present

- Conduct qualitative and quantitative research on cultural context of interpersonal trauma recovery. Perform literature reviews on topics of trauma such as: human trafficking, sexual assault, HIV/AIDS, child physical and sexual abuse, and discrimination related to culture.
- Design study parameters and methodology.
- Compile and submit grant and IRB applications.
- Collect data for research. Data analysis. Transcribe and code audio data.
- Review and edit papers for publication. Present studies at professional conferences.

Pepperdine University, Los Angeles, CA

Member, Multicultural Research and Training Lab

September 2010-Present

- Conduct qualitative and quantitative research. Discuss and analyze important multicultural themes within clinical setting. Present at bi-annual conference.

interTrend Communications, Long Beach, CA

Market Research Analyst, Project Manager

May 2006-May 2007

- Hired, evaluated, and led team of 10 research assistants to investigate landscape of Asian American youth culture. Managed budget and monitored research database.
- Designed and administered surveys. Assisted in preparing reports that summarized findings.

- Led presentations and phone conferences to educate co-workers and clients of current research on Asian American youth.
- Prepared monthly e-mail blasts to educate clients of current trends in Asian American youth communities.

University of California, Riverside, Riverside, CA

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- Participated in empirical research examining social and cultural influences in cognitive development of children and young adults.
- Administered surveys to investigate how student-athletes constructed higher-level executive skills such as planning, logical reasoning and time-management strategies.
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PUBLICATIONS

Orgel, E., Softley, T., Sherman-Bien, S., Shannon, S., & **Counts, P.** *Evaluation of Neurocognitive outcomes due to chemotherapy-related hearing loss*. Manuscript in preparation.

Bryant-Davis, T., **Counts, P.** & Gray, A. (2014). Shifting the tide: Psychology's role in addressing human right's violations. *The Praeger Handbook of Social Justice and Psychology*.

Bryant-Davis, T., Ellis, M., Burke, E., Moon, N., **Counts, P.**, & Anderson, G. (2012). Religiosity, spirituality, and trauma recovery in the lives of children and adolescents. *Professional Psychology: Research and Practice*, 43(4), 306-314.

Bryant-Davis, T., Tillman, S., & **Counts, P.** (2011). Sexual Assault: A matter of reproductive rights. In Joan Chrisler (Ed.), *Reproductive Rights*. Greenwood, CT: Praeger Publishers.

PRESENTATIONS

Counts, P., Liu, S., Bhang, C., Wickremasinghe, Nimalee, & Ng, Trista. (2013, October). *Acculturation and adjustment among immigrant Asian populations*. Poster submitted for acceptance at the Los Angeles County Psychological Association – 25th Annual Convention, Culver City, California.

Counts, P. (2013, March). *Intimate partner violence in immigrant families*. Panel presentation at the Association of Women in Psychology Annual Conference – Global Concerns, Local and Individual Perspectives, Salt Lake City, Utah.

Counts, P. (2012, October). *Transitioning to adult centered care: A proposed psychoeducational group program for pediatric patients with Sickle Cell Disease*. Presentation at the Multicultural Research and Training Lab Fourth Biennial Conference - Opportunities and Challenges in Making Transition: A Multicultural Perspective, Los Angeles, CA.

Counts, P. (2012, July). *Shattering the Silence: Clinical approaches to issues in the community - African American women and intimate partner violence: Recommendations for Afro-centric interventions*. Panel presentation at the Association of Black Psychologists Annual Convention of African-centered Black Psychology: From root causes to sustainable change, Los Angeles, CA.

Counts, P. & Anderson, G. (2012, March). *Strength and resilience: Adolescent girls exiting trafficking*. Poster submitted for acceptance at the Association for Women in Psychology Annual Conference, Palm Springs, CA.

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- Anderson, G., **Counts, P.**, & Bryant-Davis, T. (2010, January). *Coping and surviving: African American women and the aftermath of sexual assault*. Poster submitted for acceptance to the Association of Black Psychologists mid-year General Assembly Conference of African Centered Approaches to Trauma Recovery and Healing, New Orleans, LA.

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CONFERENCES & TRAININGS ATTENDED

The Evolution of Psychotherapy. December 2013 in Anaheim, California.

Los Angeles County Psychological Association – 25th Annual Convention. October 2013 in Culver City, California.

Society of Pediatric Psychology Annual Conference. April 2013 in New Orleans, Louisiana.

Association of Women in Psychology – Global Concerns, Local and Individual Perspectives. March 2013 in Salt Lake City, Utah.

Multicultural Research and Training Lab Fourth Biennial Conference - Opportunities and Challenges in Making Transition: A Multicultural Perspective. October 2012 in Los Angeles, California.

Association of Black Psychologists (ABPsi) Annual Convention: African-centered Black Psychology; From root causes to sustainable change. July 2012 in Los Angeles, California.

Association of Women in Psychology - Advance, Bolster, Cultivate. March 2012 in Palm Springs, California.

Southern California Hemophilia Education Day, Children's Hospital, Los Angeles. February 2012 in Los Angeles, California.

Sickle Cell Disease Awareness Day, Long Beach Miller Children's Hospital. September 2011 in Long Beach, California.

2011 AAPI State of the Science: Mental Health and Treatment Issues for Asian Americans and Pacific Islanders Conference. April 2011 in Los Angeles, California.

Latino Mental Health Symposium: The Mental Health Consequences of Immigration and Immigration Policies for Latino Adults, Children, and Families. January 2010 in Los Angeles, California.

Association of Black Psychologists (ABPsi) Mid-Year Conference: African Centered Approaches to Trauma Recovery and Healing. January 2010 in New Orleans, Louisiana.

Multicultural Research and Training Lab Biennial Conference - Practices of Healing: Using Multicultural Therapy to Confront Symbols of Hate. October 2008 in Los Angeles, California.

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Asian American Psychology Student Association, Pepperdine University, *Founding Co-Chair*, 2010-2013

California Psychological Association, *Student Affiliate*, 2010-Present

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American Marketing Association, UCR Chapter, *Vice President of Advertising*, 2004

HONORS AND AWARDS

Fellow, Conrad N. Hilton Fellowship, 2010

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ABSTRACT

Survivors of sex trafficking often face complex and complicated situations upon exiting. Stigmatization is a barrier that challenges efforts to heal and rebuild relationships. This study aimed to identify how survivors of trafficking understand the stigma from their families and communities, and how this experience of stigma affects their overall sense of self-concept and belief in their ability to cope and overcome their predicament. Results from interviews with 6 survivors of trafficking indicate that survivors carry multiple layers of stigma that are worsened by the addition of stigma associated with being trafficked for prostitution. Negative evaluations about the woman maintain attitudes that exclude and separate her from social and employment opportunities. However, many of the participants described having the ability to draw from their personal strength and resources to overcome stigma. Recommendations for providers and implications for future research are provided.

Keywords: Human sex trafficking, prostitution, stigma, self-concept, re-integration, recovery

Chapter 1: Introduction

The trafficking of women and children for sexual exploitation has become a growing problem worldwide. Recent studies have addressed its connections with human rights violations (Crawford & Kaufman, 2011), crime control and prevention (Musto, 2009), feminist concerns (Jeffreys, 2009; Limoncelli, 2009), improvement of foreign policies, identification of traffickers, health intervention programs (Cusik, 2006; Liu, Srikrishnan, Zelaya, Solomon, Celantano, & Sherman, 2011; Vijeyrasa & Stein, 2010), and need for improved recovery services (Macy & Johns, 2011; Simeunovic-Patic & Copic, 2010). While these research studies have acknowledged and addressed the stigma experienced by individuals who are trafficked, there has been little research carried out to examine the way in which stigma impacts the victims/survivors' self-concept and reintegration experiences (Chung, 2009; Kaufman & Crawford, 2011; Kotrla, 2010; Liu, et. al., 2011; Lutya, 2009; Macy & Johns, 2011; Vijerayasa, 2010). While most studies on stigma and sex trafficking have focused specifically on HIV and sexually transmitted diseases (Berger, Ferrans, & Lashley, 2001; Boer & Emons, 2004; Chesney & Smith, 1999; Herek, Capitanio, & Widaman, 2002; Parker & Aggleton, 2003; Wright, Naar-King, Lam, Templing, & Frey, 2007), very few have focused on the general stigma that survivors of sex trafficking experience - especially the stigma originating from the survivors' family and community (Vijerayasa, 2010). Given the important role of family and community in the recovery process of trafficking survivors, it is essential to understand how the community (e.g., police, consumers, and strangers) stigmatizes the survivor and their families, and how the families' own fear of stigma contributes to further rejection and stigmatization of the survivor. Understanding how stigma from

these networks influences the survivor's sense of self may have significant implications for recovery and reintegration among trafficking survivors. Thus, the present study aims to address this gap in the literature to understand the types of stigma survivors of sex trafficking encounter from immediate support networks (e.g. peers, family) and larger community networks (e.g. consumers, police, strangers) and how these interactions shape the way they perceive themselves and their role in their communities.

Chapter 2: Review of the Literature

What is Stigma?

The concept of stigma is rooted upon the notion that an individual's inherent qualities deviate from socially acceptable standards (Scambler, 2009). Phelan, Link, and Dovidio (2008) assert that stigma links disease with disability and deviant behavior with identity. In reviewing models of stigma and prejudice among individuals who have mental illness, Phelan, Link, and Dovidio (2008) found that stigma was used to exploit/dominate (keep people down), enforce social norms (keep people in), and separate those with mental illness and disabilities (keep people away). According to Goffman (1963), stigma is an attribute that shames and devalues its recipient. He stated that it "reduces (the) bearer from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). Jones, Farina, Hastorf, Miller, and Scott (1984) further assert that stigma perpetuates power disparities, as it serves to exclude stigmatized individuals and groups from social norms by manipulating their status and reputation. Link and Phelan (2001) state that these power inequalities are maintained by the labeling nature of stigma, which separate and exclude the stigmatized person or groups from those who do not share the stigma. Generally, those who are stigmatized are marginalized and disadvantaged populations (e.g., women, mentally ill persons, ethnic minorities, people with disabilities and deformities, etc.) and are separated by more dominant and advantaged cultural groups (e.g. men, cultures of European origins; Phelan, Link, & Dovidio, 2008; Crocker & Major, 1989). It is well documented that members of stigmatized groups are disadvantaged in terms of socioeconomic and interpersonal resources, facing systematic obstacles in economic and occupational advancement. By associating stigmatized groups

with undesirable and disparaging attributes, the power inequalities between both groups become greater and those who bear stigma experience a status loss and discrimination (Link & Phelan, 2001). In line with Phelan, Link, and Dovidio's (2008) conceptualization of stigma, stigmatized groups are thus "kept away." Stigmatization occurs when the stigmatized group(s) is perceived by the more dominant group as fundamentally different, and is consequently dismissed from social norms, values, and beliefs. While stigmatization also occurs within disenfranchised groups, this particular study will examine the stigmatization between more dominant and lesser groups.

Process of Stigmatization – Public and Self.

Scambler and Paoli (2008) define structural discrimination against the stigmatized person as *enacted stigma*, which include behaviors that support prejudice and social exclusion of the stigmatized individual (e.g. exclusion from job opportunities). Corrigan, Salzer, Ralph, Sangster, and Keck (2004) identified these reactions from the community as *public stigma*, and stated that they lead stigmatized individuals to engage in avoidance behaviors to avert prolonged negative labeling from others. On the other hand, Scambler and Paoli (2008) coined *felt-stigma* to describe the sense of self-derogation that the stigmatized individuals experience. According to Corrigan et al. (2004), internalized stigma results in *self-stigma*, in which stigmatized individuals become likely to believe the negative evaluations and undesirable characteristics attached to them as part of their self-identity and worldview. The status loss that stigmatized individuals experience leave little room to contest the stereotypes and labels they are given, and the constant exposure to devaluing and stigmatizing attitudes serve to maintain the belief that the stereotypes are true and accurate. For example, after a group of women and a group of African

Americans were provided with blatantly discriminatory evaluation after completing a task, Stangor, Van Allen, Swim, and Sechrist (2002), found that the group of women were more likely to attribute their feedback to their abilities when they were asked to describe their experience in the presence of individuals that belonged to a dominant and advantaged group, such as men. And those in the African American group performed similarly when they were asked to describe their experiences to European Americans. However, the authors noted that the participants, both the women and African American group, were more likely to attribute the negative feedback as discrimination when they were in a private setting. These findings were corroborated by Sechrist, Swim, and Stangor (2004), who found that after women participants were given negative feedback after a task, they were more likely to attribute their failure to their own ability rather than discrimination, though the feedback closely resembled discrimination. In contrast, when the women observed another woman receiving the same critical feedback, the authors found that the women were more likely to attribute the other woman's experience to discrimination. The researcher's findings depict the compromises that stigmatized groups often encounter, highlighting their perception that undermining their competence is less costly than claiming discrimination. Sechrist et al., (2004), suggest that those who attributed their shortcomings to their ability rather than discrimination, were more likely to internalize their failure, eliciting shame. Thus, certain systematic conditions exist that decrease positive interactions with their environment, increasing the likelihood that stigmatized individuals acquire negative perceptions of themselves. Corrigan et al. (2004) states that the internalization of stigmatizing attitudes is associated with reduced self-esteem and ability. A number of studies on stigma has to do with characteristics that

have been present at birth (e.g., gender, ethnicity, physical disabilities), providing them with opportunities to develop strategies to counteract stigmatizing attitudes, such as making social comparisons with other stigmatized groups, and selectively valuing positive qualities of the stigmatized group they are a member of (Crocker & Major, 1989). Individuals and groups who acquire stigma later in life may not have the opportunities to develop such protective strategies, and are, therefore, more susceptible to psychological consequences (Crocker & Major, 1989). Thus, the present study intends to focus on the effect of stigma on a group of women who have acquired stigma as a result of being trafficked for sexual exploitation.

Self-Concept and the Impact of Stigma

According to social psychologists, self-concept is based upon the way in which one appraises their personal attributes. In his research with the self, James (1890) postulated that self-concept is developed by emotional identification with parents, friends, and significant others. Mead (1913) expanded this theory by stating that individuals begin to organize their perception of self by how they believe they are characterized by others. Indeed, the concept that one's sense of self is maintained by interactions with other people is well contended by several authors (Baumeister, 1999; Erikson, 1950). These researchers are pioneers in their stipulation that social interactions are necessary to develop the capacity to maintain a stable sense of self worth by using them to compare, verify, and build estimations about one's self. Drawing from these theorists and confirmation theory, which asserts that validation from social networks are necessary for the development of self, Dailey (2010) found that level of acceptance and challenge (described as interactions that encouraged growth and independent thought) -

from their mother, father, and siblings - predicted specific dimensions of self concept (e.g. self-esteem, identity strength, and autonomy) among adolescents. Results from 206 participants ages 13-22 revealed that certain aspects of self-concept were influenced by interactions with certain family members; for example, acceptance from fathers were related to self-esteem and identity strength, while challenge from mothers were related to self-esteem, identity strength, and autonomy. These findings support and maintain the notion that interactions with others are varied, and that these early social relationships shape how one attempts to organize, summarize, and explain cognitive generalizations about the self (Baumeister, 1999; Markus, 1999). As individuals accumulate experiences based on patterns of behavior and interactions with others, they generate a framework that categorizes and organizes impressions of the self, which is used as a basis for future judgments, decisions, and actions (Markus, 1999). According to Baumeister (1999), the basis of selfhood is comprised of three components: reflexive consciousness, interpersonal being, and executive function. In reflexive consciousness, he states that the individual is self-aware and seeks to understand knowledge about the self usually through interpersonal connections, which is related to the second component. Baumeister (1999) states that individuals are interpersonal beings, and learn about the self through connections with others. Lastly, he states that the self has an executive function that allows it to make choices, initiate action, and execute tasks; which creates the foundation for agency and control.

Similarly, individuals learn about negative attitudes towards stigmatized groups, such as prostituted women, through early social interactions, and are reinforced by the popular culture. These attitudes do not actually threaten an individual until they are

given the label of prostituted women, and the cultural values associated with the label become personally significant and hurtful.

Thus, rejection and maltreatment that result from stigma from immediate and community networks can disrupt the formation of a positive self-concept (Link & Phelan, 2001; Scambler & Paoli, 2008) for women who are trafficked and entered into prostitution. The inability to feel mastery and competence is developed and maintained through the negative attitudes and attributions that are socially imposed through stigma - which likely contribute to the perception of one's self as worthless, inferior, and insecure. Inability to develop a stable sense of self-worth is further facilitated by status loss and discrimination. The consistency of negative information derived from stigmatizing attitudes, create generalizations about the self that converge and become increasingly resistant to contradicting information. Thus, stigmatized groups and individuals are likely to generate impressions about themselves that are consistent with the attitudes and behavioral patterns they encounter (Markus, 1999). As noted earlier, stigmatization occurs when a label or a stereotype is given to an individual or group. Reinforcement of these labels and stereotypes from social interactions contribute to the internalization of discrediting and derogatory labels as inherent qualities, which serves to weaken one's sense of esteem, integrity, worth, and ability to love one's self. For example, Link and Phelan (2001) found that individuals hospitalized for mental illness acted less confidently, were defensive, or avoided contact altogether because they learned to expect and fear rejection as a result of previous negative interactions with others. In contrast, Moses (2009) found that, on average, adolescents in their sample denied feeling stigmatized by their community or experiencing self-stigma, which the authors stipulated

was due to the ambiguity between common adolescent mood fluctuations and mental illness and more positive messages about mental health symptoms. Nevertheless, their data suggested that 27% to 55% of the adolescents they interviewed reported experiencing denigration as a result of their mental illness and treatment. Moreover, those who reported more public stigma, reported more self-stigma, lower self-esteem, and elevated levels of depression. The adoption of negative attributions as a result of stigma has also been evidenced in marginalized ethnic groups. For example, given their history of oppression and discrimination, Steele and Aronson (1995) found that African American college students performed worse than Caucasian students when they were told that they were being tested on their intellectual ability; though there were no noted differences on the test scores when the test administration was not labeled as a measure of “ability.” These authors postulated that stigmatized individuals acted in ways that confirmed a negative stereotype by disengaging from situations that appeared threatening, a concept they coined as “stereotype threat” (Steele & Aronson, 1995). In their study with African American job candidates exposed to blatantly discriminatory interviews, Kaiser and Miller (2003) found that the applicants who attributed their job rejection to discrimination were more likely to be viewed as “troublemakers,” than those who attributed their rejection to their interviewing skills or competition. Through this study, the authors demonstrated that members of stigmatized groups were less likely to speak against the discrimination they encountered due to fear of social retaliation. By being exposed to damaging social interactions, stigmatized individuals are likely to absorb negative stereotypes and labels that force them to act and think in ways that reinforce a negative self-identity (Crocker & Major, 1989). Mercurio and Landry (2008)

conducted a study based on a premise that young women self-objectify their bodies as a result of being exposed to sexually objectifying messages in the cultures. They tested the effects of self-objectification and its impact on the women's well-being. In their study of 227 female undergraduates, the authors found that self-objectification was associated with body shame, low self-esteem, and low satisfaction with life. This study supports the assertion that stigmatizing attitudes, such as sexual objectification, can reinforce gender discrimination and power inequalities that negatively transform how women regard themselves. Though the women in this study were educated, presumably of middle class due to level of education, the presence and effects of stigmatizing attitudes in this population raises the question as to how stigma affects those women who lack economic resources and educational opportunities, conditions that are characteristic of women and children who are entered into trafficking. Nevertheless, some of the research on stigma and self-concept has yielded inconsistent findings. For example, after an exhaustive literature review, Crocker and Major (1989) have identified protective factors that preserve self-esteem and self-concept of stigmatized groups. According to their review of the literature, Crocker and Major (1989) reported that stigmatized groups have equal or higher levels of self-esteem than non-stigmatized groups. Several of the strategies that Crocker and Major (1989) identified that protect against stigma were attributing negative stereotypes to the stigmatized in-group rather than themselves, comparing outcomes with the stigmatized in-group rather than the dominant and advantaged group (the authors reported that this would significantly reduce self-esteem), and selectively valuing positive qualities of the stigmatized in-group and devaluing those that are negative. One limitation that they found in adopting these protective strategies was the time that the

stigma was acquired. Crocker and Major (1989) reported that individuals and groups who acquire stigma later in life are less likely to adopt and utilize these protective strategies. Given that children and women who are trafficked for sexual exploitation acquire stigma in various stages of life (though it is noted that they may also be members of other stigmatized groups e.g., gender, immigrant, ethnicity), they may not have the same strategies to protect their self-concept (Crocker & Major, 1989).

Given the sense of shame, low self-esteem, self-blame, and failure associated with stigma, stigmatized individuals may not have a durable sense of self that can endure or overcome the struggles associated with trauma or other stressful situations. Indeed, the damaging outcomes of stigma have been well documented in several studies involving trauma. Depression (Hong et al., 2010; Kong, 2006), anxiety, substance use (Brewis & Linstead, 2000; Sallmann, 2010), and even suicide (Hong et al., 2010), are some consequences faced by stigmatized individuals who have been repeatedly exposed to traumatic events, such as sexual exploitation. Though these studies describe stigma in relation to the psychological consequence, they do not directly focus on stigma among trafficked individuals. The present study intends to fill the gap in literature concerning stigma and self-concept among trafficked individuals. According to several researchers, the fear of stigma can become so strong that stigmatized individuals socially withdraw and isolate, avoiding interactions that may enact stigmatizing attitudes (Ngo,et al., 2007). Moreover, conditions which block accessibility and availability of economic and occupational resources may limit their ability to seek help and support. Thus, stigmatized individuals may be less likely to seek support in the aftermath of traumatic experiences, creating significant negative consequences for their psychological health and well-being.

Hence, the focus of the present study intends to examine the stigma that women trafficked for sexual exploitation experience and the extent to which it impacts their sense of self-concept and ability to access support and services.

The following review of the literature provides a brief overview of the trafficking landscape, including factors and experiences that make individuals trafficked for sexual exploitation vulnerable to stigma. Given limited research on trafficked individuals, the literature review on stigma in the present study includes research findings related to childhood sexual abuse, rape, and prostitution as individuals who have experienced these events are subjected to human rights violations and stigmatized attitudes primarily as a result of gender, economic, and power inequalities that are similar to those experienced by individuals trafficked for sexual exploitation. A review of how these stigmatizing attitudes impact the development of one's sense of self will be discussed. Finally, research findings on how stigma affects the recovery process will be reviewed.

The Trafficking Landscape

Definition and prevalence. The United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, defines trafficking as the following:

The recruitment, transportation, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, or 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 of another person, for the purpose of

exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (United Nations of Drugs and Crime [UNODC], 2004, pp. 42-43)

Due to the covert and secretive nature of trafficking, estimates of its prevalence vary. The International Labor Organization (ILO; 2012) estimated that 21 million individuals are trafficked worldwide, though other studies have approximated numbers as high as 25 million. A recent study conducted by United Nations Office of Drugs and Crime (UNODC; 2009), also demonstrated a 27% increase in the number of identified trafficking victims in the reporting period between 2003 to 2006, which suggest that the numbers are growing. According to the UNODC (2006), 161 countries are affected by human trafficking, including both wealthy and developing countries. Though victims of trafficking are trafficked for a variety of purposes including domestic work, military conscription, marriage, illicit adoption, sports, street begging, and organ supply, the UNODC (2009) approximated that 79% of victims are trafficked worldwide specifically for sexual exploitation and 18% for forced labor.

Victims of trafficking. Traffickers seek individuals in environments that make it less likely for escape and where there are minimal threats of repercussions from the law. To this effect, poverty (Chung, 2009; Crawford & Kaufman, 2008; Jones, Engstrom, Hilliard, & Sungakawan, 2011; Kaufman & Crawford, 2011; Macy & Johns, 2011; Mantini, 2008; Vijerayasa, 2010), limited education (Gjermen et al., 2008; Jones et al., 2011; Lutya, 2009), lack of income (Gjermen et al., 2008), perceived lower status

(Crawford & Kaufman, 2008; Jones et al., 2011; Viejerayasa, 2010), and discrimination (Gjermen et al, 2008; Limoncelli, 2009) are factors that place women and children at most risk for trafficking. According to the UNODC (2009), 88% of those trafficked are women and children, with 50% minors (US Department of State, 2007). Though both men and boys are also susceptible to being trafficked, existing sociopolitical inequalities that subordinate the status and limit economic opportunities of women place them at higher risk of being exploited (Fong & Cardosso, 2010; IOM, 2007; Rafferty, 2007). For example, women with low socioeconomic status may not have options to obtain education as a means to secure employment and overcome poverty. In some cases, they may not only become vulnerable to trafficking, but may also agree to exploitative agreements that may be perceived as better alternatives to mistreatment in their home or community (Limoncelli, 2009; Logan, Walker, & Hunt, 2009). In rural areas of Thailand, Rafferty (2008) found that children were forcefully and sometimes knowingly taken from their families to be initiated into trafficking for profit. When interviewed, children who were involved in trafficking disclosed that they participated in prostitution to make money and support their families (Orchard, 2007; Sossou & Yigitoba, 2009). In Ghana, Nigeria, and Togo: Sossou and Yigitoba (2009) learned that children were sold as commodities to kinsmen, extended family members, in exchange for educational opportunities. Unfortunately, the authors stated that some of these children were often resold to traffickers for sexual exploitation or forced labor (Sossou & Yigitoba, 2009). Thus, it is important to note that the concept of consent becomes disputable when there is a lack of options and resources to secure the economic success of these groups. In addition, the issue of age becomes problematic around discussions of consent, as children

are not developmentally and legally able to provide consent, making them more vulnerable to exploitation. Though the aforementioned studies illuminate conditions that pressure families and individuals to enter trafficking, they fail to take into account perceptions of stigma that individuals entered into trafficking experience upon exiting and returning to their families and communities.

Women and children who are trafficked tend to originate from developing countries that have political conflict (Gjermeni et al., 2008; Goodey, 2008; Simeunovic-Patic & Copic, 2010; Surtees, 2008), corrupt public officials (Chung, 2009; Jones et al., 2011; Studnicka, 2010), poverty (Chung, 2009; Crawford & Kaufman, 2011; Jones et al., 2011; Macy & Johns, 2011; Mantini, 2008; Vijerayasa, 2010), and/or high rates of unemployment (Macy & Johns, 2011; Jones et al., 2011). Thus, women and children living in these countries are more likely to resort to trafficking as an alternative of escape (Yakushko, 2009). In addition, the absence of sufficient legislation and weak enforcement of laws addressing sex trafficking contribute to the use of these countries as source and transit points for trafficking. Furthermore, the advent of globalization adds to an increase in women seeking employment abroad to enhance their economic status, creating a ready environment for traffickers and organized crime networks (Chung, 2009; Goodey, 2008; Musto, 2009). Though there is sufficient support in the literature depicting the characteristics of those who are vulnerable and become subjected to trafficking, there is minimal research concerning how these populations are consistently targeted and maintained as victims. More specifically, there is a dearth of literature exploring the attitudes that sustain the sexual objectification and victimization of women and children and how they contribute to their entry to trafficking. The present study

intends to elucidate the effects of stigma among those trafficked for sexual exploitation, and how they contribute to their continued victimization.

It is important to note that trafficking does not exclusively occur across borders in between developing countries, but is also prevalent within the borders of wealthy and industrialized countries. In the United States (US), the average age of entry into the sex trade is 12 to 14 years old (Estes & Weiner, 2001). Estes and Weiner (2001) estimated that 244,000 American children and youth are vulnerable to child sexual exploitation, with those who have ran away from home and have history of child abuse at most risk (Kotrla, 2010). Researchers state that they are recruited by pimps, friends, or family members, who attract them with lucrative employment opportunities, but instead are subjected into sex work in massage parlors, strip clubs, pornography, truck stops, and streets (Kotrla, 2010). Much of the literature surrounding sex trafficking has focused on international countries, and very few have examined trafficking within the United States. Moreover, studies on trafficking in the United States have focused on minors (Estes & Weiner, 2001; Kotrla, 2010). Thus, the present study aims to expand the body of literature exploring the experiences of women who were trafficked within the United States, which may include immigrants as well as US citizens.

Effects of trafficking. The trafficking in of persons involves high levels of violence and coercion, which are often psychologically, physically, and sexually exploitative in nature. Traffickers employ psychological terror by threatening to kill the trafficked person or their families if they fail to comply with their demands (Gjermen et al., 2008; Kotrla, 2010; Raymond & Hughes, 2001; Wilson & Dalton, 2008). Though some may have knowingly agreed to such exploitative conditions in exchange for

economic profit, once transferred to another country or location, most individuals who are trafficked are isolated from familiar networks, stripped of their identification (e.g. visas), autonomy, and are subjected to debt bondage, making it impossible to leave (Farley, 2003; Kotrla, 2010; Wilson & Dalton, 2008). In more severe cases, they are deprived of food, water, and medical attention; while being physically abused, raped, and tortured by traffickers and consumers who buy sex from them. Given these deplorable and dangerous conditions, trafficked individuals sustain numerous health problems, such as sexually transmitted diseases, HIV, and birth complications. They are prone to physical injuries, such as broken bones, burns, and concussions; and even death (Kotrla, 2010; McClain & Garrity, 2011; Logan et al., 2009; Raymond & Hughes, 2001). Long-term psychological consequences, such as depression, anxiety, PTSD, substance use problems, malnutrition, and self-destructive behaviors have also been documented (Kotrla, 2010; McClain & Garrity, 2010; Logan et. al., 2009; Raymond & Hughes, 2001). Though the devastating effects of these atrocities are well documented in the literature, very few studies have examined how these experiences have influenced the trafficked individual's sense of identity, esteem, autonomy, and ability to overcome these trying circumstances. By highlighting the negative consequences of trafficking on the mental health of trafficked individuals, researchers intend to illuminate the need for more effective services and support for these populations. However, in doing so, researchers also depict an image of mental illness and substance dependence, which contribute to stereotypes and labels that portray trafficked individuals as vulnerable and deviant. In their studies with stigma, Link and Phelan (2001) state that researchers tend to profess their theories without attending to the perceptions of the stigmatized individuals

themselves, further highlighting their disadvantage and distancing them from acceptable norms of society. Thus, the present study aims to expand current literature to understand how trafficked individuals make sense of their experiences and manage impressions of their self and identity in the face of adverse conditions. Studies involving a sample of prostitution-involved women revealed that most have accepted the stereotypes and labels that others have attributed to them (e.g., whore), but managed it by concealing it from their families and the community to avoid stigmatization and discrimination (Kong, 2006; Sallmann, 2010). In interviews with 14 prostitution-involved women in the United States, Sallmann (2010) found that the women felt permanently altered by their involvement in prostitution despite the fact that they no longer exchanged sex. The women in the study reported that interactions with others (e.g., family members and the community) reinforced stigmatizing attitudes, which, in turn, affected how they interacted with others, including expecting discrimination. Likewise, in a sample of 13 prostitution-involved women in Hong Kong, Kong (2006) found that the women expected to be mistreated by police officers, which precluded their desire to seek their help in times of distress. Given that individuals who are trafficked for sexual exploitation are subjected into prostitution, Kong's (2006) and Sallmann's (2010) studies provide a foundation for the present study's assertion that stigmatizing attitudes have important influences in the way trafficked individuals organize their perception of their selves. However, Kong's (2006) and Sallmann's (2010) studies include prostitution-involved women only; and, to date, there have been no studies exploring how stigma affects the identity of those trafficked for sexual exploitation.

Stigma of Trafficking and Sexual Exploitation

According to Farley (2003), descriptions depicting prostitution as “voluntary” and “work,” obscure the violence and discrimination prostitution-involved women are subordinated into, making stigma invisible to most observers. Though children and adolescents are not exempt from trafficking, age certainly plays a factor in the perception of responsibility and blame. In studies with children who were sexually abused, several researchers have found that age, relationship with the perpetrator, gender of the audience learning about the abuse influenced perceptions of responsibility and blame (Davies & Rogers, 2009; Maynard & Wiederman, 1997). For example, Maynard and Wiederman (1997) provided vignettes to undergraduate students depicting a sexual interaction between a child and an adult, in which the age and gender of the child were manipulated to examine perceptions of fault and accountability. In this study, the researchers found that participants were more likely to attribute blame to a 15-year-old child than a seven year-old child. Similarly, in interviews with 391 respondents in the United Kingdom, Davies and Rogers (2009) found that children who were approaching adulthood and were more developed, were viewed to have an active role in their abuse or assault. Furthermore, they found that women, relative to men, were more likely to believe children who report sexual abuse. These studies suggest that age and gender of the audience play a critical role in sustaining the stigma and stereotypes that befall young children and women who become victims of sexual abuse. Given the similar nature of the abuse, victims of sex trafficking are likely to encounter similar stereotypes, which justify and perpetuate human rights violations. Though these studies indicate that older age is a risk for sexual abuse, in some cases with younger children, researchers found

perpetrators justified sexual abuse as a positive or corrective experience for children (Davies & Rogers, 2009). In instances of trafficking, these attitudes may play a role in an individual's decision or parents' decision to knowingly enter their self or child into exploitative agreements. Studies on rape attribution also point to issues of race that make ethnic minorities susceptible to stigma. For example, when presenting a vignette of a Black or Caucasian woman filing a rape case, Donovan (2007) found that undergraduate students were more likely to view Black women than Caucasian women as culpable when the perpetrator was a White male. However, Donovan found that the respondents viewed both Black women and White women equally responsible when the perpetrator was a Black male. The author posited that stereotypes of the Jezebel image, where Black women are associated with hyper-sexualized and promiscuous labels, contribute to the attribution of blame in instances of sexual assault when the perpetrator is of another race. Likewise, Chan (1988) documents the historical sexual objectification of Asians and the group's susceptibility to sexual exploitation. Chan (1988) asserted that these labels and stigmas are proliferated in the media, and are utilized to sustain and perpetuate the sexual objectification of women belonging to an ethnic minority. Though the aforementioned studies explored attitudes related to perceptions of responsibility and blame in childhood sexual abuse and assault, they are not specific to circumstances of trafficking. Nevertheless, they suggest that certain factors, such as age, race, and gender place ethnic minority women and children at higher risk for stigmatizing attitudes and labels. These stigmatizing attitudes not only make certain individuals susceptible to trafficking, but also suggest that those who are trafficked carry pre-existing labels and stereotypes (e.g., victim of childhood sexual abuse) that further push them into the trafficking culture.

Moreover, given the prevalence of trafficking crimes in impoverished towns, cities, and developing countries, trafficking may be viewed as a normative response to violence and limited economic opportunities, which limits the amount of resources available to overcome such obstacles. In general, those vulnerable to trafficking are individuals and groups who already carry a mark that discredits, separates, and excludes them; therefore, they are likely to acquire additional stigma as a result of being trafficked for sexual exploitation.

Women and children who are trafficked for sexual exploitation in the United States are forced to use their bodies to sell sexual services in massage parlors, strip clubs, truck stops, and streets (Kotrla, 2010; Wilson & Dalton, 2008). Often taken away from their families and/or native countries, women and children who are trafficked experience a status loss and are objectified as sexual commodities by traffickers and ‘johns’. Dominance and power disparities between the trafficker and trafficked victim are made evident through the use of force, coercion, isolation, and threats; which make it possible for traffickers to continue to carry out heinous abuses and crimes against them. Traffickers, which also include trafficked women with greater seniority, enforce stigmatizing attitudes that over time create repeated impressions that are generalized into how the trafficked victim views their ‘self’, further adding to the stigma they experience. Though victims of trafficking are subjected to conditions that devalue and discount their dignity and humanity, social beliefs about the types of servitude they are forced and coerced to partake in often overshadow the violation of human rights they experience. In studies which include women who have been sexually assaulted (Miller, Canales, Amacker, Backstrom, & Gidycz, 2011) and those involved in prostitution (Coy, 2008;

Jimenez, et al., 2011; Kong, 2006; Phetersen, 1990; Sallmann, 2010), researchers have found that they are labeled as sexually active, promiscuous, prostitute, and whore by consumers, their family members, and others in the community. Given the paucity of literature on stigma and trafficking, stigma associated with sexual assault, rape, and prostitution-involved women were examined and incorporated into the present study.

According to Phetersen (1990) the term “prostitute” brands a woman with a label of “whore,” which affixes a permanent social status that cannot be modified regardless of behavior. The label of “whore,” connotes that individuals who are involved in prostitution are indiscriminate about who they engage in sexual relations with, which is problematic as it ignores the fact that the issue of choice and consent may not be an option for the woman or child (Farley, 2003). In this case, the behaviors that trafficked individuals are forced and coerced to engage in become the basis of their identity (Farley, 2003; Phetersen, 1990; Scambler & Hopkins, 1986). By describing individuals involved in prostitution as hypersexual (Phetersen, 1990), Miller and Schwartz (1995) state that society reinforces beliefs that prostitution-involved individuals are not susceptible to rape, which perpetuate beliefs that they are responsible for the human rights violation committed against them. Other studies have also depicted prostitution-involved women as unclean (Tomura, 2009; Wong, Holroyd, & Bingham, 2011) and carriers of diseases (Hallgrimsdottir, Phillips, & Benoit, 2006; Izugbara, 2005). In a review of newspaper articles about prostitution in Norway, Stenvoll (2002) found that a majority of newspapers portrayed women involved in prostitution as vectors of diseases, particularly the source of transmission of HIV and AIDS. In other studies, prostitution-involved women described being stereotyped as deviant and morally damaged, engaging in

maladaptive behaviors that are high risk and self-destructive (e.g., having sex with multiple individuals and engaging in substance use; Jimenez, et al., 2011; Sallmann, 2010; Scambler & Paoli 2008; Shoham, Rahav, Markovski, Ber, Chard, Rachamin, & Bill, 1983; Tomura, 2009; Wong et al., 2011). According to Miller and Schwartz (1995), such myths maintain social beliefs that prostitution-involved women are deserving of the violence perpetrated against them (Sallmann, 2010; Tomura, 2009). In employing data from the 2005 European Values Study Group and World Values Survey Association, Cao and Stack (2010), discovered that over 90% of the population in their study believed that prostitution was never justified, emphasizing the prominence of public attitudes against prostitution in China regardless of reason and circumstances that lead women to become involved. Though these studies distinguish attitudes that trafficked individuals are likely to encounter, it is important to note that the samples of the aforementioned studies primarily provide information on the experiences of women involved in prostitution. Nevertheless; Wong, et al (2011) found similar experiences in a sample of trafficked women in Hong Kong. They found that participants in their study feared identifying themselves as sex-workers due to the possibility of criminal prosecution and deportation from police. Several women shared stories about how the police would verbally insult them and physically assault them when they would ask for help (Wong et al, 2011). Logan, Walker, and Hunt (2009) reported that individuals trafficked internationally are likely to encounter prejudice from host countries who may associate them as part of the immigration problem (Logan et al, 2009). In a study interviewing agencies who reported experience with trafficking in Kentucky, Logan (2007) found that retaliation and fear of deportation were one of the main barriers that prevented trafficked women from seeking

help. Though this study provided insight to trafficking within the United States, it mostly provided information on the points of view of agencies and service personnel, and not the trafficked individuals themselves. Nevertheless, much of the research that explored societal attitudes towards prostitution-involved women revealed many misconceptions. For instance, Halter (2010) examined whether police were more likely to conceptualize 126 prostitution-involved youth, aged 12 to 17 years, as victims of commercial sexual exploitation or delinquents. Halter found that police assumed that 40% of the participants were offenders. The author posited that youth who were allegedly acting on their own, not seeking aid, and those who did not reside locally, were more likely to be perceived as culpable. Logan (2007) corroborates these findings among trafficked individuals as reports from service providers indicated that law enforcement often became involved in cases of trafficked individuals as a result of a criminal investigation, which more frequently resulted in the criminalization of the trafficked individuals for prostitution. These findings highlight how social attitudes, particularly those of law enforcement, determine how trafficked individuals are mistreated; which reinforce power disparities that maintain stigma and discrimination against trafficked individuals. Moreover, these stigmatizing attitudes from community members strengthen beliefs that violence against prostitution-involved women, including those trafficked, are justified.

Overall, most studies examining the experiences of trafficked, prostitution-involved, and raped women highlight a common theme that emphasize the devaluation, objectification, and dehumanization that participants are subjected to by their perpetrators, communities, and families (Coy, 2008; Tomura, 2009; Sallman, 2010; Wong et al., 2011). In interviews with women involved in prostitution, several women

told stories about being viewed as “whore,” “garbage,” “indispensable,” and “less than human” by members of their community (Kong, 2006; Sallmann, 2010). Other women talked about pejorative labels that their families would give them (Sallmann, 2010; Shoham et al., 1983; Tomura, 2009). In one interview, a woman shared that her father told her how worthless she was (Sallmann, 2010). Another disclosed being called an “animal” by family members (Tomura, 2009). These findings were replicated with women trafficked for sexual exploitation in Hong Kong (Wong, Holroyd, & Bingham, 2011), India (Liu, Srikrishan, Solomon, Celentano, & Sherman, 2011), and Vietnam (Vijerayasa, 2010). Though these studies conveyed stigma experienced by trafficked individuals, the study methodologies were based on a review of the literature (Vijerayasa, 2010) and in validating a stigma scale for use in India (Liu, et. al, 2011), which did not provide information on the stigma experiences from the perspectives of the women involved. Nevertheless, these studies support the notion that stigmatizing attitudes that objectify and dehumanize trafficked individuals exist. In reviewing media narratives from 1980 to 2005, Hallgrimsdottir, Phillips, and Benoit (2006) found that portrayals of prostitution-involved women supported stereotypes and labels. Stenvoll (2002) found similar findings in reviewing newspaper coverage from 1990-2001 in Norway about the depiction of women trafficked from Russia for sexual exploitation. According to Link and Phelan (2001), the association of these socially undesirable attributes serves to taint and smear the status, reputation, and identities of women who are being exploited sexually, which reiterate their inferiority and disadvantage to the people who are stigmatizing them. Such labeling allows violence, discrimination, and harassment of trafficked and prostitution-involved women to continue, leaving the survivor to be

alienated and ostracized by their families and communities (Chung, 2009; Coy, 2008; Crawford & Kaufman, 2008; Jimenez et al., 2011; Liu, et al, 2011; Lutya, 2009; Sallmann, 2010; Tomura, 2009; Vijeyarasa, 2010; Wong et al., 2011) A study conducted by Cotton, Farley, and Baron (2002) discussed the idea of rape and prostitution myths, which they described as culturally supported attitudes that normalize rape and justify the existence of prostitution. In a study with 783 undergraduate university students from California, Iowa, Oregon, and Texas, Cotton, Farley, Baron (2002) found that college men were more accepting of prostitution myths than college women. The authors posited that men were more likely to accept prostitution myths as they are likely to view prostitution as an institution to meet men's sexual needs.

Stigma of Trafficking and Self-Concept

According to the United Nations Populations Fund (UNFPA; 2005), two million girls, ages five to fifteen, are entered into the sex industry each year (Estes & Weiner, 2001; Rafferty, 2008;). As noted earlier, the importance of social interactions during this developmental period have significant impact in the construction of self-identity. The removal and isolation of trafficked adolescents from familiar social networks during this period deny them from developing meaningful relationships that can reflect and foster a realistic and balanced sense of their self. They are subjected to conditions that normalize the stigmas placed upon them. Victims of trafficking are sexually abused, raped, and tortured by their traffickers to instill fear and command. According to several researchers, individuals who have been sexually abused and raped are likely to incorporate a stigmatized view of one's self as bad, damaged, impure, and different (Gold, Sinclair, & Balge, 1999; Jimenez et al., 2011; Littleton, Breitkopf, & Berenson,

2008; Scambler, 2007). Coy (2008) wrote that social isolation, unstable environments, and frequent moves, contributed to the sense of uncertainty that prostitution-involved women felt about themselves, leading them to believe that selling sex was an option that was compatible with their identity. Similarly, when they asked prostitution-involved women in Vietnam how they assessed themselves, Ngo and his colleagues (2007) found that some women measured their worth by their sexual marketability; that is, how much revenue their beauty and attractiveness can earn. The repeated exposure to negative appraisals reinforce negative beliefs about one's self concept, shifting socially imposed labels that identify what they do to who they are (Goffman, 1963; Jimenez et al., 2011; Lieu et al., 2011). Several narratives of interviewed women conveyed their acceptance of their inferiority to other people (Ngo et al., 2007; Sallmann, 2010; Wong et al., 2011). For example, Clawson and Goldblatt-Grace (2007) found that adolescents who were trafficked were reluctant to view themselves, as well as believe that others could view them as victims, instead of criminals, which was a label that they were accustomed to bearing. According to Link and Phelan (2001) when stigma begins to influence how one perceives the world, it affects how one interacts with others. Hence, the negative stereotypes become not only a reference to view one's self, but also how one expects to be treated by others.

Like those who have been sexually assaulted, raped, and involved in prostitution (Coy, 2008; Gold, Sinclair, & Balge, 1999; Jimenez et al., 2011; Ngo et al., 2007; Tomura, 2009); trafficked individuals are likely to develop negative self-perceptions that engender shame, low self-esteem, self-blame, self-rejection, loneliness, and feelings of worthlessness in the process of internalizing the stigmatizing attitudes. In studies with

women who were sexually abused as children; Gold, Sinclair, and Balge (1999), found that women were likely to view themselves as guilty, bad, damaged, impure, and different after the abuse. According to several authors, women who have been trafficked and involved in prostitution come to develop an impaired sense of self that contribute to disconnection and dissociation from self and others (Coy, 2008; Vanwesenbeeck, 2005). For example, women described stories about disassociating from their bodies, depicting difficulties, and recognizing it beyond the violence and sexual performances it was subjected to (Coy, 2008). Other authors described how prostitution-involved women constructed separate identities to distance their work from their private lives (Abel, 2011; Brewis & Linstead, 2000; Coy, 2008; Kong, 2006; Saunders, 2005;). Abel (2011) and Saunders (2005) described this response as an effective way to make sense of their experience and manage their emotions. Indeed, some women were able to employ positive strategies to combat and resist stigmatization (Crocker & Major, 1989; Kong, 2006; Scambler & Paoli, 2008; Tomura, 2009). For example, some prostitution-involved women discussed setting boundaries with clients by negotiating what acts were or were not permissible (e.g., for example they would restrict kissing on the lips; Kong, 2006). Some women rationalized their work by emphasizing the benefits their work brought to society; for example, a prostitution-involved woman stated that her work reduced the potential of other women being raped by having men ejaculate on her and other prostitution-involved women (Kong, 2006). Others compared their work to less socially acceptable means of profit, such as theft, to rationalize their involvement in the sex industry (Kong, 2006). These findings corroborate Crocker and Major's (1989) findings on protective strategies against stigmatization, which demonstrate their utilization by

trafficked women. Though these studies provide a basis for understanding how stigma may influence the development of self-concept among trafficked individuals, their sample primarily includes women involved in prostitution. In a study with trafficked individuals in Hong Kong; Wong, Holroyd, and Bingham (2011) were able to replicate similar findings as prostitution involved-women. However, unlike studies that included prostitution-involved women, they found that women who were trafficked maintained a positive occupational identity by the thought of improving not only their own but their families' economic status through the sex industry (Wong et al., 2011). In a study with 1,456 women, ages 15-25, in Benin City, Nigeria; Okonofua, Ogbomwan, Alutu, Kufre, and Eghosa (2004), found that 18.5% of their participants felt that international sex trafficking should continue because they believed it would bring them wealth. The authors noted that the women who endorsed these beliefs had limited to no education, were divorced, were a member of the Bini ethnic group, intended to travel, and professed traditionalistic religion. The authors postulated that women who were not educated about the dangers of commercial sexual exploitation, often overlooked and/or were unaware of the dangers associated with it. Instead of a violation of human rights, they incorrectly perceive international sex trafficking as an opportunity to advance their economic standing. Thus, the lure of wealth emphasizes the socioeconomic inequalities that exist between those who enter prostitution and those who do not. Though informative, Wong et al. (2011) study is particular to a group of trafficked women in Hong Kong. To date, there has been no study conducted exploring the experiences of stigma among sex trafficked women in the United States.

In spite of the aforementioned strategies that women reported utilizing to manage and resist stigma, several authors noted that raped, trafficked, and prostitution-involved women concealed their experience to prevent rejection and stigmatization from families and communities (Gibson & Leitenberg, 2001; Kong, 2006; Tomura, 2009; Wong et al., 2011). In interviews with women involved in the sex industry, Kong (2006) discovered that most women who participated in the interviews had no intention of telling their families or relatives about their work. In some cases, some women reported avoiding seeing relatives and meeting new people (Ngo et al., 2007). In a narrative analysis of eight rape survivors, Ahrens (2006) found that fears of being blamed, doubted, and treated insensitively by informal and formal support networks contributed to silence about the rape experience. In studies with female college students with previous history of rape; Littleton, Breitkopf, and Berenson (2008) asserted that women who did not acknowledge the rape were less likely to internalize negative stereotypes about rape victims, reinforcing their silence. Though this avoidance coping was found to produce less distress, the authors found that the women who did not acknowledge their rape were more likely to maintain relationships with their perpetrators and become susceptible to re-victimization (Littleton, Breitkopf, & Berenson, 2008). Though rape and sexual assault are violent crimes that are comparable to most experiences of prostitution-involved and sex-trafficked women, they differ in that violence and victimization in rape and sexual assault can occur in a single incident. Though re-victimization is indeed possible and does occur among raped and sexually assaulted individuals, violence towards prostitution-involved women and those trafficked for sexual exploitation tends to be pervasive rather than a single and isolated event. Nevertheless, similarities in concealing

their assault experiences suggest that regardless of the frequency a woman has been harassed, the fear of stigmatization still exists. Miller, Canales, Amacker, Backstrom, and Gidycz (2011) found that fear of negative reactions from others (blame, disrespect, shame, and humiliation) impacted whether one engaged in avoidance coping after sexual victimization and/or re-victimization. They found that those who did not disclose due to stigma threat were more likely to be re-victimized. In gathering the lived experiences of prostitution-involved women, Tomura (2009) identified a predominant theme shared by a majority of the women she interviewed, which conveyed that the hiding and lying about one's involvement with the sex industry generated stress, anxiety, and exhaustion.

How individuals cope with stigma has important implications on physical and mental health (Benoit & Millar, 2001; Day & Ward, 2007). In their study with prostitution-involved in China, Hong and colleagues (2010) found that high levels of perceived stigma were related to increased levels of depression and attempts at suicide. Choi, Klein, Shin, and Lee (2009), examined the relationship of Post Traumatic Stress Disorder (PTSD) and Disorders of Extreme Stress Not Otherwise Specified (DESNOS) in 46 women, with mean age of approximately 26 years old, in Korea who were prostituted. Their study revealed that women who were prostituted showed higher levels of PTSD and DESNOS symptoms than the control group. Prostitution-involved women were also found to resort to substance use as a way of coping (Brewis & Linstead, 2000; Sallmann, 2010; Saunders, 2005). Several authors purported that stigma motivated non-disclosure limited potential positive support systems that can serve to buffer the sexual victimization and possible post-traumatic growth (Miller, Canales, Amacker, Backstrom,

& Gidycz, 2011; Mason, Ullman, Long, Long, & Starzynski, 2009; Borja, Callahan, & Long, 2006; Frazier, Tashiro, Berman, Steger, Long, 2004).

Need for Current Study

The review of the literature suggests that fear and anticipation of stigmatizing attitudes and labels make it difficult for survivors of sex trafficking to seek rehabilitation services (Gjermen et al., 2008; Macy & Johns, 2011), reintegrate with their families and communities after exiting (Chung, 2009; Crawford & Kaufman, 2008; Vijeyarasa, 2010), and doubt their ability to exit trafficking (Baker, Dalla, & Williamson, 2010). In conceptualizing an exit model for prostitution-involved women; Baker, Dalla, and Williamson (2010) stipulated that social networks (e.g. family members, community members) were critical in the exit process in that they provided women with additional strength and encouragement to persevere with their exit and recovery. They also reported that individual factors, such as how women perceived their ability to carry out the process of change, impacted their ability to break away from prostitution. Stigmatization was indicated as a significant barrier to this process. Given similar experiences with trafficked women, the present study intends to expand understanding of how trafficked women attempt to manage multiple interpersonal and societal barriers to achieve exit success and recovery.

If social interactions provide the context in which individuals develop and maintain resilience to handle stressful circumstances, familial and community networks should exist to support the individual in recovery. However, there is a paucity of literature investigating how attitudes from an individual's family and community influence recovery from traumatic experiences among stigmatized individuals,

particularly those who have been trafficked for sexual exploitation. One study from Wong et al. (2011) was identified to have similar goals as the present study; however, the sample was limited to a group of women living in Hong Kong. To date, there have been no similar studies conducted in the United States. Though studies about trafficking in the United States discuss the effects of stigmatization, they are not the center focus of the study (Logan, 2007; Logan, Walker, & Hunt, 2009; Macy & Johns, 2011; McClain & Garrity, 2011; Raymond, 2004). Moreover, these studies are based on a literature review or theories and opinions about the landscape of trafficking, and do not express the experiences of the women trafficked.

The intent of the present study is to investigate the relationship between stigma and the development of self-concept in a sample of women who have survived being trafficked for sexual exploitation. Quantitative data will be gathered through surveys and qualitative data will be gathered via individual interviews. The goal of the study is to gain a greater understanding of self-concept within this community and examine how it contributes to differences or similarities in responses to recovery, re-integration into communities, and development of coping strategies. The results of this research study are intended to assist practitioners as well as other providers (e.g., law enforcement, social workers, medical personnel) who work with this population to become more aware and knowledgeable of the interaction between social attitudes and the recovery process of trafficked individuals in order to minimize the risk of re-victimizing them and preventing them from seeking services. Given that there is very limited information on the experiences of individuals who have been trafficked for sexual exploitation, an added aim of this study is to contribute to the field's understanding of this highly marginalized

group. The research questions outlined below aim to delineate the experiences of survivors of sex trafficking, and how their experiences have shaped their understanding and experience of stigma from their families and communities.

Research questions:

1. How do women who have survived being trafficked for sexual exploitation understand stigma from their families or communities?
 - a. What themes emerge from their understanding of stigma?
 - b. How do the women identify, describe, and understand the way others perceive them?
2. How do the women identify, describe, and understand their strengths and personal resources?
3. How do the women view the role of being trafficked in relationship to their sense of identity?
4. How do the women view the role of stigma in relationship to their recovery and reintegration with their families and communities?
 - a. What themes emerge that are useful for providers (e.g., psychologists, law enforcements, social workers, and medical personnel) to know when working with the survivors in recovery?

Chapter 3: Methodology

Research Approach and Rationale

The current study utilized a mixed-methods approach to explore how stigma impacts the self-concept of women who have survived sex trafficking. The use of both a qualitative and quantitative research designs draws from the strengths of each strategy to increase confidence in results, as well as reduce the bias inherent in each method. Thus, qualitative interviews were conducted to provide depth and richness to the information gathered from quantitative data. Given that phenomenological inquiries seek to provide insight to the subjective experience of individuals, this approach was included to capture and illuminate the meanings, perceptions, processes, and contexts of the lived experiences of women survivors of sex trafficking. Specifically, how the women identified themselves, defined their self-concept, and made meaning of their stigma experiences were explored through qualitative interviews. This methodological approach afforded participants, who are usually underrepresented and neglected in empirically based psychological research, a way to be represented in the data as well as give voice to their subjective experiences. The use of qualitative scales to measure the degree and types of stigma that trafficked women experience, severity of symptoms, and level of recovery orientation, provided additional strength to the study. The data gathered from this study is intended to inform recovery programs, law enforcement agencies, medical personnel, and other organizations whose attitudes and perceptions of the survivor play an important role in shaping the survivor's recovery pathways. Moreover, it will provide information on factors that are related to positive outcomes in recovery process of trafficked individuals.

Description of Study Setting

Data in the present study was drawn from a sample of women nationwide, who have survived sex trafficking. Given the widespread prevalence and clandestine nature of trafficking, it is possible for underground networks to covertly sustain the trafficking in of persons outside and within US borders, and conceal activity from the surveillance of law enforcement, making it a ripe setting for the proliferation of trafficking offenses to thrive and grow. Due to the stigma and shame that survivors may experience as a result of their past, they may be reluctant to speak out. Thus, the sample for this current study was drawn from a nationwide sample to increase reach of recruitment.

Participants

Participant characteristics. Participants were drawn from a sample of adult women, ages 21 and above, living in the United States, who have survived sex trafficking. Women who have survived trafficking, as opposed to those currently involved in trafficking, may provide more objective information about the stigma they have experienced, and have more distance from their experience to reflect on how it has affected their sense of self and recovery process. According to Morse (1994), approximately six to eight participants is viewed as a reasonable number for identifying important themes in a qualitative study as the focus is to gain an in-depth understanding of the participants' experience of the world.

Recruitment strategies. Participants in this study were recruited through two modes of sampling. The first utilized a purposive criterion sampling strategy in which potential participants were identified and directed to the research study via referrals from individuals familiar or have worked with women who have exited sex trafficking. The

second sampling method employed a convenience sampling strategy in which participants were recruited through advertisements posted in the local newspaper, websites, and announcement in local agencies providing services for victims and survivors of trafficking [see APPENDIX A and B]. The advertisements and announcement informed the audience of the voluntary and confidential nature of the study, and that a monetary incentive of a \$20.00 Visa gift card would be given for their time and participation in the study [see APPENDIX C]. Interested participants were directed to contact the research author via phone or email.

Recruitment and screening procedures. Those who contacted and expressed interest in the research study were familiarized to the researcher and given a brief summary of the study protocol. Limits of confidentiality and informed consent were reviewed and obtained. To be eligible for inclusion in the study, participants were informed that they need to be 1) over the age of 21 years, 2) speak English, and 3) report a history of sex trafficking/sex work/prostitution. Potential participants who contacted the research author were given an initial interview to screen their appropriateness to participate in the study [see APPENDIX D]. Participants who met the above criteria (e.g., over 21 years old, speak English, and have history of trafficking or prostitution) were selected to participate in the study and were also given a list of referrals of affordable counselors at the end of the study. Those who do not meet eligibility were thanked for their interest and informed that they did not meet criteria for the study.

Research Procedures

Once the participants were identified, arrangements were made to conduct an audio-recorded face-to-face interview at a university clinic in Irvine, Los Angeles, or

Encino California. An option to conduct a phone interview was also provided to reduce the shame and stigma that an in-person interview might bring. Participants were informed that the interview would last approximately two hours.

Consent procedures. Specific consent issues such as 1. the purpose of the study, 2. how the data will be used, 3. recording of the interview, 4. limits of confidentiality, 5. incentives for participation, 6. who to contact for questions about the research project, and 7. consent to provide feedback at the conclusion of the study, were reviewed in greater detail with the participant prior to starting the interview [see APPENDIX E]. Potential risks of participating in the study, such as the activation of potentially distressing thoughts, emotions, or memories, were also discussed. Accordingly, the participants were given a copy of a referral list to mental health providers in the event they experience any uncomfortable thoughts, feelings, memories related to the study and the retelling of stories related to their trafficking experience after the interview [see APPENDIX F]. Since the researcher has received training in trauma work, and has also provided psychotherapy to individuals who have experienced trauma, she was also available to address any emotional distress that occurred during the interview session. Finally, the voluntary nature of the study was discussed, and the participant was informed that they can withdraw from the study at anytime without consequence. Each participant was given two copies of the Informed Consent Agreement [see APPENDIX E], which they will sign. One of the copies will be kept as a personal copy; while the other will be returned to the researcher.

Steps to guarantee confidentiality. Only the researcher and dissertation chair have access to the participant's information. A randomly assigned number was used to

identify participants, and any identifying information (e.g., names, place living) was removed or modified in the transcription. All study materials, such as completed study protocols, were kept in a locked file cabinet at the Pepperdine West LA clinic with access limited only to the researcher. Once the study is complete, all recordings will be destroyed and only the transcriptions will be retained.

Data collection. Once a potential participant was identified and agreed to participate in the study, an interview date was established. The interview was conducted in a university clinic in Irvine, Los Angeles, or Encino to ensure privacy and confidentiality, and lasted for approximately two hours. An option for a phone interview was also provided to reduce discomfort with participation. First, participants were provided with an informed consent which discussed the goal of the project, how the findings will be used, and also how the information will be kept confidential. In the same way, participants were also informed of the voluntary nature of their participation. Second, the participants were given questionnaires that asked about their background [see APPENDIX G], as well as their stigma experiences, level of self-esteem, dissociation experiences, recovery orientation [see APPENDIX H]. Third, the participants were asked questions about how stigmatization has influenced the respondent's self-concept, reintegration, and recovery process [see APPENDIX I]. The questions of the interview were designed according to a semi-structured interview by Tomura (2009), which was originally intended to explore the stigmatizing experiences of prostitution-involved women and adapted to fit survivors of sex trafficking. These measures and interview are outlined in greater detail below. When the participant was finished answering the questions, or indicated that she has nothing more to share, the interviewer thanked the

participant for their participation and was given a \$20.00 Visa gift card for their time as well as a list of referrals for affordable counselors. The measures and interview that the respondent completed will be assigned a unique set of initials during the transcription process.

Measures.

Demographic characteristics. The participants' demographic information collected in this study included their age, ethnicity, level of education, current employment, age entered into trafficking, number of years trafficked, and history of psychiatric treatment.

Self-Stigma. According to several researchers the process of self-stigmatization is defined by an individual's knowledge of existing stereotypes about the group they are associated with, a degree of agreement that stereotypes are accurate and true, internalization of stereotypes, and impact on person's self-esteem and self-efficacy (Corrigan et al., 2004; Corrigan, Watson, & Barr, 2006). In order to assess this process among individuals who have been trafficked for sexual exploitation, the Self-Stigma of Mental Illness Scale (SSMIS; Corrigan, Watson, & Barr, 2006) will be used to measure their level of internalized stigma. The SSMIS was originally intended to measure the level of internalized stigma among individuals with severe mental illness. Since the scale was developed to measure the same construct that the present study intends to measure, internalized stigma, it was utilized in the present study. Therefore, the scale was modified to fit individuals who have been trafficked, and terms such as "mental illness" were changed to "persons who have been trafficked." The scale is divided into four sections to measure the individual's level of 1. awareness of stigmatizing attitudes from

others, 2. agreement with stereotypes, 3. application of stereotypes to themselves, and 4. the degree that internalized stigma has affected their impression of themselves. It uses a Likert scale which ranges from 1 (I strongly disagree) to 9 (I strongly agree). The scores from each section will be summed, with higher value indicating a higher degree of internalized stigma.

Self-Esteem. Since self-concept is greatly influenced by others' opinions and judgments about one's self, these impressions are also likely to impact the stigmatized individual's self-esteem, or opinions about themselves. To measure this dimension of self-concept, self-esteem will be assessed using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989). The RSES scale is a widely used and well-validated measure of self-esteem that is composed of 10 items. Participants indicate their level of agreement or disagreement on a Likert scale that ranges from 1 (strongly disagree) to 4 (strongly agree). An overall score of self- esteem will be calculated by obtaining an average of participants' scores across items.

Dissociation. Dissociation towards the trafficking experience can potentially be an initial protective factor for trafficked women. Indeed, many women who have been sexually exploited have discussed denying their involvement with the exchange of sex, and imagined taking on different roles to distance themselves from their circumstance and ameliorate their distress. This form of dissociation may overlap with concepts of identity and self-esteem. Thus, the Dissociative Experiences Scale-II (DES-II; Bernstein & Putnam, 1993) will be used to quantify dissociative experiences and illuminate whether the participant is presenting with a dissociative identity. The DES-II is a 28-item questionnaire that asks the responder to rate on a 10-point Likert scale (a scale of 0 to

100%) how often dissociative experiences occur in their daily life, thereby providing insight to one way trafficked women may manage impressions of themselves.

Recovery orientation. Given the impact of stigma on the individual's sense of self and ability, the present study is also interested in understanding how stigma impacts various aspects of recovery. The Recovery Assessment Scale (RAS; Corrigan, Giffort, Rashid, Leary, & Okeke, 1999; Corrigan, Salzer, Sangster, & Keck, 2004) is a 22-question measure which assesses five factors of recovery: 1) an individual's personal confidence and hope, 2) willingness to ask for help, 3) goal success and orientation, 4) reliance on others, and 5) overall life satisfaction. This scale asks individuals to rate their level of agreement on a Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Factor scores for each domain are obtained by obtaining the sum of specific items. For example, the factor of willingness to ask for help is obtained by the sums of items 16, 17, and 18. Like the SSMIS, the RAS was developed for individuals with severe mental illness; therefore, the wording of the scale was modified to fit those experiences of those who have been trafficked.

Identifying sense of self-concept through the interview protocol. The main interview will include questions about how stigmatization has influenced the respondent's self-concept, reintegration, and recovery process. (A copy of the interview guide is attached in the appendix). The researcher utilized a semi-structured interview by Tomura (2009) that provided a description of the stigmatizing experiences of prostitution-involved women. The phrasing of the interview questions were kept intact as they are similar to the experiences that trafficked women are commonly subjected to. The interview followed Seidman's (2006) and Kvale's (1996) proposed

phenomenological interview methodology. It adopted Seidman's three-interview methodology into one session, due to the difficulty of scheduling three different sessions with the participants. It includes the respondent's life history, experience of stigma attached to prostitution, and meaning of stigma in her life (Seidman, 2006).

Special consideration will be given to the anxiety and trauma that may arise due to the recounting of experiences of sex trafficking. Therefore, in order to protect the participant's safety, rapport will be established at the beginning of the interview and debriefing will be provided at the conclusion of the interview by providing any clarification about the research goals and asking the participant about their experience participating in the research study and sharing their encounters with stigma. In addition, participants will be instructed to skip any question that they may feel uncomfortable answering, or that they may discontinue the interview at their discretion. Given that the author currently provides therapy for individuals who have experienced trauma and receives supervision from a licensed psychologist, the author will also be able to normalize the stressful nature of recounting their experiences and, at the end of the interview, highlight/appreciate the important work they have done as a survivor and provide resources for further counseling if warranted.

Data Analysis Plan

All interviews were audio-recorded and subsequently transcribed verbatim. No identifying information such as names were stored in conjunction with the data collected. Given scarce amount of empirical data on trafficked populations, a mixed methods approach was utilized to add depth and breadth to the understanding of stigmatization. Quantitative measures were employed in a nested design to assess the degree that

respondents agreed or disagreed with various experiences of stigmatization. Analysis of this data was primarily descriptive to obtain frequency and averages that women experience various instances of stigma. The scales were used to add additional support to the themes found in the qualitative interviews and expand current research available on stigma experiences of trafficked women. The primary research strategy involves qualitative open-ended questions, which were applied to expand upon survey ratings to illuminate the lived experiences and perspectives of the women in the study.

Given the small sample of the study, quantitative analysis was utilized to support results from qualitative analysis. Statistical analysis was performed through SPSS, version 20.0. Descriptive statistics, such as mean and standard deviation, was used for continuous measures, and number and percentage were used for categorical measures. To compare relationships between groups, cross-tabulations between demographic variables, measures of self-esteem, self-stigma, public-stigma, and sense of recovery will be made to explore any correlations between an individual's sense of self and recovery orientation. Data derived from these measures were used to clarify themes arising from the qualitative analysis.

A within method pluralistic interpretation was used to analyze the data, which involved the use of two qualitative approaches to interpret the data. According to Nollaig (2011), this type of approach allows the researcher to understand the participants' behaviors and experiences from different perspectives, which can provide access to new meanings and insight. The first approach was conducted through a qualitative hermeneutic inquiry, which intends to understand the narrator's experience and its meaning by listening to those who have lived it (Moustakas, 1994). Thus, hermeneutic

analysis offered a methodology to investigate women's experiences of stigma and its impact on their sense of self and ability to recover and exit from trafficking. In applying hermeneutic movement between parts to whole, and whole to parts, the researcher immersed herself in the data and read the transcripts in their entirety to ensure that parts of the women's experiences fit with the fundamental meaning of the text, and vice versa. In addition, the researcher identified emergent themes and subthemes. Based on the interpretive phenomenological analysis (IPA) method (Smith & Osborn, 2003), the researcher wrote insights and comments on the left margin of the text. The researcher then reviewed the transcript again from the beginning and documented emergent themes in a process called horizontalization (Moustakas, 1994). These themes were written in the right margin of the transcript. The statements were clustered into common psychologically relevant themes and transformed into a table. Tomura (2009) recommends documenting identifier words and phrases from the transcript by writing page and line numbers in the table. Moreover, the researcher paid special attention to the language used by the women to better understand the stigmatizing experiences that enhanced or diminished their sense of self and ability to achieve recovery. While each qualitative approach provides a unique lens to examine the lived experiences of the women, the combination of both approaches allows for multiple and deeper levels of meaning to surface; thereby increasing the transparency of the data transformation (Nollaig, 2011). Examples from the women's stories were utilized to provide insight to themes that emerge. The meanings of the text, and identified themes were reviewed with the researcher's advisor.

To increase the trustworthiness of the data analysis, the researcher will share data analysis with her supervisor, who is familiar with research on trafficking of women for sexual exploitation. Feedback will provide support, extend, or clarify themes identified in the data. As mentioned in the informed consent, the analysis was shared with respondents to ensure that findings are dependable and credible. A copy of the summary of research findings will be mailed to them to obtain feedback, reflection, and perceptions of the findings. The final stage of the analysis included integration of the participant's feedback. According to Morrow (2005), these credibility checks in the analysis process helps to ensure the quality and trustworthiness of qualitative research.

Methodological Limitations

The potential for researcher bias in qualitative interviews must be acknowledged, as it is likely to limit the subjective reality that the study intends to excavate and understand. The author minimized this risk by engaging in active self-reflection and consult with her dissertation chair periodically to identify any assumptions and biases that may affect the current study. The author actively sought to understand her role in the stigma that trafficked women experience and how this will influence the interview process by reviewing the literature. Furthermore, the author took proactive steps to be culturally informed and sensitive to the cultural and social contexts of the participants. The reliability of qualitative research is also often subject to criticism. Nevertheless, steps such as bracketing, data triangulation, were used to increase the reliability of the methodology and understanding of the phenomenon of stigmatization in the women's lives. A particular strength of the current study is the availability of diverse sources of information that can offer data triangulation. For instance, the researcher did not only

have the interview to draw themes, but also the background questionnaire, and various measures of stigma, self-esteem, and recovery orientation. Furthermore, the researcher received feedback from the participants' summary of findings to elucidate and clarify whether results of study match their experiences of stigmatization.

Though well-known and utilized measures were used in the present study, it is also important to note that some of the scales incorporated into the study were developed for individuals with severe mental illness. Further research is necessary to confirm and increase confidence that they may also be utilized for individuals who have experienced traumatic events such as trafficking.

Potential Contributions of The Present Study and Future Directions

The present study intends to provide mental health providers with a better understanding of societal and institutional challenges that may hinder women survivors of sex trafficking from reaching their optimal well-being and seeking services. Given there are very few studies examining how stigma impacts how trafficked women manage impressions of themselves, the present study hopes to expand the paucity of literature exploring this topic. Though studies of stigmatization exist for individuals involved in prostitution, very few include those who were trafficked, especially those within the United States. The present study aims to provide deeper understanding of multiple personal and societal barriers that challenge a woman's exit from trafficking, and how service providers such as psychologists, law enforcement, and medical personnel can reduce stigmatization to increase help-seeking behaviors and utilization of services among trafficked individuals. The study will also provide some information on women's

strengths that allow them to persevere and achieve positive outcomes in the face of stigmatization.

CHAPTER 4: RESULTS

Demographic Characteristics of Participants

Table 1

Demographic Characteristics of Participants

	<i>n (%)</i>
Age	
21-30	1 (16.67%)
31-40	2 (33.33%)
41-50	1 (16.67%)
51-60	2 (33.33%)
Ethnicity	
African American	2 (33.33%)
Caucasian	3 (50.00%)
Other	1 (16.67%)
History of immigration	
Yes	0 (0.00%)
No	6 (100%)
Marital status	
Single, not in a relationship	4 (66.67%)
Married	1 (16.67%)
Divorced	1 (16.67%)
Widowed	0 (0.00%)
Education	
Some college	3 (50.00%)
College graduate	3 (50.00%)
Employment	
Employed	5 (83.33%)
Unemployed	1 (16.67%)

The characteristics of the participants are outlined in Table 1. A total of 8 women were initially screened and met inclusion criteria for the study. However, 2 of the 8 participants were withdrawn from the study due to loss of contact. Thus, a final count of 6 women was included in the present study. Their ages ranged from 25 to 55, with a mean age of 41.33. Participants identified as Caucasian ($n=3$), African American ($n=2$), and as Other ($n=1$), with the latter endorsing more than one ethnic identity. The participants were all born in the United States, and reported living in various parts of the

United States, including California and Florida. More than half of the participants were single, and not currently in a relationship ($n=4$). All of the participants described completing high school, with 3 completing some college, and 3 graduating with a college degree. Furthermore, at the time of the interview, some of the participants reported that they were going back to school to finish their college degree or to obtain a higher degree. Most of the participants were currently employed ($n=5$), with roles related to the promotion and provision of services for trafficked women. For example, some women were authors, speakers, and managers of residential homes. There was 1 participant who was unemployed because she lived in residential home that required six months of residence before being permitted to work.

Table 2

<i>Process of Trafficking</i>	<i>n (%)</i>	<i>Range</i>
History of physical and/or sexual abuse	6 (100%)	4-17
Age trafficked	Mean 21.00	Range 14-30
Years trafficked	9.33	2-14

All of the participants described a previous history of being physically and/or sexually abused at an early age, with some reporting abuse as early as four years old. This finding is consistent with previous research highlighting the increased risk for sexual exploitation among children who have been physically or sexually abused (Kotrla, 2010). During the interview, all of the participants in the present study described running away from home in order to escape family dysfunction, after which they met certain individuals who lured and later forced them into sex trafficking. The participants all reported being entered into trafficking at various ages, but the participants reported a mean age of 21,

with their ages ranging from 14 to 30 years old. This finding is similar to statistics found by the US Department of State (2007), which found that 70% of women involved in prostitution were introduced to the commercial sex industry before reaching 18 years of age. Most of the participants described being trafficked by people who were familiar to them, including individuals in their social network, such as church members and romantic interests. Promises of wealth and assurances of affection make adolescents and young adults, who have a history of family dysfunction, at increased risk for being trafficked. Indeed, some of the women in the present study knowingly exploited themselves with the hope of elevating their economic status or winning the affection of their partner. However, in spite of their willingness, they were subjected to situations where they were forced and coerced to engage in commercial sexual activity. Furthermore, most of the women reported that they did not receive the financial return they were promised. Some women reported being forced in the outset and subjected to physical and sexual abuse to develop compliance to the trafficker. The participants reported being trafficked for a mean of 9.33 years, with a range between two to 14 years.

Impact of Trafficking

Table 3

Impact of Trafficking

	<i>n (%)</i>
History of psych tx	5 (83.33%)
DSES	
Mean	SD
Amnesia	22.62
Depersonalization/Derealization	23.09
Absorption	16.94
	28.60
	17.22
	9.58

There were 5 participants who reported having a previous history of psychiatric treatment. This is not surprising given the extended period survivors are trafficked and sexually exploited (mean=9.33 years), and the physical and sexual violence they endure during this time. Some of the women reported being previously diagnosed with Posttraumatic Stress Disorder, Depression, and Anxiety. This finding is consistent with previous studies exploring the impact of trafficking on mental health, in which long-term psychological consequences are common outcomes (Kotrla, 2010; McClain & Garrity, 2011; Logan, Walker, & Hunt, 2009; Raymond & Hughes, 2001).

On the Dissociative Experiences Scale – Second Edition (DSES-II), the participants reported a mean DSES-II total score of 22.62 (SD=21.97), with scores ranging from 4.64 to 64.29. Most studies have found that the average DSES-II score for an individual who meets criteria for a Dissociative Identity Disorder is in the 40s, with a standard deviation of 20. However, studies have shown that 61% of those who scored 30 or above on the DSES-II had a posttraumatic stress disorder or another type of dissociative disorder (Bernstein-Carlson & Putnam, 1993). Given that 60% of the

participants reported having a PTSD diagnosis, findings on this scale further illuminate the psychological aftermath of being trafficked.

The participants reported a mean of 13.68 (SD=23.09) on the Amnesia factor, which measures the individual's memory loss while performing day-to-day activities. Items on this factor included remembering how the individual traveled from one place to another.

The participants also reported a mean of 16.94 (SD=28.60) on the Depersonalization/Derealization factor, which measures the participants' recurrent experience of feeling detached from their self and mental processes or a sense of unreality of the self. Items in this factor included feeling as if one's body did not belong to them and seeing their self as if looking at another person.

Furthermore, participants endorsed a mean of 17.22 (SD=9.58) on the Absorption factor. This factor measured how much the participants felt preoccupied or absorbed by something that they are unable to pay attention to what is happening around them. Items on this factor included not realizing what was said by another, remembering a past event so vividly that you feel as if you are reliving the event, and sometimes sitting, staring off into space, thinking of nothing, and being unaware of the passage of time.

Experiences of Stigma

Table 4

Experiences of Stigma

	Mean	SD
SSMIS		
Awareness	60.17	22.06
Agreement	27.17	17.27
Application	24.00	21.84
Hurts self	17.67	16.85

The Self Stigma of Mental Illness Scale (SSMIS), adapted for survivors of trafficking, reflects the level of internalized stigma experienced by the participants. The Awareness construct measures the participants' knowledge of common stereotypes about others who have been trafficked for sexual exploitation. The participants reported a mean of 60.17 (SD=22.06), which suggests that the participants have a high level of awareness about stereotypes inflicted upon women who have been trafficked. The Agreement construct measures the participants' belief that the stereotypes about trafficked women are factual and accurate. The women reported a mean of 27.17 (SD=17.27), which indicates that the participants only slightly agree with the stereotypes that are imposed upon trafficked women. The Application construct measures how much the respondents apply the stereotypes about trafficked women to themselves and internalize the assumptions. The participants reported a mean of 24.00 (SD=21.84), which indicate that the participants slightly apply the stereotype to themselves. Finally, the Hurts self-construct reflects the impact that internalizing the stigma has on the individual's self-esteem and self-efficacy. The participants reported a mean of 17.67 (SD=16.85), which suggests that the internalized labels very minimally affect the participants' sense of self-worth and ability.

Self-Esteem

Table 5

Self-Esteem

	x=Mean	SD
Rosenberg self-esteem scale	14.17	4.07

On the Rosenberg Self-Esteem Scale, the participants reported a mean score of 14.17 (SD=4.07), with scores ranging from nine to 18. Although this finding shows that

trafficked women may experience slightly lower self-esteem, it is important to note that most studies that depict scores ranging between 15 to 30 as within normal limits may not be normed in this highly vulnerable population. Thus, the reader must interpret scores with caution, as this range may not apply for women who have been trafficked.

Recovery Orientation

Table 6

<i>Recovery Orientation</i>	Mean	SD
Recovery Assessment Scale		
Personal confidence	28.33/35	5.16
Willingness to ask for help	12.17/15	3.43
Goal and success orientation	23.84/25	1.17
Reliance on others	11.50/15	3.33
Not dominated by symptoms	9.83/15	3.37

The Recovery Assessment Scale (RAS) focuses on the positive aspects of recovery, particularly factors, which highlight an individual's strengths in combatting stigma. The Personal confidence and hope scale measures the individual's level of optimism and belief that their personal goals are achievable. The participants reported a mean of 28.33 (SD=5.16), which suggests that participants have a positive outlook about their future. On the Willingness to ask for help scale, the participants reported a mean of 12.17 (SD=3.43), which indicates that the participants have a high level of comfort in seeking others (e.g., family and friends) to address problems and challenges. On the Goal and success orientation, the participants reported a mean of 23.84 (SD=1.17), which reflects a strong emphasis on self-determining goals and making success a reality, rather than focusing on problems and goals that can not be achieved. Like the Willingness to ask for help scale, the Reliance on others scale measures the individual's comfort in

relying on others. The participants reported a mean of 11.50 (SD=3.33), which suggests that the participants are willing to depend on others to reach their goals. The participants obtained a mean of 9.83 (SD=3.37) on the last scale, Not dominated by symptoms, which indicates that being trafficked is not the sole or prominent focus of life for most of the participants.

Thematic Findings

After analyzing the interviews, the following themes were brought to light about the participants' experiences of stigma and its effect on their self-concept and recovery.

Shared histories.

Vulnerabilities disrupt formation of positive self-concept. A common thread repeated in the participants' life experiences is a shared history of family dysfunction, including family histories of chemical dependency, psychiatric illness, intimate partner violence, and parent separation and divorce. Since early relationships play an important role in shaping how one perceives their sense of self, it is not surprising that many of the participants in this study described having negative attitudes about themselves early in their childhood. Debbie [pseudonym] described her early experience witnessing intimate partner violence between her parents:

From what I can remember, my childhood was very dysfunctional. Growing up on a house where there was a lot of abuse between my parents, they were both verbally and physically abusive to one another. And, as a child, when you see things like that you think that it is normal even though something in you tells you that it's wrong. But when you seen it everyday on a constant basis, then

something in you starts to think that it's okay. And so that was my mentality as a young girl coming up.

The idea that the participants felt rejected by their caregivers from an early age was reiterated a number of times, and in some cases this generalized perception resulted in feelings of exclusion and abandonment that led them to internalize and accept that this was how they should be treated. Indeed, the experience of intimate partner violence between caregivers drew out feelings of guilt and responsibility in the participants when they were children, in which many of the participants reported feeling like they were the source of the conflict and were ultimately the ones to blame. This line of reasoning continued even when they were physically and sexually abused. For example, after being coerced into sexual activity, one woman, Ashley (pseudonym), recounted, "I thought I had done something wrong. I didn't tell anybody and I was scared that [they would think] it was my choice to do it." According to many of the participants, these interactions influenced a lack of feeling safe and security in the world. Without reliable caregivers to moderate the effects of physical and sexual abuse, most of the participants described internalizing a view that they were "damaged" and "responsible" for what occurred to them. These accounts were consistent with previous research exploring the stigma carried by individuals who were abused and raped (Gold, Sinclair, & Balge, 1999; Jimenez, et al., 2011; Littleton, Breitkopf, & Berenson, 2008; Scambler, 2007). Some women recounted how they sought to fill their caregivers roles by turning to other networks; for example, several women discussed forming relationships with older men or associating with gangs. Others described resorting to substance abuse at a young age to alleviate their pain and moderate their view of self. In combination, these susceptibilities

placed many of the women directly in front of exploitative individuals, who later forced, threatened, and deceived them into prostitution.

The level of fear and threat that the women encountered while prostituted maintained a sense of powerlessness and dread that interfered with the development of the self. Samantha (pseudonym) described how the threat of being hurt or killed, impacted her belief in her ability to take action:

And even when they weren't there - because you knew they're not here but you can't leave, you think that they're going to kill you. And even if they weren't there you just felt like they were. So you just did what you were trained to do. Like you just didn't think that there was an option to any of it, at all.

In an effort to survive, many of the women described accepting and complying with their traffickers, which gave them little to no opportunity to challenge and refute the negative messages they received about their self. Other women described turning to substances in order to make sense of their situation and to ignore the negative messages and labels that were imposed upon them. Debbie shared:

I knew that it was wrong. I said, "What am I doing?" You know, you're kind of degrading yourself. All these men are seeing things and touching you, and things like that and I just ask myself, "What are you doing?" And in order for me to gauge that question, I had to drink. I became an alcoholic at 14 years old.

Samantha described her substance use as a way to survive as well. She stated:

I had that in my system round the clock, that's kind of what masked everything that was going on. So if I had alcohol in my system, I had a buzz going, um, I felt better about myself. I had that liquid courage thing going on, so, and then if I did

a date or whatever while I was feeling like that, then it would be even better in my head because now, um, she's going to be happy, they're going to be happy. You know, when I'm feeling good, I don't have to think about what is going on. And, anything I can think about was masked by the drugs and alcohol at that point.

Taken together, many of the women in the study described an absence of reliable caregivers to mitigate the damaging effects of childhood physical and sexual abuse on self-concept. Due to fear and threat of harm from their traffickers, many of the women could not challenge these perceptions, which resulted in their internalization of the negative view of others onto themselves.

Process of stigma. All of the women interviewed reported having had significant barriers in their recovery due to assumptions made about their past, particularly in which their day-to-day presence, their relationship with family, friends, and neighbors, and their sense of belonging were significantly compromised. Specifically, they described situations in which they had limited access to social resources, limited employment opportunities, and poor self-esteem due to discrimination related to their history of previously being prostituted. Such discrimination came from family members, church members, employers, co-workers, law enforcement, medical and mental health providers, as well as other women who have been prostituted. The participants described a number of incidents which involved the use of degrading and insulting language to directly damage the individual's sense of identity, status, and self-esteem, including "loser," "slut," "failure," "whore," "nasty," "hoe," "criminal," and "addict," to name a few. The idea that members of the women's family and community reacted negatively to the individual's experience of being trafficked for sexual exploitation was a common

experience for the women, which, in some cases, engendered certain restrictions that threatened their access and inclusion to various social networks. Thus, stigma involved the creation of boundaries that defined membership and exclusion to certain groups. This social distancing prevented many of the women to obtain a sense of security within their communities, which in turn exacerbated feelings of rejection and isolation as a result of limited social interactions and physical integration with their family and community.

Despite risk seen as choice. Although many of the women outlined a number of vulnerabilities that increased their risk of being trafficked for sexual exploitation, they reiterated many times that they are largely ignored by the public. Samantha described her stigma:

I had people say, “You could have left and you chose not to”... because they don’t get the – they don’t get it, they don’t get the mind manipulation and all that, they don’t get where you are in your head.

This issue that the women had a choice to sexually exploit themselves emphasizes a broad view that the women played an active role in choosing their involvement in prostitution, which in some cases led to their direct exclusion. Amanda (pseudonym) reported:

But in the same sense the people who - I don’t want to say the people, they are individuals - who are still looking down on [prostituted women]. Like you chose this life on purpose, “Oh, you don’t have any morals. You don’t value your self.” In a sense, they’re right. But in a sense, you don’t know what made me do this. You don’t know anything about me to make all these judgments.

This notion that the women had a choice to exit is consistent with the rape myths that Miller and Schwartz (1995) identified in their study with prostituted women, which included beliefs that prostituted women can not be harmed, they can not be raped, they are all the same, and that they deserve to be raped. Miller and Schwartz (1995) found that these myths were used to justify and perpetuate violence against prostituted women. In the same fashion, the participants described how the notion of choice ignores the violent and manipulative conditions that the women were subjected to, and instead perpetuates an idea of responsibility and fault upon the women. Amanda described the stigma as:

It's limiting. It's limiting. Um, it makes you feel less than. Like you'll never measure up. You know, it's really a painful situation to be in that because people are judging you and they don't have all the information. It limits your choices. It keeps you - It keeps you in bondage.

Despite the risk, many of the women described a general assumption from the community that they had a certain degree of control and are responsible for the sexual exploitation they encountered. An important consequence of this idea that the victims are to blame is that it leads the individual to incorporate the negative view of others onto themselves, which can disrupt and damage their sense of self and esteem. Many women in the study described feeling angry, humiliated, and devalued when they realized they belonged to a group that others viewed negatively.

Endurance and oppression of stigma. All of the participants described how negative attitudes have persisted at home and in their social communities in spite of the

transformations they have made with their lives. Amanda described how the pressure of being scrutinized affected her:

It doesn't blow over easily. It's a scar that doesn't heal. You know, just being exposed like that it ... and you know people are looking for the scars now. They're not actually just out there; they're looking at you and talking, and looking for the scars. And that's what's happening now. They're looking for signs of my whole life. Cleavage, tight dress, comments that I make. And I am like, why are you so focused on that. It's distracting.

Most of the women described feeling “limited” as their stigma has repressed them persisted in spite of attempts to recover. Several women described how they continue to be perceived as criminals, due to having a criminal record based on prostitution charges accumulated while they were trafficked. Most of the women reiterated how they were denied of certain job opportunities due to assumptions that identified them as criminals. Once employed, several participants described how they were harassed and shunned by co-workers after discovering that they had a history of involvement in prostitution. Although a significant time has passed for some of the participants since they were trafficked, they reported that they continued to be discriminated against and restricted from certain opportunities at work. Many of the participants described how this treatment made them feel devalued, particularly that their achievements were not recognized, and no pardon was given to dismiss their criminal charges from many years ago. This label of criminal was also a significant barrier to recovery, as many of the women discussed being stigmatized by police. They discussed how police officers often made them feel criminalized because of their involvement in prostitution and substance

abuse, which made them reluctant to contact police for assistance. Additionally, the proliferation of the idea that prostituted women are criminals perpetuated a lack of response from police to assist the survivor. Trisha (pseudonym) recounted:

I had a record. You know, people were like, okay, you got beat up, so what. So you weren't likely to ever call the police. Um, you weren't likely to have police contact unless it was after the fact, and they are like, "Whoa what happened to you." And if you did try to file a police report, you just weren't taken seriously, unfortunately.

The responses suggest that the women felt that they were unable to expect assistance from the police; in particular, they worried that they would be forced to prostitute themselves in return for absolving their arrest. In a similar fashion, others described how they continue to be perceived as sexual objects by members of their community. Amanda described how she is sexualized by others and how she is expected to follow a set of rules about how she should present herself:

There are some people who want to start trouble. And they want to start a mess because if I- you know, if I don't have this up under this (points to tank top under her shirt) then I'm just dressing too sexy. If it's too close – they're still under the assumption that I'm still doing this. Or still want to do this, or still dressing like that. I'm like, I'm just putting on clothes.

Similarly, Ashley described feeling scrutinized in a similar way while in her recovery program. She stated:

You know, it was like even if you're in treatment, the standards were a little different. "Don't you think your shirt is a little low?" Okay, I think other's

people's shirts are low too. But all of a sudden it's my shirt's low... You know, why am I held to a standard that other people aren't.

While all of the women shared that they have devoted time to recover and heal from their experiences, they all continue to report feeling oppressed because of their history being prostituted. Some women emphasized how they are unable to express themselves openly to others. One woman described how she takes extra care in how she presents herself in public, in order to be taken seriously. Several others described how stigma affected their ability to form intimate relationships. Repeatedly, the women shared about the pervasive nature of stigmas imposed upon them. Samantha described her realization of the lasting mark it left on her life:

I went through my healing process and I thought it was going to be over, I really did. I thought that I had made it to the other side. But I realized that that didn't happen. That doesn't happen yet to people. I mean, it doesn't. It's always going to be there until our society accepts who we are. I mean, they have to accept that we are a victim.

Such responses highlight the participants' fear of encountering stigma, and worry that their family and society would directly and indirectly exclude them. A common barrier to community integration by people who have been trafficked is their perception of being stigmatized. Public beliefs about prostituted women became particularly salient after exiting as the possibility of devaluation and discrimination became personally relevant. Respondents were particularly concerned about responses from employers and important social networks, such as church. In spite of efforts they have made in order to

change and improve their lives, a number of women expressed feeling rejected and discouraged with the continued presence of stigma in their lives.

Efforts made to avoid stigma. Most of the participants described avoiding situations that involved possible disclosure. They reported being negatively affected by the way others responded to them after they discovered that they were sexually exploited, which instilled a fear of social retaliation. Several women recounted engaging in behaviors to avoid potential scrutiny, including hiding their past, ignoring the topic when it came up in conversations, which suggest that the women internalized a certain degree of stigma and prejudice. Based on their interviews, the women were particularly concerned about their self-image and risk of being ostracized by their social networks. As a result of their expectation of adverse reactions from family, friends, co-workers, employers, and police, many of the women discussed how this negatively impacted their sense of belonging, and, in turn, restricted their likelihood of sharing about their past. They reported guarding and explicitly withholding information about their past. Amanda shared about how she ignored negative remarks made about her:

But it's so sometimes I have to put the mask on. Sometimes I have to put it on and just smile when you hear people talk negative like, "Look at her, she's just nasty."

In considering disclosure to such networks, several of the women discussed concealing their past in order to avoid being labeled and rejected by their communities. This was particularly salient for those attempting to exit trafficking, as fear of being labeled restricted efforts to seek treatment and help. For one participant, this perception precluded her motivation to seek help. Ashley recounted:

I guess I even have stigma towards them and myself because I wouldn't be able to be the same unless I felt I was too good for them or better than them or I shouldn't be a part of that group because they are no good. In fact, my own sense of stigma to the group was a huge barrier to treatment. There was about a three-day lapse since calling the trafficking lady and actually getting on the bus to come here. And I knew I had to get out of it. I remember thinking, but I don't have anything in common with those prostitutes. And the only reason why I came I followed through with the treatment program because of the dreams I had that showed me inside my mind that I do belong here with these prostitutes. But, yeah, the social stigma is so strong.

Perceived rejection can also limit the sense of belonging experienced by survivors. For example, one woman described feeling devalued when talking in a panel of other survivors; questioning whether her experience of being sexually exploited measured up to the experiences of other women in the panel who had survived honor killings, domestic violence, and sexual assault.

Overall, these responses suggest that internalized stigma in the form of shame are consequences of stereotypes and labels experienced by the women. Evidence suggests that the negative attitude of individuals and groups have significant and real influences in how survivors perceive their sense of self and that they are likely to engage in avoidance behaviors to avoid threat of social rejection and retaliation.

Consequence of stigma. The participants described how negative attitudes from their family and communities cultivated a general sense of prejudice and discrimination, as well as anticipation of social shaming, which had deleterious effects on how women

perceived themselves and others. Some women discussed developing weight problems, which further exacerbated their self-esteem. Many of the women develop dependencies on substances in order to moderate their sense of self. As such, many of the women discussed facing multiple layers of stigma, in which they anticipated negative responses from others, which, in some cases, resulted in women behaving in ways that reflected a negative valuation of the self. The women described feeling powerless and having a lack of control over their situation. One woman shared her experience stating,

I have to do a lot of work. It's like when you are sexually and physically abused, like myself, I felt the entire world was trying to hurt me. Every single body was trying to hurt me, and today I have severe trust issues. I don't know who to trust. But I'm not as bad as I used to be. And I've had some people come up to me in the past - "Jessica (pseudonym), let me help you." "Bitch what are you trying to say, you're trying to say there is something wrong with me. What are you talking about let you help me. I don't need no fucking help. Help yourself." You know, that kind of - and I didn't really hear that they were sincere and they really wanted to help me... They were reaching out - out of love and compassion and I didn't understand that.

Alterations in how one perceives one's self in relation to others have important implications in the women's community integration as fear of rejection may restrict attempts to seek possible social supports. The effects of stigma on self-esteem and self-efficacy also have an impact on behavioral goals by reducing attempts at seeking treatment and undermining adherence to treatment. Indeed, several of the women discussed running away and relapsing from programs designed to help them. In this way,

stigma may also interfere with the pursuit of rehabilitation goals, such as living independently and obtaining competitive work.

Stigma as barrier to early stages of recovery. One of the biggest challenges that the women faced in their recovery was identifying services fit for them. Many of the participants described situations in which they were not aware of agencies/services that could have helped them to escape their situation. Others described how, after exiting, they had difficulty identifying programs appropriate for them. For example, several women described how they were initially enrolled in chemical dependency programs due to their prominent history of substance abuse. However, they reported that some of these programs were not properly equipped to manage the trauma they accumulated after years of being trafficked. Several women discussed how they left these agencies and relapsed, and were subsequently re-trafficked as a result. Ashley discussed her experience of being rejected by a treatment center for domestic violence survivors:

I knew that my situation was controlling, I knew that it was abusive; I knew that it was unjust and wrong. ... And I went into the center for domestic violence to get rescue to try to get placement from one of their shelters or assistance from them or whatever. And they said that because I did not have a romantic relationship with the man who was exploiting me and abusing me that I did not qualify for treatment.

Other women discussed how stigma was used as an instrument to separate and exclude them from important sources of support. Amanda described how her stigma excluded her from significant social networks, such as church:

They claim that they want to people be saved and they claim that they want all these good things for you to have and, but they're judgmental, they're - once they found out that is all they see. I mean you disappear. The person you've known for five years disappears. And it the past, I've been like, wait a minute, I'm still the vice president of the Women's Missionary Society, still the person you call when you have your son, or your cousin, or brother to get out of jail who needs some help. I'm still that person.

Thus, labels and specific criteria associated with survivors also created barriers for recovery, which limited attempts to seek help.

Combatting Stigma. Many of the participants described exiting trafficking a number of ways. However, the women repeatedly shared a common experience of transformation that involved personal reflection and reconstruction of the self. Though this process was not immediate, it centered on the individual's ability to make sense of their experience and readiness to amend their perception of self. Many of the women described re-instilling hope in their selves by building up their belief in their selves and their future by utilizing positive self-affirmations, valuing positive qualities about themselves, and seeking support that fostered self-respect and growth. Many of the women described this to be an independent process that allowed them to reflect and make meaning of their experiences.

Survivor identity as shield. One of the themes that resonated strongly throughout the interviews was that of the women's strength and perseverance. All of the participants identified themselves as survivors, and highlighted their strengths and achievements as qualities that define who they are as individuals. Instead of absorbing the negative

stereotypes and labels imposed upon them, the participants placed greater importance and regard for their positive qualities. By identifying themselves as survivors, the women reported that they were able to recognize their ability to overcome some very difficult circumstances. Amanda recounted:

I do know that whatever it is, I knew that I can face anything because I survived some of the worst days of my life. Those worst years of my life.

It allowed them to not be intimidated by the stereotypes they encountered. For example, in response to the stigma she encountered, Samantha said:

I'ts their loss in my eyes because I know I'm a good person. I know who I am today. Who I've always been and who I am striving to become. So if they choose to be like that, that's really their loss.

Taken together, the women shared a strong sense of pride in their identity as a survivor. They indicated that they were not intimidated to challenge and improve the future for victims and survivors of trafficking. The idea that there is a group of women working towards a common cause not only fuels determination for these women, but also provides reassurance that there is a group of supporters that understand and are willing to help them.

Awareness and access to personal resources as strength. Although all of the participants described having early experiences of trauma prior to their entrance to being trafficked, they described having a strong sense of determination that allowed them to persevere and overcome the stigma brought on by various individuals and groups they encountered. This was particularly so for women who have been in recovery for many years, who have been actively advocating and speaking out against human right

violations against trafficking victims and survivors. Several women talked about their faith in God, and how their spirituality inspired hope, courage, and healing. Some of the women discussed how their passion, purpose, and calling to help others gave them strength to reconcile and make meaning of their experience. Samantha discussed how she felt disappointed by her faith, but found meaning in serving others. She recounted:

At first, I didn't think I had life at all. I couldn't understand why God or whatever would allow this stuff to happen to me. But now, despite the fact that it is ugly and it may not make sense to people, but maybe as to why it happened, I just stopped questioning the why of it because everyday day another person calls me for support and that to me is the answer of the why of it all. Or you know when I'm driving down the street and hey there's a girl ...that to me is the answer to my questions right then and there.

The participant's understanding of her strength as a survivor suggests that it could provide her with a sense of esteem and protection against the imposition of stereotypes and labels, which is consistent with Crocker and Major's (1989) findings. Crocker and Major (1989) posited that comparing outcomes with other individuals within a stigmatized group can foster self-esteem while comparing outcomes with more advantaged groups may damage it. Ashley described how she made sense of her experience:

I turned to blame it on myself partially and tried to move past that to blame it on my childhood, and tried to move past that and blame it on the fact that there is evil in the world and just kind of come around to a spiritual circle and realize that it has to do with different people ... and it was about time that I opened my eyes

and start standing up for justice and try to change the world instead of being just victimized.

Overall, participants described interactions with their networks and community members that suggest a certain set of personal qualities, particularly in regard to their pursuit of resources to recover and improve their situation, that convey a strong sense of determination and assertiveness. These qualities enabled them to reach out and connect to various networks (e.g., churches, jobs, educational institutions, and recovery programs) in order to secure their recovery. Several of the women also described how they challenged their self further and went back to school in order to equip themselves with skills to advance legal, social, and psychological services for trafficked women. This tenacity was not only evident in their drive to work on themselves, but also to eliminate the stigma they encountered. Most of the women who had exited trafficking for more than five years, were engaged in activities that focused on advocating for the needs of trafficked women and survivors. They had written books to spread awareness about the issue of human trafficking, spoken in conferences, participated in legislation, and are actively working with survivors as counselors.

Altruism as integral to identity. As mentioned previously, most women described themselves as survivors. They emphasized a desire to serve as a beacon of hope for other survivors. While some discussed how they still struggled to accept the situations that were forced upon them, others were willing to acknowledge their experience with deep care, using their memory as a badge of promise to transform and give life to other women who have been violated and stripped of their human rights. They described engaging in advocacy work in order to promote change in political, legal,

and systemic levels. One woman described her mission to modify laws in her home state, to prevent job discrimination. Another woman described participating in shaping legislation to increase criminalization of prostituted women and to increase penalties for johns. Several women reported advocating for survivors' needs by directly working with them as counselors and managers for recovery homes. This sense of service was repeated by many of the women who had been in recovery for several years.

Defining self through other roles. One woman, who recently exited, carried a different understanding of her identity as a survivor. She described ambivalence towards devoting her life to working with survivors of trafficking, stating that it prevented her from returning to normalcy. She shared:

So every person that is coming out of this functional or successful is only doing so with the sole mission of helping other victims. There is just no return to normal, you know. [You can't leave] and become people that were never victimized by it and have normal jobs and normal families. It's like it takes away your whole life even after you find healing, even after you know become a lawyer, a social worker, or an actor, or whatever it is your doing.

She emphasized the importance of highlighting other identities and roles that survivors take on, which could offer a greater degree of protection from stigma imposed upon them. She reported that she identified herself as a:

As an artist, as a political activist, as a mother, as a writer, as a photographer, as one who has the ability to influence others, potential, lots of potential. Future college graduate. ... And of course, as a Christian too, that's pretty important to me.

Crocker and Major (1989) reported that valuing positive attributes offers protection against the absorption of negative stereotypes and labels. By highlighting one's positive qualities, one can bolster their self-esteem and believe that they are "worth more than the streets."

Recommendations.

Increasing education to combat stigma. In order to overcome barriers caused by stigma, most of the women discussed strategies to increase preventative measures, such as spreading awareness and education about human sex trafficking, as well as recommendations to a variety of providers, including police, medical and mental health providers to identify signs and increase preventative intervention for victims.

One woman discussed the idea of integrating awareness about sex trafficking into sex education to increase awareness and prevention efforts with young kids. Similarly, another woman discussed educating the public about how "exploited people come with certain vulnerabilities. And that those vulnerabilities need to be acknowledged as well by society" in order to perpetuate stigmatization.

Samantha highlighted the importance of engaging in research, asking more questions, in order to ascertain the women's level and degree of safety. She stated:

Mostly the signs and what to look for. If the cop had really researched why they were constantly busting me for those things, maybe they would have realized that there was a bigger problem than another woman on the street. And all the times I ended up in the emergency room because I had been beat, and I *had* to go because I had to make sure I was okay, or whatever got me there - or maybe if they had sent me a counselor or social worker to talk to me, maybe just maybe they could

have gotten out of me what was really going on and protected me further instead of that stigma again that I was just another addict, you know. Because that's the biggest one.

By asking questions providers can make a judgment-free decision that might protect and prevent further victimization of prostituted women.

Chapter 5: Discussion

Despite extensive documentation of the stigma that women who have been trafficked for sexual exploitation encounter, and considerable evidence that the perception of being stigmatized has a detrimental effect on an individual's well-being and self-esteem, there has been minimal examination of the relationship between stigma and the survivors' perception of self; additionally there has not been an investigation of the influence of stigma and identity on survivors' integration into their communities and participation in recovery interventions. Thus, this present study aimed to gather more information about the relationship between survivors' perceptions of stigma and the extent stigma impacts their self-concept and ability to integrate into their communities.

Making Sense of Stigma from Families or Communities

The first aim of this study was to develop a conceptualization of survivors' understanding of stigma from their families and communities. The analysis distinguished several key themes, which highlight the pervasive and enduring qualities of stigma. Most of the participants in the study described having histories of chronic interpersonal trauma that shaped early impressions of themselves. Many of the women, if not all, grew up in environments where they constantly had to defend themselves against potential and/or actual harm from others, which is disruptive in the formation of a positive self-concept. Indeed, researchers have discussed how early interactions play an important role in shaping one's representation of the self and their self in relation to others. According to Cook, Blaustein, Spinazzola, and van der Kolk (2003), low self-esteem, guilt, and shame are negative consequences of complex trauma. As such, many of the survivors in the present study discussed how negative beliefs about the self developed

early in childhood, and were perpetuated by the absence of supported caregivers who could refute these attitudes. These histories are important to acknowledge given that they create the foundation from which survivors perceive their sense of self and ability, and further illuminate the pre-existing stigmas that women who are trafficked for prostitution carry.

In light of these vulnerabilities, many of the women repeated a misperception that they were trafficked or prostituted as a choice. This stigma is a significant obstacle to women recovering after a trafficking experience in that it suggests that the women had other viable options of survival other than prostitution. In line with rape myths, the idea of choice enables others to blame the victim and overlook the abuse, victimization, criminalization, and dehumanization inherent in prostitution. Miller and Schwartz (1995) posited that these myths ignore the histories that made many of the women vulnerable to trafficking, and suggest that the women are responsible for the atrocities they experienced. Many of the participants repeated how these attitudes planted the notion that they were “less than” which precluded their efforts and restricted access to networks that could have allowed them to exit trafficking much earlier than they did.

In interviews with 19 victims of trafficking in Moldavia, Brunovskis and Surtees (2012) found that many of the respondents described experiencing reactions from their family members that contradicted with what they had envisioned while trafficked. The authors reported that the respondents felt misunderstood, and disappointed by the lack of support and assurance they received. Some also described how being labeled as a “prostitute” led to rejection from their family and community.

According to Bunovskis and Surtees (2012), negative feelings following a trafficking experience often make it difficult for survivors to communicate and identify their needs, which can contribute to increased hostility, frustration, and criticism from family members, which further exacerbates stigma and difficulties in reunification. Multiple and repeated experiences of trauma can lead to an overall sense of inability which can significantly impact an individual's belief in their ability to cope and overcome their predicament. Although families and communities can serve as an important network in decision-making, many women in the present study discussed facing complicated interactions within their networks upon return. Furthermore, the anticipation of being labeled a prostitute and the potential loss of status associated with the label, not only threatened the survivor's ability to achieve healing, but also posed a challenge in rebuilding relationships with these networks. Certainly, many of the women in the study discussed how the stigma associated with being trafficked/prostituted fostered feelings of shame and being different from others. Thus, many of the women in the study discussed concealing their histories in an effort to protect themselves from judgment, potential loss of status, and rejection.

This reaction was similar to Koken's (2012) findings in interviews with 30 women who identified as escorts, as most of the women also reported concealing their identities and/or limiting disclosure in order to prevent feelings of shame about their experiences. In developing a model for exiting prostitution, Baker, Dalla, and Williamson (2010), also found that this sense of exclusion and discrimination among survivors posed a significant barrier to recovery. Based on findings in this research it is likely that

negative attitudes from family and communities about prostitution, in addition to existing stigma from other sources, play a key role in undermining the woman's recovery process.

Participants of the current study endorsed being largely aware of the stereotypes imposed upon other women who have been trafficked. Findings indicate that they slightly agree with some of the stereotypes about trafficked women and may sometimes apply these assumptions to themselves. Particularly for those in the early stages of recovery, some of these assumptions negatively affected their willingness to engage in treatment as the shame and exclusion associated with being identified as a trafficked/prostituted woman became more personally relevant. Interestingly, findings indicated that these stereotypes had minimal effects on the participants' self-esteem in general, which suggests that there are moderating factors that help to buffer the women's self-esteem from the negative effects of stigma.

Understanding Strengths and Personal Resources

In spite of negative attitudes from society, participants endorsed high levels of personal confidence and belief in achieving their goals on the Recovery Assessment Scale. As such, many of the women in the study described having a strong sense of personal empowerment that allowed them to identify and engage in various goals and rehabilitation services. Although many of the women described facing a number of challenges that limited their success, they shared a common awareness and understanding of their strengths and personal resources that allowed them to test their limits and adapt their success strategies. For example, many women discussed focusing on themselves and reflecting on their personal strengths in order to restructure the way they perceived their self. This form of self-compassion has been noted in previous research to buffer

symptoms of trauma (Neff, Kirkpatrick, & Rude, 2007; Thompson & Waltz, 2008). Out of 100 college students, ages 18-53, who endorsed having had a trauma history, Thompson and Waltz (2008) discovered a significant correlation between PTSD symptom severity and overall self-compassion. The authors posited that self-compassion is likely to serve as a defense to combat reminders of trauma. They go on further to suggest that developing a sense of self-compassion is likely to offer survivors a way to address self-criticism. Consistent with Thompson and Waltz' (2008) findings, Neff, Kirkpatrick, and Rude (2007) found an association between self-compassion and decreased feelings of self-criticism, depression, rumination, thought suppression, anxiety, and an increase in feeling interpersonally connected with others. Neff, Rude and Kirkpatrick (2007) defined self-compassion as kindness and understanding of one's self, including perceiving one's experience as part of the human condition and awareness and acceptance of pain without embellishment. It is likely that cultivating a sense of self-compassion may have been part of the initial healing process that allowed survivors in the present study to make meaning of their experience.

Given that stigma can negatively impact how one perceives their sense of self and their ability to return to their families and communities, findings show that a sense of self-compassion can assist women to overcome sense of shame and fear of rejection. This acceptance of self is integral as it can play an important role in shifting the way the women perceive themselves and their ability to accomplish goals. Thus, cultivating a sense of self-compassion during the recovery process is likely to be a personal resource that is vital for survivors to buffer and overcome the negative consequences of stigma.

Impact on Sense of Self-Concept

According to Corrigan et al. (2004) internalized stigma, or self-stigma, begins when an individual incorporates negative beliefs about their self into their identity. Results on the SSMIS and interviews indicate that women in the study are able to filter negative evaluations about themselves. It is likely that through self-compassion, survivors of trafficking can moderate the impact of negative evaluations from others and tolerate the stigma they encounter. Furthermore, the participants of the study described utilizing several strategies to protect themselves from stigma, including using selective disclosure, highlighting and accepting positive qualities about themselves, and surrounding themselves with similar others, which are consistent with Crocker and Major's (1989) findings.

Many of the women in the present study discussed protecting themselves against stigma by concealing their history and limiting their social interactions to those who are accepting of their past. Although this response may impose restrictions on various social networks, including those that can aid in the recovery process, this strategy allows women to preserve their sense of self from feelings of shame and rejection.

Several of the survivors in the present study also discussed reframing negative social evaluations and transforming them into positive qualities. For example, the idea of being a survivor allowed many of the women to perceive their self in other roles, which helped to restore their sense of purpose and direction. Many of the participants described their selves through the other roles they carry, such as mothers, authors, advocates, and survivors. Instead of defining their self through their experience of being trafficked, the participants distinguished themselves in the way they overcame and survived the

experience; using their past as a reminder of their strength and resilience rather than their weakness. Thus, a sense of connectedness with their self as a survivor was a significant buffer from stigma.

Moreover, a sense of commitment to serve other women who have been trafficked/prostituted also helped to shape and redefine the women's sense of self after being trafficked, fueling their sense of purpose and drive. Findings suggest that working towards this common goal in the presence of similar others helps to further screen the negative effects of belonging to a stigmatized group. Indeed, many of the women described having pride in being part of a collective effort to banish the stigma and discrimination that many survivors experience.

Overall, the process of transforming the way they perceive themselves allowed many of the women in the study to uphold their sense of self-concept and maintain a level of satisfaction in their lives and received services.

Impact on Recovery and Reintegration with their Families and Communities

According to Brunovskis and Surtees (2012) efforts to avoid stigma and rejection often left survivors with little option but to conceal their experiences of trafficking in order to maintain their sense of safety, leaving families and significant others of survivors without sufficient information to understand and assist the survivor. Hence, with very little communication and strained relationships, the authors reported that it is difficult for families to understand how the survivor was affected and is coping, making it difficult for families to reconnect. Several of the women described difficulty reuniting with their families due to potential and/or actual threat of being judged. This finding is consistent with findings from Hom and Woods' (2013) interviews with providers who work with

trafficking survivors. In their interviews they found that the providers also had difficulty engaging with survivors during the early stages of recovery, which created difficulty in building social and supportive connections. Thus, survivors who have a difficult time disclosing their experiences due to fear of being stigmatized may have limited access to potential sources of support.

According to Brunovskis and Surtees (2012), survivors should be able to access resources for other vulnerable groups in order to reduce shame in affiliating with organizations related to trafficking or prostitution. They also purported that organizations should take steps to make themselves visible to victims of trafficking while protecting their association with the organization for the purpose of reducing stigma. However, these recommendations are far removed from the reality that many of the women face. Several of the women in the study described being turned away from programs because they did not meet criteria that permitted inclusion into the program or, in some cases, they did not know where to even begin to look for resources. These findings point to areas that need further investigation, particularly in reducing barriers to accessing recovery programs.

Given the experience of stigma from various sources, it is important for families and communities to be sensitive and cautious of passing judgment to women have survived trafficking/prostitution. Furthermore, findings show that much work is needed to increase trust and likelihood for survivors to seek and utilize assistance from these networks.

Recommendations for Providers

Minimizing the social rejection and isolation that survivors experience is a particular challenge for providers. Employers, landlords, healthcare providers, faith community members, law enforcement, and legislators should take steps to integrate survivors into the community by allowing them to take on roles that facilitate contact with other members of the community. In order to do so, providers must first be familiar with signs of trafficking in order to remove the victim from the perpetrator. According to Hom and Woods (2013) health care professionals and first responders should be oriented to signs of trafficking, and provide opportunities to screen or speak with the individual alone. Several of the women described opportunities in the emergency room where they could have potentially shared information about their situation and obtained help, but instead did not disclose because either their trafficker was with them or they were not asked.

As such, several of the women discussed improving the assessment process of trafficking victims. According to McIntyre (2014), the assessment process should include the individuals trafficking experience (e.g., initial vulnerability, recruitment, primary trafficking process, intended exploitation) and the survivors' social environment (the survivor, their family, and their community). McIntyre suggested that this multi-perspective approach allows assessor to delineate the most appropriate model, setting, and interventions to meet the their individual safety and recovery needs for successful reintegration with their families and communities. This screening is particularly important since survivor needs are different from when they initially are entered into trafficking and when they began to establish independence and reintegration. Hence, this

process acknowledges and includes the survivors' immediate needs and readiness to seek help and integrate it into the intervention and recovery process.

In the work place, employers can eliminate or change existing hiring practices (e.g., background check) that facilitate the criminalization and restriction of survivors from employment opportunities. Since criminal charges related to being prostituted remain on their records, many of the women described challenges obtaining work. Additionally, reasonable accommodations should be put into place in order to protect the survivors' rights from discrimination and harassment in the workplace. Exclusion from employment opportunities can further isolate and separate survivors of trafficking from feeling like a part of their communities. In the process of being portrayed as criminals, many of the women talked about feeling devalued because their achievements and overall integrity as a person is disregarded.

Several of the women also discussed challenges with alternative housing in recovery programs. One woman described feeling "trapped" in her recovery program due to the number of activities incorporated in her schedule. This finding contradicts Macy and Johns' (2011) study with immigrant survivors of trafficking in which they found that the survivors preferred having schedules and structured activities embedded in their program. This finding suggests that some survivors may benefit from some time to engage in internal processes, such as meditation and reflection, in order to make sense of their experience and transform its significance in their eyes.

Although alternative housing in recovery programs may initially foster sense of belonging for survivors, these settings may discourage survivors from contact with other community members. It may also facilitate further exclusion by reinforcing separation

from others. In review of the literature, Macy and Johns (2011) discovered that survivors preferred to be housed separate from victims of intimate partner violence and homeless individuals due to the sexually violent nature of their experience. Indeed, several of the women described difficulty processing their trauma from their trafficking experience when enrolled in substance abuse programs, which facilitated relapse and eventual return to being trafficked. Therefore, it is important to have rehabilitation programs where survivors can engage in emotional healing related to their experience of trafficking in addition to recovery from substance abuse, sexual assault, and other experiences. Increased assistance with community reintegration was also an important component discussed by the women in the study. This is consistent with Kaufman and Crawford's (2011) study of rehabilitation efforts among trafficking survivors in Nepal, in which they found that assistance for long-term residential care and job placements were essential for women who faced difficulties reuniting with their families.

Another theme that arose was the need for further education about the risks and consequences of trafficking. Several of the participants discussed the importance of educating others in order to eliminate the risk of others being trafficked and prostituted. One participant discussed the possibility of integrating education about trafficking into sex education to help children become aware of factors that increase the risk of becoming trafficked for prostitution. Johnson (2012) discussed incorporating topics about sexual exploitation, sexual education, and coercion to modify trauma focused cognitive behavioral treatment for survivors of trafficking. Although this education is afforded in the context of a treatment setting, participants of this current study suggested extending this education to the general curriculum in order to raise awareness and prevention.

Taken together, these recommendations highlight the need for individualized and sensitive interventions that take into account the overall sense of stigma that survivors are likely to experience. Given profound needs of sex trafficking survivors, providers need to understand how to best assist survivors in a manner that ensures attention to their needs in a sensitive and non-judgmental manner. Thus, immediate services addressing the basic needs of the survivor as well as long-term services targeting life skills, education and job training, housing, and family reunification, should include efforts to reduce stigmatization in order to increase the trust and likelihood that survivors will seek and utilize assistance across the continuum of care.

Limitations of the Study

Given that labels play an important role in maintaining stigma, one of the most salient limitations of the study was the use of certain words to identify survivors of trafficking/prostitution in several of the questionnaires. For example, several of the questionnaires included terms such as “sex work.” As such, several of the participants described how this term perpetuated the notion of choice and ignored the human rights violations they faced. According to Thompson (2012), the term sex work conceals the reality of the crime, abuse, and victimization that prostituted individuals encounter. It suggests that prostitution is a legitimate form of work and disregards the process of dehumanization that many women undergo. In fact, many of the women in the study described how their experience of trafficking did not afford them with the protection or rights to classify their experience as “work;” therefore, it became apparent that many of the women were against the use of the term “sex workers” to identify themselves. This information highlights the importance of selecting terminology that does not exacerbate

the stigma that survivors already experience. Furthermore, it highlights the challenges of utilizing questionnaires to gather information about the lived experiences of a sensitive group of people. This finding highlights the utility of qualitative interviews in identifying experiences that may have been overlooked with a traditional questionnaire.

Although this study also aimed to identify the psychological consequence of stigma through the use of symptom inventories, several potential participants described how these questionnaires have a potential to proliferate a perception that survivors of trafficking are mentally ill. Again, this information is helpful to know in planning future research as it attests the importance of allowing survivors of trafficking to describe their experiences through their own lens.

It is also important to note that the present study was conducted through in-person and phone interviews. Given the sensitivity of information in the questionnaires and possible reactions to statements and terms used in the questionnaires, the presence of the investigator in the room allowed participants who participated in-person to ask and clarify questions about the questionnaires. It is likely that several of the participants who did not have the investigator to moderate their experience might have experienced more discomfort, which might have contributed to the loss of contact from two potential participants and their eventual withdrawal from the study. Thus, it would be helpful for future researchers to either minimize the use of questionnaires or review items on the questionnaires in person with the participant in order to minimize emotional discomfort and/or confusion about the terms. These experiences are important to note in future research planning, particularly in considering the study's intention and impact on the individual. Some implications for the Internal Review Board include increasing training

about the manner in which information is collected from highly stigmatized groups in order to minimize and eliminate further stigmatization research.

Although this study contributes to very limited literature on sex trafficking in the United States, it can not be generalized to survivors of international trafficking as all of the participants in the study were trafficked within the United States. Therefore, there is a need for future study of stigma among international survivors of trafficking.

Overall, the results of this study suggest that survivors can contribute in the planning of future research to reduce the use of stigmatizing labels and terms that may be misinterpreted by other survivors of trafficking. Thus, future research would benefit from collaborating with survivors of domestic trafficking as research partners to reduce stigma in research.

Conclusion

This study has examined survivors' of trafficking/prostitution experiences of stigma and its impact on their self-concept and recovery process. By analyzing the participants' descriptions of their experiences through a mixed-methods design, this study examined how survivors understand the stigma they experience from their families and communities, particularly how the women identify, describe, and understand how others perceive them. Based on the analysis the following themes emerged: Vulnerabilities that disrupted the formation of a positive self-concept, Despite risk seen as choice, Endurance and oppression of stigma, Efforts made to avoid stigma, Stigma as barriers to early stages of recovery, Survivor identity as shield, Awareness and access to personal resources as strength, Altruism as integral to identity, Defining self through other roles, and Increasing education to combat stigma. These themes were then organized into five umbrella

themes, which included 1. Shared Histories, 2. Process of Stigma, 3. Consequence of Stigma, 4. Combatting Stigma, and 5. Recommendations. Through this study, the women's strengths and personal resources to overcome stigma were also identified and described. Finally, this study aimed to give providers information to develop relevant strategies and interventions to reduce barriers and support the survivors' efforts in exiting trafficking. The results of this study provide direct implications for continued research, education, and practice when working with survivors of trafficking.

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APPENDIX A

Email to Agencies

APPENDIX A

Email to Agencies

Dear –

My name is Pamela Counts and I am a fourth year doctoral student in Clinical Psychology at Pepperdine University. I am currently working on my dissertation, which seeks to identify types of stigma that survivors of sex trafficking encounter and how they manage and overcome barriers to recovery. I am writing to inquire if I can advertise in your agency by posting flyers in your bulletin boards or website to recruit participants for my study. The study will take approximately two hours, and includes completing questionnaires and participating in an interview. Participation is entirely voluntary and participants will be given \$20.00 for their time. If you would like to see my interview, I would be more than happy to send it to you for your information.

Sincerely,

Pamela A. Counts, M.A.
Doctoral Candidate in Clinical Psychology
Pepperdine University
Pamela.counts@pepperdine.edu

Thema Bryant-Davis, Ph.D.
Dissertation Chair
Professor of Psychology
Director of Culture and Trauma Lab
Graduate School of Education and Psychology
Pepperdine University
Thema.s.bryant-davis@pepperdine.edu

APPENDIX B

Letter of Confirmation from Agency

APPENDIX B

Letter of Confirmation from Agency

To Whom It May Concern,

I agree to grant Pamela Counts permission to speak about her dissertation titled: Self-Concept and Recovery: Effects of stigma on survivors of sex trafficking, during our monthly general meeting in order to recruit participants for her study. I acknowledge that participation in the study is voluntary and that interested participants will receive a \$20.00 gift card for their time and participation.

Sincerely,



Orange County Human Trafficking Task Force
Name of Agency

Orange County Human Trafficking Task Force
1221 East Dyer Road, Suite 120
Santa Ana, CA 92705

APPENDIX C

Recruitment flyers

APPENDIX C

Recruitment flyers

Flyer

Do other people shape the way you view yourself?

A study exploring the impact of stigma on self-concept among women who have been sexually abused, raped, and/or prostituted, as a result of trafficking for sexual exploitation is currently being conducted.

Receive a \$20 Visa gift card by participating in a 2-hour interview!

Participation in this research study is voluntary and confidential.

If you are interested,

Please contact

Pamela Counts at

pamela.counts@pepperdine.edu

Thank You,

Pamela A. Counts, M.A.

Doctoral Student at Pepperdine University

Newspaper ad – Revised 3/26/2014

Do other people shape the way you view yourself? A study exploring the impact of stigma on self-concept among women who have been sexually abused, raped, and/or prostituted, as a result of trafficking for sexual exploitation is currently being conducted.

Receive a \$20 Visa gift card by participating in a 2-hour interview! **Participation in this research study is voluntary and confidential.** If you are interested, please contact Pamela Counts at pamela.counts@pepperdine.edu. Thank You, Pamela A. Counts, M.A. Doctoral Student at Pepperdine University

Newspaper ad – Revised 5/6/2014

FOR INDIVIDUALS WHO HAVE BEEN TRAFFICKED AND/OR SEXUALLY EXPLOITED

Help break the silence and shame survivors of trafficking experience. Participate in a two-hour interview to discuss your experiences of stigma and challenges to recovery/exit. This study seeks to understand the challenges survivors encounter after exiting/recovering from trafficking. It will include answering questionnaires and an interview. Receive a \$20.00 Visa gift card for your time and participation. Your voice might change the life of someone else. Participation is voluntary and confidential. To learn more, please contact Pamela Counts at Pamela.counts@pepperdine.edu .

APPENDIX D

Brief Screening Questionnaire

APPENDIX D

Brief Screening Questionnaire

“Thank you for your interest in participating in this research study. Since this is a research project, I need to make sure that the people interested are eligible to participate in the study. I would like to ask you several questions.”

1. Have you ever been trafficked or prostituted?

YES NO

2. What is your age?
-

3. Are you comfortable answering questions in English?

YES NO

APPENDIX E

Informed Consent

APPENDIX E

Informed Consent

Participant: _____

Principal Investigator: Pamela A. Counts, MA _____

Title of Project: **Self-Concept and Recovery: The effects of stigma
on survivors of sex trafficking** _____

1. I, _____, agree to participate in the research study being conducted by Pamela A. Counts, MA, as part of her dissertation requirements for the doctoral degree in clinical psychology at Pepperdine University Graduate School of Education and Psychology. I understand that this project is being conducted under the supervision of Thema Bryant-Davis, Ph.D., Professor of Psychology and Director of the Culture and Trauma Research Lab.
2. I understand that I have been asked to participate in a research study that is designed to study the concept of stigma for women who have been trafficked for sex nationwide. I understand that the study intends to identify and describe the impact of social attitudes, particularly those of families and communities, in recovery and reintegration processes for those who have survived sex trafficking.
3. My participation will not take place until after the consent document has been received and reviewed. I understand that I will need to complete the Informed Consent before taking any of the self-report measures. Alternatively, if after reading the Informed Consent document I decide not to participate in the study, I will throw the self-report measures away or permanently delete the email and any attachments.
4. My participation will involve the following: providing basic demographic information (e.g. my age, education, employment, relationship status, years involved in trafficking, etc.), answering several questionnaires about stigma associated with sex trafficking, attitudes towards trafficked victims, recovery and coping, symptoms, and 30 interview questions which relate to my 1) life history, 2) experience of stigma, and 3) the meaning of stigma to me.
4. My participation in the study will last for approximately two hours. The interview shall be conducted in a private room located either in the Pepperdine Irvine, West Los Angeles, or Encino clinic or by telephone. Furthermore, I understand that I will receive \$20.00 Visa gift card for my participation in the research study. If I choose to participate via telephone, I understand that the researcher will mail me the gift card.

5. While no direct benefits can be guaranteed to participants, I understand that the possible benefits to society or myself from this research include gaining a greater understanding of societal and institutional challenges that may hinder women survivors of sex trafficking from reaching optimum treatment outcomes. It will provide recommendations to increase their self-concept and successfully integrate within their families and communities. This study aims to contribute to the existing literature by providing recommendations for best practices and strategies utilized in treatment. My participation may also benefit me by allowing me to reflect on my strengths as a person as well as the areas in which I would like to grow.
6. I understand that participation in the study poses no more than minimal risk, similar to the risk encountered in daily life or in routine psychological testing. I understand that my participation may arouse emotional discomfort. I understand that the researcher will provide support, allow breaks, and referrals for counseling should any troubling thoughts or emotions be triggered as a result of my participation in the study. If I am participating by telephone, I understand that these list of therapy referrals will be given to me along with the informed consent.
7. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.
8. I understand that I have the right to refuse to answer any question that makes me uncomfortable. Additionally, I understand that there may be circumstances in which the researcher may decide to discontinue my participation from the study.
9. I understand that the investigator(s) will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others
10. I understand that Pamela A. Counts, M.A., is willing to answer any inquiries and I may contact her by email at Pamela.counts@pepperdine.edu, if I have any questions concerning the research herein described. I understand that I may also contact Dr. Thema Bryant-Davis at thema.s.bryant-davis@pepperdine.edu if I have other questions or concerns about this research. If I have questions about my rights as a research participant, I understand that I can contact Dr. Thema Bryant-Davis of the Graduate School of Psychology IRB of Pepperdine University at (310) 568-2389.

11. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form which I have read and understand. I hereby consent to participate in the research described above.

Participant's Signature

Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Pamela A. Counts, MA
Principal Investigator

Date

APPENDIX F

Referral List

APPENDIX F

Referral List

Names	Description	Number	Location	Price
National Human Trafficking Resource Center	Hotline	1-888-373-7888 or text 233733	Confidential 24-hr toll-free hotline	Free
Coalition to Abolish Slavery and Trafficking	Hotline	1-888-539-2373	Confidential 24-hr toll-free hotline	Free
Marisa DiPietro	MFT, Psy.D.	310-284-4884	Beverly Hills	\$150
Ali Goldstein	MFT	310-226-2875	West LA	\$150
Lisa Graziano	MFT	310-764-8011	Redondo Beach	\$120; Sliding scale available; Consultation: \$60
Moira Repola	MFT	310-600-5502	Redondo Beach	\$60
Charlene Saurer	MFT	805-482-5266	Camarillo	Sliding scale available
Moushumi Wilson	MFT	323-284-4423	West Hollywood	\$150, Sliding scale available
Maple Counseling Center	Asst. of counseling services, groups available	310-271-9999	Beverly Hills	Intake: \$65; Ongoing: Depends on income
Airport Marina Counseling Center	Asst. of counseling services, groups available	310-670-1410	Los Angeles	Initial consult \$30, Ongoing: based on income
Antioch Counseling Center	Asst. of counseling services, groups available, sliding scale	310-477-7702	Los Angeles	Sliding scale, interns \$25-\$85, licensed psychologist \$150
Family Services of Santa Monica	Trauma recovery, group	310-451-9747	Santa Monica	Sliding scale, Depends on income
1736 Family Crisis Center	Crisis center, runaway youth, domestic violence	213-745-6434 (hotline) 323-737-3900 (office)	Los Angeles	Call
Mary Magdalene Project	Domestic trafficking and prostitution	818-988-4970	Van Nuys	Group:Free; Therapy:Free

APPENDIX G

Background Information Questionnaires

APPENDIX G

Background Information Questionnaires

1. Identifying Number (given by researcher) _____
2. Age _____
3. Ethnicity/Cultural Background (circle one):
 - a. African-American
 - b. American Indian
 - c. Asian/Pacific Islander
 - d. Hispanic/Latino/Chicano
 - e. White
 - f. Other
4. Relationship Status (circle one):
 - a. Single, not currently in a relationship
 - b. In a serious relationship
 - c. Married
 - d. Divorced
 - e. Widowed
5. What is the highest level of education that you obtained (circle one):
 - a. Elementary (1st-5th)
 - b. Middle School (6th-8th)
 - c. High School (9th-12th)
 - d. Some College
 - e. College Graduate
 - f. Graduate Degree
6. Age trafficked? Years trafficked? _____
7. Are you an immigrant? YES/NO If yes, what is your country of origin and when did you immigrate to the United States? _____
8. Past psychiatric treatment? YES/NO If yes, when? _____
9. Past or current psychiatric diagnosis? _____
10. Current Employment? _____

11. Were you ever abused physically or sexually as a child? YES/NO If yes, how old were you? _____

APPENDIX H

Scales

APPENDIX H

Scales

Name or ID Number _____ Date _____

There are many attitudes about people who have been trafficked. We would like to know what you think most of the public as a whole (or most people) believe about these attitudes. Please answer the following items using the 9-point scale below.

Strongly Disagree		Neither Agree or Disagree		Strongly Agree				
1	2	3	4	5	6	7	8	9

Section 1:

I think the public believes...

1. _____ most persons who have been trafficked cannot be trusted.
2. _____ most persons who have been trafficked are disgusting.
3. _____ most persons who have been trafficked are unable to get or keep a regular job.
4. _____ most persons who have been trafficked are dirty and unkempt.
5. _____ most persons who have been trafficked are to blame for their problems.
6. _____ most persons who have been trafficked are below average in intelligence.
7. _____ most persons who have been trafficked are unpredictable.
8. _____ most persons who have been trafficked will not recover or get better.
9. _____ most persons who have been trafficked are dangerous.
10. _____ most persons who have been trafficked are unable to take care of themselves.

Section 2: Now answer the next 10 items using the agreement scale.

Strongly Disagree		Neither Agree or Disagree		Strongly Agree				
1	2	3	4	5	6	7	8	9

I think...

1. _____ most persons who have been trafficked are to blame for their problems.
2. _____ most persons who have been trafficked are unpredictable.
3. _____ most persons who have been trafficked will not recover or get better.
4. _____ most persons who have been trafficked are unable to get or keep a regular job.
5. _____ most persons who have been trafficked are dirty and unkempt.
6. _____ most persons who have been trafficked are dangerous.
7. _____ most persons who have been trafficked cannot be trusted.
8. _____ most persons who have been trafficked are below average in intelligence.
9. _____ most persons who have been trafficked are unable to take care of themselves.
10. _____ most persons who have been trafficked are disgusting.

Section 3 Now answer the next 10 items using the agreement scale.

Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
----------------------	---	---	---	---	---	---	---	---	---	-------------------

Because I have been trafficked...

1. _____ I am below average in intelligence.
2. _____ I cannot be trusted.
3. _____ I am unable to get or keep a regular job.
4. _____ I am dirty and unkempt.
5. _____ I am unable to take care of myself.
6. _____ I will not recover or get better.
7. _____ I am to blame for my problems.
8. _____ I am unpredictable.
9. _____ I am dangerous.
10. _____ I am disgusting.

Section 4 Finally, answer the next 10 items using the agreement scale.

Strongly Disagree	1	2	3	4	5	6	7	8	9	Strongly Agree
----------------------	---	---	---	---	---	---	---	---	---	-------------------

I currently respect myself less...

1. _____ because I am unable to take care of myself.
2. _____ because I am unable to get or keep a regular job.
3. _____ because I am dangerous.
4. _____ because I cannot be trusted.
5. _____ because I am to blame for my problems.
6. _____ because I will not recover or get better.
7. _____ because I am disgusting.
8. _____ because I am unpredictable.
9. _____ because I am dirty and unkempt.
10. _____ because I am below average in intelligence.

Name or ID Number _____ Date _____

The SSMIS Score Sheet

Summing items from each section represents the 3 A's plus 1.

_____ Aware: (Sum all items from **Section 1**).

_____ Agree: (Sum all items from **Section 2**).

_____ Apply: (Sum all items from **Section 3**).

_____ Hurts self: (Sum all items from **Section 4**).

Name or ID Number _____ Date _____

Recovery Assessment Scale

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Not Applicable
1. I have a desire to succeed.	1	2	3	4	5	Not Applicable
2. I have my own plan for how to stay or become well.	1	2	3	4	5	Not Applicable
3. I have goals in life that I want to reach.	1	2	3	4	5	Not Applicable
4. I believe I can meet my current personal goals.	1	2	3	4	5	Not Applicable
5. I believe I can meet my current personal goals.	1	2	3	4	5	Not Applicable
6. Even when I don't care about myself, other people do.	1	2	3	4	5	Not Applicable
7. Fear doesn't stop me from living the way I want to.	1	2	3	4	5	Not Applicable
8. I can handle what happens in my life.	1	2	3	4	5	Not Applicable
9. I like myself.	1	2	3	4	5	Not Applicable
10. I have an idea of who I want to become.	1	2	3	4	5	Not Applicable
11. Something good will eventually	1	2	3	4	5	Not Applicable

happen.						
12. I'm hopeful about my future.	1	2	3	4	5	Not Applicable
13. Coping with my trafficking experience is no longer the main focus of my life.	1	2	3	4	5	Not Applicable
14. My trafficking experience interferes less and less with my life.	1	2	3	4	5	Not Applicable
15. Recollections of my trafficking experience seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5	Not Applicable
16. I know when to ask for help.	1	2	3	4	5	Not Applicable
17. I am willing to ask for help.	1	2	3	4	5	Not Applicable
18. I ask for help, when I need it.	1	2	3	4	5	Not Applicable
19. I can handle stress.	1	2	3	4	5	Not Applicable
20. I have people I can count on.	1	2	3	4	5	Not Applicable
21. Even when I don't believe in myself, other people do	1	2	3	4	5	Not Applicable

Name or ID Number _____ Date _____

The RAS Score Sheet

Factor scores are obtained by adding up the parenthetical items which load into each factor.

_____ Personal Confidence and Hope (Sum of items 7, 8, 9, 10, 11, 12, & 19)

_____ Willingness to ask for Help (Sum of items 16, 17, & 18)

_____ Goal and Success Orientation (Sum of items 1, 2, 3, 4, & 5)

_____ Reliance on Others (Sum of items 6, 20, 21, & 22)

_____ Not Dominated by Symptoms (Sum of items 13, 14, and 15)

APPENDIX I

Interview Guide

APPENDIX I

Interview Guide

This interview guide is based on Tomura's (2009) interview protocol.

Briefing

"Thank you for participating in this research interview. I am interested in your experience of stigma as a service provider and the meaning of stigma to you. In order to understand your experience, I will be asking you questions that focus on three areas. They are 1) your life history, 2) your experience of stigma, and 3) the meaning of this stigma to you. Our conversation will be tape recorded, so please speak clearly. The tape will be destroyed once I complete transcription."

The First Phase: Focused Life History

The purpose of this interview is to review the participants' life history up to the time she became a sexual service provider. My task is to allow the participants to reconstruct their early experiences in families, in school, with friends, in their neighborhood, and work, as completely as possible, in order to put their experience of stigma into their life context. How did the participant come to be a sexual service provider?

Interview questions include:

1. Would you please describe your past life, up until the time you became a sexual service provider, going as far back as possible?
2. What is your education and previous work?
3. What was your relationship like with your parents (siblings, teachers, friends, etc.)?
5. Could you tell me about your history of sexual development?
6. When and how did you come to be a sexual service provider?
7. What is life like for you as a sexual service provider?
8. What is your view about selling sexual services?
9. What is it like for you to be a sexual service provider?

The Second Phase: Details about the Experience

The purpose of this interview is to focus on the concrete details of the participants' present lived experience of their work and of the social stigma attached to it. My task is to gather a detailed description of their experience of stigma.

Interview questions include:

1. Please describe your work.
2. What did your typical workday look like?
3. What service did you provide, and what types of clients do you see?
4. How many clients did you see?
5. How much did you charge?
6. Where did you practice?
7. Please describe your experience of stigma as a sexual service provider in detail.
8. What was it like to be stigmatized because of your occupation?
9. What was the hardest part?
10. How has this stigma impacted your life?
11. What do you do to avoid being stigmatized?
12. Do you find that you stigmatize yourself or others in the same profession?
13. Please describe.
14. How do you feel when you face situations in which you feel stigmatized?
15. What is your opinion about the stigma attached to sexual service providers?
16. What would you like to see happen regarding the stigmatization of sexual service providers?

The Third Phase: Reflection on the Meaning

The purpose of this interview is to allow the participants to reflect on the meaning of their experience of social stigma. The participants will be given a chance to make sense of their experience of stigma by looking at their present experience in detail.

Interview questions include:

1. What does it mean to be stigmatized as a sexual service provider?
2. How do you make sense of your life as a sexual service provider (what meanings do you give to your life, to your work)?
3. What does it mean to you to be a member of a stigmatized group?
4. What do you think of your present life?
5. How do you feel about your present life in the context of your life experience as a sexual service provider?

Debriefing

Thank you for sharing your stories with me. How was it for you to talk with me about your experience?

APPENDIX J

IRB Approval Notice

APPENDIX J

IRB Approval Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

May 29, 2014

Pamela Counts

GMSC-Kinetics Research

[REDACTED]

Protocol #: P1113D01

Project Title: Self-Concept and Recovery: The effects of stigma on survivors of sex

Dear Ms. Counts:

Thank you for submitting your application, Self-Concept and Recovery: The Effects of Stigma on Survivors of Sex, for expedited review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your advisor, Dr. Bryant-Davis, completed on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 (Research Category 7) of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

I am pleased to inform you that your application for your study was granted **Full Approval**. The IRB approval begins today, May 29, 2014 and terminates on May 29, 2015.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. One copy of the consent form is enclosed with this letter and one copy will be retained for our records. You can only use copies of the consent that have been stamped with the GPS IRB expiration date to obtain consent from your participants.

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For **any** proposed changes in your research protocol, please submit a Request for Modification form to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and require submission of a new IRB application or other materials to the GPS IRB. If contact with subjects will extend beyond **May 29, 2015**, a Continuation or Completion of Review Form must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact me. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,



Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB
Pepperdine University

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Mr. Brett Leach, Compliance Attorney
Dr. Thema Bryant-Davis, Faculty Advisor

